Request Number: RQ-2016-10-17-62

SMP: Marco Island

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: SO-DIST

Project ID: SMP

Requester: Benjamin Paswater

Collected By: K. DeFeth R. Murphy

Field Report Prepared By: K. DeFeth

Sampling Agency: SROC

Location: RQ-2016-10-17-62 / 10/19/2016 / WBID3278P / 3278P @ #4 South of Goodland	☒ Comp ☐ Grab	Collection (comp begin or grab) Date 10/19/16 Time 1300 (Eastern / Central)	Composite end Date Time	Bottle Group(s) (See pg 2): A
Field ID: G1SD0037-1 (Field ID)	Matrix (type, e.g., Salt, Fresh, etc): Salt	Diss. Oxygen: 13.1 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #: G1SD0037 (STORET)	Temp (C): 26.5	pH: 7.5	Sample Depth: 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm): 52632
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt): 34.6	Comments	
Location: RQ-2016-10-17-62 / 10/19/2016 / WBID3278P / 3278P @ #4 South of Goodland Duplicate	☒ Comp ☐ Grab	Collection (comp begin or grab) Date Time 1305 (Eastern / Central)	Composite end Date Time	Bottle Group(s): A
Field ID: G1SD0037-2 (Field ID)	Matrix (type, e.g., Salt, Fresh, etc): Salt	Diss. Oxygen: ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #: G1SD0037 (STORET)	Temp (C):	pH:	Sample Depth: 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm):
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt):	Comments: DUPLICATE	
Location:	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time (Eastern / Central)	Composite end Date Time	Bottle Group(s):
Field ID:	Matrix (type, e.g., Salt, Fresh, etc):	Diss. Oxygen: ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #:	Temp (C):	pH:	Sample Depth: ☐ ft ☐ m	Sp. Conductance (umho/cm):
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt):	Comments:	
Location:	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time (Eastern / Central)	Composite end Date Time	Bottle Group(s):
Field ID:	Matrix (type, e.g., Salt, Fresh, etc):	Diss. Oxygen: ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #:	Temp (C):	pH:	Sample Depth: ☐ ft ☐ m	Sp. Conductance (umho/cm):
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt):	Comments:	

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
K. DeFeth	10/19/16 1500	FedEx	1	SK	10/20/16 10:14

Group: A	Bottle Type:	P-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2

ALKALINITY
TURBIDITY
W-F
W-TSS

Group: A	Bottle Type:	BP-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2

CHLSUITE-W

Group: A	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab**	2

W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group: A	Bottle Type:	P-125ML	# of Bottles: 2	Preservative:	ICE-FLTR	**Enter Number of Bottles Sent to Lab**	2

W-PO4-F

RQ-2016-10-17-62

Date of Request: 29-SEP-2016
Created By: PASWATER_B On: 29-SEP-2016
Modified By: MATTHEWS_D On: 06-OCT-2016
Customer: SO-DIST
Project: SMP
Division: Division of Environmental Assessment and Restoration
District: South District
Sampling Event: SMP: Marco Island

Send Coolers To:

Phone: 239-332-6975 SC 748-6975
FLDEP South District Office
2295 Victoria Ave. Suite 364
Fort Myers, FL 33901
Attn: Ben Paswater

Send Final Report To:

FLDEP South District Office
2295 Victoria Ave. Suite 364
Fort Myers, FL 33901
Attn: Ben Paswater

Program Module Number:
Priority: 3
Event Status: S
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 05-OCT-2016
Biology Request Reviewed By: MATTHEWS_D On: 06-OCT-2016
Sampling Kit Required: YES Ship on: 13-OCT-2016
Sampling Kit Shipped: YES On: 13-OCT-2016
Sampling Kit Packed By: SHAIK_A
Preservatives Needed: NO
Date to Receive Samples: 17-OCT-2016
Received By:

Report Type: Final Only
FTP Data: NO
QC Report: YES
Date Log: NO
Authorization Log: NO

Comments: SMP: Marco Island

Bottle Group A (Water) With 2 Samples:

Bottle Type: P-1L Number of Bottles: 2 Preserved With: ICE

ALKALINITY	Template: DEFAULT	(SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO3/L
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
W-F	Template: DEFAULT	(SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)
W-TSS	Template: DEFAULT	(SM 2540 D-97) Total Suspended Solids in aqueous matrices

