



Advanced
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Client Name: FDEP		Project Name: Run name: <u>SW 2</u>		BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	ECOLI-18QT (ECOLI)	ENT-24QT (ENTERO)	FCOLI-MF (Fecal Coliforms)										LABORATORY I.D. NUMBER
Address: 8800 BAYMEADOWS WAY W		P.O. Number or Project Number: RQ-2017-09-11-13																
JACKSONVILLE, FL. 32256		FDEP Facility No: N/A																
Phone: 904-256-1541		Project Address: N/A																
FAX:		Special Instructions:																
Contact: JEREMY PARRISH		E-mail report to: Dep-Overflowmicro@dep.state.fl.us																
Sampled By: NED:																		
Turn Around Time: ☒ STANDARD ☐ RUSH																		
Page: 1 of 1		☐ ADaPT ☐ EQUIS ☐ Other																

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING		MATRIX	NO. COUNT	PRESERVATION													
			DATE	TIME																
field ID	 G1NE0605 10042017	GRAB	10/4/17	1210	SW	1														
field ID	 G1NE0332 10042016	Grab	10/4/17	1055	SW	1														
Field ID	61NE0565 shore 21030086 cow creek																			
field ID	 G1NE0500 10042016	Grab	10/4/17	1130	SW	1														
field ID	 G1NE0617 10042016	Grab	10/4/17	1030	SW	1														

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☒ Yes ☐ No ☒ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked Temperature when received 3.5 (in degrees celsius)

DCN: AD-051 Form last revised 04/30/2015 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A 617 LT-2 T: 10A A: 3A M: 3A S: 1V

Relinquished by:			Received by:		
1	Date	Time	1	Date	Time
1	10/4/17	1305	1	10/4/17	1300
2			2		
3			3		
4			4		

FOR DRINKING WATER USE:

PWS ID: _____

Contact Person: _____ Phone: _____

Supplier of Water: _____

Site-Address: _____