

# Log-in Checklist

RQ- 2018-02-19-10

Shipping Method: FEDEX

Date/Time of Receipt: 02/20/18 @ 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 |                                                       |
| Blue      | 1.6°C               | 18                              |               | X  |          |    | 790775165299                                          |
| Red       | 2.2°C               | 18                              |               | X  |          |    | 790775165266                                          |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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                                                                                           |     | <input checked="" type="checkbox"/> | 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     |     |    |

KK

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

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

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

Coolers Unpacked/Checked by: Tyler R Date: 02/20/16 NCRs (Y/N)? N

Event ID: LSJR Downtown Salt 2018 NCR #  

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Date Received: 20-FEB-2018 10:00

## 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 X

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:**

# Florida Department of Environmental Protection

## Central Laboratory Submittal Form

Customer: NE-DIST

Project ID: SMP

Requester: Nicole Frederick

Field Report Prepared By: J Parnish

Collected By: J Parnish

Sampling Agency: FDEP

|             |                                                             |                                                                                     |                                                                           |                                                           |                      |                                                                            |                                   |  |
|-------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|----------------------------------------------------------------------------|-----------------------------------|--|
| Location    | WIN /Field ID:                                              |    | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 2/19/18 Time 1200 | Eastern<br>Central   | Composite end<br>Date Time                                                 | Bottle<br>Group(s)<br>(See pg 2)  |  |
| Field ID    |                                                             | 20030816                                                                            |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh            | Diss. Oxygen<br>5.57 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)     |  |
| WIN/STORE   | BIG POTTSBURG @ 2000M S ATLANTIC BLVD                       |                                                                                     |                                                                           | Temp<br>(C) 22.5                                          | pH 7.42              | Sample<br>Depth 0.3                                                        | Sp. Conductance<br>(umho/cm) 1320 |  |
| Latitude    | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                           | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity<br>(ppt) 0.68                                    | Comments             |                                                                            |                                   |  |
| Location    | WIN /Field ID:                                              |    | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 2/19/18 Time 1220 | Eastern<br>Central   | Composite end<br>Date Time                                                 | Bottle<br>Group(s)                |  |
| Field ID    |                                                             | 20030072                                                                            |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh            | Diss. Oxygen<br>7.14 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)     |  |
| WIN/STORE   | BIG POTTSBURG CR ATL BLVD                                   |                                                                                     |                                                                           | Temp<br>(C) 21.3                                          | pH 7.65              | Sample<br>Depth 0.3                                                        | Sp. Conductance<br>(umho/cm) 2770 |  |
| Latitude    | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                           | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity<br>(ppt) 1.44                                    | Comments             |                                                                            |                                   |  |
| Location    | WIN /Field ID:                                              |    | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 2/19/18 Time 1240 | Eastern<br>Central   | Composite end<br>Date Time                                                 | Bottle<br>Group(s)                |  |
| Field ID    |                                                             | 20030073                                                                            |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh            | Diss. Oxygen<br>7.32 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)     |  |
| WIN/STORE   | ARLINGTON R CESERY BLVD                                     |                                                                                     |                                                                           | Temp<br>(C) 21.2                                          | pH 7.68              | Sample<br>Depth 0.3                                                        | Sp. Conductance<br>(umho/cm) 3050 |  |
| Latitude    | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                           | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity<br>(ppt) 1.58                                    | Comments             |                                                                            |                                   |  |
| Location    | WIN /Field ID:                                              |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 2/19/18 Time 1255 | Eastern<br>Central   | Composite end<br>Date Time                                                 | Bottle<br>Group(s)                |  |
| Field ID    |                                                             | G2NE1152                                                                            |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh            | Diss. Oxygen<br>7.17 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)     |  |
| WIN/STORE # | Arlington River at Carlton oaks                             |                                                                                     |                                                                           | Temp<br>(C) 19.9                                          | pH 7.75              | Sample<br>Depth 0.3                                                        | Sp. Conductance<br>(umho/cm) 2500 |  |
| Latitude    | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                           | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity<br>(ppt) 1.28                                    | Comments             |                                                                            |                                   |  |

|                            |                         |                        |                              |                      |                             |
|----------------------------|-------------------------|------------------------|------------------------------|----------------------|-----------------------------|
| Relinquished By: J Parnish | Date/Time: 2/19/18 1600 | Shipping Method: Fedex | Number of Coolers Shipped: 2 | Received By: Tyler R | Date/Time: 02/20/18 @ 10:00 |
|----------------------------|-------------------------|------------------------|------------------------------|----------------------|-----------------------------|

