

Central Laboratory Submittal Form

Customer: NW-DIST

Requester: Michael King

Field Report Prepared By:

Rick Abad

Project ID: SMP

Collected By:

Frank Butera Rick Abad

Sampling Agency:

Loc	Location: Catfish Branch @ Eglin 736		G4NW0104 Field ID ↑ STORET ↓ 33030173		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>3/16/16</u> Time <u>1400</u>	Eastern ☒ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)	
Field	RQ-2016-02-01-57(WBID 663) Date: <u>3/16/16</u>				Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>7.7</u> ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	<u>A/13</u>	
STC	Time: <u>1400</u> CST				Temp (C) <u>21.3</u>	pH <u>7.9</u>	Sample Depth <u>0.2</u> ☐ ft ☒ m	Sp. Conductance (umho/cm) <u>23</u>		
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) <u>0</u>	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					
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					
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	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
<u>R. Abad</u>	<u>3/16/16 1100</u>	<u>Feed ex</u>					<u>SK</u>	<u>3-17-16/8:55</u>

Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	ALKALINITY						
	TURBIDITY						
	W-CL-IC						
	W-COLOR						
	W-F						
	W-SO4-IC						
	W-TDS						
	W-TSS						
Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	BOD-UNIN						
Group: A	Bottle Type:	BP-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 5	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
	W-NH3						
	W-NO2NO3						
	W-S-A-TP						
	W-TKN						
	W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 5	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	1
	W-PO4-F						
Group: B	Bottle Type:	PJ-2L	# of Bottles: 20	Preservative:	Formalin	Enter Number of Bottles Sent to Lab	2
	MI-FW-QLDC						

Central Laboratory Submittal Form

Customer: NW-DIST

Requester: Michael King

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

Location	Location: Jones Creek @ Brigadier Rd PJC Campus Rd		G4NW0122 Field ID ↑ STORET ↓ 33020126		☐ Comp ☒ Grab	Collection (comp begin or grab) Date	Eastern Central	Composite end Date	Time	Bottle Group(s) (See pg 2)
Field ID	RQ-2016-02-01-57(WBID 846A)				Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L)	A/B
STORET	Date: 3/16/16 Time: 1100 CST				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	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	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	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	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
<i>[Signature]</i>	3/16/16	FedEx					<i>[Signature]</i>	3-17-16/8:55

Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	ALKALINITY						
	TURBIDITY						
	W-CL-IC						
	W-COLOR						
	W-F						
	W-SO4-IC						
	W-TDS						
	W-TSS						
Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	BOD-UNIN						
Group: A	Bottle Type:	BP-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 5	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
	W-NH3						
	W-NO2NO3						
	W-S-A-TP						
	W-TKN						
	W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 5	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	1
	W-PO4-F						
Group: B	Bottle Type:	PJ-2L	# of Bottles: 20	Preservative:	Formalin	Enter Number of Bottles Sent to Lab	1
	MI-FW-QLDC						

Date of Request: 13-JAN-2016
 Created By: KING_M On: 13-JAN-2016
 Modified By: SWANSON_C On: 07-MAR-2016
 Customer: NW-DIST
 Project: SMP
 Division: Division of Environmental Assessment and Restoration
 District: Northwest ROC
 Sampling Event: TMDL Bioassessment

Send Coolers To:

Phone: SC-695-0605
 160 W Government St
 Suite 208A
 Pensacola, FL 32502-5794
 Attn: Michael King

Program Module Number: 1306
 Priority: 3
 Event Status: R
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 13-JAN-2016
 Biology Request Reviewed By: SWANSON_C On: 14-JAN-2016
 Sampling Kit Required: YES Ship on: 20-JAN-2016
 Sampling Kit Shipped: YES On: 19-JAN-2016
 Sampling Kit Packed By: LASHLEY_C
 Preservatives Needed: NO
 Date to Receive Samples: 08-MAR-2016
 Received By: SHAIK_A On: 16-MAR-2016

Send Final Report To:

