

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Interlachen 1

Customer: NE-DIST

Project ID: SMP

Requester: Jeremy M. Parrish

Collected By:

J. Parrish, P.O'Connor

Field Report Prepared By:

P.O'Connor

Sampling Agency:

DEAR NED ROE

Location	Field ID:  G1NE113107312017	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 07-31-17 Time 1125	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID	Clearwater Lake	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STORET #	STORET:  G1NE1131	Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude	Salinity (ppt)	Comments		
			0.04	DO% 43.5		
Location	Field ID:  G1NE009007312017	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 07-31-17 Time 1000	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID	Lake Ida	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STORET #	STORET:  20020116	Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude	Salinity (ppt)	Comments		
			0.04	DO% 61.1		
Location	Field ID:  G1NE086907312017	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 07-31-17 Time 0925	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID	Hardesty Lake	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STORET #	STORET:  G1NE0869	Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude	Salinity (ppt)	Comments		
			0.03	DO% 32.6		
Location	Field ID:  G1NE086707312017	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 07-31-17 Time 1030	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID	Church Lake	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STORET #	STORET:  G1NE0867	Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude	Salinity (ppt)	Comments		
			0.03	DO% 81.0		

Relinquished By:

P.O'Connor

Date/Time

07-31-17 1300

Shipping Method

Fed Ex

Number of Coolers Shipped:

2

Received By:

J.A.

Date/Time

8/1/17 9:50

Group: A Bottle Type: P-1L # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab _____

ALKALINITY

TURBIDITY

W-CL-IC

W-COLOR

W-F

W-SO4-IC

W-TDS

W-TSS

Group: A Bottle Type: BP-1L # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab _____

CHLSUITE-W

Group: A Bottle Type: P-500ML # of Bottles: 6 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: 6 Preservative: ICE-FLTR Enter Number of Bottles Sent to Lab _____

W-PO4-F

Request Number: RQ-2017-07-31-03

Interlachen 1

Florida Department of Environmental Protection Central Laboratory Submittal Form

last revised Apr 7, 2016

Page 1 of 2

Customer: NE-DIST

Project ID: SMP

Requester: Jeremy M. Parrish

Field Report Prepared By:

Collected By:

Sampling Agency:

Location	Field ID: 	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>07-31-17</u> Time <u>1100</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID	G1NE085907312017	Matrix (type, e.g., Salt, Fresh, etc) <u>Surface Water Fresh</u>		Diss. Oxygen <u>5.9</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) <u>---</u>
STORET #	STORET: 	Temp (C) <u>30.3</u>	pH <u>6.0</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>38</u>
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) <u>0.03</u>	Comments <u>DO% 78.0</u>	
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: _____	Date/Time: _____	Shipping Method: _____	Number of Coolers Shipped: _____	Received By: <u>G.A.</u>	Date/Time: <u>8/1/17 9:50</u>
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Group: A	Bottle Type: P-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>5</u>
ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC, W-TDS W-TSS				
Group: A	Bottle Type: BP-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>5</u>
CHLSUITE-W				
Group: A	Bottle Type: P-500ML	# of Bottles: 6	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab <u>5</u>
W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC				
Group: A	Bottle Type: P-125ML	# of Bottles: 6	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab <u>5</u>
W-PO4-F				

Date of Request: 24-MAY-2017
 Created By: PARRISH_J On: 24-MAY-2017
 Modified By: SWANSON_C On: 10-JUL-2017
 Customer: NE-DIST
 Project: SMP
 Division:
 District: Northeast District
 Sampling Event: Interlachen 1

Send Coolers To:

Phone: 904-256-1700
 8800 Baymeadows Way West

 Jacksonville, FL 32256-7577
 Attn: Jeremy Parrish

Send Final Report To:

8800 Baymeadows Way West

 Jacksonville, FL 32256-7577
 Attn: Jeremy Parrish

Program Module Number:
 Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 07-JUL-2017
 Biology Request Reviewed By: SWANSON_C On: 10-JUL-2017
 Sampling Kit Required: YES Ship on: 11-JUL-2017
 Sampling Kit Shipped: YES On: 11-JUL-2017
 Sampling Kit Packed By: SHAIK_A
 Preservatives Needed: NO
 Date to Receive Samples: 31-JUL-2017
 Received By:

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

Comments:**Bottle Group A (Water) With 6 Samples:**

Bottle Type: P-1L	Number of Bottles: 6	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: 6	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry
Bottle Type: P-500ML	Number of Bottles: 6	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: 6	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- 2017-07-31-03

Shipping Method: FedEx

Date/Time of Receipt: 8/1/17 9:50

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	3.3°C	8		✓			
RED	1.4°C	12		✓			

*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: 8/1/17 NCRs (Y/N)? ☐

Event ID: HE-DIST-2017-08-01-01 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 – 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

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8119 3904 4757

1 From

Date

07-31-17

Sender's
Name

PO Connor

Phone

904 256 1700

Company

DEAR-NED-ROC

Address

8800 BAYMEADOWS WAY W.

Dept./Floor/Suite/Room

City

JAX

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

32399-6542



8119 3904 4757

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☐ YesAs per attached
Shipper's Declaration.☐ YesShipper'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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fedex.com 1800.GoFedEx 1800.463.3339

01000

FedEx
Express

 Package
US Airbill

 FedEx
Tracking
Number

8119 3904 4768

1 From

Date 07-31-17

Sender's Name

P. O'Connor

Phone

904 256 1700

Company

DEAR NED ROC

Address

8800 BAYMEADOWS WAY W.

Dept./Floor/Suite/Room

City

JAX

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

32399-6542



8119 3904 4768

0127681333

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, 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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611

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