

## Central Laboratory Submittal Form

last revised Apr 7, 2016

B/T/M only

Customer: WQAP

Project ID: SMP

Requester: Chris Green

Field Report Prepared By: C. Green

Collected By:

Chris Green/Jessie Tolbert 3

Sampling Agency:

8034/ZIFLTLHR

|          |                                                                                |  |                                                              |                                                             |                                                                                       |                                 |
|----------|--------------------------------------------------------------------------------|--|--------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|
| Location | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab      |  | Collection (comp begin or grab)<br>Date 7-19-2017 Time 10:45 | Eastern<br>Central                                          | Composite end<br>Date Time                                                            | Bottle Group(s)<br>(See pg 2)   |
| Field ID | G1TLHR0058-2017-04<br>WBID 921 Field ID ↑ STORET ↓<br>Harvey Creek @<br>Hwy 20 |  | Matrix (type, e.g., Salt, Fresh, etc)                        | Diss. Oxygen<br>8.1/93                                      | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)   |
| STORET # | Temp (C) 22.4                                                                  |  | pH 4.5                                                       | Sample Depth 0.2                                            | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm) 30 |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                    |  | Salinity (ppt) 0.01                                          | 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      |
| C. Green         | 7-19-2017/13:30 | Hand            |                            | ADD          | 7-19-17, 13:30 |

|            |                             |                  |                   |                                     |          |
|------------|-----------------------------|------------------|-------------------|-------------------------------------|----------|
| Group: A   | Bottle Type: P-250ML-WO-THI | # of Bottles: 9  | Preservative: ICE | Enter Number of Bottles Sent to Lab | <u>1</u> |
| ECOLI-18QT |                             |                  |                   |                                     |          |
| Group: A   | Bottle Type: QPCR-P-250ML   | # of Bottles: 18 | Preservative: ICE | Enter Number of Bottles Sent to Lab | <u>2</u> |
| PCR-FILTER |                             |                  |                   |                                     |          |
| Group: A   | Bottle Type: BG-1L          | # of Bottles: 9  | Preservative: ICE | Enter Number of Bottles Sent to Lab | <u>1</u> |
| W-AHERB-AA |                             |                  |                   |                                     |          |
| W-SUC-AA-R |                             |                  |                   |                                     |          |
| W-UHERB-AA |                             |                  |                   |                                     |          |

Date of Request: 24-MAR-2017  
Created By: GREEN\_C On: 24-MAR-2017  
Modified By: WATTS\_J On: 03-APR-2017  
Customer: WQAP  
Project: SMP  
Division: Division of Environmental Assessment and Restoration  
District:  
Sampling Event: B/T/M only

**Send Coolers To:**

Phone: 850-245-8413  
2600 Blair Stone Rd  
MS #3525  
Tallahassee, FL 32399-2400  
Attn: Chris Green

**Program Module Number:**

Priority: 3  
Event Status: R  
Criminal Investigation: NO  
Chemistry Request Reviewed By: WATTS\_J On: 03-APR-2017  
Biology Request Reviewed By: MATTHEWS\_D On: 03-APR-2017  
Sampling Kit Required: YES Ship on: 06-APR-2017  
Sampling Kit Shipped: YES On: 10-APR-2017  
Sampling Kit Packed By: SHAIK\_A  
Preservatives Needed: NO  
Date to Receive Samples: 17-APR-2017  
Received By: REYNOLDS\_T On: 26-JUN-2017

**Send Final Report To:**

2600 Blair Stone Rd  
MS #3525  
Tallahassee, FL 32399-2400  
Attn: Michael Eckles

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

Comments: Group A: Tracers, Markers

**Bottle Group A (Water) With 9 Samples:**

|                           |                                                                                                         |                                                                                        |
|---------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Bottle Type: ECOLI-18QT   | Number of Bottles: 9                                                                                    | Preserved With: ICE                                                                    |
| Template: DEFAULT         | (SM 9223 Quanti-Tray) Escherichia coli by Collert 18 Quanti-Tray method - non-chlorinated water systems |                                                                                        |
| Bottle Type: QPCR-P-250ML | Number of Bottles: 18                                                                                   | Preserved With: ICE                                                                    |
| Template: DEFAULT         | (SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis                           |                                                                                        |
| Bottle Type: BG-1L        | Number of Bottles: 9                                                                                    | 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.

2017-05-22-40  
 RQ-2017-04-17-3832(4) Log-in Checklist

Shipping Method: HD

Date/Time of Receipt: 7-19-17/13:30

| 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       |  |                                                       |
| Red       | 4.1                 | 8                               |               | ✓   |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |

\*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: 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: 7-19-17

NCRs (Y/N)? N

Event ID: WQAP-2017-07-19-01

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:**