Log-in Checklist

RQ- 2018-01-08-26

Shipping Method: FedEx

Date/Time of Receipt: 1/12/18 12:00

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	
WHITE	0.9°C	20		✓			

*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: J.D.

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

Coolers Unpacked/Checked by: J.D. **Date:** 1/12/18 **NCRs (Y/N)?** ____

Event ID: ME-DIST-2018-01-12-01 **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:

Request Number: RQ-2018-01-08-26

LSJR LAKE

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Jan 3, 2018

Customer: NE-DIST

Project ID: SMP

Requester: Nicole Frederick

Collected By: A. Kalmbacher, P. O'Connor

Field Report Prepared By: Pat O'Connor

Sampling Agency: DEAR NED ROC

Location: Lake Lillie Center
Field ID: WIN ID: G2NE1133
Field ID:
WIN/STORE:
Latitude: ☐ dd ☐ dms | Longitude: ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 01-11-18 Time ~~1040~~ 1040 ☒ Eastern ☐ Central | Composite end Date Time | Bottle Group(s) (See pg 2): A

Matrix (type, e.g., Salt, Fresh, etc): Surface Water Fresh
Diss. Oxygen: 9.14 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):
Temp (C): ~~15.8~~ 14.7 | pH: ~~8.19~~ 8.45 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 161
Salinity (ppt): 0.08 | Comments: DO% 92

Location: Silver Lake Center
Field ID: WIN ID: G2NE1132
Field ID:
WIN/STOR:
Latitude: ☐ dd ☐ dms | Longitude: ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 01-11-18 Time ~~1250~~ 1245 ☐ Eastern ☐ Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc): Surface Water Fresh
Diss. Oxygen: 8.60 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):
Temp (C): 16.0 | pH: 6.25 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 104
Salinity (ppt): 0.05 | Comments: DO% 87 Sample time 1245

Location: Lake Como
Field ID: WIN ID: 20030627
Field ID:
WIN/STORI:
Latitude: ☐ dd ☐ dms | Longitude: ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 01-11-18 Time 1410 ☐ Eastern ☐ Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc): Surface Water Fresh
Diss. Oxygen: 9.69 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):
Temp (C): 15.4 | pH: 6.90 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 96
Salinity (ppt): 0.05 | Comments: DO% 97

Location: Clear Lake
Field ID: WIN ID: G2NE1134
Field ID:
WIN/STOR:
Latitude: ☐ dd ☐ dms | Longitude: ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 01-11-18 Time 1150 ☐ Eastern ☐ Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc): Surface Water Fresh
Diss. Oxygen: 9.90 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):
Temp (C): 15.8 | pH: 4.85 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 128
Salinity (ppt): 0.06 | Comments: DO% 98.4

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
P O'Connor	01-11-18/1630	Fed ex	1		1/12/18 1200

Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	5
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	5
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 5	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	5
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 5	Preservative:	FILTER-ICE	Enter Number of Bottles Sent to Lab	5
	W-PO4-F						
Group: B	Bottle Type:	P-250ML-WI-THI	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4 to ALS Jax
	NE-ALS-ECQ						

Request Number: RQ-2018-01-08-26

LSJR LAKE

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Jan 3, 2018

Customer: NE-DIST

Project ID: SMP

Requester: Nicole Frederick

Collected By: A. Kalmbacher, P. O'Connor

Field Report Prepared By: P O'Connor

Sampling Agency: DEAR NED ROC

Location / Field ID / WIN/STORET #	Field Blank RQ-2018-01-08-26	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 01-11-18 Time 1105 Eastern/Central
Composite end Date — Time —	Bottle Group(s) (See pg 2): A		
Matrix (type, e.g., Salt, Fresh, etc): Deionized water	Diss. Oxygen ☐ mg/L ☐ % sat: —	Total Res. Chlorine (mg/L): —	
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
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
WIN/STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m / Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments
Bottle Group(s)			

Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time Eastern/Central	Composite end Date Time
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
WIN/STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m / Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments
Bottle Group(s)			

Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time Eastern/Central	Composite end Date Time
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
WIN/STORET #	Temp (C)	pH	Sample Depth ☐ ft ☐ m / Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments
Bottle Group(s)			

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
P O'Connor	01-11-18 1630	FED EX	—	[illegible]	1/12/18 12:00

