

Central Laboratory Sample Submittal Form

Event ID \*

Requester: Michael King

Field Report Prepared By: N. Mulkey

Collected By: Nathan Mulkey / Frank Butera

Send Final Report To: Michael King

Sampling Agency: FDEP

|                  |                                                                                                       |                                            |                                                                                                                                |                                                                                                            |                                                                                              |                       |
|------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------|
| Lab ID *         | Location: Lake Karick<br>at Center<br>RQ-2016-02-15-09(WBID 145)<br>Date: 2/18/16<br>Time: 1100 CST   | G4NW0274<br>Field ID<br>STORET<br>33040210 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab<br>Date: 2/18/16<br>Time: 1100<br>Eastern<br>Central | Collection (comp begin or grab)<br>Date: 2/18/16<br>Time: 1100<br>Eastern<br>Central                       | Composite end<br>Date:<br>Time:<br>Eastern<br>Central                                        | Bottle Group(s)**     |
|                  |                                                                                                       |                                            | Tot Res Chlorine (mg/L)                                                                                                        |                                                                                                            | Diss Oxygen (mg/L)                                                                           | Storet Station Number |
|                  |                                                                                                       |                                            | Sample Depth <input checked="" type="checkbox"/> m<br>0.3 <input type="checkbox"/> ft                                          | <input type="checkbox"/> Salinity (PPT)<br>25 <input checked="" type="checkbox"/> Sp Conductance (umho/cm) |                                                                                              | NPDES Number          |
|                  |                                                                                                       |                                            | <input type="checkbox"/> dd<br><input type="checkbox"/> dms<br>Comments: Temp: 14.6 pH: 6.5                                    |                                                                                                            |                                                                                              |                       |
| Lab ID *         | Location: Hurricane Lake<br>@ center<br>RQ-2016-02-15-09(WBID 83A)<br>Date: 2/18/16<br>Time: 1210 CST | G4NW0117<br>Field ID<br>STORET<br>33030056 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab<br>Date: 2/18/16<br>Time: 1210<br>Eastern<br>Central | Collection (comp begin or grab)<br>Date: 2/18/16<br>Time: 1210<br>Eastern<br>Central                       | Composite end<br>Date:<br>Time:<br>Eastern<br>Central                                        | Bottle Group(s)**     |
|                  |                                                                                                       |                                            | Tot Res Chlorine (mg/L)                                                                                                        |                                                                                                            | Diss Oxygen (mg/L)                                                                           | Storet Station Number |
|                  |                                                                                                       |                                            | Sample Depth <input checked="" type="checkbox"/> m<br>0.3 <input type="checkbox"/> ft                                          | <input type="checkbox"/> Salinity (PPT)<br>24 <input checked="" type="checkbox"/> Sp Conductance (umho/cm) |                                                                                              | NPDES Number          |
|                  |                                                                                                       |                                            | <input type="checkbox"/> dd<br><input type="checkbox"/> dms<br>Comments: Temp: 14.7 pH: 6.9                                    |                                                                                                            |                                                                                              |                       |
| Lab ID *         | Location: Bear Lake<br>Center<br>RQ-2016-02-15-09(WBID 179A)<br>Date: 2/18/16<br>Time: 1330 CST       | G4NW0361<br>Field ID<br>STORET<br>33030057 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab<br>Date: 2/18/16<br>Time: 1330<br>Eastern<br>Central | Collection (comp begin or grab)<br>Date: 2/18/16<br>Time: 1330<br>Eastern<br>Central                       | Composite end<br>Date:<br>Time:<br>Eastern<br>Central                                        | Bottle Group(s)**     |
|                  |                                                                                                       |                                            | Tot Res Chlorine (mg/L)                                                                                                        |                                                                                                            | Diss Oxygen (mg/L)                                                                           | Storet Station Number |
|                  |                                                                                                       |                                            | Sample Depth <input checked="" type="checkbox"/> m<br>0.2 <input type="checkbox"/> ft                                          | <input type="checkbox"/> Salinity (PPT)<br>31 <input checked="" type="checkbox"/> Sp Conductance (umho/cm) |                                                                                              | NPDES Number          |
|                  |                                                                                                       |                                            | <input type="checkbox"/> dd<br><input type="checkbox"/> dms<br>Comments: Temp: 15.1 pH: 7.0                                    |                                                                                                            |                                                                                              |                       |
| Lab ID *         | Location                                                                                              |                                            | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab<br>Date<br>Time<br>Eastern<br>Central                           | Collection (comp begin or grab)<br>Date<br>Time<br>Eastern<br>Central                                      | Composite end<br>Date<br>Time<br>Eastern<br>Central                                          | Bottle Group(s)**     |
|                  | Field ID                                                                                              |                                            | Tot Res Chlorine (mg/L)                                                                                                        |                                                                                                            | Diss Oxygen (mg/L)                                                                           | Storet Station Number |
|                  | Matrix (include type e.g. Salt, Fresh, etc)                                                           | Temp (C)                                   | pH                                                                                                                             | Sample Depth <input type="checkbox"/> m<br><input type="checkbox"/> ft                                     | <input type="checkbox"/> Salinity (PPT)<br><input type="checkbox"/> Sp Conductance (umho/cm) |                       |
|                  | Latitude                                                                                              | Longitude                                  | Comments                                                                                                                       |                                                                                                            |                                                                                              |                       |
| Relinquished By: | Date/Time                                                                                             | Shipping Method:                           | Received By:                                                                                                                   | Date/Time                                                                                                  | Relinquished By:                                                                             | Date/Time             |
|                  | 2/18/16                                                                                               | Fed Ex                                     | James M.                                                                                                                       | 2/19/16                                                                                                    |                                                                                              |                       |