|          |              |                |                 |               |               |                                     |          |
|----------|--------------|----------------|-----------------|---------------|---------------|-------------------------------------|----------|
| Group: A | Bottle Type: | P-1L           | # of Bottles: 6 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 6        |
|          | ALKALINITY   |                |                 |               |               |                                     |          |
|          | TURBIDITY    |                |                 |               |               |                                     |          |
|          | W-F          |                |                 |               |               |                                     |          |
|          | W-TSS        |                |                 |               |               |                                     |          |
| Group: A | Bottle Type: | BP-1L          | # of Bottles: 6 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 6        |
|          | CHLSUITE-W   |                |                 |               |               |                                     |          |
| Group: A | Bottle Type: | P-500ML        | # of Bottles: 6 | Preservative: | HNO3          | Enter Number of Bottles Sent to Lab | 6        |
|          | W-ICP        |                |                 |               |               |                                     |          |
|          | W-ICPMS      |                |                 |               |               |                                     |          |
| Group: A | Bottle Type: | P-500ML        | # of Bottles: 6 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab | 6        |
|          | W-NH3        |                |                 |               |               |                                     |          |
|          | W-NO2NO3     |                |                 |               |               |                                     |          |
|          | W-S-A-TP     |                |                 |               |               |                                     |          |
|          | W-TKN        |                |                 |               |               |                                     |          |
|          | W-TOC        |                |                 |               |               |                                     |          |
| Group: A | Bottle Type: | P-125ML        | # of Bottles: 6 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab | 6        |
|          | W-PO4-F      |                |                 |               |               |                                     |          |
| Group: B | Bottle Type: | P-250ML-WI-THI | # of Bottles: 6 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 6 to ALS |
|          | NE-ALS-ECQ   |                |                 |               |               |                                     |          |
| Group: C | Bottle Type: | QPCR-P-250ML   | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 4        |
|          | PCR-FILTER   |                |                 |               |               |                                     |          |
| Group: C | Bottle Type: | BG-1L          | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 2        |
|          | W-AHERB-AA   |                |                 |               |               |                                     |          |
|          | W-SUC-AA-R   |                |                 |               |               |                                     |          |
|          | W-UHERB-AA   |                |                 |               |               |                                     |          |

Customer: NE-DIST

Requester: Nicole Frederick

Field Report Prepared By: *Janice*

Project ID: SMP

Collected By: *Jan*Sampling Agency: *FREDERICK*

|              |                                                                                                              |                                                                           |                                                                         |                                                                            |                                          |                                  |
|--------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------|----------------------------------|
| Location     | WIN /Field ID: <br>20030679 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>2/19/18</i> Time <i>1310</i> | Eastern<br>Central                                                         | Composite end<br>Date<br>Time            | Bottle<br>Group(s)<br>(See pg 2) |
| Field ID     |                                                                                                              | Matrix (type, e.g., Salt, Fresh, etc)<br><i>Fresh</i>                     | Diss. Oxygen<br><i>6.7</i>                                              | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)            | <i>A, B</i>                      |
| WIN/STORE    | LITTLE POTTSBURG CREEK AT ATLANTIC BLVD                                                                      | Temp<br>(C) <i>20.47</i>                                                  | pH<br><i>7.74</i>                                                       | Sample<br>Depth <i>0.3</i>                                                 | Sp. Conductance<br>(umho/cm) <i>3380</i> |                                  |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                  | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity<br>(ppt) <i>1.78</i>                                              | Comments                                 |                                  |
| Location     | WIN /Field ID: <br>20030814 | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>2/19/18</i> Time <i>1325</i> | Eastern<br>Central                                                         | Composite end<br>Date<br>Time            | Bottle<br>Group(s)               |
| Field ID     |                                                                                                              | Matrix (type, e.g., Salt, Fresh, etc)<br><i>Fresh</i>                     | Diss. Oxygen<br><i>6.86</i>                                             | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)            | <i>A, B</i>                      |
| WIN/STOR     | LITTLE POTTSBURG CR @ MOUTH OF W BRNCH                                                                       | Temp<br>(C) <i>20.9</i>                                                   | pH<br><i>7.70</i>                                                       | Sample<br>Depth <i>0.3</i>                                                 | Sp. Conductance<br>(umho/cm) <i>2680</i> |                                  |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                  | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity<br>(ppt) <i>1.37</i>                                              | Comments                                 |                                  |
| Location     |                                                                                                              | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date<br>Time                         | Eastern<br>Central                                                         | Composite end<br>Date<br>Time            | Bottle<br>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)            |                                  |
| WIN/STORET # |                                                                                                              | Temp<br>(C)                                                               | pH                                                                      | Sample<br>Depth                                                            | Sp. Conductance<br>(umho/cm)             |                                  |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                  | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity<br>(ppt)                                                          | Comments                                 |                                  |
| Location     |                                                                                                              | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date<br>Time                         | Eastern<br>Central                                                         | Composite end<br>Date<br>Time            | Bottle<br>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)            |                                  |
| WIN/STORET # |                                                                                                              | Temp<br>(C)                                                               | pH                                                                      | Sample<br>Depth                                                            | Sp. Conductance<br>(umho/cm)             |                                  |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                  | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity<br>(ppt)                                                          | Comments                                 |                                  |

