



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

A-KIT

PAGE 1 OF

Data Qualified?

Yes / No

STORET Station Name: Cedar Creek

Date: 09/18/2017

STORET Station ID: G2SW0018

WBID: 1926

Latitude: 27° 24' 40.3" N

(Decimal Degrees)

County: Manatee RQ - 2017-09-18-29

ORG ID: 21FLTPA

Longitude: 82° 28' 54.18" W

(Decimal Degrees)

Receiving Body of Water:

Field ID: G2SW0018

| Sampling Team Members                                            |       | WQ Measurements  | Sample Collection | Documentation | Preservation | Preservation Check | Sampling Equipment                                   |                                         |                                          |            |  |
|------------------------------------------------------------------|-------|------------------|-------------------|---------------|--------------|--------------------|------------------------------------------------------|-----------------------------------------|------------------------------------------|------------|--|
|                                                                  |       |                  |                   |               |              |                    | <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn       | <input checked="" 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                      | 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 / Low / <u>Normal</u> / High / Flooded |       |                  |                   |               |              |                    | Matrix: <u>Fresh</u> / Marine / DI                   |                                         |                                          |            |  |
| Meter ID# <u>W0020</u>                                           |       |                  |                   |               |              |                    | Tide Falling: Yes / No / <u>NA</u>                   |                                         |                                          |            |  |
| Photos: Yes / <u>No</u>                                          |       |                  |                   |               |              |                    |                                                      |                                         |                                          |            |  |
| Time Zone                                                        | Time  | Sample Depth (m) | Total Depth (m)   | DO (mg/L)     | DO (%SAT)    | pH                 | Salinity (ppt)                                       | Secchi Disk (m)                         | Sp COND (umhos/cm)                       | Temp. (C°) |  |
| EST                                                              | 11:10 | 0.3              | 0.8               | 3.4           | 44           | 7.1                | 0.22                                                 | 0.85                                    | 472                                      | 28.5       |  |
| 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"/> HNO3                        |           |            | <input type="checkbox"/> <2            |
| Filtered Nutrients          | <input checked="" type="checkbox"/> W-PO4-F <input type="checkbox"/> Field Filtered 0.45 um 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-C-IC / W-COLOR / W-SQ4-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"/> Entero <input type="checkbox"/> PCR-FILTER | <input type="checkbox"/> Ice                                                      |           |            |                                        |
| Tracers                     | <input type="checkbox"/> W-SUC-AA-R <input 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                                     | <input type="checkbox"/> Ice                                                      |           |            |                                        |
|                             | <input type="checkbox"/> W-PCL-SQ-R <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH                                       | <input type="checkbox"/> Other                                                    |           |            |                                        |

Place Preservative Sticker(s) Here  
(If Available)

Flow "J" Qualify Flow 0.25

Notes:

RQ-2017-09-18-29

Date: 09-18-2017

Time:

Field ID

G2SW0018

STORET

G2SW0018

Cedar Crk

Signature:

Sarah Meyer

Date:

09/18/2017

Field Parameters Entered into LIMS: SM 10/05/2017

(Initials/Date)

Field Parameters QC in LIMS:

(Initials/Date)

Date Migrated to STORET:

(Initials/Date)

Field Sheets Scanned/Saved: SM 10/05/2017

(Initials/Date)



Advanced  
Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574  
5810 Princess Palm Ave. • Tampa, FL 33618 • 813.630.5616 • Fax 813.630.4327 • E84589  
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1900 • Fax 352.367.0050 • E82620  
528 S. North Lake Blvd., Ste. 1015 • Altamonte Springs, FL 32701 • 407.837.1594 • Fax 407.837.1597 • E53078

LAB NUMBER: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

|                                              |                                                   |
|----------------------------------------------|---------------------------------------------------|
| CLIENT NAME: FDEP - SW District              | PROJECT NAME: TMDL / SMP                          |
| ADDRESS: 13051 N. Telecom Pkwy               | P.O. NUMBER/PROJECT NUMBER:                       |
| Temple Terrace, FL 33637                     | PROJECT LOCATION: Florida                         |
| PHONE: 813-470-5700                          | FAX: 813-470-5995                                 |
| CONTACT: Matthew Bearden                     | SAMPLED BY: L Bachler & S Meyer                   |
| TURN AROUND TIME:                            | REMARKS/SPECIAL INSTRUCTIONS:<br><b>PO AF315E</b> |
| <input checked="" type="checkbox"/> STANDARD |                                                   |
| <input type="checkbox"/> RUSH                |                                                   |