\* Shaded Areas for Lab use only.

\*\* Please see reverse side for Bottle Group information.

last revised October 1, 2003

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Date of Request: 13-JAN-2016  
 Created By: KING\_M On: 13-JAN-2016  
 Modified By: WATTS\_J On: 21-JAN-2016  
 Customer: NW-DIST  
 Project: SMP  
 Division: Division of Environmental Assessment and Restoration  
 District: Northwest District  
 Sampling Event: WBID 145, 179A, 83A

**Send Coolers To:**

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

**Send Final Report To:**

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

Program Module Number: 1306  
 Priority: 3  
 Event Status: S  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 21-JAN-2016  
 Biology Request Reviewed By: SWANSON\_C On: 15-JAN-2016  
 Sampling Kit Required: YES Ship on: 03-FEB-2016  
 Sampling Kit Shipped: YES On: 01-FEB-2016  
 Sampling Kit Packed By: SHAIK\_A  
 Preservatives Needed: NO  
 Date to Receive Samples: 15-FEB-2016  
 Received By:

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

Comments:

**Bottle Group A (Water) With 4 Samples:**

|                                   |                      |                                                                                                                    |
|-----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L                 | Number of Bottles: 4 | Preserved With: ICE                                                                                                |
| ALKALINITY                        | Template: DEFAULT    | (SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO <sub>3</sub> /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 <sub>4</sub> -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: 4 | Preserved With: ICE                                                                                                |
| BOD-UNIN                          | Template: DEFAULT    | (SM 5210 B) BOD, NOT nitrogen-inhibited                                                                            |
| Bottle Type: BP-1L                | Number of Bottles: 4 | 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: 4 | Preserved With: ICE And H <sub>2</sub> SO <sub>4</sub>                                                             |
| W-NH <sub>3</sub>                 | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                         |
| W-NO <sub>2</sub> NO <sub>3</sub> | 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: 4 | Preserved With: ICE-FLTR                                                                                           |
| W-PO <sub>4</sub> -F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |



# Log-in Checklist

RQ- 2016-02-15-09

Shipping Method: Fedex

Date/Time of Receipt: 2/19/16 9:17 am

| 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 |                                                       |
| Blue      | 1.1 c               | 15                              |               | ✓  |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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: gm

\*\*W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes        No        NA ✓ Init: gm

Coolers Unpacked/Checked by: Jaredm Date: 2/19/16 NCRs (Y/N)? N

Event ID: NW-DIST-2016-02-19-01 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 – Methyl Mercury Preservation Check:

Samples Preserved within 48 hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and time samples preserved: \_\_\_\_\_

Additional Comments:

00150

01000

**FedEx** Package  
Express US AirbillFedEx  
Tracking  
Number

8029 9109 7165

## 1 From

Date

2/18/14

Sender's  
Name

Nathan Melky

Phone

850 595 0626

Company

FDEP

Address

140 W 6th St

City

Pensacola

State

FL

ZIP

32502

## 2 Your Internal Billing Reference

## 3 To

Recipient's  
Name

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

32399-6542

0107766371



8029 9109 7165

SPH1

Form  
ID No.

0215

Recipient's Copy

## 4 Express Package Service

\* To most locations.

NOTE: Service order has changed. Please select carefully.

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

☐ 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. Fee applies.

Indirect Signature  
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

## Does this shipment contain dangerous goods?

One box must be checked.

☐ No☐ Yes

As per attached Shipper's Declaration.

☐ Yes

Shipper's Declaration not required.

☐ Dry Ice

Dry Ice, 9, UN 1845

x kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ 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.☒ 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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