

WBIDs 1329G, 1435, 1758F

## Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By:

Judy Ashton

Project ID: SMP

Collected By: S. CHINESEMAN, A. SALMERON

Sampling Agency:

FOLP

|                                                                           |                                                                       |                                                                           |                                                           |                                                                                       |                               |                               |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------|-------------------------------|
| RQ-2016-02-29-25 G4SW0099<br>Date: 02-29-2016<br>Time: Field ID: G4SW0099 |                                                                       | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 2/29/16 Time 1030 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central       | Composite end<br>Date Time    | Bottle Group(s)<br>(See pg 2) |
| Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |                                                                       | Diss. Oxygen 4.7<br>4.3                                                   |                                                           | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) | A                             |
| Temp (C) 14.2                                                             |                                                                       | pH 4.0                                                                    | Sample Depth 1.4                                          | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance (umho/cm) 103 |                               |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms      | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt) 0.05                                                       | Comments                                                  |                                                                                       |                               |                               |
| RQ-2016-02-29-25 24040132<br>Date: 02-29-2016<br>Time: Field ID: G5SW0111 |                                                                       | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 2/29/16 Time 1225 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central       | Composite end<br>Date Time    | Bottle Group(s)               |
| Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |                                                                       | Diss. Oxygen 8.2<br>8.8                                                   |                                                           | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) | A                             |
| Temp (C) 19.7                                                             |                                                                       | pH 5.6                                                                    | Sample Depth 0.3                                          | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance (umho/cm) 104 |                               |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms      | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt) 0.05                                                       | Comments                                                  |                                                                                       |                               |                               |
| RQ-2016-02-29-25 G5SW0112<br>Date: 02-29-2016<br>Time: Field ID: G5SW0112 |                                                                       | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 2/29/16 Time 1246 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central       | Composite end<br>Date Time    | Bottle Group(s)               |
| Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |                                                                       | Diss. Oxygen 9.1<br>9.9                                                   |                                                           | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) | A                             |
| Temp (C) 20.0                                                             |                                                                       | pH 5.4                                                                    | Sample Depth 0.3                                          | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance (umho/cm) 164 |                               |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms      | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                                                            | Comments                                                  |                                                                                       |                               |                               |
| RQ-2016-02-29-25 G5SW0115<br>Date: 02-29-2016<br>Time: Field ID: G5SW0115 |                                                                       | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 2/29/16 Time 1320 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central       | Composite end<br>Date Time    | Bottle Group(s)               |
| Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |                                                                       | Diss. Oxygen 8.0<br>8.7                                                   |                                                           | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) | A                             |
| Temp (C) 20.1                                                             |                                                                       | pH 7.0                                                                    | Sample Depth 0.3                                          | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance (umho/cm) 175 |                               |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms      | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt) 0.08                                                       | Comments                                                  |                                                                                       |                               |                               |

|                  |              |                 |              |           |                  |           |              |             |
|------------------|--------------|-----------------|--------------|-----------|------------------|-----------|--------------|-------------|
| Relinquished By: | Date/Time    | Shipping Method | Received By: | Date/Time | Relinquished By: | Date/Time | Received By: | Date/Time   |
| J. Ashton        | 2-29-16 5:00 | Fed Ex          |              |           |                  |           | MRB          | 2/1/16/9:27 |

|          |              |         |                 |               |               |                                     |   |
|----------|--------------|---------|-----------------|---------------|---------------|-------------------------------------|---|
| Group: A | Bottle Type: | P-1L    | # of Bottles: 7 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 7 |
|          | ALKALINITY   |         |                 |               |               |                                     |   |
|          | TURBIDITY    |         |                 |               |               |                                     |   |
|          | W-CL-IC      |         |                 |               |               |                                     |   |
|          | W-COLOR      |         |                 |               |               |                                     |   |
|          | W-F          |         |                 |               |               |                                     |   |
|          | W-SO4-IC     |         |                 |               |               |                                     |   |
|          | W-TDS        |         |                 |               |               |                                     |   |
|          | W-TSS        |         |                 |               |               |                                     |   |
| Group: A | Bottle Type: | P-1L    | # of Bottles: 7 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 7 |
|          | BOD-UNIN     |         |                 |               |               |                                     |   |
| Group: A | Bottle Type: | BP-1L   | # of Bottles: 7 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 7 |
|          | CHLSUITE-W   |         |                 |               |               |                                     |   |
| Group: A | Bottle Type: | P-500ML | # of Bottles: 7 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab | 7 |
|          | W-NH3        |         |                 |               |               |                                     |   |
|          | W-NO2NO3     |         |                 |               |               |                                     |   |
|          | W-S-A-TP     |         |                 |               |               |                                     |   |
|          | W-TKN        |         |                 |               |               |                                     |   |
|          | W-TOC        |         |                 |               |               |                                     |   |
| Group: A | Bottle Type: | P-125ML | # of Bottles: 7 | Preservative: | ICE-FLTR      | Enter Number of Bottles Sent to Lab | 7 |
|          | W-PO4-F      |         |                 |               |               |                                     |   |