RQ-2017-09-18-29  
Date: 09-18-2017  
Time:

Field ID

G2SW0016

STORET

G2SW0016

Braden River

RQ-2017-09-18-29  
Date: 09-18-2017  
Time:

Field ID

G2SW0015

STORET

G2SW0015

Nonsense Crk

RQ-2017-09-18-29  
Date: 09-18-2017  
Time:

Field ID

G2SW0018

STORET

G2SW0018

Cedar Crk

RQ-2017-09-18-29  
Date: 09-18-2017  
Time:

Field ID

G2SW0017

STORET

G2SW0017

Rattlesnake Slough

RQ-2017-09-18-29  
Date: 09-18-2017  
Time:

Field ID

G1SW0051

STORET

G1SW0051

Moccasin Crk

Via:

Via:

Ret:

no. sent

received

ected to contain chlorine\*

| water | Grab Comp | Crawl      |       | Matrix | NO. COUNT | Preserv | Ice, T |
|-------|-----------|------------|-------|--------|-----------|---------|--------|
|       |           | DATE       | TIME  |        |           |         |        |
|       | Grab      | 09/18/2017 | 10 15 | SW     | 1         |         | ✓      |
|       | Grab      | 09/18/2017 | 10 30 | SW     | 1         |         | ✓      |
|       | Grab      | 09/18/2017 | 11 10 | SW     | 1         |         | ✓      |
|       | Grab      | 09/18/2017 | 11 30 | SW     | 1         |         | ✓      |
|       | Grab      | 9/18/2017  | 1305  | SW     | 1         |         | ✓      |
|       | Grab      |            |       | SW     |           |         |        |

BOTTLE  
SIZE  
& TYPE

AR  
NE  
AQ  
LU  
YI  
SR  
IE  
SD

Sterile Plastic  
Bottle

Fecal Coliforms

11  
Coli

Enterd

Date

Received by:

Time

Date

Relinquish by:

