

Pinellas LR5

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

Project ID: SMP

Collected By: Sue Meyers

Sampling Agency:

Pinellas County

|          |                                                                  |                                                     |                                                                           |                                                           |                                                                            |                                 |                               |
|----------|------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------|-------------------------------|
| Location | RQ-2017-05-22-20<br>Date: 05-22-2017<br>Time: 0859<br>Joel Creek | Field ID<br>G5SW0139<br>Field ID STORET<br>65500139 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 5-22-17 Time      | 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>0.34                                      | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)   | A                             |
| STORET # |                                                                  |                                                     | Temp (C) 27.12                                                            | pH 7.02                                                   | Sample Depth 0.20                                                          | Sp. Conductance (umho/cm) 0.577 |                               |
| Latitude |                                                                  |                                                     | Salinity (ppt) 0.26                                                       | Comments<br>E. COLI COLLECTED + ANALYZED BY P. COUNTY     |                                                                            |                                 |                               |
| Location | RQ-2017-05-22-20<br>Date: 05-23-2017<br>Time: 1003<br>Joel Creek | Field ID<br>G5SW0138<br>Field ID STORET<br>65500138 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 5-22-17 Time 1003 | Eastern<br>Central                                                         | Composite end<br>Date Time      | Bottle Group(s)               |
| Field ID |                                                                  |                                                     | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen<br>2.39                                      | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)   | A                             |
| STORET # |                                                                  |                                                     | Temp (C) 29.43                                                            | pH 7.52                                                   | Sample Depth                                                               | Sp. Conductance (umho/cm) 0.311 |                               |
| Latitude |                                                                  |                                                     | Salinity (ppt) 0.13                                                       | Comments<br>E. COLI COLLECTED + ANALYZED BY P. COUNTY     |                                                                            |                                 |                               |
| Location | RQ-2017-05-22-20<br>Date: 05-23-2017<br>Time: 1039<br>Joel Creek | Field ID<br>G5SW0137<br>Field ID STORET<br>65500137 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 5-22-17 Time 1039 | Eastern<br>Central                                                         | Composite end<br>Date Time      | Bottle Group(s)               |
| Field ID |                                                                  |                                                     | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen<br>3.87                                      | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)   | A                             |
| STORET # |                                                                  |                                                     | Temp (C) 28.85                                                            | pH 7.36                                                   | Sample Depth 0.19                                                          | Sp. Conductance (umho/cm) 0.350 |                               |
| Latitude |                                                                  |                                                     | Salinity (ppt) 0.15                                                       | Comments<br>E. COLI COLLECTED + ANALYZED BY P. COUNTY     |                                                                            |                                 |                               |
| 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<br>(mg/L)   |                               |
| STORET # |                                                                  |                                                     | Temp (C)                                                                  | pH                                                        | Sample Depth                                                               | Sp. Conductance (umho/cm)       |                               |
| Latitude |                                                                  |                                                     | Salinity (ppt)                                                            | Comments                                                  |                                                                            |                                 |                               |

|                  |           |                 |                            |              |               |
|------------------|-----------|-----------------|----------------------------|--------------|---------------|
| Relinquished By: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time     |
|                  |           |                 | 1                          | ASD          | 5-23-17/10:43 |

From sample. ASD 05-23-17.

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|          |                           |                 |                   |                                           |
|----------|---------------------------|-----------------|-------------------|-------------------------------------------|
| Group: A | Bottle Type: QPCR-P-250ML | # of Bottles: 8 | Preservative: ICE | Enter Number of Bottles Sent to Lab _____ |
|          | PCR-FILTER                | PCR-HH-143      |                   |                                           |

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|          |                    |                 |                   |                                           |
|----------|--------------------|-----------------|-------------------|-------------------------------------------|
| Group: A | Bottle Type: BG-1L | # of Bottles: 4 | Preservative: ICE | Enter Number of Bottles Sent to Lab _____ |
|          | W-AHERB-AA         |                 |                   |                                           |
|          | W-SUC-AA-R         |                 |                   |                                           |
|          | W-UHERB-AA         |                 |                   |                                           |

Printed: 5/23/2017 14:04:56

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Date of Request: 24-APR-2017  
Created By: ASHTON\_J On: 24-APR-2017  
Modified By: SWANSON\_C On: 16-MAY-2017  
Customer: WQAP  
Project: SMP  
Division: Division of Environmental Assessment and Restoration  
District:  
Sampling Event: Pinellas LR5

**Send Coolers To:**

Phone: 813-470-5772  
13051 N. Telecom Parkway  
  
Tampa, FL 33637  
Attn: Judy Ashton

**Program Module Number:**

Priority: 3  
Event Status: R  
Criminal Investigation: NO  
Chemistry Request Reviewed By: WATTS\_J On: 16-MAY-2017  
Biology Request Reviewed By: SWANSON\_C On: 16-MAY-2017  
Sampling Kit Required: NO Ship on:  
Sampling Kit Shipped: YES On: 08-MAY-2017  
Sampling Kit Packed By: GREENWOO\_J  
Preservatives Needed: NO  
Date to Receive Samples: 23-MAY-2017  
Received By: SHAIK\_A On: 23-MAY-2017

**Send Final Report To:**

13051 N. Telecom Parkway  
  
Tampa, FL 33637  
Attn: Judy Ashton

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

Comments: Group A: Tracers, Markers  
Pinellas County to analyze Bacteria for PCR-FILTER test

**Bottle Group A (Water) With 4 Samples:**

|                           |                      |                                                                                                                                           |
|---------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Bottle Type: QPCR-P-250ML | Number of Bottles: 8 | Preserved With: ICE                                                                                                                       |
| PCR-FILTER                | Template: DEFAULT    | (SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis                                                             |
| PCR-HF183                 | Template: DEFAULT    | (SOP-PCR-1.0) Detection and quantification of human-specific HF183 Bacteroides genetic marker with quantitative polymerase chain reaction |
| Bottle Type: BG-1L        | Number of Bottles: 4 | Preserved With: ICE                                                                                                                       |
| W-AHERB-AA                | Template: DEFAULT    | (USGS O-2060-01) Chlorinated (phenoxy acid) herbicides in water matrices by HPLC/MS/MS                                                    |
| W-SUC-AA-R                | Template: DEFAULT    | (EPA 8321B) Analysis of sucralose in water matrices by HPLC/MS/MS                                                                         |
| W-UHERB-AA                | Template: DEFAULT    | (USGS O-2060-01) Urea herbicides and other chemicals in water matrices by HPLC/MS/MS                                                      |

\* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.

# Log-in Checklist

RQ- 2017-05-22-20

Shipping Method: Fed Ex

Date/Time of Receipt: 05-23-17/9:43

| 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            | Yes | No       |  |                                                       |
| Room      | 1.1C                | 9                               |               | /   |          |  | 8111 7111 2663                                        |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |
|           |                     |                                 |               |     |          |  |                                                       |

\*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: 5-23-17 NCRs (Y/N)?  

Event ID: Pinellas LR5  
WQAP-2017-05-23-02 (SMP)  
 Date Received: 23-MAY-2017 09:43  
 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:**