



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

A-KIT

PAGE 1 OF 1

DO

Date Qualified?  
Yes / No

STORET Station Name: TAYLOR LAKE

Date: 8-9-16  
(mm/dd/yyyy)

STORET Station ID: G5SW0047

Latitude: 27.9062  
(Decimal Degrees)

WBID: 1633A RQ: 2016-08-08-25 ORG ID: 21FLTPA

Longitude: 82.804  
(Decimal Degrees)

Receiving Body of Water: \_\_\_\_\_ Field ID: G5SW0047

County: PINELLS

| Sampling Team Members     |  | WQ Measurements                     | Sample Collection                   | Documentation                       | Preservation                        | Preservation Check                  |
|---------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <u>JUST ASTON</u>         |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <u>STEPHEN CLINGERMAN</u> |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| Sampling Equipment                                   |                                   |                               |
|------------------------------------------------------|-----------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn | <input type="checkbox"/> Pole |
| <input type="checkbox"/> Carboy                      | <input type="checkbox"/> Syringe  |                               |
| <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Other    |                               |
| Equipment ID                                         |                                   |                               |

| Collection Method                           |                                                    |
|---------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Wading             | <input checked="" type="checkbox"/> Via Boat       |
| <input type="checkbox"/> From Shore         | <input checked="" type="checkbox"/> Canoe/Kayak    |
| <input type="checkbox"/> Other (note below) | <input checked="" type="checkbox"/> Electric Motor |
|                                             | <input type="checkbox"/> Gasoline Motor            |

Water Level: Dry / Low / Normal / High / Flooded

Matrix: Fresh / Marine / DI

Meter ID# LIL JON Photos: Yes / No

Tide Falling: Yes / No / NA

| Time Zone | Time | Sample Depth (m) | Total Depth (m) | DO (mg/L) | DO (%SAT) | pH  | Salinity (ppt) | Secchi Disk (m) | Sp COND (umhos/cm) | Temp. (C°) |
|-----------|------|------------------|-----------------|-----------|-----------|-----|----------------|-----------------|--------------------|------------|
| EST       | 1340 | 0.3              | 2.3             | 5.1       | 64        | 7.0 | 0.15           | 1.8             | 309                | 27.2       |
| CEN       |      | 1.8              |                 | 5.3       | 65        | 7.0 | 0.14           |                 | 302                | 27.0       |

| Biological Samples Collected: | None                                                                                                                                                                                                                            | HA | SCI | LVS | RPS | LVI | Other                                                                             |           |            |                                        |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|-----|-----|-----------------------------------------------------------------------------------|-----------|------------|----------------------------------------|
| Parameter Suite               | Parameter Methods                                                                                                                                                                                                               |    |     |     |     |     | Preservation                                                                      | Acid Lot# | Expiration | pH Check                               |
| Preserved Nutrients           | <input checked="" type="checkbox"/> W-NH3 / <input checked="" type="checkbox"/> W-NO2NO3 / <input checked="" type="checkbox"/> W-TKN / <input checked="" type="checkbox"/> W-TOC / <input checked="" type="checkbox"/> W-S-A-TP |    |     |     |     |     | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H2SO4 | 73480     | 12-7-16    | <input checked="" type="checkbox"/> <2 |
| Metals                        | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                                 |    |     |     |     |     | <input type="checkbox"/> Ice <input type="checkbox"/> HNO2                        |           |            | <input type="checkbox"/> <2            |
| Filtered Nutrients            | <input checked="" type="checkbox"/> W-PO4-F <input checked="" type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                   |    |     |     |     |     | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |
| Chlorophyll                   | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                                  |    |     |     |     |     | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |
| BOD                           | <input type="checkbox"/> BOD-UNIN                                                                                                                                                                                               |    |     |     |     |     | <input type="checkbox"/> Ice                                                      |           |            |                                        |
| Physical/Aggregate (Kit A)    | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CHC / W-COLOR / W-SO4-IC / W-TDS                                                                                                                   |    |     |     |     |     | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |
| Physical/Aggregate (Kit B)    | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                                                                                                                   |    |     |     |     |     | <input type="checkbox"/> Ice                                                      |           |            |                                        |
| Macroinvertebrates            | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                             |    |     |     |     |     | <input type="checkbox"/> Formalin                                                 |           |            |                                        |
| Microbiology                  | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                                   |    |     |     |     |     | <input type="checkbox"/> Ice                                                      |           |            |                                        |
| Periphyton                    | <input type="checkbox"/> ALGAE-ID                                                                                                                                                                                               |    |     |     |     |     | <input type="checkbox"/> Ice                                                      |           |            |                                        |
| Pesticides                    | <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-AHERB-AA <input type="checkbox"/> W-PYR-AA-R<br><input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH          |    |     |     |     |     | <input type="checkbox"/> Ice <input type="checkbox"/> Other                       |           |            |                                        |
| Flow m/s                      | "J" Quality Flow                                                                                                                                                                                                                |    |     |     |     |     |                                                                                   |           |            |                                        |

Place Preservative Sticker(s) Here  
(If Available)

