

Request Number: 2016-03-07-35

Florida Department of Environmental Protection

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Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: Stephen Clingerman

Project ID: SMP

Collected By: S. Clingerman / A. Salmeron

Sampling Agency: FDEP-SWROC 2IFLTPA

Location	RQ-2016-03-07-35		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 03/10/2016 Time 1220	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)	
Field ID	Date: 03-10-16 Time:	G4SW0015 		Matrix (type, e.g., Salt, Fresh, etc) Fresh	Diss. Oxygen 4.5 53	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)	
STORET #				Temp (C) 23.2	pH 7.6	Sample Depth 0.3	Sp. Conductance (umho/cm) 356	
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.17	Comments			A
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	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	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	Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments			

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
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Group: A	Bottle Type:	P-1L	# of Bottles:	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
BOD-UNIN							
Group: A	Bottle Type:	BP-1L	# of Bottles:	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
CHLSUITE-W							
Group: A	Bottle Type:	P-1L	# of Bottles:	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
TURBIDITY							
W-ALK							
W-CL-IC							
W-COLOR							
W-F							
W-SO4-IC							
W-TDS							
W-TSS							
Group: A	Bottle Type:	P-500ML	# of Bottles:	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
W-NH3							
W-NO2NO3							
W-S-A-TP							
W-TKN							
W-TOC							
Group: A	Bottle Type:	P-125ML	# of Bottles:	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	1
W-PO4-F							

Date of Request: 16-FEB-2016
 Created By: ASHTON_J On: 16-FEB-2016
 Modified By: WATTS_J On: 18-FEB-2016
 Customer: SW-DIST
 Project: SMP
 Division:
 District: Southwest District
 Sampling Event: 1329S

Send Coolers To:

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

Program Module Number:
 Priority: 3
 Event Status: R
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 18-FEB-2016
 Biology Request Reviewed By: SWANSON_C On: 16-FEB-2016
 Sampling Kit Required: NO Ship on:
 Sampling Kit Shipped:
 Sampling Kit Packed By:
 Preservatives Needed: NO
 Date to Receive Samples: 10-MAR-2016
 Received By: SHAIK_A On: 11-MAR-2016

Send Final Report To:

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

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

Comments:

Bottle Group A (Water) With 1 Samples:

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

Log-in Checklist

RQ-2016-03-07-35

Shipping Method: FedEx

Date/Time of Receipt: 03-11-16 10:35

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	
Red	1.6c	5		—			

*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:

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

Coolers Unpacked/Checked by: AP Date: 03-11-16 NCRs (Y/N)?

Event ID: 1329S NCR #

SW-DIST-2016-03-11-01 (SMP)

Date Received: 11-MAR-2016 10:35

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

16480

fedex.com 1800.GoFedEx 1800.463.3339

05943033

FedEx
ExpressPICKUP
JS AIRBILLFedEx
Tracking
Number

8099 4719 2164

1 From

Date

12/10/2016

Sender's
Name

FDEP

Phone

813 470-5770

Company

Address

13651 N. Telecom Pkwy

City

Temple Terrace

State

FL

ZIP

33637

Dept./Floor/Suite/Room

2 Your Internal Billing Reference

3 To

Recipient's
Name

SAMPLE RECEIVING

Phone

813 245-8085

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.

TALLAHASSEE

City

State

FL

ZIP

32304



8099 4719 2164

Form
10 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 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, 8 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

35.50

Credit Card Auth.

*Our liability is limited to \$500 unless you declare a higher value. See the current FedEx Service Guide for details.

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