



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

A-KIT

PAGE 1 OF 1

Data Qualified?

Yes / No

STORET Station Name: DELANY Creek Date: 8-16-17  
STORET Station ID: G1SW0046 WBID: 1605 Latitude: 27°54'55.8"N  
County: Hillsborough RQ - 2017-08-14-28 ORG ID: 21FLTPA Longitude: 82°23'36.7"W  
Receiving Body of Water: \_\_\_\_\_ Field ID: G1SW0046

| Sampling Team Members |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|--|-----------------|-------------------|---------------|--------------|--------------------|
| L. Bachler            |  | X               |                   | X             |              |                    |
| H. Sprinkle           |  |                 | X                 |               | X            |                    |
| J. Ashton             |  |                 |                   |               | X            |                    |

| Sampling Equipment                                   |                                         |                               |
|------------------------------------------------------|-----------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn       | <input type="checkbox"/> Pole |
| <input type="checkbox"/> Carboy                      | <input type="checkbox"/> Syringe        |                               |
| <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Other          |                               |
| Equipment ID                                         |                                         |                               |
| Collection Method                                    |                                         |                               |
| <input checked="" type="checkbox"/> Wading           | <input type="checkbox"/> Via Boat       |                               |
| <input type="checkbox"/> From Shore                  | <input type="checkbox"/> Canoe/Kayak    |                               |
| <input type="checkbox"/> Other (note below)          | <input type="checkbox"/> Electric Motor |                               |
|                                                      | <input type="checkbox"/> Gasoline Motor |                               |

| Water Level: Dry / Pooled / Low / <u>Normal</u> / High / Flooded |      |                  |                 |                         |           | Matrix: <u>Fresh</u> / Marine / DI |                |                                    |                    |            |  |
|------------------------------------------------------------------|------|------------------|-----------------|-------------------------|-----------|------------------------------------|----------------|------------------------------------|--------------------|------------|--|
| Meter ID# <u>Busta</u>                                           |      |                  |                 | Photos: Yes / <u>No</u> |           |                                    |                | Tide Falling: Yes / No / <u>NA</u> |                    |            |  |
| Time Zone                                                        | Time | Sample Depth (m) | Total Depth (m) | DO (mg/L)               | DO (%SAT) | pH                                 | Salinity (ppt) | Secchi Disk (m)                    | Sp COND (µmhos/cm) | Temp. (C°) |  |
| EST                                                              | 1350 | 0.8              |                 | 5.10                    | 67        | 7.3                                | 0.11           |                                    | 243                | 29.8       |  |
| CEN                                                              |      |                  | 0.8             |                         |           |                                    |                | 0.8<br>"S"                         |                    |            |  |

|                               |                |               |                      |              |          |     |     |       |
|-------------------------------|----------------|---------------|----------------------|--------------|----------|-----|-----|-------|
| Biological Samples Collected: | <u>None</u>    | HA            | SCI                  | RPS          | Algae ID | LVS | LVI | Other |
| SBIO ID Numbers:              | SBIO-ID: _____ | RPS-ID: _____ | Macrophyte-ID: _____ | LIMS#: _____ |          |     |     |       |

| Parameter Suite             | Parameter Methods                                                                                                                                                                                                      | Preservation                                                                      | Acid Lot#  | Expiration | pH Check                               |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------|------------|----------------------------------------|
| Preserved Nutrients         | <input checked="" type="checkbox"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP                                                                                                                                        | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H2SO4 | SA-7093010 | 04/03/18   | <input checked="" type="checkbox"/> <2 |
| Metals                      | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                        | <input type="checkbox"/> Ice <input type="checkbox"/> HNO2                        |            |            | <input type="checkbox"/> <2            |
| Filtered Nutrients          | <input checked="" type="checkbox"/> W-PO4-F <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                     | <input checked="" type="checkbox"/> Ice                                           |            |            |                                        |
| Chlorophyll                 | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                         | <input checked="" type="checkbox"/> Ice                                           |            |            |                                        |
| Physical/Aggregate (Fresh)  | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                        | <input checked="" type="checkbox"/> Ice                                           |            |            |                                        |
| Physical/Aggregate (Marine) | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                                                                                                          | <input type="checkbox"/> Ice                                                      |            |            |                                        |
| Macroinvertebrates          | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                    | <input type="checkbox"/> Formalin                                                 |            |            |                                        |
| Periphyton                  | <input type="checkbox"/> ALGAE-ID                                                                                                                                                                                      | <input type="checkbox"/> Ice                                                      |            |            |                                        |
| Microbiology                | <input checked="" type="checkbox"/> E Coll <input type="checkbox"/> F Coll <input type="checkbox"/> Entero <input type="checkbox"/> PCR-FILTER                                                                         | <input type="checkbox"/> Ice                                                      |            |            |                                        |
| Tracers                     | <input checked="" type="checkbox"/> W-SUC-AA-R <input checked="" type="checkbox"/> W-UHERB-AA                                                                                                                          | <input type="checkbox"/> Ice                                                      |            |            |                                        |
| Pesticides                  | <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-AHERB-AA <input type="checkbox"/> W-PYR-AA-R<br><input type="checkbox"/> W-PCL-SQ-R <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH | <input type="checkbox"/> Ice<br><input type="checkbox"/> Other                    |            |            |                                        |
| Flow                        | "J" Qualify Flow <u>0.17</u>                                                                                                                                                                                           |                                                                                   |            |            |                                        |