Notes:

RQ: 2016-08-08-25 G5SW0047  
Date: 08-09-2016  
Time: \_\_\_\_\_ Field ID: G5SW0047

Signature: [Signature]

Date: 08/09/2016

Field Parameters Entered into LIMS: \_\_\_\_\_  
(Initials/Date)

Field Parameters QC in LIMS: \_\_\_\_\_  
(Initials/Date)

Date Migrated to STORET: \_\_\_\_\_  
(Initials/Date)

Field Sheets Scanned/Saved: \_\_\_\_\_  
(Initials/Date)



Package  
US Airbill

FedEx  
Tracking  
Number

8103 9283 4182

1 From Please print and press hard.

Date 08-09-2016 Sender's FedEx  
Account Number

Sender's  
Name

FDEP

Phone

813 470-5700

Company

Address 13051 N. TALECOM PKWY

Dept./Floor/Room

City

TEMPLE TERRACE

State

FL

ZIP

33637

2 Your Internal Billing Reference

Print 24 characters will appear on invoice.

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.

Address

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

Dept./Floor/Room

City

TALLAHASSEE

State

FL

ZIP

32399

0124031825



Shipping online just got easier.  
Go to [fedex.com/lite](http://fedex.com/lite)

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

MUR3

ID No. 0215

4 Express Package Service

\* To most locations.

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

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.

2nd Business Days

☐ FedEx 2Day A.M.  
Second business morning.\*

☐ FedEx 2Day  
Second business afternoon.\* Thursday shipments  
will be delivered on Friday 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

For packages containing a signature for delivery.

☐ Direct Signature

If no one is available at recipient's address, someone at a neighboring address will be contacted for delivery. For residential deliveries only.

☐ Indirect Signature

If no one is available at recipient's address, someone at a neighboring address will be contacted for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

☐ No

Yes ☐ As per attached  
Shipper's Declaration.  
Restrictions apply for dangerous goods—see the current FedEx Service Guide.

☐ Yes

One box must be checked.  
Yes ☐ Shipper's Declaration  
required.

**Customer: SW-DIST**

Requester: Judy Ashton

Field Report Prepared By:

**Project ID: SMP**

Collected By: SEC 1A

Sampling Agency: FDEP - FELTPA

| Location               | Field ID                 | STORET #       | Latitude | Comp                                | Grab                                | Collection (comp begin or grab)       | Date       | Time | Eastern                             | Central                             | Composite end                | Bottle Group(s)     |
|------------------------|--------------------------|----------------|----------|-------------------------------------|-------------------------------------|---------------------------------------|------------|------|-------------------------------------|-------------------------------------|------------------------------|---------------------|
|                        |                          |                |          |                                     |                                     |                                       |            |      |                                     |                                     |                              |                     |
| PASADENA LAKE          | RQ-2016-08-08-25         | G5SW0119       |          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Matrix (type, e.g., Salt, Fresh, etc) | 08-08-2016 | 1025 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Diss. Oxygen 5.6<br>% sat 72 | Total Res. Chlorine |
|                        | Date: 08-09-2016         |                |          |                                     |                                     | Temp (C)                              |            |      | <input type="checkbox"/>            | <input type="checkbox"/>            | ft Sp. Conductance           |                     |
|                        | Time: Field ID: G5SW0119 |                |          |                                     |                                     | Salinity (ppt)                        |            |      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | m (umho/cm)                  | 288                 |
|                        |                          |                |          | <input type="checkbox"/>            | <input type="checkbox"/>            | Comments                              |            |      |                                     |                                     |                              | A                   |
| PINELLAS PARK DITCH #5 | RQ-2016-08-08-25         | 27502758243422 |          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Matrix (type, e.g., Salt, Fresh, etc) | 08-08-2016 | 1100 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Diss. Oxygen 7.7<br>% sat 95 | Total Res. Chlorine |
|                        | Date: 08-09-2016         |                |          |                                     |                                     | Temp (C)                              |            |      | <input type="checkbox"/>            | <input type="checkbox"/>            | ft Sp. Conductance           |                     |
|                        | Time: Field ID: G5SW0118 |                |          |                                     |                                     | Salinity (ppt)                        |            |      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | m (umho/cm)                  | 141                 |
|                        |                          |                |          | <input type="checkbox"/>            | <input type="checkbox"/>            | Comments                              |            |      |                                     |                                     |                              | A                   |
| TAYLOR LAKE            | RQ-2016-08-08-25         | G5SW0047       |          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Matrix (type, e.g., Salt, Fresh, etc) | 08-08-2016 | 1340 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Diss. Oxygen 5.1<br>% sat 64 | Total Res. Chlorine |
|                        | Date: 08-09-2016         |                |          |                                     |                                     | Temp (C)                              |            |      | <input type="checkbox"/>            | <input type="checkbox"/>            | ft Sp. Conductance           |                     |
|                        | Time: Field ID: G5SW0047 |                |          |                                     |                                     | Salinity (ppt)                        |            |      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | m (umho/cm)                  | 309                 |
|                        |                          |                |          | <input type="checkbox"/>            | <input type="checkbox"/>            | Comments                              |            |      |                                     |                                     |                              | A                   |
| PASADENA LAKE          | RQ-2016-08-08-25         | G5SW0119       |          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Matrix (type, e.g., Salt, Fresh, etc) | 08-08-2016 | 1030 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Diss. Oxygen                 | Total Res. Chlorine |
|                        | Date: 08-09-2016         |                |          |                                     |                                     | Temp (C)                              |            |      | <input type="checkbox"/>            | <input type="checkbox"/>            | ft Sp. Conductance           |                     |
|                        | Time: Field ID: G5SW0119 |                |          |                                     |                                     | Salinity (ppt)                        |            |      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | m (umho/cm)                  |                     |
|                        |                          |                |          | <input type="checkbox"/>            | <input type="checkbox"/>            | Comments                              |            |      |                                     |                                     |                              | A                   |

