



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: Gap Creek G2SW0030 Date: 3/13/17  
STORET Station ID: G2SW0030 WBID: 1899 Latitude: 27° 26' 48" N  
County: Manatee RQ - 2017-03-13-20 ORG ID: 21FLTPA Longitude: 82° 30' 15" W  
Receiving Body of Water: \_\_\_\_\_ Field ID: 625W0030

| Sampling Team Members |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|--|-----------------|-------------------|---------------|--------------|--------------------|
| Judy Ashton           |  |                 | X                 |               | X            | X                  |
| Laurie Belcher        |  | X               |                   | X             |              |                    |

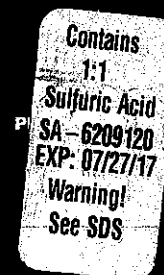
| Sampling Equipment                                   |                                                                 |
|------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <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 type="checkbox"/> Wading                | <input type="checkbox"/> Via Boat       |
| <input checked="" 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 / <u>Low</u> / Normal / High / Flooded |      |                  |                 |           |           | Matrix: <u>Fresh</u> / Marine / DI |                |                 |                    |            |
|------------------------------------------------------------------|------|------------------|-----------------|-----------|-----------|------------------------------------|----------------|-----------------|--------------------|------------|
| Meter ID# <u>Wetzel</u> Photos: <u>Yes</u> / No                  |      |                  |                 |           |           | 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                                                              | 1100 | 0.2              | 0.2             | 5.0       | 56        | 7.11                               | 0.42           | 0.2             | 861                | 21.0       |
| CEN                                                              |      |                  |                 |           |           |                                    |                |                 |                    |            |

Biological Samples Collected: None HA SCI RPS Algae ID LVS LVI Other \_\_\_\_\_  
SBIO ID Numbers: \_\_\_\_\_ SBIO-ID: \_\_\_\_\_ RPS-ID: \_\_\_\_\_ Macrophyte-ID: \_\_\_\_\_ LIMS#: \_\_\_\_\_

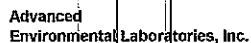
| Parameter Suite             | Parameter Methods                                                                                                                                                                                                      | Preservation                                                                      | 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 |           |            | <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"/> CHL-SUITE-W                                                                                                                                                                        | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |
| Physical/Aggregate (Fresh)  | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-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 Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enterococcus <input checked="" type="checkbox"/> PCR-FILTER                                                        | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |
| Tracers                     | <input checked="" type="checkbox"/> W-SUC-AA-R <input checked="" type="checkbox"/> W-UHERB-AA                                                                                                                          | <input checked="" 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-PGL-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 0.25

|                                  |                                                                |              |
|----------------------------------|----------------------------------------------------------------|--------------|
| Notes:                           | RQ-2017-03-13-20<br>Date: 03/13/17<br>Time: _____<br>Gap Creek | <br>G2SW0030 |
| Signature: <u>Laurie Belcher</u> | Date: <u>3/13/17</u>                                           |              |

Field Parameters Entered into LIMS: SM 03/15/2017 (Initials/Date)  
Date Migrated to STORET: 121275 (Initials/Date)  
Field Parameters QC in LIMS: LD 4/1/17 (Initials/Date)  
Field Sheets Scanned/Saved: SM 05/01/2017 (Initials/Date)



