Log-in Checklist

RQ- 2017-12-18-17

Shipping Method: Fed Exp Date/Time of Receipt: 12-22-17 11:00

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	3.1C	7		✓			

*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: AB

**W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes____ No____ NA ✓ Init: ____

Coolers Unpacked/Checked by: AB Date: 12-22-17 NCRs (Y/N)? ____

Event ID: Deployment pick up-12/21/17
NE-DIST-2017-12-22-01 (SMP)
Date Received: 22-DEC-2017 11:00

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:

Request Number: RQ-2017-12-18-17

Deployment pick up-12/21/17

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NE-DIST

Project ID: SMP

Requester: Nicole Frederick

Collected By: Brian Davis; A. Kalmbacher

Field Report Prepared By: [signature]

Sampling Agency: NED DEAR

field ID	G2NE0733 12152017
Location	McCoys Creek @ Leland St
storet ID	20030725
Latitude (☑ dd ☐ dms)	30.32660
Longitude (☑ dd ☐ dms)	-81.69796
☑ Comp ☐ Grab	Comp
Collection (comp begin or grab) Date	12/21/17
Time	1100
Eastern / Central	Eastern (circled)
Composite end Date / Time	
Bottle Group(s) (See pg 2)	A
Matrix (type, e.g., Salt, Fresh, etc)	Fresh
Diss. Oxygen (☑ mg/L ☐ % sat)	5.08
Total Res. Chlorine (mg/L)	
Temp (C)	19.4
pH	7.23
Sample Depth (☐ ft ☑ m)	~~0.2~~ 0.1
Sp. Conductance (umho/cm)	543
Salinity (ppt)	0.26
Comments	

Location	
Field ID	
STORET #	
Latitude (☐ dd ☐ dms)	
Longitude (☐ dd ☐ dms)	
☐ Comp ☐ Grab	
Collection (comp begin or grab) Date / Time	
Eastern / Central	
Composite end Date / Time	
Bottle Group(s)	
Matrix (type, e.g., Salt, Fresh, etc)	
Diss. Oxygen (☐ mg/L ☐ % sat)	
Total Res. Chlorine (mg/L)	
Temp (C)	
pH	
Sample Depth (☐ ft ☐ m)	
Sp. Conductance (umho/cm)	
Salinity (ppt)	
Comments	

Location	
Field ID	
STORET #	
Latitude (☐ dd ☐ dms)	
Longitude (☐ dd ☐ dms)	
☐ Comp ☐ Grab	
Collection (comp begin or grab) Date / Time	
Eastern / Central	
Composite end Date / Time	
Bottle Group(s)	
Matrix (type, e.g., Salt, Fresh, etc)	
Diss. Oxygen (☐ mg/L ☐ % sat)	
Total Res. Chlorine (mg/L)	
Temp (C)	
pH	
Sample Depth (☐ ft ☐ m)	
Sp. Conductance (umho/cm)	
Salinity (ppt)	
Comments	

Location	
Field ID	
STORET #	
Latitude (☐ dd ☐ dms)	
Longitude (☐ dd ☐ dms)	
☐ Comp ☐ Grab	
Collection (comp begin or grab) Date / Time	
Eastern / Central	
Composite end Date / Time	
Bottle Group(s)	
Matrix (type, e.g., Salt, Fresh, etc)	
Diss. Oxygen (☐ mg/L ☐ % sat)	
Total Res. Chlorine (mg/L)	
Temp (C)	
pH	
Sample Depth (☐ ft ☐ m)	
Sp. Conductance (umho/cm)	
Salinity (ppt)	
Comments	

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
[signature]	12/21/17 1400	FEDEX	1	[initials]	12-22-17 \ 11:00

Group: A	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W						
Group: A	Bottle Type:	P-250ML-WI-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1 (to ALS)
	NE-ALS-ECQ						
Group: A	Bottle Type:	QPCR-P-250ML	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	PCR-FILTER PCR-HF183						
Group: A	Bottle Type:	BG-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	FILTER-ICE	Enter Number of Bottles Sent to Lab	1
	W-PO4-F						

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

9143 Philips Highway, Ste 200 • Jacksonville, FL 32256 (904) 739-2277 • 800-695-7222 x06 • FAX (904) 739-2011

PAGE _____ OF _____

SR#

CAS Contract

Project Name: McCoy's Creek Deployment	Project Number: 2017-12-18-17
Project Manager: J Pavlik	Email Address: PEP-Owr.Floyd@DEP.State.FL.US
Company/Address: 5300 Hyacinth Way W Suite 100	
Jax, FL 32256	
FDEP NED DEAR	
Phone #: 904-256-1541	FAX #:
Sampler's Signature:	Sampler's Printed Name: Brian Davis

