

Collier Co Tracers &amp; Markers

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: SO-DIST

Requester: Corey R. Anderson

Field Report Prepared By: Danny Berger

Project ID: SMP

Collected By: Samantha Gibson

Sampling Agency: CCPC

|                                                                         |  |                                                                           |  |                                                           |  |                                                                            |  |                                      |  |                               |  |
|-------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|-----------------------------------------------------------|--|----------------------------------------------------------------------------|--|--------------------------------------|--|-------------------------------|--|
| Location<br>COCAT 41                                                    |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 7-17-17 Time 1104 |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time           |  | Bottle Group(s)<br>(See pg.2) |  |
| Field ID<br>AF35872                                                     |  | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                            |  | Diss. Oxygen<br>3.47 mg/L 45.5%                           |  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)        |  | A                             |  |
| STORET #                                                                |  | Temp (C)<br>29.5                                                          |  | pH<br>7.35                                                |  | Sample Depth<br>0.3 m                                                      |  | Sp. Conductance<br>(umho/cm)<br>1525 |  |                               |  |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms  |  | Salinity (ppt)<br>0.76                                    |  | Comments<br>Total depth: 1.15m Secchi: 0.9m                                |  |                                      |  |                               |  |
| 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<br><input type="checkbox"/> ft<br><input type="checkbox"/> m  |  | Sp. Conductance<br>(umho/cm)         |  |                               |  |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><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<br><input type="checkbox"/> ft<br><input type="checkbox"/> m  |  | Sp. Conductance<br>(umho/cm)         |  |                               |  |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><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<br><input type="checkbox"/> ft<br><input type="checkbox"/> m  |  | Sp. Conductance<br>(umho/cm)         |  |                               |  |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><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<br><input type="checkbox"/> ft<br><input type="checkbox"/> m  |  | Sp. Conductance<br>(umho/cm)         |  |                               |  |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms  |  | Salinity (ppt)                                            |  | Comments                                                                   |  |                                      |  |                               |  |

|                                  |                           |                          |                                 |                    |                           |
|----------------------------------|---------------------------|--------------------------|---------------------------------|--------------------|---------------------------|
| Relinquished By:<br>Danny Berger | Date/Time<br>7-17-17/1545 | Shipping Method<br>Fedex | Number of Coolers Shipped:<br>1 | Received By:<br>SR | Date/Time<br>7-18-17/9:58 |
|----------------------------------|---------------------------|--------------------------|---------------------------------|--------------------|---------------------------|

45

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Group: A      Bottle Type: QPCR-P-250ML      # of Bottles: 6      Preservative: ICE      Enter Number of Bottles Sent to Lab 2

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PCR-FILTER

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Group: A      Bottle Type: BG-1L      # of Bottles: 3      Preservative: ICE      Enter Number of Bottles Sent to Lab 1

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W-AHERB-AA

W-SUC-AA-R

W-UHERB-AA

Date of Request: 02-MAR-2017  
 Created By: ANDERSON\_C On: 02-MAR-2017  
 Modified By: SWANSON\_C On: 17-MAY-2017  
 Customer: SO-DIST  
 Project: SMP  
 Division: Not Applicable  
 District:  
 Sampling Event: Collier Co Tracers & Markers

**Send Coolers To:**

Phone: (239) 252-2502  
 Collier County Pollution Control  
 2685 North Horseshoe Drive, Ste103  
 Naples, FL 34104  
 Attn: Rhonda Watkins

Program Module Number:  
 Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 17-MAY-2017  
 Biology Request Reviewed By: SWANSON\_C On: 17-MAY-2017  
 Sampling Kit Required: YES Ship on: 18-MAY-2017  
 Sampling Kit Shipped: YES On: 18-MAY-2017  
 Sampling Kit Packed By: REAVES\_S  
 Preservatives Needed: NO  
 Date to Receive Samples: 05-JUN-2017  
 Received By: REYNOLDS\_T On: 13-JUL-2017

**Send Final Report To:**

FLDEP South District Office  
 2295 Victoria Ave. Suite 364  
 Fort Myers, FL 33901-3381  
 Attn: Ben Paswater

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

Comments: DEP Lab: please send enough coolers for 2 sampling events.  
 Collier County is running bacteria samples.  
 Collier County Stations  
 IMKFSCRK  
 IMKSLGH  
 COCAT41

**Bottle Group A (Water) With 3 Samples:**

|                           |                      |                                                                                        |
|---------------------------|----------------------|----------------------------------------------------------------------------------------|
| Bottle Type: QPCR-P-250ML | Number of Bottles: 6 | Preserved With: ICE                                                                    |
| PCR-FILTER                | Template: DEFAULT    | (SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis          |
| Bottle Type: BG-1L        | Number of Bottles: 3 | 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   |

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

# Log-in Checklist

RQ: 2017-06-05-09

Shipping Method: Fedex

Date/Time of Receipt: 7-18-17/9:58 AM <sup>45</sup> <sub>11817</sub>

| Cooler ID | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape |    |          |    | Tracking # (fill out only if waybill copy is damaged) |
|-----------|---------------------|---------------------------------|---------------|----|----------|----|-------------------------------------------------------|
|           |                     |                                 | Present?      |    | *Intact? |    |                                                       |
| Res       | 2.1                 | 3                               | Yes           | No | Yes      | No |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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                                                                                           |     | <input checked="" type="checkbox"/> | 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-Cl-R     |     |    |  |

## PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

\*\*Acid Preserved Samples: pH ≤ 2.0? Yes ☐ No ☒ NA ☒ Init: SR

\*\*W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes ☐ No ☒ NA ☒ Init: SR

Coolers Unpacked/Checked by: SR Date: 7-18-17

NCRs (Y/N)? N

Event ID: SO-DLST-2017-07-18-02

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:**

00298

01000

**FedEx** Package  
Express US Airbill
FedEx  
Tracking  
Number

8115 9551 5400

## 1 From

Date

7-17-17

Sender's  
Name

Rhonda Watkins

Phone

Company

Collier County Pollution Control

Address

3339 Tamiami Trail East. Suite 304

City

Naples

State

FL

ZIP

34112

## 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

☐ 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.


8115 9551 5400

0126912290

MUR 4

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

262

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.

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