6601 Southpoint Pkwy. Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574  
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|                                                                                                                        |                                            |           |  |  |                           |                                                                   |                    |    |                |           |                                                  |        |  |                                                      |                        |         |         |  |  |  |                   |  |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------|--|--|---------------------------|-------------------------------------------------------------------|--------------------|----|----------------|-----------|--------------------------------------------------|--------|--|------------------------------------------------------|------------------------|---------|---------|--|--|--|-------------------|--|
| CLIENT NAME:<br>FDEP - SW District                                                                                     |                                            |           |  |  |                           | PROJECT NAME:<br><b>TMDL / SMP</b>                                |                    |    |                |           |                                                  |        |  | BOTTLE<br>SIZE & TYPE                                | Sterile Plastic Bottle |         |         |  |  |  | L A B N U M B E R |  |
| ADDRESS:<br>13051 N. Telecom Pkwy<br>Temple Terrace, FL 33637                                                          |                                            |           |  |  |                           | P.O. NUMBER/PROJECT NUMBER:                                       |                    |    |                |           |                                                  |        |  | A R<br>N E<br>A Q<br>L U<br>Y I<br>S R<br>I E<br>S D | Fecal Coliforms        | E. coli | Enteric |  |  |  |                   |  |
| PHONE:<br>813-470-5700                                                                                                 |                                            |           |  |  |                           | FAX:<br>813-470-5996                                              |                    |    |                |           |                                                  |        |  |                                                      |                        |         |         |  |  |  |                   |  |
| CONTACT:<br>Matthew Bearden Sarah Ernst                                                                                |                                            |           |  |  |                           | SAMPLED BY:                                                       |                    |    |                |           |                                                  |        |  |                                                      |                        |         |         |  |  |  |                   |  |
| TURN AROUND TIME:                                                                                                      |                                            |           |  |  |                           | REMARKS/SPECIAL INSTRUCTIONS:<br><br><b>PO E84589</b>             |                    |    |                |           |                                                  |        |  |                                                      |                        |         |         |  |  |  |                   |  |
| <input checked="" type="checkbox"/> STANDARD<br><input type="checkbox"/> 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    Air=air    SO=soil    SL=sludge |                                            |           |  |  |                           |                                                                   |                    |    |                |           |                                                  |        |  |                                                      |                        |         |         |  |  |  |                   |  |
| Field ID                                                                                                               |                                            | SITE NAME |  |  |                           | Grab Comp                                                         | SAMPLING DATE TIME |    | MATRIX         | Nº COUNT  | Preserv                                          | Ice, T |  |                                                      |                        |         |         |  |  |  |                   |  |
| RQ-2017-03-13-20<br>Date: 03/13/17<br>Time:<br>Gilley Creek                                                            | G2SW0024<br>↓STORET Field ID ↑<br>G2SU0024 |           |  |  | (Grab)                    | 3/13/17                                                           | 1000               | SW | 1              |           | ✓                                                | ✓      |  |                                                      |                        |         |         |  |  |  |                   |  |
| RQ-2017-03-13-20<br>Date: 03/13/17<br>Time:<br>Gap Creek                                                               | G2SW0030<br>↓STORET Field ID ↑<br>G2SU0030 |           |  |  | (Grab)                    | 3/13/17                                                           | 1100               | SW | 1              |           | ✓                                                | ✓      |  |                                                      |                        |         |         |  |  |  |                   |  |
| RQ-2017-03-13-20<br>Date: 03/13/17<br>Time:<br>Wares Creek Fresh                                                       | G2SW0031<br>↓STORET Field ID ↑<br>G2SU0031 |           |  |  | (Grab)                    | 3/13/17                                                           | 1130               | SW | 1              |           | ✓                                                | ✓      |  |                                                      |                        |         |         |  |  |  |                   |  |
| RQ-2017-03-13-2040<br>Date: 03/13/17<br>Time:<br>Wares Creek Tidal                                                     | G2SW0029<br>↓STORET Field ID ↑<br>G2SU0029 |           |  |  | (Grab)                    | 3/13/17                                                           | 1211               | SW | 1              |           | ✓                                                | ✓      |  |                                                      |                        |         |         |  |  |  |                   |  |
| H=HCl S=(HSO₄) N=(HNO₃) T=(Sodium Thiosulfate)<br>Shipment Out: Ret:                                                   | Method Via:                                |           |  |  | Sample Kit RB AB Trip Bl. |                                                                   |                    |    | Cooler # _____ | D/T _____ |                                                  |        |  |                                                      |                        |         |         |  |  |  |                   |  |
| Relinquish by: Laurie Bachner Date: 3/13/17 Time: 3:13 PM                                                              |                                            |           |  |  |                           |                                                                   |                    |    |                |           | Received by: [Signature] Date: CR-13 Time: 15:56 |        |  |                                                      |                        |         |         |  |  |  |                   |  |