160 W Government St
 Suite 208A
 Pensacola, FL 32502-5794
 Attn: Michael King

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

Comments:**Bottle Group A (Water) With 5 Samples:**

Bottle Type: P-1L	Number of Bottles: 5	Preserved With: ICE
ALKALINITY	Template: DEFAULT	(SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO ₃ /L
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
W-CL-IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Chloride in aqueous matrices
W-COLOR	Template: DEFAULT	(SM 2120 B) True Color measured at 450 nm
Color (true)		
W-F	Template: DEFAULT	(SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)
W-SO ₄ -IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices
W-TDS	Template: DEFAULT	(SM 2540 C-97) Total Dissolved Solids in aqueous matrices
W-TSS	Template: DEFAULT	(SM 2540 D-97) Total Suspended Solids in aqueous matrices
Bottle Type: P-1L	Number of Bottles: 5	Preserved With: ICE
BOD-UNIN	Template: DEFAULT	(SM 5210 B) BOD, NOT nitrogen-inhibited
Bottle Type: BP-1L	Number of Bottles: 5	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: 5	Preserved With: ICE And H ₂ SO ₄
W-NH ₃	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO ₂ NO ₃	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: 5	Preserved With: ICE-FLTR
W-PO ₄ -F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

Bottle Group B (Biological) With 10 Samples:

Bottle Type: PJ-2L	Number of Bottles: 20	Preserved With: Formalin
MI-FW-QLDC	Template:	(SOP-1206) No. Taxa of FW macroinverts, qual samp, 20 dipnets.

RQ- 3 2016-0201-57

Log-in Checklist

Shipping Method: FedExDate/Time of Receipt: 3-17-16/8:55

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape		Tracking # (fill out only if waybill copy is damaged)	
			Present? Yes	No	*Intact? Yes	No
<u>Red</u>	<u>2.3</u>	<u>6</u>		☒		
<u>Red</u>	<u>1.6</u>	<u>8</u>		☒		

*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: 3-17-16

NCRs (Y/N)? N

Event ID: NW-DIST-2016-03-17-02

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 – Methyl Mercury Preservation Check:

Samples Preserved within 48 hours? Yes_____ No_____

Date and time samples preserved: _____

Additional Comments:

00939
01000

07056

fedex.com 1800.GoFedEx 1800.463.3339

15809015

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8094 7803 3098

Form
ID No.

0215

MUR3

Packages
For packages over 1 lb.
FedEx Express Freight

1 From

Date

Sender's
Name

Company

Address

City

2 Your Internal Billing Reference

3 To

Recipient's
Name

Company

Address

Address

City

Phone

Phone

Dept./Floor/Suite/Room

State

ZIP

0121555852

4 Express Package Service

* To most locations.

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.☒ 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.

5 Packaging

* Declared value limit \$500.

☐ FedEx Envelope*☐ FedEx Pak*☐ FedEx Box☐ FedEx Tube☒ 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?

☒ No ☐ Yes
One box must be checked.
If Yes, attach
Shipper's Declaration.☐ Yes
Shipper's Declaration
not required.☐ Dry Ice
Dry Ice, 9 UN 1845☐ Cargo Aircraft Only

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

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender
Acct. No. in Section 1 will be billed.☒ Recipient☐ Third Party☐ Credit Card☐ Obtain recip.
Acct. No.☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

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

0092

01000

07060

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115

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8094 7803 2941

Form
ID No 0215

Recipient's Copy

1 From

Date 3/14/16

Sender's
Name Mike King

Phone 850 575 0605

Company F&P

Address 160 W Government St

Dept./Floor/Suite/Room

City Pensacola

State FL

ZIP 32502

2 Your Internal Billing Reference

3 To

Recipient's
Name SAMPLE RECEIVING

Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAKESTONE 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.

8094 7803 2941

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.☒ 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☒ 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?

☒ No ☐ Yes
One box must be checked.
As per attached
Shipper's Declaration.☐ Yes
Shipper's Declaration
not required.☐ Dry Ice
Dry Ice, 6 UN 1845 x kg☐ 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
I will be billed.☒ Recipient☐ Third Party☐ Credit Card☐ Cash/Check

Total Packages

Total Weight

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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611