

Request Number:

# Florida Department of Environmental Protection Central Laboratory Submittal Form

Page 1 of 2

last revised Nov 10, 2015

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: Judy Ashton

Project ID: SMP

Collected By: J. Ashton, S. CLINGERMANSampling Agency: FRED

|                                                                      |  |                                                                                                      |  |                                                                           |                                                                          |                                                                                       |                                         |                               |
|----------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|
| Location<br>RQ-2016-02-22-14<br>Date: 02/25/16<br>Time:              |  | <br><b>G1SW0050</b> |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>2-25-16</u> Time <u>10:15</u> | <u>Eastern</u><br>Central                                                             | Composite end<br>Date<br>Time           | Bottle Group(s)<br>(See pg 2) |
| Field ID                                                             |  | Matrix (type, e.g., Salt, Fresh, etc)                                                                |  | Diss. Oxygen <u>4.7</u><br><u>48</u>                                      |                                                                          | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) <u>—</u>  | A                             |
| STORET #                                                             |  | Temp (C) <u>15.7</u>                                                                                 |  | pH <u>6.9</u>                                                             | Sample Depth <u>0.3</u>                                                  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm) <u>154</u> |                               |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                |  | Salinity (ppt) <u>0.07</u>                                                |                                                                          | Comments                                                                              |                                         |                               |
| Location<br>RQ-2016-02-22-14<br>Date: 02/25/16<br>Time:              |  | <br><b>G5SW0109</b> |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>2-25-16</u> Time <u>11:10</u> | <u>Eastern</u><br>Central                                                             | Composite end<br>Date<br>Time           | Bottle Group(s)               |
| Field ID                                                             |  | Matrix (type, e.g., Salt, Fresh, etc)                                                                |  | Diss. Oxygen <u>7.2</u><br><u>75</u>                                      |                                                                          | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) <u>—</u>  | A                             |
| STORET #                                                             |  | Temp (C) <u>16.9</u>                                                                                 |  | pH <u>7.3</u>                                                             | Sample Depth <u>0.3</u>                                                  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm) <u>187</u> |                               |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                |  | Salinity (ppt) <u>0.09</u>                                                |                                                                          | Comments                                                                              |                                         |                               |
| Location<br>RQ-2016-02-22-14<br>Date: 02/25/16<br>Time:              |  | <br><b>G5SW0110</b> |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>2-25-16</u> Time <u>11:45</u> | <u>Eastern</u><br>Central                                                             | Composite end<br>Date<br>Time           | Bottle Group(s)               |
| Field ID                                                             |  | Matrix (type, e.g., Salt, Fresh, etc)                                                                |  | Diss. Oxygen <u>6.5</u><br><u>70</u>                                      |                                                                          | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) <u>—</u>  | A                             |
| STORET #                                                             |  | Temp (C) <u>19.5</u>                                                                                 |  | pH <u>7.3</u>                                                             | Sample Depth <u>0.3</u>                                                  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm) <u>214</u> |                               |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                |  | Salinity (ppt) <u>0.1</u>                                                 |                                                                          | Comments                                                                              |                                         |                               |
| Location                                                             |  |                                                                                                      |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date<br>Time                          | <u>Eastern</u><br>Central                                                             | Composite end<br>Date<br>Time           | Bottle Group(s)               |
| Field ID                                                             |  | Matrix (type, e.g., Salt, Fresh, etc)                                                                |  | Diss. Oxygen                                                              |                                                                          | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                       | Total Res. Chlorine<br>(mg/L)           |                               |
| STORET #                                                             |  | Temp (C)                                                                                             |  | pH                                                                        | Sample Depth                                                             | <input type="checkbox"/> ft<br><input type="checkbox"/> m                             | Sp. Conductance<br>(umho/cm)            |                               |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                |  | Salinity (ppt)                                                            |                                                                          | Comments                                                                              |                                         |                               |

|                                   |                                |                              |                         |                           |                  |            |              |            |
|-----------------------------------|--------------------------------|------------------------------|-------------------------|---------------------------|------------------|------------|--------------|------------|
| Relinquished By: <u>J. Ashton</u> | Date/Time: <u>2-25-16 5:00</u> | Shipping Method: <u>FRED</u> | Received By: <u>RPB</u> | Date/Time: <u>2-26-16</u> | Relinquished By: | Date/Time: | Received By: | Date/Time: |
|-----------------------------------|--------------------------------|------------------------------|-------------------------|---------------------------|------------------|------------|--------------|------------|

