Log-in Checklist

RQ- 2017-11-06-72

Shipping Method: FedEx

Date/Time of Receipt: 11-8-17 1

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	
Rad	1.9C	4		✓			

*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: ABR

**W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes____ No____ NA ✓ Init: ____

Coolers Unpacked/Checked by: ABR Date: 11-8-17 NCRs (Y/N)? ✓

Event ID: Mattress Drain
WQAP-2017-11-08-10 (SMP)
Date Received: 08-NOV-2017 09:55

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:

last revised Apr 7, 2016

Request Number: RQ-2017-11-06-72

Mattress Drain

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By: J. ASHTON, L. BACHLER

Field Report Prepared By: Judy Ashton

Sampling Agency: FDEP

Location: RQ-2017-11-06-72 / Date: 11/07/17 / Time: / Mattress Drain	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 11-7-17 Time 10:00 Eastern Central		Composite end Date Time	Bottle Group(s) (See pg 2) A
Field ID: G4SW0092	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 5.2 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET: G4SW0092	Temp (C) 20.9	pH 7.8	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 109	
Latitude ☐ dd ☐ dms	☐ dd ☐ dms	Salinity (ppt) 0.05	Comments		
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time Eastern Central		Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time Eastern Central		Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time Eastern Central		Composite end Date Time	Bottle Group(s)
Field ID	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Judy Ashton	11-7-17 1700	FED EX	1	ABJ	11-8-17/9:55

Collection From container. time

ABJ 11-8-17

Group: A	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab 1
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS 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:	ICE And H2SO4	Enter Number of Bottles Sent to Lab 1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC					

Group: A	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	FILTER-ICE	Enter Number of Bottles Sent to Lab 1
	W-PO4-F					

RQ-2017-11-06-72

Date of Request: 02-NOV-2017
Created By: ASHTON_J On: 02-NOV-2017
Modified By: SWANSON_C On: 03-NOV-2017
Customer: WQAP
Project: SMP
Division: Division of Environmental Assessment and Restoration
District:
Sampling Event: Mattress Drain

Send Coolers To:

Phone: 813-470-5772
13051 N. Telecom Parkway

Tampa, FL 33637
Attn: Judy Ashton

Send Final Report To:

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: 02-NOV-2017
Biology Request Reviewed By: SWANSON_C On: 03-NOV-2017
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 07-NOV-2017
Received By: SHAIK_A On: 08-NOV-2017

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

Comments: Group A: Freshwater Kit, No Metals

Bottle Group A (Water) With 1 Samples:

Bottle Type: P-1L	Number of Bottles: 1	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-CL-IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Chloride in aqueous matrices	
W-COLOR	Template: DEFAULT	(SM 2120 B) True Color measured at 450 nm	
Color (true)			
W-F	Template: DEFAULT	(SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)	
W-SO4-IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices	
W-TDS	Template: DEFAULT	(SM 2540 C-97) Total Dissolved Solids in aqueous matrices	
W-TSS	Template: DEFAULT	(SM 2540 D-97) Total Suspended Solids in aqueous matrices	
Bottle Type: BP-1L	Number of Bottles: 1	Preserved With: ICE	
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry	
Bottle Type: P-500ML	Number of Bottles: 1	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: 1	Preserved With: FILTER-ICE	
W-PO4-F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L	

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01000

FedEx Express Package US Airbill

FedEx Tracking Number 8119 3898 8607

MUR4

Form ID No. 0215

1 From

Date 11-7-17

Sender's Name [redacted] Phone 813 [redacted]

Company [redacted] DEP

Address [redacted] 1051 Winderley Pkwy 101

Dept/Floor/Suite/Room

City Temple Terrace State FL ZIP 33637

2 Your Internal Billing Reference

3 To

Recipient's Name SAMPLE RECEIVING Phone 850 245-8091

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD

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

Dept/Floor/Suite/Room

Hold Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Address

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

City TALLAHASSEE State FL ZIP 32399-2542

0127581000

8119 3898 8607

4 Express Package Service * To most locations.

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

Next Business Day	2 or 3 Business Days
☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.	☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.	☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.	☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required — Package may be left without obtaining a signature for delivery.

☐ Direct Signature — Someone at recipient's address may sign for delivery.

☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods? One box must be checked.

☒ No ☐ Yes — As per attached Shipper's Declaration. ☐ Yes — Shipper's Declaration not required. ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

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

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐

☐ Sender — Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

[redacted] 262

Total Packages 1 Total Weight 50 lbs. Credit Card Auth.

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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