|                               |                         |                                            |
|-------------------------------|-------------------------|--------------------------------------------|
| Notes:                        | RQ-2017-08-14-28        | G1SW0046<br>Field ID<br>STORET<br>G1SW0046 |
|                               | Date: 08-16-2017        |                                            |
| Signature: <u>[Signature]</u> | Time: <u>Delany Crk</u> | Date: <u>8-16-17</u>                       |

|                                                          |                                                   |
|----------------------------------------------------------|---------------------------------------------------|
| Field Parameters Entered into LIMS: <u>SM 08/24/2017</u> | Field Parameters QC in LIMS: <u>SM 10/17/2017</u> |
| Date Migrated to STORET: _____                           | Field Sheets Scanned/Saved: <u>SM 10/17/2017</u>  |

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

RUNS 13/14

# Florida Department of Environmental Protection Central Laboratory Submittal Form

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last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

|          |                                                             |                                                                                                                                          |                                                                           |                                                           |                     |                                                                            |                                                                      |                                    |  |
|----------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|---------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------|--|
| Location | RQ-2017-08-14-28<br>Date: 08-16-2017<br>Time:               | <br>Field ID<br>STORET<br>Mustang Ranch Crk<br>G2SW0026 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 8-16-17 Time 1240 | Eastern<br>Central  | Composite<br>Date                                                          | end<br>Time                                                          | Bottle Group(s)<br>(See pg 2)<br>C |  |
| Field ID |                                                             |                                                                                                                                          |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                     | Diss. Oxygen<br>6.6 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)                                        |                                    |  |
| STORET # |                                                             |                                                                                                                                          |                                                                           | Temp (C) 28.6                                             | pH 6.7              | Sample Depth 0.3                                                           | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m | Sp. Conductance (umho/cm) 117      |  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                                                                                | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt) 0.05                                       | Comments            |                                                                            |                                                                      |                                    |  |

|          |                                                             |                                                                                                                                     |                                                                           |                                                           |                     |                                                                            |                                                                      |                                 |  |
|----------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|---------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|--|
| Location | RQ-2017-08-14-28<br>Date: 08-16-2017<br>Time:               | <br>Field ID<br>STORET<br>Delany Crk 2<br>G1SW0066 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 8-16-17 Time 1335 | Eastern<br>Central  | Composite<br>Date                                                          | end<br>Time                                                          | Bottle Group(s)<br>A, B<br>C, D |  |
| Field ID |                                                             |                                                                                                                                     |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                     | Diss. Oxygen<br>5.3 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)                                        |                                 |  |
| STORET # |                                                             |                                                                                                                                     |                                                                           | Temp (C) 29.6                                             | pH 7.2              | Sample Depth 0.3                                                           | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m | Sp. Conductance (umho/cm) 217   |  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                                                                           | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt) 0.10                                       | Comments            |                                                                            |                                                                      |                                 |  |

|          |                                                             |                                                                                                                                   |                                                                           |                                                           |                     |                                                                            |                                                                      |                                 |  |
|----------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|---------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|--|
| Location | RQ-2017-08-14-28<br>Date: 08-16-2017<br>Time:               | <br>Field ID<br>STORET<br>Delany Crk<br>G1SW0046 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 8-16-17 Time 1350 | Eastern<br>Central  | Composite<br>Date                                                          | end<br>Time                                                          | Bottle Group(s)<br>A, B<br>C, D |  |
| Field ID |                                                             |                                                                                                                                   |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                     | Diss. Oxygen<br>5.0 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)                                        |                                 |  |
| STORET # |                                                             |                                                                                                                                   |                                                                           | Temp (C) 29.8                                             | pH 7.3              | Sample Depth 0.3                                                           | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m | Sp. Conductance (umho/cm) 243   |  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                                                                         | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt) 0.11                                       | Comments            |                                                                            |                                                                      |                                 |  |

|          |                                                             |           |                                                                           |                                         |                    |                                                                 |                                                           |                              |
|----------|-------------------------------------------------------------|-----------|---------------------------------------------------------------------------|-----------------------------------------|--------------------|-----------------------------------------------------------------|-----------------------------------------------------------|------------------------------|
| Location |                                                             |           | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date | Eastern<br>Central | Composite<br>Date                                               | end<br>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 |
|------------------|-----------|-----------------|----------------------------|--------------|-----------|