Received on 16

☐ Yes ☒ No

QC [ ] sent

received

revised 1/12

Request Number: RQ-2017-03-13-20

SMP RUN 15

# Florida Department of Environmental Protection Central Laboratory Submittal Form

Page 1 of 2

last revised Apr 7, 2016

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: Juan AshtonCollected By: J. Ashton, L. BAKERSampling Agency: FDLP

|          |                                                   |                                                                           |                                                                         |                            |                                                                            |                                         |
|----------|---------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| Location |                                                   | <input checked="" type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>3/13/17</u> Time <u>1000</u> | <u>Eastern</u><br>Central  | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)<br>(See pg 2)           |
| Field ID | RQ-2017-03-13-20<br>Date: 03/13/17<br>Time: _____ | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                         | Diss. Oxygen<br><u>8.5</u> | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)           |
| STORE    | Gilley Creek                                      | Temp<br>(C) <u>19.5</u>                                                   | pH <u>7.0</u>                                                           | Sample Depth <u>0.1</u>    | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) <u>207</u> |
| Latitude |                                                   | Salinity<br>(ppt) <u>0.10</u>                                             | Comments                                                                |                            |                                                                            |                                         |
|          | <input type="checkbox"/> dms                      | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |                                                                         |                            |                                                                            |                                         |
| Location |                                                   | <input checked="" type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>3/13/17</u> Time <u>1100</u> | <u>Eastern</u><br>Central  | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)                         |
| Field ID | RQ-2017-03-13-20<br>Date: 03/13/17<br>Time: _____ | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                         | Diss. Oxygen<br><u>5.0</u> | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)           |
| STORET   | <u>Gap Creek</u>                                  | Temp<br>(C) <u>21.0</u>                                                   | pH <u>7.11</u>                                                          | Sample Depth <u>0.2</u>    | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) <u>861</u> |
| Latitude |                                                   | Salinity<br>(ppt) <u>0.42</u>                                             | Comments                                                                |                            |                                                                            |                                         |
|          | <input type="checkbox"/> dms                      | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |                                                                         |                            |                                                                            |                                         |
| Location |                                                   | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>3/13/17</u> Time <u>1136</u> | <u>Eastern</u><br>Central  | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)                         |
| Field ID | RQ-2017-03-13-20<br>Date: 03/13/17<br>Time: _____ | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                         | Diss. Oxygen<br><u>5.9</u> | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)           |
| STORET   | <u>Wares Creek Fresh</u>                          | Temp<br>(C) <u>21.0</u>                                                   | pH <u>7.5</u>                                                           | Sample Depth <u>0.3</u>    | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) <u>681</u> |
| Latitude |                                                   | Salinity<br>(ppt) <u>0.33</u>                                             | Comments                                                                |                            |                                                                            |                                         |
|          | <input type="checkbox"/> dms                      | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |                                                                         |                            |                                                                            |                                         |
| Location |                                                   | <input checked="" type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>3/13/17</u> Time <u>1322</u> | <u>Eastern</u><br>Central  | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)                         |
| Field ID | RQ-2017-03-13-20<br>Date: 03/13/17<br>Time: _____ | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                         | Diss. Oxygen<br><u>8.4</u> | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)           |
| STORE    | <u>Little Manatee R.</u>                          | Temp<br>(C) <u>20.2</u>                                                   | pH <u>8.0</u>                                                           | Sample Depth <u>0.3</u>    | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) <u>279</u> |
| Latitude |                                                   | Salinity<br>(ppt) <u>0.13</u>                                             | Comments                                                                |                            |                                                                            |                                         |
|          | <input type="checkbox"/> dms                      | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |                                                                         |                            |                                                                            |                                         |