Request Number: RQ-2016-02-29-25

## Florida Department of Environmental Protection

3 of 3

Page 1 of 2

WBIDs 1329G, 1435, 1758F

## Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By:

Judy Ashton

Project ID: SMP

Collected By: S. Chatterman, A. Salmonson

Sampling Agency:

FDEP

|                                                                      |  |                                                                           |  |                                                           |  |                                                                                       |  |                                                           |  |                               |  |
|----------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|-----------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|-------------------------------|--|
| Location<br>RQ-2016-02-29-25 G5SW0116                                |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 2/29/16 Time 1335 |  | Eastern<br>Central                                                                    |  | Composite end<br>Date Time                                |  | Bottle Group(s)<br>(See pg 2) |  |
| Date: 02-29-2016<br>Time: Field ID: G5SW0116                         |  | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |  | Diss. Oxygen 8.8<br>9.0                                   |  | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                             |  | A                             |  |
| Temp (C) 19.7                                                        |  | pH 7.2                                                                    |  | Sample Depth 0.3                                          |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  |  | Sp. Conductance (umho/cm) 176                             |  |                               |  |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms     |  | Salinity (ppt) 0.08                                       |  | Comments                                                                              |  |                                                           |  |                               |  |
| Location<br>RQ-2016-02-29-25 G5SW0113                                |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 2/29/16 Time 1415 |  | Eastern<br>Central                                                                    |  | Composite end<br>Date Time                                |  | Bottle Group(s)<br>(See pg 2) |  |
| Date: 02-29-2016<br>Time: Field ID: G5SW0113                         |  | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |  | Diss. Oxygen 5.2<br>7.3 mg/L<br>85% sat                   |  | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                             |  | A                             |  |
| Temp (C) 20.2<br>17.9                                                |  | pH 7.1<br>7.0                                                             |  | Sample Depth 0.3                                          |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  |  | Sp. Conductance (umho/cm) 142                             |  |                               |  |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms     |  | Salinity (ppt) 0.08                                       |  | Comments                                                                              |  |                                                           |  |                               |  |
| Location<br>RQ-2016-02-29-25 G5SW0114                                |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 2/29/16 Time 1435 |  | Eastern<br>Central                                                                    |  | Composite end<br>Date Time                                |  | Bottle Group(s)<br>(See pg 2) |  |
| Date: 02-29-2016<br>Time: Field ID: G5SW0114                         |  | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |  | Diss. Oxygen 7.5<br>8.0                                   |  | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                             |  | A                             |  |
| Temp (C) 21.4                                                        |  | pH 7.0                                                                    |  | Sample Depth 0.3                                          |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  |  | Sp. Conductance (umho/cm) 161                             |  |                               |  |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms     |  | Salinity (ppt) 0.08                                       |  | Comments                                                                              |  |                                                           |  |                               |  |
| Location                                                             |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time              |  | Eastern<br>Central                                                                    |  | Composite end<br>Date 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 (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: | Date/Time    | Shipping Method | Received By: | Date/Time | Relinquished By: | Date/Time | Received By: | Date/Time   |
| J. Ashton        | 2-29-16 5:00 | Fed Ex          |              |           |                  |           | MB           | 3/1/16/9:27 |

|          |              |         |                 |               |               |                                           |
|----------|--------------|---------|-----------------|---------------|---------------|-------------------------------------------|
| Group: A | Bottle Type: | P-1L    | # of Bottles: 7 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | ALKALINITY   |         |                 |               |               |                                           |
|          | TURBIDITY    |         |                 |               |               |                                           |
|          | W-CL-IC      |         |                 |               |               |                                           |
|          | W-COLOR      |         |                 |               |               |                                           |
|          | W-F          |         |                 |               |               |                                           |
|          | W-SO4-IC     |         |                 |               |               |                                           |
|          | W-TDS        |         |                 |               |               |                                           |
|          | W-TSS        |         |                 |               |               |                                           |
| Group: A | Bottle Type: | P-1L    | # of Bottles: 7 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | BOD-UNIN     |         |                 |               |               |                                           |
| Group: A | Bottle Type: | BP-1L   | # of Bottles: 7 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | CHLSUITE-W   |         |                 |               |               |                                           |
| Group: A | Bottle Type: | P-500ML | # of Bottles: 7 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab _____ |
|          | W-NH3        |         |                 |               |               |                                           |
|          | W-NO2NO3     |         |                 |               |               |                                           |
|          | W-S-A-TP     |         |                 |               |               |                                           |
|          | W-TKN        |         |                 |               |               |                                           |
|          | W-TOC        |         |                 |               |               |                                           |
| Group: A | Bottle Type: | P-125ML | # of Bottles: 7 | Preservative: | ICE-FLTR      | Enter Number of Bottles Sent to Lab _____ |
|          | W-PO4-F      |         |                 |               |               |                                           |