09-05

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|          |              |      |               |               |     |                                     |          |
|----------|--------------|------|---------------|---------------|-----|-------------------------------------|----------|
| Group: A | Bottle Type: | P-1L | # of Bottles: | Preservative: | ICE | Enter Number of Bottles Sent to Lab | <u>3</u> |
|----------|--------------|------|---------------|---------------|-----|-------------------------------------|----------|

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BOD-UNIN

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|          |              |       |               |               |     |                                     |          |
|----------|--------------|-------|---------------|---------------|-----|-------------------------------------|----------|
| Group: A | Bottle Type: | BP-1L | # of Bottles: | Preservative: | ICE | Enter Number of Bottles Sent to Lab | <u>3</u> |
|----------|--------------|-------|---------------|---------------|-----|-------------------------------------|----------|

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CHLSUITE-W

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|          |              |      |               |               |     |                                     |          |
|----------|--------------|------|---------------|---------------|-----|-------------------------------------|----------|
| Group: A | Bottle Type: | P-1L | # of Bottles: | Preservative: | ICE | Enter Number of Bottles Sent to Lab | <u>3</u> |
|----------|--------------|------|---------------|---------------|-----|-------------------------------------|----------|

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TURBIDITY

W-ALK

W-CL-IC

W-COLOR

W-F

W-SO4-IC

W-TDS

W-TSS

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|          |              |         |               |               |               |                                     |          |
|----------|--------------|---------|---------------|---------------|---------------|-------------------------------------|----------|
| Group: A | Bottle Type: | P-500ML | # of Bottles: | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab | <u>3</u> |
|----------|--------------|---------|---------------|---------------|---------------|-------------------------------------|----------|

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W-NH3

W-NO2NO3

W-S-A-TP

W-TKN

W-TOC

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|          |              |         |               |               |          |                                     |          |
|----------|--------------|---------|---------------|---------------|----------|-------------------------------------|----------|
| Group: A | Bottle Type: | P-125ML | # of Bottles: | Preservative: | ICE-FLTR | Enter Number of Bottles Sent to Lab | <u>3</u> |
|----------|--------------|---------|---------------|---------------|----------|-------------------------------------|----------|

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W-PO4-F

Date of Request: 01-FEB-2016  
 Created By: ASHTON\_J On: 01-FEB-2016  
 Modified By: WATTS\_J On: 02-FEB-2016  
 Customer: SW-DIST  
 Project: SMP  
 Division:  
 District: Southwest District  
 Sampling Event: 1282H,1282I,8043

**Send Coolers To:**

Phone: 813-470-5951  
 FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Matt Bearden

Program Module Number: 1306  
 Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 02-FEB-2016  
 Biology Request Reviewed By: SWANSON\_C On: 01-FEB-2016  
 Sampling Kit Required: YES Ship on: 11-FEB-2016  
 Sampling Kit Shipped: YES On: 08-FEB-2016  
 Sampling Kit Packed By: KITCHEN\_S  
 Preservatives Needed: NO  
 Date to Receive Samples: 25-FEB-2016  
 Received By: SHAIK\_A On: 26-FEB-2016

**Send Final Report To:**

FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Matt Bearden

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

Comments:

**Bottle Group A (Water) With 6 Samples:**

|                                   |                      |                                                                                                                    |
|-----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L                 | Number of Bottles: 6 | 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-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: P-1L                 | Number of Bottles: 6 | Preserved With: ICE                                                                                                |
| BOD-UNIN                          | Template: DEFAULT    | (SM 5210 B) BOD, NOT nitrogen-inhibited                                                                            |
| Bottle Type: BP-1L                | Number of Bottles: 6 | 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: 6 | 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: 6 | 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- 2016-02-22-14

Shipping Method: Red Exp

Date/Time of Receipt: 02-26-16/9:05

| 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            | Yes | No       |  |                                                       |
| Red       | 1.1C                | 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: AD

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

Coolers Unpacked/Checked by: ADG Date: 2-26-16 NCRs (Y/N)? yes

Event ID: 1282H, 1282I, 8043 NCR #       

Date Received: 26-FEB-2016 09:05

## 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:**

01000

07161

fedex.com 1800.GoFedEx 1800.463.3339

05309015

**Fed**

Express

Package  
US AirbillFedEx  
Tracking  
Number

8094 7802 8890

**1 From**

Date

Sender's  
Name

FDEP

Phone

513 470-3770

Company

Address

13651 N. Telecom Pkwy

Dept./Floor/Suite/Room

City

Temple Terrace

State

FL

ZIP

33637

**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

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.

Address

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

City

TALLAHASSEE

State

FL

ZIP

32399

0121555852



8094 7802 8890

Form  
ID No.

0215

MUR3

**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?**

One box must be checked.

☐ No☐ YesAs per attached  
Shipper's Declaration.☐ YesShipper'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.

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

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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