

Log-in Checklist

RQ- 2017-11-21-73

Shipping Method: Fedex

Date/Time of Receipt: 11-28-17/10:25

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		
White	11.3	6		✓			

*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: 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: 11-28-17

NCRs (Y/N)? N

Event ID: WQAP-2017-11-28-04

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:

Imperial (marine) Continuous Monitoring

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Maryann Dugan

Field Report Prepared By:

Project ID: SMP

Collected By:

MARYANN DUGAN,
JOHN BARRINGTON

Sampling Agency:

S ROL

Location	RQ-2017-11-27-73 11/27/2017				☐ Comp ☒ Grab	Collection (comp begin or grab) Date 11/27/2017 Time 13:20	Eastern Central	Composite end Date	Time	Bottle Group(s) (See pg 2)
Field ID	WBID 3258EB		G1SD111317-1 Field ID ▲		Matrix (type, e.g., Salt, Fresh, etc) FRESH		Diss. Oxygen 4.9	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A, B
STORET #	US 41		G1SD0057 STORET ▼		Temp (C) 23.4	pH 7.0	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 524	
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments Continuous Monitoring					

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

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

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

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
MARYANN DUGAN	11/27/2017	FEDEX	1	SR	11-28-17/10:20

25

Group: A	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>1</u>
	ALKALINITY						
	TURBIDITY						
	W-F						
	W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>1</u>
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	<u>1</u>
	W-NH3						
	W-NO2NO3						
	W-S-A-TP						
	W-TKN						
	W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	FILTER-ICE	Enter Number of Bottles Sent to Lab	<u>1</u>
	W-PO4-F						
Group: B	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
	PCR-FILTER						

Printed: 11/28/2017 11:07:53 AM

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Date of Request: 21-NOV-2017
 Created By: DUGAN_M On: 21-NOV-2017
 Modified By: SWANSON_C On: 21-NOV-2017
 Customer: WQAP
 Project: SMP
 Division: Division of Environmental Assessment and Restoration
 District: S ROC
 Sampling Event: Imperial (marine) Continuous Monitoring

Send Coolers To:

Phone: 239-344-5610
 2295 Victoria Ave
 #364
 Fort Myers, FL 33901
 Attn: Maryann Dugan

Send Final Report To:

2295 Victoria Ave
 #364
 Fort Myers, FL 33901
 Attn: Maryann Dugan

Program Module Number:
 Priority: 3
 Event Status: A
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 21-NOV-2017
 Biology Request Reviewed By: SWANSON_C On: 21-NOV-2017
 Sampling Kit Required: NO Ship on:
 Sampling Kit Shipped:
 Sampling Kit Packed By:
 Preservatives Needed: NO
 Date to Receive Samples: 27-NOV-2017
 Received By:

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

Comments: Group A: Marine Kit, No Metals
 Group B: Markers SMP
 Imperial (marine) Continuous Monitoring

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 ₃ /L
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices
W-F	Template: DEFAULT	(SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)
W-TSS	Template: DEFAULT	(SM 2540 D-97) Total Suspended Solids in aqueous matrices
Bottle Type: BP-1L	Number of Bottles: 1	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry
Bottle Type: P-500ML	Number of Bottles: 1	Preserved With: ICE And H ₂ SO ₄
W-NH ₃	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO ₂ NO ₃	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: FILTER-ICE
W-PO ₄ -F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

Bottle Group B (Water) With 2 Samples:

Bottle Type: QPCR-P-250ML	Number of Bottles: 4	Preserved With: ICE
PCR-FILTER	Template: DEFAULT	(SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis

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

00209

01000

FedEx
Express

 Package
US Airbill

 FedEx
Tracking
Number

8104 1405 9079

1 From

Date 11/21/2017

Sender's
Name

MARIANN DUGAN - S RUC - PORT MYLRS

Company

FLORIDA DEP / CHEMISTRY SECTION

Address

2600 BLAIRSTONE RD

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

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

32399-6542



8104 1405 9079

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.

☐

Sender Acct. No. in Section I will be billed.

☒

Recipient

☐

Third Party

☐

Credit Card

Obtain recip. Acct. No.

☐

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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