

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By:

Project ID: SMP

Collected By: Mike Linger, Mike Drennan

Sampling Agency:

|                |                       |  |          |  |          |  |                  |  |                  |  |          |  |          |  |                                       |  |              |  |                     |  |                 |  |
|----------------|-----------------------|--|----------|--|----------|--|------------------|--|------------------|--|----------|--|----------|--|---------------------------------------|--|--------------|--|---------------------|--|-----------------|--|
| Location       | Lake Concord @ Center |  | Field ID |  | G2CE0059 |  | Date: 01/25/2017 |  | RQ-2017-01-23-65 |  | STORET # |  | G2CE0059 |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen |  | Total Res. Chlorine |  | Bottle Group(s) |  |
| Field          |                       |  |          |  |          |  |                  |  |                  |  |          |  |          |  | Fresh                                 |  | 9.4          |  | (mg/L)              |  | A               |  |
| STOR           |                       |  |          |  |          |  |                  |  |                  |  |          |  |          |  | 20.1                                  |  | 7.8          |  | 0.3                 |  | 206             |  |
| Latitude       |                       |  |          |  |          |  |                  |  |                  |  |          |  |          |  |                                       |  |              |  |                     |  |                 |  |
| Longitude      |                       |  |          |  |          |  |                  |  |                  |  |          |  |          |  |                                       |  |              |  |                     |  |                 |  |
| Salinity (ppt) |                       |  |          |  |          |  |                  |  |                  |  |          |  |          |  |                                       |  |              |  |                     |  |                 |  |
| Comments       |                       |  |          |  |          |  |                  |  |                  |  |          |  |          |  |                                       |  |              |  |                     |  |                 |  |

|                |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
|----------------|--|--|----------|--|--|--|------|--|--|--|----------|--|--|--|---------------------------------------|--|--------------|--|---------------------|--|-----------------|--|
| Location       |  |  | Field ID |  |  |  | Date |  |  |  | STORET # |  |  |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen |  | Total Res. Chlorine |  | Bottle Group(s) |  |
| Field          |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  | (mg/L)              |  |                 |  |
| STOR           |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  | (umho/cm)           |  |                 |  |
| Latitude       |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Longitude      |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Salinity (ppt) |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Comments       |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |

|                |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
|----------------|--|--|----------|--|--|--|------|--|--|--|----------|--|--|--|---------------------------------------|--|--------------|--|---------------------|--|-----------------|--|
| Location       |  |  | Field ID |  |  |  | Date |  |  |  | STORET # |  |  |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen |  | Total Res. Chlorine |  | Bottle Group(s) |  |
| Field          |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  | (mg/L)              |  |                 |  |
| STOR           |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  | (umho/cm)           |  |                 |  |
| Latitude       |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Longitude      |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Salinity (ppt) |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Comments       |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |

|                |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
|----------------|--|--|----------|--|--|--|------|--|--|--|----------|--|--|--|---------------------------------------|--|--------------|--|---------------------|--|-----------------|--|
| Location       |  |  | Field ID |  |  |  | Date |  |  |  | STORET # |  |  |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen |  | Total Res. Chlorine |  | Bottle Group(s) |  |
| Field          |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  | (mg/L)              |  |                 |  |
| STOR           |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  | (umho/cm)           |  |                 |  |
| Latitude       |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Longitude      |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Salinity (ppt) |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |
| Comments       |  |  |          |  |  |  |      |  |  |  |          |  |  |  |                                       |  |              |  |                     |  |                 |  |

|                  |               |                 |                            |              |               |
|------------------|---------------|-----------------|----------------------------|--------------|---------------|
| Relinquished By: | Date/Time     | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time     |
| MKL              | 1/25/17 16:00 | FedEx           | 1                          | [Signature]  | 1/26/17 10:15 |

|          |              |         |                 |                             |     |                                     |   |
|----------|--------------|---------|-----------------|-----------------------------|-----|-------------------------------------|---|
| Group: A | Bottle Type: | P-1L    | # of Bottles: 2 | 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: 2 | Preservative:               | ICE | Enter Number of Bottles Sent to Lab | 1 |
|          | CHLSUITE-W   |         |                 |                             |     |                                     |   |
| Group: A | Bottle Type: | P-500ML | # of Bottles: 2 | 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: 2 | Preservative: ICE-FLTR      |     | Enter Number of Bottles Sent to Lab | 1 |
|          | W-PO4-F      |         |                 |                             |     |                                     |   |

