

2017-03-06-24  
Request Number: RQ-2017-05-01-13

Collier County Tracers &amp; Markers

## Florida Department of Environmental Protection

## Central Laboratory Submittal Form

Page 1 of 2

last revised Apr 7, 2016

Customer: SO-DIST

Project ID: SMP

Requester: Corey R. Anderson

Collected By:

Field Report Prepared By:

Sampling Agency:

|                                                                              |                                                                               |                                                           |                                                                                       |                                  |                                  |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|----------------------------------|
| Location<br>IMKFSHCK                                                         | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab     | Collection (comp begin or grab)<br>Date 6-19-17 Time 0958 | Eastern<br>Central                                                                    | Composite end<br>Date — Time —   | Bottle<br>Group(s)<br>(See pg 2) |
| Field ID<br>AF35091                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                                | Diss. Oxygen<br>9.8% 0.77mg/L                             | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)    | A                                |
| STORET #<br>—                                                                | Temp<br>(C) 27.8                                                              | pH 6.57                                                   | Sample<br>Depth 0.3                                                                   | Sp. Conductance<br>(umho/cm) 173 |                                  |
| Latitude<br>—<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br>—<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt) 0.08                                    | Comments<br>Total Depth: 0.75m Secchi: 0.3m                                           |                                  |                                  |
| Location<br>IMKSLGH                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab     | Collection (comp begin or grab)<br>Date 6-19-17 Time 1226 | Eastern<br>Central                                                                    | Composite end<br>Date — Time —   | Bottle<br>Group(s)               |
| Field ID<br>AF35092                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh                                | Diss. Oxygen<br>0.33mg/L 3.9%                             | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)    | A                                |
| STORET #<br>—                                                                | Temp<br>(C) 25.0                                                              | pH 7.06                                                   | Sample<br>Depth 0.3                                                                   | Sp. Conductance<br>(umho/cm) 264 |                                  |
| Latitude<br>—<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br>—<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt) 0.12                                    | Comments<br>Total Depth: 0.6m Secchi: 0.6m                                            |                                  |                                  |
| 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<br>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<br>(C)                                                                   | pH                                                        | Sample<br>Depth                                                                       | 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<br>(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<br>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<br>(C)                                                                   | pH                                                        | Sample<br>Depth                                                                       | 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<br>(ppt)                                         | Comments                                                                              |                                  |                                  |

|                                  |                           |                          |                                 |                       |                            |
|----------------------------------|---------------------------|--------------------------|---------------------------------|-----------------------|----------------------------|
| Relinquished By:<br>Danny Berger | Date/Time<br>6-19-17/1600 | Shipping Method<br>Fedex | Number of Coolers Shipped:<br>1 | Received By:<br>G. D. | Date/Time<br>6/20/17 10:40 |
|----------------------------------|---------------------------|--------------------------|---------------------------------|-----------------------|----------------------------|

Group: A Bottle Type: QPCR-P-250ML # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab 4  
PCR-FILTER

Group: A Bottle Type: BG-1L # of Bottles: 3 Preservative: ICE Enter Number of Bottles Sent to Lab 2  
W-AHERB-AA  
W-SUC-AA-R  
W-UHERB-AA

Date of Request: 07-FEB-2017  
Created By: ANDERSON\_C On: 07-FEB-2017  
Modified By: WATTS\_J On: 06-MAR-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: 06-MAR-2017  
Biology Request Reviewed By: WATTS\_J On: 06-MAR-2017  
Sampling Kit Required: YES Ship on: 02-MAR-2017  
Sampling Kit Shipped: YES On: 06-MAR-2017  
Sampling Kit Packed By: GREENWOO\_J  
Preservatives Needed: NO  
Date to Receive Samples: 06-MAR-2017  
Received By: REYNOLDS\_T On: 17-MAY-2017

**Send Final Report To:**

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

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 providing bacteria analysis and results.

Collier County Stations  
IMKFSHCRK  
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-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- 2017-03-06-24

Shipping Method: Fed Ex

Date/Time of Receipt: 6/20/17 10:10

| 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 |                                                       |
| BL 06     | 1.6°C               | 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                                                                                           |     | <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-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: 6/20/17 NCRs (Y/N)? ☐

Event ID: 50-DIST-2017-06-20-01 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:**

01000

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

8115 9551 5396

## 1 From

Date

6/19/17

Sender's  
Name

CHICAGO WORKERS

Phone

239 352 3502

Company

CARLISLE COUNTY POLLUTION CONTROL

Address

3339 TAMM TAIL EAST

Dept./Floor/Suite/Room

City

TALLAHASSEE

State

FL

ZIP

32399

## 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

0126912290



8115 9551 5396

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☐ YesAs per attached  
Shipper's Declaration.☐ YesShipper's Declaration  
not required.☐ Dry Ice

Dry Ice, 9 UN 1845

x kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

☐ 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  
1 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.

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