1

2

3

4

revised 1/12

Request Number: RQ-2017-09-18-29

RUN 11 Moccasin

# Florida Department of Environmental Protection Central Laboratory Submittal Form

 Page 1 of 3  
last revised Apr 7, 2016

Customer: WQ-ASSESS

Project ID: SMP

Requester: Judy Ashton

Collected By: L Bachler &amp; S Meyer

Field Report Prepared By: S Meyer

Sampling Agency: FDEP SW ROC

|                                                                                                                                       |                                                                           |                                                                |                                                                                 |                                                                                                           |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------|
| Loc: RQ-2017-09-18-29<br>Date: 09-18-2017<br>Time:<br>Field ID: <b>G2SW0016</b><br>STC: Braden River<br>STORET: <b>G2SW0016</b>       | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date: 09/18/2017 Time: 1015 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date: Time:<br>mg/L Total Res. Chlorine (mg/L)<br>% sat<br>Sp. Conductance (umho/cm) 400 | Bottle Group(s)<br>(See pg 2)<br>C |
| Matrix (type, e.g., Salt, Fresh, etc)                                                                                                 | Diss. Oxygen<br>4.3                                                       | Temp (C) 27.4                                                  | pH 6.7                                                                          | Sample Depth 0.3                                                                                          |                                    |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms  | Salinity (ppt) 0.19                                                       | Comments: E Coli dropped off @ AEL                             |                                                                                 |                                                                                                           |                                    |
| Loc: RQ-2017-09-18-29<br>Date: 09-18-2017<br>Time:<br>Field ID: <b>G2SW0015</b><br>STC: Nonsense Crk<br>STORET: <b>G2SW0015</b>       | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date: 09/18/2017 Time: 1030 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date: Time:<br>mg/L Total Res. Chlorine (mg/L)<br>% sat<br>Sp. Conductance (umho/cm) 353 | Bottle Group(s)<br>C               |
| Matrix (type, e.g., Salt, Fresh, etc)                                                                                                 | Diss. Oxygen<br>3.6                                                       | Temp (C) 26.1                                                  | pH 6.9                                                                          | Sample Depth 0.3                                                                                          |                                    |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms  | Salinity (ppt) 0.17                                                       | Comments: E Coli dropped off @ AEL                             |                                                                                 |                                                                                                           |                                    |
| Loc: RQ-2017-09-18-29<br>Date: 09-18-2017<br>Time:<br>Field ID: <b>G2SW0018</b><br>STC: Cedar Crk<br>STORET: <b>G2SW0018</b>          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date: 09/18/2017 Time: 1110 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date: Time:<br>mg/L Total Res. Chlorine (mg/L)<br>% sat<br>Sp. Conductance (umho/cm) 472 | Bottle Group(s)<br>C               |
| Matrix (type, e.g., Salt, Fresh, etc)                                                                                                 | Diss. Oxygen<br>3.4                                                       | Temp (C) 28.5                                                  | pH 7.1                                                                          | Sample Depth 0.3                                                                                          |                                    |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms  | Salinity (ppt) 0.22                                                       | Comments: E Coli dropped off @ AEL                             |                                                                                 |                                                                                                           |                                    |
| Loc: RQ-2017-09-18-29<br>Date: 09-18-2017<br>Time:<br>Field ID: <b>G2SW0017</b><br>STC: Rattlesnake Slough<br>STORET: <b>G2SW0017</b> | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date: 09/18/2017 Time: 1130 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date: Time:<br>mg/L Total Res. Chlorine (mg/L)<br>% sat<br>Sp. Conductance (umho/cm) 327 | Bottle Group(s)<br>C               |
| Matrix (type, e.g., Salt, Fresh, etc)                                                                                                 | Diss. Oxygen<br>4.2                                                       | Temp (C) 26.5                                                  | pH 7.2                                                                          | Sample Depth 0.3                                                                                          |                                    |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms  | Salinity (ppt) 0.15                                                       | Comments: E Coli dropped off @ AEL                             |                                                                                 |                                                                                                           |                                    |

Relinquished By:

Date/Time

1630

Shipping Method

FedEx

Number of Coolers Shipped:

2

Received By:

Date/Time

Request Number: RQ-2017-09-18-29

RUN 11 Moccasin

# Florida Department of Environmental Protection Central Laboratory Submittal Form

Page 1 of 3

last revised Apr 7, 2016

Customer: WQ-ASSESS

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: S Meyer

Collected By: L Bachler &amp; S Meyer

Sampling Agency: FDEP SW ROC

|          |  |                                                                           |  |                                                              |  |                                                                            |  |                                                                      |  |                                |  |
|----------|--|---------------------------------------------------------------------------|--|--------------------------------------------------------------|--|----------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|--------------------------------|--|
| Location |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 09/18/2017 Time 1305 |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle Group(s)<br>(See pg 2)  |  |
| Field ID |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen<br>1.6                                          |  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                                        |  | A/B                            |  |
| STORET   |  | Temp (C) 29.0                                                             |  | pH 6.9                                                       |  | Sample Depth 0.3                                                           |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m |  | Sp. Conductance (umho/cm) 1597 |  |
| Latitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt) 0.81                                          |  | Comments                                                                   |  | Enter dropped off @ AEL                                              |  |                                |  |
| Location |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                 |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle Group(s)                |  |
| Field ID |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine (mg/L)                                           |  |                                |  |
| STORET # |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                               |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance (umho/cm)      |  |
| Latitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Longitude                                                    |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                |  | Salinity (ppt)                                                       |  | Comments                       |  |
| Location |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                 |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle Group(s)                |  |
| Field ID |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine (mg/L)                                           |  |                                |  |
| STORET # |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                               |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance (umho/cm)      |  |
| Latitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Longitude                                                    |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                |  | Salinity (ppt)                                                       |  | Comments                       |  |
| Location |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                 |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle Group(s)                |  |
| Field ID |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine (mg/L)                                           |  |                                |  |
| STORET # |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                               |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance (umho/cm)      |  |
| Latitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Longitude                                                    |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                |  | Salinity (ppt)                                                       |  | Comments                       |  |
| Location |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                 |  | Eastern<br>Central                                                         |  | Composite end<br>Date Time                                           |  | Bottle Group(s)                |  |
| Field ID |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine (mg/L)                                           |  |                                |  |
| STORET # |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                               |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m            |  | Sp. Conductance (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