Date of Request: 19-JAN-2017  
 Created By: LINGER\_M On: 19-JAN-2017  
 Modified By: MATTHEWS\_D On: 20-JAN-2017  
 Customer: CEN-DIST  
 Project: SMP  
 Division:  
 District: Central District  
 Sampling Event: Lk Ellen/Lk Concord

**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: 20-JAN-2017  
 Biology Request Reviewed By: MATTHEWS\_D On: 20-JAN-2017  
 Sampling Kit Required: NO Ship on:  
 Sampling Kit Shipped:  
 Sampling Kit Packed By:  
 Preservatives Needed: NO  
 Date to Receive Samples: 23-JAN-2017  
 Received By: KITCHEN\_S On: 24-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 2 Samples:**

|                                   |                      |                                                                                                                    |
|-----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L                 | Number of Bottles: 2 | 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-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: 2 | 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: 2 | 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: 2 | Preserved With: ICE-FLTR                                                                                           |
| W-PO4-F                           | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |

# Log-in Checklist

RQ- 2017-01-23-65

Shipping Method: Fed Ex Express

Date/Time of Receipt: 1/26/17 10:15

| Cooler ID | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape |                                     |     |    | Tracking # (fill out only if waybill copy is damaged) |
|-----------|---------------------|---------------------------------|---------------|-------------------------------------|-----|----|-------------------------------------------------------|
|           |                     |                                 | Present?      | *Intact?                            | Yes | No |                                                       |
| BLUE      | 2.1°C               | 4                               |               | <input checked="" type="checkbox"/> |     |    |                                                       |
|           |                     |                                 |               |                                     |     |    |                                                       |
|           |                     |                                 |               |                                     |     |    |                                                       |
|           |                     |                                 |               |                                     |     |    |                                                       |
|           |                     |                                 |               |                                     |     |    |                                                       |
|           |                     |                                 |               |                                     |     |    |                                                       |

\*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: 1/26/17 NCRs (Y/N)? N

Event ID: CEM-DIST-2017-01-26-03 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:**

00903  
01000

**FedEx** Express  
Package  
US Airbill

FedEx  
Tracking  
Number

8104 1402 6055

Form  
ID No. 0215

Recip

1 From  
Date 1/25/17  
Sender's Name Mike Linger Phone 407 897-4100  
Company FDEP  
Address 3319 Maguire Blvd  
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  
City TALLAHASSEE State FL ZIP 32399-6542



8104 1402 6055

4 Express Package Service \* To most locations. Pack For pack FedEx E

Next Business Day  
☐ FedEx First Overnight  
☒ FedEx Priority Overnight  
☐ FedEx Standard Overnight  
2 or 3 Business Days  
☐ FedEx 2Day A.M.  
☐ FedEx 2Day  
☐ FedEx Express Saver

5 Packaging \* Declared value limit \$500.  
☐ FedEx Envelope\* ☐ FedEx Pak\* ☐ FedEx Box ☐ FedEx Tube

6 Special Handling and Delivery Signature Options Fees may apply. See

☐ Saturday Delivery  
☐ No Signature Required  
☐ Direct Signature  
☐ Indirect S  
Does this shipment contain dangerous goods?  
☒ No ☐ Yes  
Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.  
☐ Sender  
☒ Recipient  
☐ Third Party  
☐ Credit Card  
Total Packages 1 Total Weight 27 lbs. Credit Card Auth.

\* Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.