

1463D, 1463R, 1502C, 1502A

Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: C. Orr

Project ID: SMP

Collected By: S. Ungermeier C. Orr

Sampling Agency: FDEP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 3/31/2016 Time 1135		☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)	
Field ID	RQ-2016-03-28-21 Date: 03/31/16 Time: _____	Matrix (type, e.g., Salt, Fresh, etc) Fresh water		Diss. Oxygen	7.0 ☒ mg/L 83 ☒ % sat	Total Res. Chlorine (mg/L) _____	A	
STORET	G1SW0001	Temp (C) 24.0	pH 6.4	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 148		
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.07	Comments			
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 3/31/16 Time 1220		☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)	
Field ID	RQ-2016-03-28-21 Date: 03/31/16 Time: _____	Matrix (type, e.g., Salt, Fresh, etc) Fresh water		Diss. Oxygen	7.3 ☒ mg/L 87 ☒ % sat	Total Res. Chlorine (mg/L) _____	A	
STORET #	G1SW0028	Temp (C) 24.4	pH 7.3	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 373		
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.18	Comments			
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 3/31/2016 Time 1250		☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)	
Field ID	RQ-2016-03-28-21 Date: 03/31/16 Time: _____	Matrix (type, e.g., Salt, Fresh, etc) Fresh water		Diss. Oxygen	8.3 ☒ mg/L 100 ☒ % sat	Total Res. Chlorine (mg/L) _____	A	
STORET #	G1SW0027	Temp (C) 24.6	pH 7.1	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 270		
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.13	Comments			
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 3/31/2016 Time 1320		☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)	
Field ID	RQ-2016-03-28-21 Date: 03/31/16 Time: _____	Matrix (type, e.g., Salt, Fresh, etc) Fresh water		Diss. Oxygen	8.0 ☒ mg/L 96 ☒ % sat	Total Res. Chlorine (mg/L) _____	A	
STORET #	G1SW0010	Temp (C) 24.6	pH 6.9	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 220		
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.10	Comments			

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
C Orr	3/31/16 1700	FedEx					SK	34-1/16/9121

Group: A	Bottle Type:	P-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>4</u>
	ALKALINITY						
	TURBIDITY						
	W-CL-IC						
	W-COLOR						
	W-F						
	W-SO4-IC						
	W-TDS						
	W-TSS						

Group: A	Bottle Type:	P-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>4</u>
	BOD-UNIN						

Group: A	Bottle Type:	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>4</u>
	CHLSUITE-W						

Group: A	Bottle Type:	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	<u>4</u>
	W-NH3						
	W-NO2NO3						
	W-S-A-TP						
	W-TKN						
	W-TOC						

Group: A	Bottle Type:	P-125ML	# of Bottles: 4	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	<u>4</u>
	W-PO4-F						

Date of Request: 09-MAR-2016
 Created By: ASHTON_J On: 09-MAR-2016
 Modified By: WATTS_J On: 15-MAR-2016
 Customer: SW-DIST
 Project: SMP
 Division:
 District: Southwest District
 Sampling Event: 1463D, 1463R, 1502C, 1502A

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: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 15-MAR-2016
 Biology Request Reviewed By: SWANSON_C On: 10-MAR-2016
 Sampling Kit Required: YES Ship on: 16-MAR-2016
 Sampling Kit Shipped: YES On: 15-MAR-2016
 Sampling Kit Packed By: BOWDEN_M
 Preservatives Needed: NO
 Date to Receive Samples: 31-MAR-2016
 Received By:

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 4 Samples:**

Bottle Type: P-1L	Number of Bottles: 4	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: 4	Preserved With: ICE
BOD-UNIN	Template: DEFAULT	(SM 5210 B) BOD, NOT nitrogen-inhibited
Bottle Type: BP-1L	Number of Bottles: 4	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: 4	Preserved With: ICE And H₂SO₄
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: 4	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-2016-03-28-21

Shipping Method: Fedex

Date/Time of Receipt: 4-1-16/9:21

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		
Blue	*0.7	10		✓			
Red	1.9	10		✓			

*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: Sk

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

Coolers Unpacked/Checked by: Sk Date: 4-1-16 NCRs (Y/N)? N

Event ID: SW-DIST-2016-04-01-01 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:

edEx Express **Package US Airbill**

FedEx Tracking Number

8099 4719 2944

From

Date 12/31/2016

Sender's name

FDEP

Phone

813 470-5770

Company

Address

1351 N. Telecom Pkwy.

Dept./Floor/Suite/Room

City

Temple Terrace

State

FL

ZIP

33637

Our Internal Billing Reference

Recipient's name

SAMPLE RECEIVING

Phone

850 245-8085

Company

FLORIDA DEP/CHEMISTRY SECTION

Address

2600 BLAIRSTONE RD

cannot deliver to P.O. boxes or P.D. ZIP codes.

Dept./Floor/Suite/Room

Address

TALLAHASSEE

State

FL

ZIP

32399

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 2944

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, 3, 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

1351 N. Telecom Pkwy.

Total Packages

Total Weight

50 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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611

01000

16460

fedex.com 1800.GoFedEx 1800.463.3339

05943033

FedEx Express *Package US Airbill*FedEx
Tracking
Number

8099 4719 2933

1 From

Date 12/21/2016

Sender's
Name

F DEP

Phone

813 470-5770

Company

Address

13051 N Telecom Pkwy

City

Temple Terrace

State

FL

ZIP

33637

2 Your Internal Billing Reference

3 To

Recipient's
Name

FAM RECEIVING

Phone

850 245-8085

Company

FLORIDA DEPT/HEMISTRY 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

0122645602



8099 4719 2933

Form
10 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.

☐

Signature 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

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

☐ Cargo Aircraft Only

7 Payment Bill to:

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

Obtain recip.
Acct. No.☐Sender
Acct. No. in Section
I will be billed.☒

Recipient

☐

Third Party

☐

Credit Card

☐

Cash/Check

Total Packages

Total Weight

50

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.

611

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