

Iola\_Skinner

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: Judy Ashton

Project ID: SMP

Collected By: J. Ashton, S. CunninghamSampling Agency: FDEP

|                                                                         |  |                                                                           |                                                                               |                                                                                                                              |                                         |                               |
|-------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------|
| Location<br><u>SKINNER LAKE (C)</u>                                     |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>9-14-16</u> Time <u>11:55</u>      | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central                                              | Composite end<br>Date _____ Time _____  | Bottle Group(s)<br>(See pg 2) |
| Field ID<br>RO 2016-09-12-33<br>Date 09/14/2016<br>Field ID G5SW0043    |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                               | Diss. Oxygen<br><u>10.4</u> <input checked="" type="checkbox"/> mg/L<br><u>134</u> <input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) _____     | A                             |
| STORET<br>Date 09/14/2016<br>Field ID G5SW0043                          |  | Temp (C)<br><u>28.5</u>                                                   | pH<br><u>9.6</u>                                                              | Sample Depth<br><u>0.3</u> <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                              | Sp. Conductance<br>(umho/cm) <u>114</u> |                               |
| Latitude<br>Time<br>STORET<br><input type="checkbox"/> dms              |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt)<br><u>0.05</u>                                                 | Comments<br><u>LAKE OVERENCUMBERED W/ VEG.</u>                                                                               |                                         |                               |
| Location<br><u>IOLA WEST</u>                                            |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>9-14-16</u> Time <u>10:15</u>      | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central                                              | Composite end<br>Date _____ Time _____  | Bottle Group(s)               |
| Field ID<br>RO 2016-09-12-33<br>Date 09/14/2016<br>Field ID G5SW0018    |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                               | Diss. Oxygen<br><u>7.7</u> <input checked="" type="checkbox"/> mg/L<br><u>102</u> <input checked="" type="checkbox"/> % sat  | Total Res. Chlorine<br>(mg/L) _____     | A                             |
| STORET<br>Date 09/14/2016<br>Field ID G5SW0018                          |  | Temp (C)<br><u>29.8</u>                                                   | pH<br><u>8.1</u>                                                              | Sample Depth<br><u>0.3</u> <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                              | Sp. Conductance<br>(umho/cm) <u>141</u> |                               |
| Latitude<br>Time<br>STORET<br><input type="checkbox"/> dms              |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt)<br><u>0.06</u>                                                 | Comments                                                                                                                     |                                         |                               |
| Location<br><u>IOLA EAST</u>                                            |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>9-14-16</u> Time <u>9:55</u>       | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central                                              | Composite end<br>Date _____ Time _____  | Bottle Group(s)               |
| Field ID<br>RO 2016-09-12-33<br>Date 09/14/2016<br>Field ID G5SW0019    |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                               | Diss. Oxygen<br><u>7.8</u> <input checked="" type="checkbox"/> mg/L<br><u>103</u> <input checked="" type="checkbox"/> % sat  | Total Res. Chlorine<br>(mg/L) _____     | A                             |
| STORET<br>Date 09/14/2016<br>Field ID G5SW0019                          |  | Temp (C)<br><u>29.7</u>                                                   | pH<br><u>7.9</u>                                                              | Sample Depth<br><u>0.3</u> <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                              | Sp. Conductance<br>(umho/cm) <u>141</u> |                               |
| Latitude<br>Time<br>STORET<br><input type="checkbox"/> dms              |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt)<br><u>0.06</u>                                                 | Comments                                                                                                                     |                                         |                               |
| Location                                                                |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                      | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central                                                         | Composite end<br>Date _____ Time _____  | Bottle Group(s)               |
| Field ID                                                                |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                               | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                                              | Total Res. Chlorine<br>(mg/L)           |                               |
| STORET #                                                                |  | Temp (C)                                                                  | pH                                                                            | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m                                                    | Sp. Conductance<br>(umho/cm)            |                               |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms  | Salinity (ppt)<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Comments                                                                                                                     |                                         |                               |

|                                        |                                   |                                |                                        |                             |                                   |
|----------------------------------------|-----------------------------------|--------------------------------|----------------------------------------|-----------------------------|-----------------------------------|
| Relinquished By:<br><u>Judy Ashton</u> | Date/Time<br><u>9-14-16 17:30</u> | Shipping Method<br><u>FDEP</u> | Number of Coolers Shipped:<br><u>1</u> | Received By:<br><u>FDEP</u> | Date/Time<br><u>9-15-16 11:30</u> |
|----------------------------------------|-----------------------------------|--------------------------------|----------------------------------------|-----------------------------|-----------------------------------|

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

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ALKALINITY  
TURBIDITY  
W-CL-IC  
W-COLOR  
W-F  
W-SO4-IC  
W-TDS  
W-TSS

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

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CHLSUITE-W

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

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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: 3      Preservative: ICE-FLTR      Enter Number of Bottles Sent to Lab 3

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W-PO4-F

Date of Request: 08-AUG-2016  
 Created By: ASHTON\_J On: 08-AUG-2016  
 Modified By: MATTHEWS\_D On: 22-AUG-2016  
 Customer: SW-DIST  
 Project: SMP  
 Division:  
 District: Southwest District  
 Sampling Event: Iola\_Skinner

**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: 22-AUG-2016  
 Biology Request Reviewed By: MATTHEWS\_D On: 22-AUG-2016  
 Sampling Kit Required: YES Ship on: 02-SEP-2016  
 Sampling Kit Shipped: YES On: 30-AUG-2016  
 Sampling Kit Packed By: KITCHEN\_S  
 Preservatives Needed: NO  
 Date to Receive Samples: 14-SEP-2016  
 Received By: SHAIK\_A On: 15-SEP-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 3 Samples:**

|                      |                      |                                                                                                                    |
|----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L    | Number of Bottles: 3 | Preserved With: ICE                                                                                                |
| ALKALINITY           | Template: DEFAULT    | (SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO3/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-SO4-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: BP-1L   | Number of Bottles: 3 | 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: 3 | Preserved With: ICE And H2SO4                                                                                      |
| W-NH3                | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                         |
| W-NO2NO3             | 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: 3 | Preserved With: ICE-FLTR                                                                                           |
| W-PO4-F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |

RQ- 2016-09-12-33

## Log-in Checklist

Shipping Method: Fed ExDate/Time of Receipt: 9-15-16 10:30

| 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                | 12                              |               | ✓        |                                                       |  | 8100 1918 1913 |
|           |                     |                                 |               |          |                                                       |  |                |
|           |                     |                                 |               |          |                                                       |  |                |
|           |                     |                                 |               |          |                                                       |  |                |

\*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: MSJ

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

Coolers Unpacked/Checked by: MSJ Date: 9-15-16

NCRs (Y/N)? Y

Event ID: Iola Skinner  
SW-DIST-2016-09-15-01 (SMP)  
Date Received: 15-SEP-2016 10:30

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** – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):

Samples preserved within 48 hours? Yes\_\_\_\_ No\_\_\_\_

Date and time samples preserved: \_\_\_\_\_

**Additional Comments:**