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

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



**Advanced  
Environmental Laboratories, Inc.**

6691 Southpoint Pkwy. • Jacksonville, FL 32218 • 904.363.9950 • Fax 904.363.9354 • E82574  
9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.3616 • Fax 813.630.4327 • E84589  
2105 NW 57th Place, Ste. 7 • Gainesville, FL 32608 • 352.367.1900 • Fax 352.367.0050 • E82620  
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.537.1534 • Fax 407.537.1557 • E53076

LAB NUMBER:

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|                                                                   |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
|-------------------------------------------------------------------|--|-----------------------------------------------------|--|--------------------|--|------------------------|--|--------|--|-----------|--|---------|--|-------------|--|--|--|--|--|------------|--|
| CLIENT NAME: <b>FDEP - SW District</b>                            |  | PROJECT NAME: <b>TMDL / SMP</b>                     |  | BOTTLE SIZE & TYPE |  | Sterile Plastic Bottle |  |        |  |           |  |         |  |             |  |  |  |  |  | LAB NUMBER |  |
| ADDRESS: <b>13051 N. Telecom Pkwy</b>                             |  | P.O. NUMBER/PROJECT NUMBER:                         |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| Temple Terrace, FL 33537                                          |  | PROJECT LOCATION: <b>Florida</b>                    |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| PHONE: <b>813-470-5700</b>                                        |  | FAX: <b>813-470-5998</b>                            |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| CONTACT: <b>Matthew Bearden</b> <b>Sarah Ernst</b>                |  | SAMPLED BY:                                         |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| TURN AROUND TIME:                                                 |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| <input checked="" type="checkbox"/> STANDARD                      |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| <input type="checkbox"/> RUSH                                     |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| REMARKS/SPECIAL INSTRUCTIONS:<br><b>PO AF315E</b>                 |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| *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 |  | Loc, T      |  |  |  |  |  |            |  |
|                                                                   |  |                                                     |  |                    |  | DATE                   |  | TIME   |  |           |  |         |  |             |  |  |  |  |  |            |  |
| RQ-2017-08-14-28<br>Date: 08-16-2017<br>Time:                     |  | G2SW0026<br>Field ID<br>STORET<br>Mustang Ranch Crk |  | Grab               |  | 8-16-17                |  | 1240   |  | SW        |  | 1       |  |             |  |  |  |  |  |            |  |
|                                                                   |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| RQ-2017-08-14-28<br>Date: 08-16-2017<br>Time:                     |  | G1SW0066<br>Field ID<br>STORET<br>Delany Crk 2      |  | Grab               |  | 8-16-17                |  | 1335   |  | SW        |  | 1       |  |             |  |  |  |  |  |            |  |
|                                                                   |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
| RQ-2017-08-14-28<br>Date: 08-16-2017<br>Time:                     |  | G1SW0046<br>Field ID<br>STORET<br>Delany Crk        |  | Grab               |  | 8-16-17                |  | 1350   |  | SW        |  | 1       |  |             |  |  |  |  |  |            |  |
|                                                                   |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
|                                                                   |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |
|                                                                   |  |                                                     |  |                    |  |                        |  |        |  |           |  |         |  |             |  |  |  |  |  |            |  |

|                                                                                              |  |        |  |            |  |          |  |
|----------------------------------------------------------------------------------------------|--|--------|--|------------|--|----------|--|
| H= (HCl) S= (H <sub>2</sub> SO <sub>4</sub> ) N= (HNO <sub>3</sub> ) T= (Sodium Thiosulfate) |  | Method |  | Sample Kit |  | Cooler # |  |
| Shipment                                                                                     |  | Via:   |  | RB         |  | D/T      |  |
| Out:                                                                                         |  | Via:   |  | AB         |  | D/T      |  |
| Ret:                                                                                         |  | Via:   |  | Trip Bl.   |  |          |  |

|                |  |         |  |      |  |              |  |         |  |      |  |
|----------------|--|---------|--|------|--|--------------|--|---------|--|------|--|
| Relinquish by: |  | Date    |  | Time |  | Received by: |  | Date    |  | Time |  |
| 1. L. Bechler  |  | 8-16-17 |  | 1425 |  | J. M. P.     |  | 8-16-17 |  | 1425 |  |
| 2.             |  |         |  |      |  |              |  |         |  |      |  |
| 3.             |  |         |  |      |  |              |  |         |  |      |  |
| 4.             |  |         |  |      |  |              |  |         |  |      |  |

Received on 1c

☐ Yes ☐ No

QC ☐ sent

☐ received 60

revised 1/12

**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**



**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**  
**0127681333**



**4 Express Package Service** \*To most locations. Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Freight US Airbill.

**1 or 2 Business Days** **2 or 3 Business Days**

☐ 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.

☐ 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 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\* **00**

\*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.  
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**4 Express Package Service** \*To most locations. Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Freight US Airbill.

**1 or 2 Business Days** **2 or 3 Business Days**

☐ 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.

☐ 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 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\* **00**

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.