Date of Request: 04-FEB-2016  
 Created By: ASHTON\_J On: 04-FEB-2016  
 Modified By: WATTS\_J On: 08-FEB-2016  
 Customer: SW-DIST  
 Project: SMP  
 Division:  
 District: Southwest District  
 Sampling Event: WBIDs 1329G, 1435, 1758F

**Send Coolers To:**

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

**Send Final Report To:**

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

**Program Module Number:**

Priority: 3  
 Event Status: S  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 08-FEB-2016  
 Biology Request Reviewed By: SWANSON\_C On: 05-FEB-2016  
 Sampling Kit Required: YES Ship on: 18-FEB-2016  
 Sampling Kit Shipped: YES On: 15-FEB-2016  
 Sampling Kit Packed By: KITCHEN\_S  
 Preservatives Needed: NO  
 Date to Receive Samples: 29-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 7 Samples:**

|                                   |                      |                                                                                                                    |
|-----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L                 | Number of Bottles: 7 | 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: 7 | Preserved With: ICE                                                                                                |
| BOD-UNIN                          | Template: DEFAULT    | (SM 5210 B) BOD, NOT nitrogen-inhibited                                                                            |
| Bottle Type: BP-1L                | Number of Bottles: 7 | 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: 7 | 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: 7 | 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- 2016-02-29-25

Shipping Method: Fedex

Date/Time of Receipt: 3/1/16/9:27

| Cooler ID | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape |   | *Intact? |    | Tracking # (fill out only if waybill copy is damaged) |
|-----------|---------------------|---------------------------------|---------------|---|----------|----|-------------------------------------------------------|
|           |                     |                                 | Present?      |   | Yes      | No |                                                       |
| Red       | -1.0                | 20                              |               | ✓ |          |    |                                                       |
| Red       | -0.4                | 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: MB

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

Coolers Unpacked/Checked by: MB Date: 3/1/16 NCRs (Y/N)? N

Event ID: SW-DIST-2016-03-01-01 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:**

01000

**FedEx**  
 Express *Package*  
*US Airbill*
FedEx  
Tracking  
Number

8099 4719 3002

Form  
ID No.

0215

Recipient's Copy

**1 From**  
 Date 12/29/2016
Sender's  
Name

FDEP

Phone

813 470-5770

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

Address

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

City

TALLAHASSEE

State

FL

ZIP

32399

 Hold Weekday  
 FedEx location address  
 REQUIRED. NOT available for  
 FedEx First Overnight.
☐
 Hold Saturday  
 FedEx location address  
 REQUIRED. Available ONLY for  
 FedEx Priority Overnight and  
 FedEx 2Day to select locations.
☐

0122645602



8099 4719 3002

**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☐ Yes

As per attached Shipper's Declaration.

☐ Yes

Shipper's Declaration not required.

☐ Dry Ice

Dry Ice, 9 UN 1845

x kg

☐ 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

Credit Card Auth.

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

611

Rev. Date 5/15 • Part #183134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

fedex.com 1800.GoFedEx 1800.463.3339

05943033

fedex.com 1800.GoFedEx 1800.463.3339

01000

16458

fedex.com 1800.GoFedEx 1800.463.3339

05943033

**FedEx**  
Express

 Package  
US Airbill

 FedEx  
Tracking  
Number

8099 4719 3013

## 1 From

Date

02/24/2016

Sender's  
Name

FDLP

Phone

813 470-5770

Company

Address

13051 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

Address

TALLAHASSEE

City

State

FL

ZIP

32379

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

 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.


8099 4719 3013

Form  
ID No.

0215

Recipient's Copy

## 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

☐ Yes  
As per attached  
Shipper's Declaration.

☐ Yes  
Shipper's Declaration  
not required.

☐ Dry Ice  
Dry Ice, 9, UN 1845

☐ Cargo Aircraft Only

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

## 7 Payment Bill to:

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

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.

611

fedex.com 1800.GoFedEx 1800.463.3339