16 30

Shipping Method

Number of Coolers Shipped:

Received By:

Date/Time

Sarah Meyer

09/18/2017

FedEx

2

|          |                                                                 |                 |                             |                                     |   |
|----------|-----------------------------------------------------------------|-----------------|-----------------------------|-------------------------------------|---|
| Group: A | Bottle Type: P-1L                                               | # of Bottles: 1 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 1 |
|          | ALKALINITY<br>TURBIDITY<br>W-F<br>W-TSS                         |                 |                             |                                     |   |
| Group: A | Bottle Type: BP-1L                                              | # of Bottles: 1 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 1 |
|          | CHLSUITE-W                                                      |                 |                             |                                     |   |
| Group: A | Bottle Type: P-500ML                                            | # of Bottles: 1 | Preservative: HNO3          | Enter Number of Bottles Sent to Lab | 1 |
|          | W-ICP<br>W-ICPMS                                                |                 |                             |                                     |   |
| Group: A | Bottle Type: P-500ML                                            | # of Bottles: 1 | Preservative: ICE And H2SO4 | Enter Number of Bottles Sent to Lab | 1 |
|          | W-NH3<br>W-NO2NO3<br>W-S-A-TP<br>W-TKN<br>W-TOC                 |                 |                             |                                     |   |
| Group: A | Bottle Type: P-125ML                                            | # of Bottles: 1 | Preservative: ICE-FLTR      | Enter Number of Bottles Sent to Lab | 1 |
|          | W-PO4-F                                                         |                 |                             |                                     |   |
| Group: B | Bottle Type: QPCR-P-250ML                                       | # of Bottles: 2 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 2 |
|          | PCR-FILTER, PCR-HF183                                           |                 |                             |                                     |   |
| Group: B | Bottle Type: P-120ML-WC-THI                                     | # of Bottles: 1 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 0 |
|          | SWD-AEL-EN                                                      |                 |                             |                                     |   |
| Group: B | Bottle Type: BG-1L                                              | # of Bottles: 2 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 2 |
|          | W-AHERB-AA<br>W-GLYPH<br>W-PYR-AA-R<br>W-SUC-AA-R<br>W-UHERB-AA |                 |                             |                                     |   |
| Group: B | Bottle Type: BG-500ML                                           | # of Bottles: 4 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 4 |
|          | W-CT-CI-R<br>W-PCL-SQ-R                                         |                 |                             |                                     |   |
| Group: B | Bottle Type: BG-1L                                              | # of Bottles: 4 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 4 |

|            |              |                |                 |               |     |                                     |          |
|------------|--------------|----------------|-----------------|---------------|-----|-------------------------------------|----------|
| Group: B   | Bottle Type: | BG-1L          | # of Bottles: 4 | Preservative: | ICE | Enter Number of Bottles Sent to Lab | <u>4</u> |
| W-PSNP-TQ  |              |                |                 |               |     |                                     |          |
| Group: C   | Bottle Type: | P-120ML-WC-THI | # of Bottles: 4 | Preservative: | ICE | Enter Number of Bottles Sent to Lab | <u>0</u> |
| SWD-AEL-EC |              |                |                 |               |     |                                     |          |

From Please print and press hard.

Date 9-18-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company F DEP

Address 13051 N Telecom Pkwy 101 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 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

0126912290



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

From Please print and press hard.

Date 9-18-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company F DEP

Address 13051 N Telecom Pkwy 101 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 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

0127681333



Leave the packing to the pros at FedEx Office.  
Go to [fedex.com/office](http://fedex.com/office)

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.

2nd/3 Business Days

☐ 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?

☒ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry Ice, 5, UN 1845 x kg ☐ Cargo Aircraft Only

7 Payment Bill to:

Sender Acct. No. in Section I will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. Credit Card No. 4490-2262-9 Exp. Date

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

2nd/3 Business Days

☐ 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

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7 Payment Bill to:

Sender Acct. No. in Section I will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. Credit Card No. 4490-2262-9 Exp. Date

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

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