|                                                                                                         |                              |                          |                                  |                   |           |
|---------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|----------------------------------|-------------------|-----------|
| Relinquished By:<br> | Date/Time<br>08-09-2016 1900 | Shipping Method<br>FedEx | Number of Coolers Shipped:<br>20 | Received By:<br>1 | Date/Time |
|---------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|----------------------------------|-------------------|-----------|

Florida Department of Environmental Protection  
Central Laboratory Submittal Form

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: SEC

Project ID: SMP

Collected By: SEC JASampling Agency: DEP-ZURIPA

|          |  |                                                          |  |                                                          |  |              |  |                          |  |                 |  |
|----------|--|----------------------------------------------------------|--|----------------------------------------------------------|--|--------------|--|--------------------------|--|-----------------|--|
| Location |  | BLANK                                                    |  | Collection (comp begin or grab)                          |  | Eastern      |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  | RQ-2016-08-08-25                                         |  | Date 08-09-2016                                          |  | Time 1350    |  | Date                     |  | (See pg 2)      |  |
| STORET # |  | BLANK                                                    |  | Matrix (type, e.g., Salt, Fresh, etc)                    |  | Diss. Oxygen |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Field ID: BLANK                                          |  | Temp (C)                                                 |  | pH           |  | ft Sp. Conductance       |  |                 |  |
|          |  |                                                          |  | Salinity (ppt)                                           |  | Comments     |  | m                        |  | A               |  |
|          |  |                                                          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  |              |  |                          |  |                 |  |
| Location |  |                                                          |  | Collection (comp begin or grab)                          |  | Eastern      |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                                                          |  | Date                                                     |  | Time         |  | Date                     |  | Time            |  |
| STORET # |  |                                                          |  | Matrix (type, e.g., Salt, Fresh, etc)                    |  | Diss. Oxygen |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                                                |  | Temp (C)                                                 |  | pH           |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Salinity (ppt)                                           |  | Comments     |  | m                        |  |                 |  |
|          |  |                                                          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  |              |  |                          |  |                 |  |
| Location |  |                                                          |  | Collection (comp begin or grab)                          |  | Eastern      |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                                                          |  | Date                                                     |  | Time         |  | Date                     |  | Time            |  |
| STORET # |  |                                                          |  | Matrix (type, e.g., Salt, Fresh, etc)                    |  | Diss. Oxygen |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                                                |  | Temp (C)                                                 |  | pH           |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Salinity (ppt)                                           |  | Comments     |  | m                        |  |                 |  |
|          |  |                                                          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  |              |  |                          |  |                 |  |
| Location |  |                                                          |  | Collection (comp begin or grab)                          |  | Eastern      |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                                                          |  | Date                                                     |  | Time         |  | Date                     |  | Time            |  |
| STORET # |  |                                                          |  | Matrix (type, e.g., Salt, Fresh, etc)                    |  | Diss. Oxygen |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                                                |  | Temp (C)                                                 |  | pH           |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Salinity (ppt)                                           |  | Comments     |  | m                        |  |                 |  |
|          |  |                                                          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  |              |  |                          |  |                 |  |
| Location |  |                                                          |  | Collection (comp begin or grab)                          |  | Eastern      |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                                                          |  | Date                                                     |  | Time         |  | Date                     |  | Time            |  |
| STORET # |  |                                                          |  | Matrix (type, e.g., Salt, Fresh, etc)                    |  | Diss. Oxygen |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                                                |  | Temp (C)                                                 |  | pH           |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  | Salinity (ppt)                                           |  | Comments     |  | m                        |  |                 |  |
|          |  |                                                          |  | <input type="checkbox"/> dd <input type="checkbox"/> dms |  |              |  |                          |  |                 |  |

|                                     |                            |                        |                              |                                 |            |
|-------------------------------------|----------------------------|------------------------|------------------------------|---------------------------------|------------|
| Relinquished By: <u>[Signature]</u> | Date/Time: 08-09-2016 1800 | Shipping Method: FedEx | Number of Coolers Shipped: 1 | Received By: <u>[Signature]</u> | Date/Time: |
|-------------------------------------|----------------------------|------------------------|------------------------------|---------------------------------|------------|