

## Shaik, Amzad

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**From:** Ashton, Judy  
**Sent:** Wednesday, February 22, 2017 13:24  
**To:** Shaik, Amzad; Meyer, Sarah  
**Subject:** RE: Emailing: 20170222\_131016.jpg RQ-2017-02-20-20

Okay, the two center bottles should have been labeled as Field ID G5SW0128, and the time is 12:00.  
My apologies.

Judy Ashton  
Environmental Specialist  
FDEP Southwest District  
Division of Environmental Assessment & Restoration Ph. (813) 470-5772 Fax (813) 470-5996

-----Original Message-----

**From:** Shaik, Amzad  
**Sent:** Wednesday, February 22, 2017 1:22 PM  
**To:** Ashton, Judy <Judy.Ashton@dep.state.fl.us>; Meyer, Sarah <Sarah.Meyer@dep.state.fl.us>  
**Subject:** RE: Emailing: 20170222\_131016.jpg RQ-2017-02-20-20

Problem with PCR containers only.

Amzad Shaik  
FLORIDA DEP LABS  
Scientific Support Section  
850-245-8081  
Amzad.shaik@dep.state.fl.us

-----Original Message-----

**From:** Shaik, Amzad  
**Sent:** Wednesday, February 22, 2017 1:18 PM  
**To:** Ashton, Judy <Judy.Ashton@dep.state.fl.us>; Meyer, Sarah <Sarah.Meyer@dep.state.fl.us>  
**Cc:** Watts, John <John.Watts@dep.state.fl.us>  
**Subject:** Emailing: 20170222\_131016.jpg RQ-2017-02-20-20

Please check the submittal form Field ID's and containers Field id's and sample collection times.

Thanks.

Your message is ready to be sent with the following file or link attachments:

20170222\_131016.jpg



RQ-2017-02-20-20  
Date: 02/21/17  
Time: 1020  
KLOSTERMALL

RQ-2017-02-20-20  
Date: 02/21/17  
Time: 1020  
KLOSTERMALL

RQ-2017-02-20-20  
Date: 02/21/17  
Time: 1200  
KLOSTERMALL

RQ-2017-02-20-20  
Date: 02/21/17  
Time: 1200  
KLOSTERMALL

RQ-2017-02-20-20  
Date: 02/21/17  
Time: 1100  
BISHOP TIDAL

RQ-2017-02-20-20  
Date: 02/21/17  
Time: 1100  
BISHOP TIDAL

*BKITS*

**Florida Department of Environmental Protection**  
**Central Laboratory Submittal Form**

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: *JUDY ASHTON*Collected By: *JUDY ASHTON, SARAH MEYER*Sampling Agency: *FDEP*

|          |                                                          |                                                                           |                                                                          |                                                                                                            |                                        |                               |
|----------|----------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------|
| Location |                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>2-21-17</i> Time <i>1020</i>  | <i>Eastern</i><br>Central                                                                                  | Composite end<br>Date _____ Time _____ | Bottle Group(s)<br>(See pg 2) |
| Field ID | <i>RQ-2017-02-20-20</i><br>Date: 02/21/17<br>Time: _____ | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                          | Diss. Oxygen <i>3.8</i> <input checked="" type="checkbox"/> mg/L <input checked="" type="checkbox"/> % sat | Total Res. Chlorine (mg/L)             | <i>A/B</i>                    |
| STORET # | <i>KLOSTERMAN</i>                                        | Temp (C) <i>21.3</i>                                                      | pH <i>7.2</i>                                                            | Sample Depth <i>0.3</i> <input type="checkbox"/> ft <input checked="" type="checkbox"/> m                  | Sp. Conductance (umho/cm) <i>14027</i> |                               |
| Latitude | <input type="checkbox"/> dms                             | Salinity (ppt) <i>8.14</i>                                                | Comments                                                                 |                                                                                                            |                                        |                               |
| Location |                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>2-21-17</i> Time <i>11:00</i> | <i>Eastern</i><br>Central                                                                                  | Composite end<br>Date _____ Time _____ | Bottle Group(s)               |
| Field ID | <i>RQ-2017-02-20-20</i><br>Date: 02/21/17<br>Time: _____ | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                          | Diss. Oxygen <i>8.3</i> <input checked="" type="checkbox"/> mg/L <input checked="" type="checkbox"/> % sat | Total Res. Chlorine (mg/L)             | <i>A/B</i>                    |
| STORET # | <i>BISHOP TIDAL</i>                                      | Temp (C) <i>19.8</i>                                                      | pH <i>7.5</i>                                                            | Sample Depth <i>0.3</i> <input type="checkbox"/> ft <input checked="" type="checkbox"/> m                  | Sp. Conductance (umho/cm) <i>1223</i>  |                               |
| Latitude | <input type="checkbox"/> dms                             | Salinity (ppt) <i>0.61</i>                                                | Comments                                                                 |                                                                                                            |                                        |                               |
| Location |                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>2-21-17</i> Time <i>1200</i>  | <i>Eastern</i><br>Central                                                                                  | Composite end<br>Date _____ Time _____ | Bottle Group(s)               |
| Field ID | <i>RQ-2017-02-20-20</i><br>Date: 02/21/17<br>Time: _____ | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                          | Diss. Oxygen <i>3.3</i> <input checked="" type="checkbox"/> mg/L <input checked="" type="checkbox"/> % sat | Total Res. Chlorine (mg/L)             | <i>A/B</i>                    |
| STORET # | <i>CEDAR TIDAL</i>                                       | Temp (C) <i>21.6</i>                                                      | pH <i>6.9</i>                                                            | Sample Depth <i>0.3</i> <input type="checkbox"/> ft <input checked="" type="checkbox"/> m                  | Sp. Conductance (umho/cm) <i>1442</i>  |                               |
| Latitude | <input type="checkbox"/> dms                             | Salinity (ppt) <i>0.72</i>                                                | Comments                                                                 |                                                                                                            |                                        |                               |
| Location |                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                 | <i>Eastern</i><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 <input type="checkbox"/> % sat                                  | Total Res. Chlorine (mg/L)             |                               |
| STORET # |                                                          | Temp (C)                                                                  | pH                                                                       | Sample Depth <input type="checkbox"/> ft <input type="checkbox"/> m                                        | Sp. Conductance (umho/cm)              |                               |
| Latitude | <input type="checkbox"/> dms                             | Longitude <input type="checkbox"/> dms                                    | Salinity (ppt) <input type="checkbox"/> dms                              | Comments                                                                                                   |                                        |                               |