|                                   |                                |                                |                                     |                    |                  |
|-----------------------------------|--------------------------------|--------------------------------|-------------------------------------|--------------------|------------------|
| Relinquished By: <u>J. Ashton</u> | Date/Time: <u>3-13-17 1700</u> | Shipping Method: <u>FED LP</u> | Number of Coolers Shipped: <u>3</u> | 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: 4 | Preservative: ICE           | Enter Number of Bottles Sent to Lab <u>4</u>                    |  |
| Group: A | Bottle Type:<br>CHLSUITE-W                                                                         | BP-1L          | # of Bottles: 4 | Preservative: ICE           | Enter Number of Bottles Sent to Lab <u>4</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: 4 | Preservative: ICE And H2SO4 | Enter Number of Bottles Sent to Lab <u>4</u>                    |  |
| Group: A | Bottle Type:<br>W-PO4-F                                                                            | P-125ML        | # of Bottles: 4 | Preservative: ICE-FLTR      | Enter Number of Bottles Sent to Lab <u>4</u>                    |  |
| Group: B | Bottle Type:<br>PCR-FILTER                                                                         | QPCR-P-250ML   | # of Bottles: 8 | Preservative: ICE           | Enter Number of Bottles Sent to Lab <u>8</u> <del>10</del>      |  |
| Group: B | Bottle Type:<br>SWD-AEL-EC                                                                         | P-120ML-WC-THI | # of Bottles: 4 | Preservative: ICE           | Enter Number of Bottles Sent to Lab <u>0</u> Dropped off at AEL |  |
| Group: B | Bottle Type:<br>W-SUC-AA-R<br>W-UHERB-AA                                                           | BG-1L          | # of Bottles: 4 | Preservative: ICE           | Enter Number of Bottles Sent to Lab <u>5</u>                    |  |

FedEx Tracking Number **8111 7111 0513**

Form ID No. **0215**

MUR4

From Please print and press hard.

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Sender's Name **FDEX** Phone **(813) 470-5700**

Company

Address **13051 N. TELECOM PKWY** Dept./Floor/Suite/Room

City **Temple Terrace** State **FL** ZIP **33637**

Your Internal Billing Reference  
First 24 characters will appear on invoice.

To Recipient's Name Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

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- ☒ FedEx Priority Overnight  
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Next business afternoon \* Saturday Delivery NOT available.

2 Day Business Day

- ☐ 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 lbs. ☐ Cargo Aircraft Only
- Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

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

Total Packages **1** Total Weight **50** lbs. Total Declared Value\* \$ **00**

Your 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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**611**

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Form ID No. **0215**

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Date **03/13/17** Sender's FedEx Account Number

Sender's Name **FDEX** Phone **(813) 470-5700**

Company

Address **13051 N TELECOM PKWY** Dept./Floor/Suite/Room

City **Temple Terrace** State **FL** ZIP **33637**

Your Internal Billing Reference  
First 24 characters will appear on invoice.

To Recipient's Name Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

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Use this line for the HOLD location address or for continuation of your shipping address.

City **TALLAHASSEE** State **FL** ZIP **32399-6542**

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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.

Next Business Day

- ☐ FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☒ FedEx Priority Overnight  
Next business morning \* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Standard Overnight  
Next business afternoon \* Saturday Delivery NOT available.

2 Day Business Day

- ☐ 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  
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☒ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry Ice, 9, UN 1845 x lbs. ☐ Cargo Aircraft Only
- Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

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

Total Packages **1** Total Weight **50** lbs. Total Declared Value\* \$ **00**

Your 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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**611**

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

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Package  
US Airbill

FedEx  
Tracking  
Number

8104 1261 3004

MUR4

From Please print and press hard.

Date 03/13/17

Sender's FedEx  
Account Number

Sender's  
Name FDEP

Phone (813) 470-5700

Company

Address 13051 N TELECOM PKWY

Dept./Floor/Suite/Room

City TEMPLE TERRACE

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

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE

State FL

ZIP

32399-6542

0124452242



Shipping online just got easier  
Go to [fedex.com/11c](http://fedex.com/11c)

Form  
ID No.

0215

#### 4 Express Package Service

\* To most locations.

Packages up to 150 lbs.  
For packages over 100 lbs., use the  
FedEx Express Freight US Airbill.

Next Business Day

☐ FedEx First Overnight  
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☒ FedEx Priority Overnight  
Next business morning. \* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ FedEx Standard Overnight  
Next business afternoon. \* Saturday Delivery NOT available.

2nd Business Day

☐ 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

Exp. Date

Total Packages

Total Weight

Total Declared Value\*

1

50 lbs.

\$ .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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