

Request Number: RD# 2017-01-23-62

Florida Department of Environmental Protection  
Central Laboratory Submittal Form

Customer: **SW-DIST**  
Project ID: **SMP**

Requester: Judy Ashton  
Collected By: J. Ashton / Stephen Clingerman

Field Report Prepared By: S. Clingerman  
Sampling Agency: FDEP - SWLOC / 21 FLTPA

|                                     |                                                   |                                                                           |                                                                              |                                                                                                  |                                          |                               |
|-------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------|
| Station: <u>WEEKI WACHEE</u>        |                                                   | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date: <u>01/24/2017</u> Time: <u>1405</u> | Eastern<br>Central                                                                               | Composite end<br>Date: _____ Time: _____ | Bottle Group(s)<br>(See pg 2) |
| Field ID: <u>RQ-2017-01-23-62</u>   | Date: <u>01/24/2016</u> Field ID: <u>G5SW0020</u> | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                              | Diss. Oxygen: <u>8.5</u> <input checked="" type="checkbox"/> mg/L <input type="checkbox"/> % sat | Total Res. Chlorine (mg/L)               | A                             |
| ORET # Time: _____                  | STORET: <u>G5SW0020</u>                           | Temp (C): <u>19.9</u>                                                     | pH: <u>7.6</u>                                                               | Sample Depth: <u>0.3</u> <input type="checkbox"/> ft <input checked="" type="checkbox"/> m       | Sp. Conductance (umho/cm): <u>17907</u>  |                               |
| Latitude: _____                     | Longitude: _____                                  | Salinity (ppt): <u>10.6</u>                                               | Comments: _____                                                              |                                                                                                  |                                          |                               |
| Station: <u>MAUD RIVER @ SHOAL</u>  |                                                   | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date: <u>01/24/2017</u> Time: <u>1355</u> | Eastern<br>Central                                                                               | Composite end<br>Date: _____ Time: _____ | Bottle Group(s)               |
| Field ID: <u>RQ-2017-01-23-62</u>   | Date: <u>01/24/2016</u> Field ID: <u>G5SW0017</u> | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                              | Diss. Oxygen: <u>8.3</u> <input checked="" type="checkbox"/> mg/L <input type="checkbox"/> % sat | Total Res. Chlorine (mg/L)               | A                             |
| ORET # Time: _____                  | STORET: <u>G5SW0017</u>                           | Temp (C): <u>20.7</u>                                                     | pH: <u>7.6</u>                                                               | Sample Depth: <u>0.3</u> <input type="checkbox"/> ft <input checked="" type="checkbox"/> m       | Sp. Conductance (umho/cm): <u>15890</u>  |                               |
| Latitude: _____                     | Longitude: _____                                  | Salinity (ppt): <u>9.4</u>                                                | Comments: _____                                                              |                                                                                                  |                                          |                               |
| Station: <u>MASON CREEK @ MOUTH</u> |                                                   | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date: <u>01/24/2017</u> Time: <u>1200</u> | Eastern<br>Central                                                                               | Composite end<br>Date: _____ Time: _____ | Bottle Group(s)               |
| Field ID: <u>RQ-2017-01-23-62</u>   | Date: <u>01/24/2016</u> Field ID: <u>G5SW0005</u> | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                              | Diss. Oxygen: <u>5.7</u> <input checked="" type="checkbox"/> mg/L <input type="checkbox"/> % sat | Total Res. Chlorine (mg/L)               | A                             |
| ORET # Time: _____                  | STORET: <u>G5SW0005</u>                           | Temp (C): <u>17.2</u>                                                     | pH: <u>7.3</u>                                                               | Sample Depth: <u>0.3</u> <input type="checkbox"/> ft <input checked="" type="checkbox"/> m       | Sp. Conductance (umho/cm): <u>28161</u>  |                               |
| Latitude: _____                     | Longitude: _____                                  | Salinity (ppt): <u>17.4</u>                                               | Comments: _____                                                              |                                                                                                  |                                          |                               |
| Station: _____                      |                                                   | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date: _____ Time: _____                   | Eastern<br>Central                                                                               | Composite end<br>Date: _____ Time: _____ | Bottle Group(s)               |
| Field ID: _____                     | Date: _____ Field ID: _____                       | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                              | Diss. Oxygen: _____ <input type="checkbox"/> mg/L <input type="checkbox"/> % sat                 | Total Res. Chlorine (mg/L)               | A                             |
| ORET # Time: _____                  | STORET: _____                                     | Temp (C): _____                                                           | pH: _____                                                                    | Sample Depth: _____ <input type="checkbox"/> ft <input checked="" type="checkbox"/> m            | Sp. Conductance (umho/cm): _____         |                               |
| Latitude: _____                     | Longitude: _____                                  | Salinity (ppt): _____                                                     | Comments: _____                                                              |                                                                                                  |                                          |                               |