|                                   |                                |                                |                                     |                                 |                                 |
|-----------------------------------|--------------------------------|--------------------------------|-------------------------------------|---------------------------------|---------------------------------|
| Relinquished By: <i>J. ASHTON</i> | Date/Time: <i>2-21-17 1700</i> | Shipping Method: <i>FEL Ex</i> | Number of Coolers Shipped: <i>2</i> | Received By: <i>[Signature]</i> | Date/Time: <i>2-22-17 10-17</i> |
|-----------------------------------|--------------------------------|--------------------------------|-------------------------------------|---------------------------------|---------------------------------|

|                                                 |                      |                 |                             |                                     |   |
|-------------------------------------------------|----------------------|-----------------|-----------------------------|-------------------------------------|---|
| Group: A                                        | Bottle Type: P-1L    | # of Bottles: 3 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 3 |
| ALKALINITY<br>TURBIDITY<br>W-F<br>W-TSS         |                      |                 |                             |                                     |   |
| Group: A                                        | Bottle Type: BP-1L   | # of Bottles: 3 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 3 |
| CHLSUITE-W                                      |                      |                 |                             |                                     |   |
| Group: A                                        | Bottle Type: P-500ML | # of Bottles: 3 | Preservative: ICE And H2SO4 | Enter Number of Bottles Sent to Lab | 3 |
| W-NH3<br>W-NO2NO3<br>W-S-A-TP<br>W-TKN<br>W-TOC |                      |                 |                             |                                     |   |
| Group: A                                        | Bottle Type: P-125ML | # of Bottles: 3 | Preservative: ICE-FLTR      | Enter Number of Bottles Sent to Lab | 3 |
| W-PO4-F                                         |                      |                 |                             |                                     |   |

GROUP B QPCR-250ML #BOTTLES 6 ICE SENT TO LAB 6

GROUP B P-120ML-WC-THT #BOTTLES 3 ICE SENT TO LAB 2  
 SWD-AEL-EN DROP OUT 2 AEL

GROUP B W-SUC-AA-R 136-1L 3 ICE SENT TO LAB 3  
 W-UTRENS-AA

Date of Request: 26-JAN-2017  
 Created By: ASHTON\_J On: 26-JAN-2017  
 Modified By: SWANSON\_C On: 02-FEB-2017  
 Customer: SW-DIST  
 Project: SMP  
 Division:  
 District: Southwest District  
 Sampling Event: SMP RUN 11

**Send Coolers To:**

Phone: 813-470-5951  
 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: 31-JAN-2017  
 Biology Request Reviewed By: SWANSON\_C On: 02-FEB-2017  
 Sampling Kit Required: YES Ship on: 14-FEB-2017  
 Sampling Kit Shipped: YES On: 13-FEB-2017  
 Sampling Kit Packed By: REYNOLDS\_T  
 Preservatives Needed: NO  
 Date to Receive Samples: 21-FEB-2017  
 Received By: SHAIK\_A On: 22-FEB-2017

**Send Final Report To:**

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

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

Comments:

**Bottle Group A (Water) With 3 Samples:**

|                                   |                      |                                                                                                                    |
|-----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L                 | Number of Bottles: 3 | Preserved With: ICE                                                                                                |
| ALKALINITY                        | Template: DEFAULT    | (SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO <sub>3</sub> /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: 3 | 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: 3 | Preserved With: ICE And H <sub>2</sub> SO <sub>4</sub>                                                             |
| W-NH <sub>3</sub>                 | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                         |
| W-NO <sub>2</sub> NO <sub>3</sub> | 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: 3 | Preserved With: ICE-FLTR                                                                                           |
| W-PO <sub>4</sub> -F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                           |

Group B

PCR-FILTER

SWD-AEL-EN

W-SUC-AA-R

W-UHERB-AA

# Log-in Checklist

RQ- 2017-02-20-20

Shipping Method: Fed Exp

Date/Time of Receipt: 02-22-17/10:17

| 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 |                                                       |
| Red       | 2-4C                | 18                              |               | ✓  |          |    | 8111 7111 0498                                        |
| Red       | 2-9C                | 3                               |               | ✓  |          |    | 8104 1406 060                                         |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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: 2-22-17 NCRs (Y/N)?  

Event ID: SMP RUN 11  
SW-DIST-2017-02-22-01 (SMP)  
Date Received: 22-FEB-2017 10:17  
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:**