Bottle Type: BP-1L Number of Bottles: 2 Preserved With: ICE

CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry

Bottle Type: P-500ML Number of Bottles: 2 Preserved With: ICE And H2SO4

W-NH3	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO2NO3	Template: DEFAULT	(EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L
W-S-A-TP	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L
W-TKN	Template: DEFAULT	(EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices
W-TOC	Template: DEFAULT	(SM 5310 B-00) Nonpurgeable Organic Carbon in aqueous matrices

Bottle Type: P-125ML Number of Bottles: 2 Preserved With: ICE-FLTR

W-PO4-F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

Log-in Checklist

RQ- 2016-10-17-62

Shipping Method: Fedex

Date/Time of Receipt: 10-20-16/10:14

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape				Tracking # (fill out only if waybill copy is damaged)
			Present?		*Intact?		
			Yes	No	Yes	No	
Red	0.3	8		✓			

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

**Note: If "No" is checked in any of the fields below, fill out the back of this form with additional details (Field ID, Test IDs, etc.) and generate an NCR.

**Chain of Custody/ Field Sheet(s) Included? Yes ✓ No_____

CONTAINER CHECK

**Evidence Tape on Bottles? Yes_____ No ✓ If yes, is it intact? Yes_____ No_____

**Caps on tight? Yes ✓ No_____ **Containers intact? Yes ✓ No_____

**Sufficient Sample Volume: Yes ✓ No_____

CHLORINE CHECK (Blue dot on container)

Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required.					
Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PC-AA-SF		
W-AHERB-AA (-AHB-AA-R)			W-PCL-SQ (-R)		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)			W-TR-TQ		
W-PCB-R					

PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

**Acid Preserved Samples: pH ≤ 2.0? Yes ✓ No____ NA_____ Init: SK

**W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes____ No____ NA ✓ Init: SK

Coolers Unpacked/Checked by: SK Date: 10-20-16 NCRs (Y/N)? N

Event ID: SC-DIST-2016-10-20-01 NCR # _____

Log-in Checklist

Samples with Incorrect pH Preservation or presence of Chlorine

Field ID	Bottle Test ID(s)	pH / Cl	Action Taken

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Field ID	Bottle Test ID(s)

Bottles Not Intact

Field ID	Bottle Test ID(s)	Loose Cap	Damaged Cap		Damaged Container		Evidence Tape Not Intact
			CK	BR	CK	BR	

Samples with Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes____ No✓____

Date and time placed in freezer _____

Were all samples placed in freezer within 48 hours of collection? Yes_____ No_____

If no, were samples shipped on dry ice? Yes_____ No_____

FOR CLEAN LAB USE ONLY – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):

Samples preserved within 48 hours? Yes_____ No_____

Date and time samples preserved: _____

Additional Comments:

01000

FedEx Express Package US Airbill

FedEx Tracking Number 8099 4720 0096

Form ID No. 0215

Recipient's Copy

1 From

Date 10/19/16

Sender's Name [redacted] Phone [redacted]

Company Florida DEP

Address [redacted]

Dept./Floor/Suite/Room

City [redacted] State FL ZIP 3231[redacted]

2 Your Internal Billing Reference

3 To

Recipient's Name SAMPLE RECEIVING Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE State FL ZIP 32399

Hold Weekday
FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

0122645602

8099 4720 0096

4 Express Package Service * To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day

- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- [X] FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- [ ] FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- [ ] FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- [ ] FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
- [ ] FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

- [ ] FedEx Envelope*
- [ ] FedEx Pak*
- [ ] FedEx Box
- [ ] FedEx Tube
- [X] Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

- [ ] Saturday Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

- [ ] No Signature Required — Package may be left without obtaining a signature for delivery.
- [ ] Direct Signature — Someone at recipient's address may sign for delivery.
- [ ] Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

One box must be checked.

- [X] No
- [ ] Yes — As per attached Shipper's Declaration.
- [ ] Yes — Shipper's Declaration not required.
- [ ] Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

- [ ] Cargo Aircraft Only

7 Payment *Bill to:*

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. [ ]

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [X] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

[redacted]

Total Packages ____ Total Weight ____ lbs. Credit Card Auth. ____

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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