|                                     |                                   |                               |                                 |                           |                        |                  |                    |                  |
|-------------------------------------|-----------------------------------|-------------------------------|---------------------------------|---------------------------|------------------------|------------------|--------------------|------------------|
| Relinquished By: <u>[Signature]</u> | Date/Time: <u>01/24/2017 1800</u> | Shipping Method: <u>FedEx</u> | Received By: <u>[Signature]</u> | Date/Time: <u>1/25/17</u> | Relinquished By: _____ | Date/Time: _____ | Received By: _____ | Date/Time: _____ |
|-------------------------------------|-----------------------------------|-------------------------------|---------------------------------|---------------------------|------------------------|------------------|--------------------|------------------|

10-00

Group: A Bottle Type: P-1L # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab 3

ALKALINITY

TURBIDITY

~~W-CL-IG~~

~~W-COLOR~~

W-F

~~W-SO4-IG~~

~~W-TDS~~

W-TSS

Group: A Bottle Type: P-1L # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab 3

~~BOD-UNIN~~

Group: A Bottle Type: BP-1L # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab 3

CHLSUITE-W

Group: A Bottle Type: P-500ML # of Bottles: 6 Preservative: ICE And H2SO4 Enter Number of Bottles Sent to Lab 3

W-NH3

W-NO2NO3

W-S-A-TP

W-TKN

W-TOC

Group: A Bottle Type: P-125ML # of Bottles: 6 Preservative: ICE-FLTR Enter Number of Bottles Sent to Lab 3

W-PO4-F

Date of Request: 11-JAN-2017  
 Created By: ASHTON\_J On: 11-JAN-2017  
 Modified By: MATTHEWS\_D On: 12-JAN-2017  
 Customer: SW-DIST  
 Project: SMP  
 Division:  
 District: Southwest District  
 Sampling Event: SMP-RUN 2

**Send Coolers To:**

Phone: 813-470-5951  
 FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Judy Ashton

**Send Final Report To:**

FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Judy Ashton

Program Module Number: 1306  
 Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 11-JAN-2017  
 Biology Request Reviewed By: MATTHEWS\_D On: 12-JAN-2017  
 Sampling Kit Required: YES Ship on: 27-JAN-2017  
 Sampling Kit Shipped:  
 Sampling Kit Packed By:  
 Preservatives Needed: NO  
 Date to Receive Samples: 24-JAN-2017  
 Received By: SHAIK\_A On: 25-JAN-2017

Report Type: Final Only  
 FTP Data: NO  
 QC Report: YES  
 Date Log: NO  
 Authorization Log: NO

Comments:

**Bottle Group A (Water) With 5 Samples:**

|                      |                      |                                                                                                                    |
|----------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L    | Number of Bottles: 5 | Preserved With: ICE                                                                                                |
| ALKALINITY           | Template: DEFAULT    | (SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO3/L                                                        |
| TURBIDITY            | Template: DEFAULT    | (EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices                                                                 |
| W-F                  | Template: DEFAULT    | (SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)               |
| W-TSS                | Template: DEFAULT    | (SM 2540 D-97) Total Suspended Solids in aqueous matrices                                                          |
| Bottle Type: BP-1L   | Number of Bottles: 5 | Preserved With: ICE                                                                                                |
| CHLSUITE-W           | Template: DEFAULT    | (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry |
| Bottle Type: P-500ML | Number of Bottles: 5 | Preserved With: ICE And H2SO4                                                                                      |
| W-NH3                | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                         |
| W-NO2NO3             | Template: DEFAULT    | (EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L                                                 |
| W-S-A-TP             | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L                                                |
| W-TKN                | Template: DEFAULT    | (EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices                                                   |
| W-TOC                | Template: DEFAULT    | (SM 5310 B-00) Nonpurgeable Organic Carbon in aqueous matrices                                                     |
| Bottle Type: P-125ML | Number of Bottles: 5 | Preserved With: ICE-FLTR                                                                                           |
| W-PO4-F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |

