

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)

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: A. Salmeron

Project ID: SMP

Collected By: Ashley Salmeron, Stephen Cingerman

Sampling Agency: FDEP

Location <u>Lake Isabelle SW</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>06/27/2016</u> Time <u>1025</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID RQ-2016-06-27-15 Date: 06/27/2016 Time: _____	Barcode <u>G4SW0097</u> 64500097	Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>	Diss. Oxygen <u>2.7</u> ☒ mg/L <u>32</u> ☒ % sat	Total Res. Chlorine (mg/L)		A
STC		Temp (C) <u>30.8</u>	pH <u>6.2</u>	Sample Depth <u>0.3</u> ☐ ft ☒ m	Sp. Conductance (umho/cm) <u>141</u>	
Latitude		Salinity (ppt) <u>0.07</u>	Comments			
Location <u>Lake Isabelle C</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>06/27/2016</u> Time <u>1035</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2016-06-27-15 Date: 06/27/2016 Time: _____	Barcode <u>G4SW0095</u> 64500095	Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>	Diss. Oxygen <u>3.5</u> ☒ mg/L <u>40</u> ☒ % sat	Total Res. Chlorine (mg/L)		A
STORE		Temp (C) <u>30.5</u>	pH <u>6.1</u>	Sample Depth <u>0.3</u> ☐ ft ☒ m	Sp. Conductance (umho/cm) <u>158</u>	
Latitude		Salinity (ppt) <u>0.07</u>	Comments			
Location <u>Lake Isabelle SE</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>06/27/2016</u> Time <u>1045</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2016-06-27-15 Date: 06/27/2016 Time: _____	Barcode <u>G4SW0098</u> 64500098	Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>	Diss. Oxygen <u>3.7</u> ☒ mg/L <u>48</u> ☒ % sat	Total Res. Chlorine (mg/L)		A
STOI		Temp (C) <u>30.0</u>	pH <u>6.2</u>	Sample Depth <u>0.3</u> ☐ ft ☒ m	Sp. Conductance (umho/cm) <u>158</u>	
Latitude		Salinity (ppt) <u>0.07</u>	Comments			
Location <u>Lake Isabelle N</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>06/27/2016</u> Time <u>1100</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2016-06-27-15 Date: 06/27/2016 Time: _____	Barcode <u>G4SW0096</u> 64500096	Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>	Diss. Oxygen <u>2.7</u> ☐ mg/L <u>30</u> ☐ % sat	Total Res. Chlorine (mg/L)		A
STOF		Temp (C) <u>30.3</u>	pH <u>6.1</u>	Sample Depth <u>0.3</u> ☐ ft ☒ m	Sp. Conductance (umho/cm) <u>155</u>	
Latitude		Salinity (ppt) <u>0.07</u>	Comments			

Relinquished By: <u>A. Salmeron</u>	Date/Time <u>06/27/16, 1430</u>	Shipping Method <u>FEDEX</u>	Number of Coolers Shipped: <u>2</u>	Received By:	Date/Time
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Request Number: RQ-2016-06-27-15

1329G, 1758F

Florida Department of Environmental Protection

Central Laboratory Submittal Form

3/4
Page 1 of 2

last revised Apr 7, 2016

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: A. Salmeron

Collected By: A. Salmeron, S. Clingerman

Sampling Agency: FDEP

Location <u>Withlacoochee River</u>		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>06/27/2016</u> Time <u>1245</u>		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)	
Field ID RQ-2016-06-27-15 Date: 06/27/2016 Time: _____		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>2.4</u> ☒ mg/L <u>28</u> ☒ % sat		Total Res. Chlorine (mg/L)				A	
STO G4SW0099		Temp (C) <u>26.0</u>		pH <u>4.1</u>		Sample Depth <u>0.3</u> ☐ ft ☒ m		Sp. Conductance (umho/cm) <u>90</u>			
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) <u>0.04</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					

Relinquished By: <u>A. Salmeron</u>	Date/Time <u>6/27/16, 1430</u>	Shipping Method <u>FEDEX</u>	Number of Coolers Shipped: <u>2</u>	Received By:	Date/Time
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Group: A	Bottle Type: P-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
ALKALINITY					
TURBIDITY					
W-CL-IC					
W-COLOR					
W-F					
W-SO4-IC					
W-TDS					
W-TSS					

Group: A	Bottle Type: BP-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
CHLSUITE-W					

Group: A	Bottle Type: P-500ML	# of Bottles: 5	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	5
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	5
W-PO4-F					

FedEx
Express

Package
US Airbill

FedEx
Tracking
Number

8100 1917 9020

MUR 1

Form
ID No.

0215

Sender's Name

1 From Please print and press hard.

Date 06/27/2014

Sender's FedEx
Account Number

Sender's
Name FedEx

Phone 813, 470-5700

Company

Address 13051 N Telecom Pkwy

Dept./Floor/Suite/Room

City Temple Terrace

State FL

ZIP 33637

2 Your Internal Billing Reference

First 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.

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

0123448864



Ship it. Track it. Pay for it. All online.
Go to fedex.com.

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, 9, UN 1845 _____ kg
- ☐ Cargo Aircraft Only

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 ☐ Cash/Check
- FedEx Acct. No. 4490-2262-9
Credit Card No. Exp. Date

Total Packages 1 Total Weight 50 lbs. Total Declared Value* \$.00

*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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611