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE

NUMBER OF CONTAINERS

Ecoli

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other _____

REMARKS/ ALTERNATE DESCRIPTION

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX			
12NE0733		12/21/17	1100	SW		1	

SPECIAL INSTRUCTIONS/COMMENTS

See QAPP ☐

TURNAROUND REQUIREMENTS

____ RUSH (SURCHARGES APPLY)

✓ STANDARD

REQUESTED FAX DATE

REQUESTED REPORT DATE

REPORT REQUIREMENTS

____ I. Results Only

____ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)

____ III. Results + QC and Calibration Summaries

____ IV. Data Validation Report with Raw Data

____ V. Specialized Forms / Custom Report

Edata ____ Yes ____ No

INVOICE INFORMATION

PO #

BILL TO:

CUSTODY SEALS: Y N

SAMPLE RECEIPT: CONDITION/COOLER TEMP:

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature:	Signature:	Signature	Signature	Signature	Signature
Printed Name: Brian Davis	Printed Name:	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP DEAR	Firm:	Firm	Firm	Firm	Firm
Date/Time: 1100 12/21/17	Date/Time: 12/21/17 1700	Date/Time	Date/Time	Date/Time	Date/Time

Distribution: White - Return to Originator, Yellow - Retained by Client

RQ-2017-12-18-17

Date of Request: 28-NOV-2017
Created By: FREDERIC_N On: 28-NOV-2017
Modified By: SWANSON_C On: 29-NOV-2017
Customer: NE-DIST
Project: SMP
Division:
District: Northeast District
Sampling Event: Deployment pick up-12/21/17

Send Coolers To:

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

Send Final Report To:

8800 Baymeadows Way W
Suite 100
Jacksonville, FL 32256-7577
Attn: nicole frederick

Program Module Number:
Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 28-NOV-2017
Biology Request Reviewed By: SWANSON_C On: 29-NOV-2017
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 22-DEC-2017
Received By: SHAIK_A On: 22-DEC-2017

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

Comments: Group A: Freshwater Kit with Marker, Tracers, and E. Coli (ALS-JAXS)

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 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: 1	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry
Bottle Type:	Number of Bottles: 1	Preserved With: ICE
NE-ALS-ECQ	Template: DEFAULT	(SM 9223 B) Escherichia coli by Colilert Quanti-Tray method by ALS Environmental Overflow Laboratory for Northeast District
Bottle Type: QPCR-P-250ML	Number of Bottles: 2	Preserved With: ICE
PCR-FILTER	Template: DEFAULT	(SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis
PCR-HF183	Template: DEFAULT	(SOP-PCR-1.0) Detection and quantification of human-specific HF183 Bacteroides genetic marker with quantitative polymerase chain reaction
Bottle Type: BG-1L	Number of Bottles: 1	Preserved With: ICE
W-AHERB-AA	Template: DEFAULT	(USGS O-2060-01) Chlorinated (phenoxy acid) herbicides in water matrices by HPLC/MS/MS
W-SUC-AA-R	Template: DEFAULT	(EPA 8321B) Analysis of sucralose in water matrices by HPLC/MS/MS
W-UHERB-AA	Template: DEFAULT	(USGS O-2060-01) Urea herbicides and other chemicals in water matrices by HPLC/MS/MS
Bottle Type: P-500ML	Number of Bottles: 1	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

Bottle Group A (Water) With 1 Samples:

Bottle Type: P-500ML	Number of Bottles: 1	Preserved With: ICE And H2SO4
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: FILTER-ICE
W-PO4-F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.

)9976|

)1000

FedEx Express **NEW Package US Airbill**

FedEx Tracking Number **8996 2141 0265**

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records.

Date [illegible] FedEx Tracking Number 899621410265

Sender's Name Brian Ivins Phone 904 [illegible]

Company [illegible]

Address 8800 Baymeadows Way W STE 100 Dept/Room/Suite/Room

City Jacksonville 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

HOLD Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Address

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

HOLD Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

City TALLAHASSEE State FL ZIP 32399

0447051763

8996 2141 0265

SP42

Form ID No. 0215 Recipient's Copy

4 Express Package Service * To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs., see the new 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

- ☐ NEW 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

☐ SATURDAY Delivery NOT available for FedEx Standard Overnight, FedEx 2Day A.M., FedEx Express Saver or FedEx International Priority Freight.

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FRI - 22 DEC 10:30A
PRIORITY OVERNIGHT

32399
FL-US

36 TLHA

TLH