# Log-in Checklist

RQ- 2017-01-23-62

Shipping Method: Fed Exp

Date/Time of Receipt: 01-25-17/10:00

| Cooler ID | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape |    |          |    | Tracking # (fill out only if waybill copy is damaged) |
|-----------|---------------------|---------------------------------|---------------|----|----------|----|-------------------------------------------------------|
|           |                     |                                 | Present?      |    | *Intact? |    |                                                       |
|           |                     |                                 | Yes           | No | Yes      | No |                                                       |
| Ref       | 1.9C                | 12                              |               | ✓  |          |    | 8104 1261 2589                                        |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

**\*\*Note:** If "No" is checked in any of the fields below, fill out the back of this form with additional details (Field ID, Test IDs, etc.) and generate an NCR.

\*\*Chain of Custody/ Field Sheet(s) Included? Yes ☒ No ☐

## CONTAINER CHECK

\*\*Evidence Tape on Bottles? Yes ☐ No ☒ If yes, is it intact? Yes ☐ No ☐

\*\*Caps on tight? Yes ☒ No ☐ \*\*Containers intact? Yes ☒ No ☐

\*\*Sufficient Sample Volume: Yes ☒ No ☐

## CHLORINE CHECK (Blue dot on container)

| Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required. |     |    |               |     |    |
|------------------------------------------------------------------------------------------------------|-----|----|---------------|-----|----|
| Analysis                                                                                             | Yes | No | Analysis      | Yes | No |
| W-1,4 DIOX                                                                                           |     |    | W-PC-AA-SF    |     |    |
| W-AHERB-AA (-AHB-AA-R)                                                                               |     |    | W-PCL-SQ (-R) |     |    |
| W-BNA (-625, -R)                                                                                     |     |    | W-PDQUAT      |     |    |
| W-CARB-AA (-CAB-AA-R)                                                                                |     |    | W-PESTNP-R    |     |    |
| W-ENDO-AA                                                                                            |     |    | W-PSCL-TQ     |     |    |
| W-GLYPH                                                                                              |     |    | W-PSNP-TQ     |     |    |
| W-NP-AA-SF                                                                                           |     |    | W-PST-CL-R    |     |    |
| W-PAH (-R)                                                                                           |     |    | W-TR-TQ       |     |    |
| W-PCB-R                                                                                              |     |    | W-CT-CI-R     |     |    |

## PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")

\*\*Acid Preserved Samples: pH ≤ 2.0? Yes ☒ No ☐ NA ☐ Init: ABP

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

Coolers Unpacked/Checked by: ABP Date: 1-25-17 NCRs (Y/N)? Y

Event ID: - SMP-RUN 2  
SW-DIST-2017-01-25-01 (SMP)  
Date Received: 25-JAN-2017 10:00  
 NCR #

## Log-in Checklist

### Samples with Incorrect pH Preservation or presence of Chlorine

| Field ID | Bottle Test ID(s) | pH / Cl | Action Taken |
|----------|-------------------|---------|--------------|
|          |                   |         |              |
|          |                   |         |              |
|          |                   |         |              |
|          |                   |         |              |

### Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

| Cooler ID | Field ID | Bottle Test ID(s) |
|-----------|----------|-------------------|
|           |          |                   |
|           |          |                   |
|           |          |                   |
|           |          |                   |
|           |          |                   |

### Bottles Not Intact

| Field ID | Bottle Test ID(s) | Loose Cap | Damaged Cap |    | Damaged Container |    | Evidence Tape Not Intact |
|----------|-------------------|-----------|-------------|----|-------------------|----|--------------------------|
|          |                   |           | CK          | BR | CK                | BR |                          |
|          |                   |           |             |    |                   |    |                          |
|          |                   |           |             |    |                   |    |                          |
|          |                   |           |             |    |                   |    |                          |

### Samples with Insufficient Volume for Analyses

| Field ID | Bottle Test ID(s) | Action Taken |
|----------|-------------------|--------------|
|          |                   |              |
|          |                   |              |
|          |                   |              |
|          |                   |              |

## ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes\_\_\_\_ No\_\_\_\_

Date and time placed in freezer \_\_\_\_\_

Were all samples placed in freezer within 48 hours of collection? Yes\_\_\_\_ No\_\_\_\_

If no, were samples shipped on dry ice? Yes\_\_\_\_ No\_\_\_\_

**FOR CLEAN LAB USE ONLY – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):**

Samples preserved within 48 hours? Yes\_\_\_\_ No\_\_\_\_

Date and time samples preserved: \_\_\_\_\_

**Additional Comments:**