

Tick Island Mud Lake

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By: Mike Linger

Project ID: SMP

Collected By:

Mike Linger, Katie Williams

Sampling Agency:

FDEP CE-ROC

|          |                                                             |           |                                                             |                |                                                                           |                                                          |                     |                                                                            |                                     |  |
|----------|-------------------------------------------------------------|-----------|-------------------------------------------------------------|----------------|---------------------------------------------------------------------------|----------------------------------------------------------|---------------------|----------------------------------------------------------------------------|-------------------------------------|--|
| Location | Tick Island Mud Lake @ 350 meters South of Center           |           | G4CE0135<br>Field ID ↑<br>STORET ↓<br>20011240              |                | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 1/5/17 Time 1225 | Eastern<br>Central  | Composite end<br>Date Time                                                 | Bottle Group(s)<br>(See pg 2)       |  |
| Field ID |                                                             |           |                                                             |                | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |                                                          | Diss. Oxygen<br>9.5 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)       |  |
| STORET   | RQ-2017-01-02-41<br>Date: 1/5/17                            |           |                                                             |                | Temp (C)<br>21.3                                                          | pH<br>8.1                                                | Sample Depth<br>0.3 | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm)<br>976 |  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt) | Comments                                                                  |                                                          |                     |                                                                            |                                     |  |
| Location |                                                             |           |                                                             |                | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time             | Eastern<br>Central  | Composite end<br>Date Time                                                 | Bottle Group(s)                     |  |
| Field ID |                                                             |           |                                                             |                | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                          | Diss. Oxygen        | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)       |  |
| STORET # |                                                             |           |                                                             |                | Temp (C)                                                                  | pH                                                       | Sample Depth        | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)        |  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt) | Comments                                                                  |                                                          |                     |                                                                            |                                     |  |
| Location |                                                             |           |                                                             |                | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time             | Eastern<br>Central  | Composite end<br>Date Time                                                 | Bottle Group(s)                     |  |
| Field ID |                                                             |           |                                                             |                | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                          | Diss. Oxygen        | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)       |  |
| STORET # |                                                             |           |                                                             |                | Temp (C)                                                                  | pH                                                       | Sample Depth        | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)        |  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt) | Comments                                                                  |                                                          |                     |                                                                            |                                     |  |
| Location |                                                             |           |                                                             |                | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time             | Eastern<br>Central  | Composite end<br>Date Time                                                 | Bottle Group(s)                     |  |
| Field ID |                                                             |           |                                                             |                | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                          | Diss. Oxygen        | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)       |  |
| STORET # |                                                             |           |                                                             |                | Temp (C)                                                                  | pH                                                       | Sample Depth        | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)        |  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt) | Comments                                                                  |                                                          |                     |                                                                            |                                     |  |

|                  |             |                 |                            |              |              |
|------------------|-------------|-----------------|----------------------------|--------------|--------------|
| Relinquished By: | Date/Time   | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time    |
| MKL              | 1/5/17 1445 | FedEx           | 1                          | SK           | 1-6-17/12:03 |

4/6/17  
2:48

|          |              |      |                 |               |     |                                     |   |
|----------|--------------|------|-----------------|---------------|-----|-------------------------------------|---|
| 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        |      |                 |               |     |                                     |   |

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

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|          |              |         |                 |               |               |                                     |   |
|----------|--------------|---------|-----------------|---------------|---------------|-------------------------------------|---|
| 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        |         |                 |               |               |                                     |   |

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|          |              |         |                 |               |          |                                     |   |
|----------|--------------|---------|-----------------|---------------|----------|-------------------------------------|---|
| Group: A | Bottle Type: | P-125ML | # of Bottles: 1 | Preservative: | ICE-FLTR | Enter Number of Bottles Sent to Lab | 1 |
|          | W-PO4-F      |         |                 |               |          |                                     |   |

Date of Request: 15-DEC-2016  
 Created By: LINGER\_M On: 15-DEC-2016  
 Modified By: MATTHEWS\_D On: 20-DEC-2016  
 Customer: CEN-DIST  
 Project: SMP  
 Division:  
 District: Central District  
 Sampling Event: Tick Island Mud Lake

**Send Coolers To:**

Phone: 407-897-4180  
 FL Dept. of Environmental Protection  
 3319 Maguire Blvd., Suite 232  
 Orlando, FL 32803-3767  
 Attn: Mike Linger

Program Module Number: 1306  
 Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 16-DEC-2016  
 Biology Request Reviewed By: MATTHEWS\_D On: 20-DEC-2016  
 Sampling Kit Required: YES Ship on: 30-DEC-2016  
 Sampling Kit Shipped: YES On: 03-JAN-2017  
 Sampling Kit Packed By: KITCHEN\_S  
 Preservatives Needed: NO  
 Date to Receive Samples: 02-JAN-2017  
 Received By: KITCHEN\_S On: 06-JAN-2017

**Send Final Report To:**

FL Dept. of Environmental Protection  
 3319 Maguire Blvd., Suite 232  
 Orlando, FL 32803-3767  
 Attn: Mike Linger

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 <sub>3</sub> /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 <sub>4</sub> -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, phaeophytin and ratio by spectrophotometry |
| Bottle Type: P-500ML              | Number of Bottles: 1 | Preserved With: ICE And H <sub>2</sub> SO <sub>4</sub>                                                             |
| W-NH <sub>3</sub>                 | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                         |
| W-NO <sub>2</sub> NO <sub>3</sub> | 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 <sub>4</sub> -F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |

RQ- 2017-01-02-41

## Log-in Checklist

Shipping Method: FedexDate/Time of Receipt: 1-6-17 / 12:03

| 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                                                    |  |  |
| Blue      | 0.7                 | 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                                                                                              |     |    | W-CT-CI-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: 1-6-17

NCRs (Y/N)? N

Event ID: CEM81ST-2017-01-06-01

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:**

00074

01000

**FedEx**  
ExpressPackage  
US AirbillFedEx  
Tracking  
Number

8104 1405 7720

fedex.com 1800.GoFedEx 1800.453.3339

**1 From**

Date

1/5/17

Sender's  
Name

Mike Linger

Phone 407 857-4100

Company

FDEP

Address

3319 Maguire Blvd

Dept./Floor/Suite/Room

City

Orlando

State

FL

ZIP

32803

**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

Dept./Floor/Suite/Room

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

TALLAHASSEE

State

FL

ZIP

32399-6542

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.

8104 1405 7720

0124452251

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 ☐ Yes  
As per attached  
Shipper's Declaration.☐ Yes  
Shipper's Declaration  
not required.☐ Dry Ice  
Dry Ice, 6 UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg☐ 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  
I 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.