

## Central Laboratory Submittal Form

Customer: WQAP

Requester: Chris Green

Field Report Prepared By: Jessie Tolbert

Project ID: SMP

Collected By: Tolbert/WoodsSampling Agency: 8034

|          |                                                                                                                                          |                   |                                                                           |                                                                             |                                                                                 |                                                                            |                                        |          |
|----------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|----------|
| Loc      | <b>G1TLHR0040-2017-03</b><br>                           |                   | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>06/12/2017</u> Time <u>10:40</u> | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)<br>(See pg 2)          |          |
| Fie      | WBID 965                                                                                                                                 | Field ID <u>↑</u> | STORET <u>↓</u>                                                           | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                       | Diss. Oxygen<br><u>91</u>                                                       | <input type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)          |          |
| ST       | Sweetwater Branch @<br>Cody Church Rd<br><br>G1TLHR0040 |                   | Temp (C) <u>22.8</u>                                                      | pH <u>6.0</u>                                                               | Sample Depth <u>0.3</u>                                                         | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) <u>45</u> |          |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                                              | Longitude         | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt) <u>0.02</u>                                                  | Comments                                                                        |                                                                            |                                        | <u>A</u> |
| Location |                                                                                                                                          |                   | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                    | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> 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 _____                    | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> 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 _____                    | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> 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:<br><u>Tolbert/Woods</u> | Date/Time<br><u>06/12/2017 13:26</u> | Shipping Method<br><u>Hand delivered</u> | Number of Coolers Shipped:<br><u>1</u> | Received By:<br><u>Tyler Reynolds</u> | Date/Time<br><u>06/22/17 @ 1:27 pm</u> |
|                                          |                                      |                                          |                                        | <u>WQAP 2</u>                         |                                        |

|            |                             |                 |                   |                                           |
|------------|-----------------------------|-----------------|-------------------|-------------------------------------------|
| Group: A   | Bottle Type: P-250ML-WO-THI | # of Bottles: 3 | Preservative: ICE | Enter Number of Bottles Sent to Lab _____ |
| ECOLI-18QT |                             |                 |                   |                                           |

|            |                           |                 |                   |                                           |
|------------|---------------------------|-----------------|-------------------|-------------------------------------------|
| Group: A   | Bottle Type: QPCR-P-250ML | # of Bottles: 6 | Preservative: ICE | Enter Number of Bottles Sent to Lab _____ |
| PCR-FILTER |                           |                 |                   |                                           |
| PCR-HF183  |                           |                 |                   |                                           |

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

Date of Request: 03-MAY-2017  
 Created By: GREEN\_C On: 03-MAY-2017  
 Modified By: MATTHEWS\_D On: 08-MAY-2017  
 Customer: WQAP  
 Project: SMP  
 Division: Division of Environmental Assessment and Restoration  
 District:  
 Sampling Event: B/T/M only (WBID 965) Sweetwater Branch

**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: 05-MAY-2017  
 Biology Request Reviewed By: MATTHEWS\_D On: 08-MAY-2017  
 Sampling Kit Required: YES Ship on: 08-MAY-2017  
 Sampling Kit Shipped: YES On: 15-MAY-2017  
 Sampling Kit Packed By: SHAIK\_A  
 Preservatives Needed: NO  
 Date to Receive Samples: 22-MAY-2017  
 Received By: REYNOLDS\_T On: 12-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  
 no FedEx bills  
 no zip ties

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

|                           |                      |                                                                                                                                           |
|---------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Bottle Type:              | Number of Bottles: 3 | Preserved With: ICE                                                                                                                       |
| ECOLI-18QT                | Template: DEFAULT    | (SM 9223 Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method - non-chlorinated water systems                                  |
| 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                                                             |
| PCR-HF183                 | Template: DEFAULT    | (SOP-PCR-1.0) Detection and quantification of human-specific HF183 Bacteroides genetic marker with quantitative polymerase chain reaction |
| 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.

2017-05-22-39 (4)  
2017-05-22-40 (4)  
RQ- 2017-05-22-41 (4)

## Log-in Checklist

Shipping Method: HD

Date/Time of Receipt: 06/12/17 @ 1:27 pm

| 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 |                                                       |
| Red       | 1.2 °C              | 12                              |               | ✓  |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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: JK

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

Coolers Unpacked/Checked by: JK Date: 06/12/17 NCRs (Y/N)? N

Event ID: WQAP-2017-06-12-01 NCR #     

WQAP-2017-06-12-02

WQAP-2017-06-12-03

## 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:**