

Mason Crk

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By:

S. Clingerman

Project ID: SMP

Collected By: S. CLINGERMAN / EDGAR GUERRA-OREJUELA

Sampling Agency:

Z12 TPA

Location <u>MASON CREEK @ MOUTH</u>		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>10-12-2016</u> Time <u>1220</u>		Eastern Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)			
Field ID RQ-2016-10-10-25 Date: 10/12/2016 Field ID: <u>G5SW0005</u>		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>8.1</u> <u>99</u>		☒ mg/L ☒ % sat		Total Res. Chlorine (mg/L)		A			
STORET # Time: <u>G5SW0005</u>		Temp (C) <u>22.6</u>		pH <u>7.8</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m				Sp. Conductance (umho/cm) <u>14780</u>	
Latitude STORET: <u>G5SW0005</u>		☐ dd ☐ dms		Salinity (ppt) <u>8.6</u>		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		☐ ft ☐ m				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		☐ ft ☐ m				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		☐ ft ☐ m				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		☐ ft ☐ m				Sp. Conductance (umho/cm)	
Latitude		☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt)				Comments	

Relinquished By: <u>[Signature]</u>	Date/Time <u>10/12/2016 1800</u>	Shipping Method <u>FedEx</u>	Number of Coolers Shipped: <u>1</u>	Received By: <u>SK</u>	Date/Time <u>10-13-16 / 10:15</u>
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Group: A	Bottle Type: P-1L	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab
ALKALINITY				
TURBIDITY				
W-F				
W-TSS				

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

Group: A	Bottle Type: P-500ML	# of Bottles: 1	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: 1	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab
W-PO4-F				

Date of Request: 14-SEP-2016
 Created By: ASHTON_J On: 14-SEP-2016
 Modified By: MATTHEWS_D On: 21-SEP-2016
 Customer: SW-DIST
 Project: SMP
 Division:
 District: Southwest District
 Sampling Event: Mason Crk

Send Coolers To:

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

Program Module Number: 1306
 Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 20-SEP-2016
 Biology Request Reviewed By: MATTHEWS_D On: 21-SEP-2016
 Sampling Kit Required: YES Ship on: 28-SEP-2016
 Sampling Kit Shipped: YES On: 28-SEP-2016
 Sampling Kit Packed By: LASHLEY_C
 Preservatives Needed: NO
 Date to Receive Samples: 12-OCT-2016
 Received By:

Send Final Report To:

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

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-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: 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: 2016-10-10-25

Shipping Method: Fedex

Date/Time of Receipt: 10-13-16/10:15

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		
White	3.0	4		☒			

*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: 10-13-16

NCRs (Y/N)? ☒

Event ID: SW-DLST-2016-10-13-01

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 1

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:

00449

01000

FedEx Package
Express US Airbill
FedEx
Tracking
Number

8104 1261 5511

16161

fedex.com 1800.GoFedEx 1800.463.3339

06175033

1 From
Date 10/12/2016
Sender's
Name

Phone

813 470 5700

Company

Address

City

State

ZIP

2 Your Internal Billing Reference**3 To**Recipient's
Name

Phone

Company

Address

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

Address

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

City

State

ZIP

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.

Dept./Floor/Suite/Room

0124452242



8104 1261 5511

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?
☒ **No** One box must be checked.
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.

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