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	P-1L	5	ICE	

ALKALINITY
TURBIDITY
W-CL-IC
W-COLOR
W-F
W-SO4-IC
W-TDS
W-TSS

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	BP-1L	5	ICE	

CHLSUITE-W

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	P-500ML	5	ICE And H2SO4	

W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	P-125ML	5	FILTER-ICE	

W-PO4-F

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
B	P-250ML-WI-THI	4	ICE	

NE-ALS-ECQ

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

9143 Philips Highway, Suite 200 Jacksonville, FL 32256 / Ph(904) 739-2277 / FAX (904) 739-2011

SR #

ALS Contact: Jerry Allen

Client Name	Project Number
FDEP-NE ROC	RQ-2018- 01-11-08-26
Report To	**Report CC**
Dep-Overflowmicro@dep.state.fl.us	Jeremy Parrish
Company/Address	
8800 Baymeadows Way W Jacksonville, Fl 32256	
Phone #	**FAX #**
904-256-1541	
Sampler's Signature	**Sampler's Printed Name**
Patrick O'Connor	PAtrick O'Connor

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	E.Coli	Enterococci	Preservative	REMARKS
						8	0		
G2NE1133		01-11-18	1040	SW	1				
G2NE1132			1245		1				
20030627			1410		1				
G2NE1134			1150		1				

Preservative Key: 0. None; 1. HCL; 2. HNO3; 3. H2SO4; 4. NaOH; 5. Zn. Acetate; 6. MeOH; 7. NaHSO4; 8. Other ICE

Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us

0.3°C

TURNAROUND REQUIREMENTS

___ RUSH (SURCHARGES APPLY)
X STANDARD

REQUESTED FAX DATE
N/A

REQUESTED REPORT DATE
N/A

REPORT REQUIREMENTS

___ I. Results Only
___ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)
___ III. Results + QC and Calibration Summaries
___ IV. Data Validation Report with Raw Data

Edata ___ Yes ___ No

INVOICE INFORMATION

P.O. # B10739

Bill to:

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature: Patrick O'Connor	Signature:	Signature	Signature	Signature	Signature
Printed Name: Patrick O'Connor	Printed Name: Shannon Stalnaker	Printed Name	Printed Name	Printed Name	Printed Name
Firm: DEAR NED ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 01-11-18 1600	Date/Time: 1/11/18 1600	Date/Time	Date/Time	Date/Time	Date/Time

1-10-18 PHONED "CANDICE" @ 1700. to let her know we were bringing ice

RQ-2018-01-08-26

Date of Request: 20-DEC-2017
Created By: FREDERIC_N On: 20-DEC-2017
Modified By: WALTERS_J On: 02-JAN-2018
Customer: NE-DIST
Project: SMP
Division:
District: Northeast District
Sampling Event: LSJR LAKE

Send Coolers To:

Phone: 904-256-1541
8800 Baymeadows Way W
Suite 100
Jacksonville, FL 32256-7577
Attn: Nicole Frederick

Send Final Report To:

8800 Baymeadows Way W
Suite 100
Jacksonville, FL 32256-7577
Attn: Nicole Frederick

Program Module Number:
Priority: 3
Event Status: S
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 22-DEC-2017
Biology Request Reviewed By: WALTERS_J On: 02-JAN-2018
Sampling Kit Required: YES Ship on: 03-JAN-2018
Sampling Kit Shipped: YES On: 03-JAN-2018
Sampling Kit Packed By: REAVES_S
Preservatives Needed: NO
Date to Receive Samples: 08-JAN-2018
Received By:

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

Comments: Group A: Freshwater Kit, No Metals
Group B: E.coli to AEL-jaxs

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-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: 5	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: 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: FILTER-ICE	
W-PO4-F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L	

Bottle Group B (Water) With 4 Samples:

Bottle Type:	Number of Bottles: 4	Preserved With: ICE	
NE-ALS-ECQ	Template: DEFAULT	(SM 9223 B) Escherichia coli by Colilert Quanti-Tray method by ALS Environmental Overflow Laboratory for Northeast District	

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

01000

FedEx Express Package US Airbill

FedEx Tracking Number 8119 7781 1357

Form ID No. 0215

Recipient's Copy

1 From

Date 01-11-18

Sender's Name Pat O'Connor Phone 904 7057373

Company DEAN MED ROC

Address 8500 Baymeadow West

Dept./Floor/Suite/Room

City JAX State FL ZIP 32256

2 Your Internal Billing Reference

3 To

Recipient's Name SAMPLE RECEIVING Phone 850 245-8085

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

Address

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

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.

City TALLAHASSEE State FL ZIP 32399

0127857428

8119 7781 1357

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.
- [X] 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.

2 or 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 [X] 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.

- [X] 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.
- [X] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

262 [redacted]

Total Packages ____ Total Weight ____ 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.

611

Rev. Date 5/15 • Part #163134 • ©1994–2015 FedEx • PRINTED IN U.S.A. SRM

fedex.com 1.800.GoFedEx 1.800.463.3339

fedex.com 1.800.GoFedEx 1.800.463.3339