

Field Sheets Scanned/Saved: SM 10/17/2017

Request Number: RQ-2017-08-14-28

RUNS 13/14

Florida Department of Environmental Protection Central Laboratory Submittal Form

1 of 3

Page 1 of 2

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

L. Bachler

Project ID: SMP

Collected By:

H. Sprinkle

Sampling Agency:

FDEP

Location	RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G2SW0011 Field ID STORET New River	Latitude	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-16-17 Time 0936	☒ Eastern ☐ Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine	Temp (C)	pH	Sample Depth	Sp. Conductance		
dd dms	Salinity (ppt)	Comments						
Location	RQ-2017-08-14-28 Date: 08-13-2017 Time:	Field ID G2SW0021 Field ID STORET Trout Crk	Latitude	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-16-17 Time 1020	☒ Eastern ☐ Central	Composite end Date Time	Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine	Temp (C)	pH	Sample Depth	Sp. Conductance		
dd dms	Salinity (ppt)	Comments						
Location	RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G2SW0004 Field ID STORET Flint Crk	Latitude	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-16-17 Time 1100	☒ Eastern ☐ Central	Composite end Date Time	Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine	Temp (C)	pH	Sample Depth	Sp. Conductance		
dd dms	Salinity (ppt)	Comments						
Location	RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G2SW0025 Field ID STORET Turkey Crk	Latitude	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-16-17 Time 1200	☒ Eastern ☐ Central	Composite end Date Time	Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine	Temp (C)	pH	Sample Depth	Sp. Conductance		
dd dms	Salinity (ppt)	Comments						

Relinquished By:

L. Bachler

Date/Time

8-16-17 / 1530

Shipping Method

Fed Ex

Number of Coolers Shipped:

2

Received By:

Date/Time

Group: A	Bottle Type: ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS	P-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	P-500ML	# of Bottles: 4 3	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 4 3	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: W-AHERB-AA W-SUC-AA-R W-UHERB-AA	BG-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab 4 <u>3</u>
Group: C	Bottle Type: SE-AEL-EC	P-120ML-WC-THI	# of Bottles: 8 Dropped off at AEL	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>0</u>
Group: D	Bottle Type: PCR-FILTER PCR-GULL2 PCR-HF183	QPCR-P-250ML	# of Bottles: 4 4	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>4</u>

Group E ~~PCR~~ PCR-FILTER 250ml II 2 Ice 2

CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP		BOTTLE SIZE & TYPE	Sterile Plastic Bottle											L A S N U M B E R		
ADDRESS: 13051 N. Telecom Pkwy Temple Terrace, FL 33637		P.O. NUMBER/PROJECT NUMBER:		A R N E A Q L U Y I S R I E S D	eFecal Coliforms	E Coli												
PHONE: 813-470-5700		PROJECT LOCATION: Florida																
CONTACT: Matthew Bearden Sarah Ernst		FAX: 813-470-5996																
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS: PO AF315E																
☒ STANDARD ☐ RUSH																		
Samples are ambient water and not suspected to contain chlorine																		
WW=waste water SW=surface water GW=ground water DW=drinking water O=oil A=air SO=soil SL=sediment																		
Field ID	SITE NAME	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	Ice, T										
			DATE	TIME														
RQ-2017-08-14-28 Date: 08-16-2017 Time:	G2SW0011 Field ID STORET New River	Grab	8-16-17	0930	SW	1		1										
RQ-2017-08-14-28 Date: 08-16-2017 Time:	G2SW0021 Field ID STORET Trout Crk	Grab	8-16-17	1020	SW	1		1										
RQ-2017-08-14-28 Date: 08-16-2017 Time:	G2SW0004 Field ID STORET Flint Crk	Grab	8-16-17	1100	SW	1		1										
RQ-2017-08-14-28 Date: 08-16-2017 Time:	G2SW0025 Field ID STORET Turkey Crk	Grab	8-16-17	1200	SW	1		1										
		Grab			SW													
H=(HCl) S=(H ₂ SO ₄) N=(HNO ₃) T=(Sodium Thiosulfate)		Sample Kit		Cooler #														
Shipment Out:		Via:		RB	D/T													
Ret:		Via:		AB	D/T													
		Trip Bl.																
Relinquish by: Date Time Received by: Date Time																		
1 L. Baehler 8-16-17 1425					X 9/1/17 1425													
2																		
3																		
4																		

FedEx Express Package US Airbill Tracking Number **8119 3904 6565** Form ID No. **0215**

From **Please print and press hard.** Date **8-16-17** Sender's FedEx Account Number
Sender's Name Phone (**813**) **470-5700**
Company **FDEP**
Address **13051 N Telecom Pkwy** **101** Dept./Floor/Suite/Room
City **Tampa** State **FL** ZIP **33637**
Your Internal Billing Reference First 24 characters will appear on invoice.
To Recipient's Name **SAMPLE RECEIVING** Phone (**850**) **245-8085**
Company **FLORIDA DEP/CHEMISTRY SECTION**
Address **2600 BLAIRSTONE RD** Hold Weekday
FedEx location address REQUIRED. NOT available for
No cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room
Address Hold Saturday
FedEx location address REQUIRED. Available ONLY for
Use this line for the HOLD location address or for continuation of your shipping address. FedEx Priority Overnight and
City **TALLAHASSEE** State **FL** ZIP **32399-6542**
0127681333

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FedEx Express Package US Airbill Tracking Number **8119 3904 6554** Form ID No. **0215**

From **Please print and press hard.** Date **8-16-17** Sender's FedEx Account Number
Sender's Name Phone (**813**) **470-5700**
Company **FDEP**
Address **13051 N Telecom Pkwy** **101** Dept./Floor/Suite/Room
City **Tampa** State **FL** ZIP **33637**
Your Internal Billing Reference First 24 characters will appear on invoice.
To Recipient's Name **SAMPLE RECEIVING** Phone (**850**) **245-8085**
Company **FLORIDA DEP/CHEMISTRY SECTION**
Address **2600 BLAIRSTONE RD** Hold Weekday
FedEx location address REQUIRED. NOT available for
No cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room
Address Hold Saturday
FedEx location address REQUIRED. Available ONLY for
Use this line for the HOLD location address or for continuation of your shipping address. FedEx Priority Overnight and
City **TALLAHASSEE** State **FL** ZIP **32399-6542**
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☒ 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.

☐ 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.

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☐ 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 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.

☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
FedEx Acct. No. **4490-2262-9** Bk. Date

Total Packages **1** Total Weight **50** lbs. Total Declared Value* **\$0.00**

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