

Nassau West

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NE-DIST

Requester: Nicole Frederick

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

Field Id		G4NE0050 04122017	storet ID		19010042	☐ Comp ☒ Grab Collection (comp begin or grab) Date 4/12/17 Time 1015	Eastern Central Composite end Date Time	Bottle Group(s) (See pg 2)	
Calkins Creek trib @ Hamp Register Rd.						Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
Latitude 30.3307 Longitude 82.2430						Temp (C) 16.95 pH 6.71	Sample Depth 0.04	☐ ft ☒ m	Sp. Conductance (umho/cm) 88
Salinity (ppt) 0.04						Comments			
Field Id		G4NE0131 04122017	storet ID		19010123	☐ Comp ☒ Grab Collection (comp begin or grab) Date 4/12/17 Time 1040	Eastern Central Composite end Date Time	Bottle Group(s) (See pg 2)	
Unnamed Br @ CR 125						Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
Latitude 30.2958 Longitude 82.1622						Temp (C) 18.31 pH 6.04	Sample Depth 0.20	☐ ft ☒ m	Sp. Conductance (umho/cm)
Salinity (ppt) 0.03						Comments			
Field Id		19020070 04122017	storet ID		19020069	☐ Comp ☐ Grab Collection (comp begin or grab) Date Time	Eastern Central Composite end Date Time	Bottle Group(s) (See pg 2)	
Un Trib to Lil Mills @ Zidell						Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
Latitude Longitude						Temp (C)	pH	Sample Depth	☐ ft ☐ m
Salinity (ppt)						Comments			
Location						☐ Comp ☐ Grab Collection (comp begin or grab) Date Time	Eastern Central Composite end Date Time	Bottle Group(s) (See pg 2)	
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
Latitude Longitude						Salinity (ppt)	Comments		

NO Sample - Had water, No flow

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
					4/13/17 10:10

Group: A Bottle Type: P-1L # of Bottles: 3 Preservative: ICE Enter Number of Bottles Sent to Lab 2

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

Group: A Bottle Type: BP-1L # of Bottles: 3 Preservative: ICE Enter Number of Bottles Sent to Lab 2

CHLSUITE-W

Group: A Bottle Type: P-500ML # of Bottles: 3 Preservative: ICE And H2SO4 Enter Number of Bottles Sent to Lab 2

W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group: A Bottle Type: P-125ML # of Bottles: 3 Preservative: ICE-FLTR Enter Number of Bottles Sent to Lab 2

W-PO4-F

Date of Request: 16-MAR-2017
 Created By: FREDERIC_N On: 16-MAR-2017
 Modified By: MATTHEWS_D On: 23-MAR-2017
 Customer: NE-DIST
 Project: SMP
 Division:
 District: Northeast District
 Sampling Event: Nassau West

Send Coolers To:

Phone: 904-256-1541
 8800 Baymeadows Way W
 Suite 100
 Jacksonville, FL 32256-7577
 Attn: Nicole Frederick

Program Module Number:
 Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 23-MAR-2017
 Biology Request Reviewed By: MATTHEWS_D On: 23-MAR-2017
 Sampling Kit Required: YES Ship on: 29-MAR-2017
 Sampling Kit Shipped: YES On: 02-APR-2017
 Sampling Kit Packed By: REYNOLDS_T
 Preservatives Needed: NO
 Date to Receive Samples: 10-APR-2017
 Received By:

Send Final Report To:

8800 Baymeadows Way W
 Suite 100
 Jacksonville, FL 32256-7577
 Attn: Nicole Frederick

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

Comments: Group A: Freshwater Kit, No Metals

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 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: 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 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: 3	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- 2017-04-10-27

Shipping Method: Fed Ex

Date/Time of Receipt: 4/13/17 10:10

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	1.5°C	8		✓			

*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			W-CT-CI-R		

PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

****Acid Preserved Samples:** pH ≤ 2.0? Yes ✓ No NA Init: J.D.

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

Coolers Unpacked/Checked by: J.D. Date: 4/13/17 NCRs (Y/N)?

Event ID: UE-DIST-2017-04-13-02 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:

01000

19255

fedex.com 1800.GoFedEx 1800.463.3339

06435039

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8113 0563 1472

Form
ID No. 0215

Recipient's Copy

1 From

Date

4/12/17

Sender's
Name

NICOLE FREDRICH Phone 904 2561541

Company

NE ROC

Address

8500 Baymeadows W

City

Jax S

State

FL ZIP 32256

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.

8113 0563 1472

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☐ YesAs 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
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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611