|                             |                                |                               |                                     |                              |                                    |
|-----------------------------|--------------------------------|-------------------------------|-------------------------------------|------------------------------|------------------------------------|
| Relinquished By: <i>Jan</i> | Date/Time: <i>2/19/18 1600</i> | Shipping Method: <i>Fedex</i> | Number of Coolers Shipped: <i>2</i> | Received By: <i>Tyler R.</i> | Date/Time: <i>02/20/18 0100.00</i> |
|-----------------------------|--------------------------------|-------------------------------|-------------------------------------|------------------------------|------------------------------------|

|          |                                                 |                |                 |               |               |                                           |
|----------|-------------------------------------------------|----------------|-----------------|---------------|---------------|-------------------------------------------|
| Group: A | Bottle Type:                                    | P-1L           | # of Bottles: 6 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | ALKALINITY<br>TURBIDITY<br>W-F<br>W-TSS         |                |                 |               |               |                                           |
| Group: A | Bottle Type:                                    | BP-1L          | # of Bottles: 6 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | CHLSUITE-W                                      |                |                 |               |               |                                           |
| Group: A | Bottle Type:                                    | P-500ML        | # of Bottles: 6 | Preservative: | HNO3          | Enter Number of Bottles Sent to Lab _____ |
|          | W-ICP<br>W-ICPMS                                |                |                 |               |               |                                           |
| Group: A | Bottle Type:                                    | P-500ML        | # of Bottles: 6 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab _____ |
|          | W-NH3<br>W-NO2NO3<br>W-S-A-TP<br>W-TKN<br>W-TOC |                |                 |               |               |                                           |
| Group: A | Bottle Type:                                    | P-125ML        | # of Bottles: 6 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab _____ |
|          | W-PO4-F                                         |                |                 |               |               |                                           |
| Group: B | Bottle Type:                                    | P-250ML-WI-THI | # of Bottles: 6 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | NE-ALS-ECQ                                      |                |                 |               |               |                                           |
| Group: C | Bottle Type:                                    | QPCR-P-250ML   | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | PCR-FILTER                                      |                |                 |               |               |                                           |
| Group: C | Bottle Type:                                    | BG-1L          | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | W-AHERB-AA<br>W-SUC-AA-R<br>W-UHERB-AA          |                |                 |               |               |                                           |

## CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

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

SR #

ALS Contact: Jerry Allen

Page 1 of 1

| Client Name                                                                                                                                               |  |  |  |  |  | Project Number         |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|------------------------|--|--|--|--|--|--------------------------------------------------------------------------------------------------------|--|--|--|--|--|--------|--|--|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-------------|--|--|--|--|--|-----------------------------------------------------------------------|--|--|--|--|--|------------------|--|--|--|--|--|-------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|---------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| FDEP-NE ROC                                                                                                                                               |  |  |  |  |  | RQ-2018- 02-19-10      |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Report To                                                                                                                                                 |  |  |  |  |  | Report CC              |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Dep-Overflowmicro@dep.state.fl.us                                                                                                                         |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Company/Address                                                                                                                                           |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| 8800 Baymeadows Way W                                                                                                                                     |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Jacksonville, FL 32256                                                                                                                                    |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Phone #                                                                                                                                                   |  |  |  |  |  | FAX #                  |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| 904-256-1541                                                                                                                                              |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Sampler's Signature                                                                                                                                       |  |  |  |  |  | Sampler's Printed Name |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| [Signature]                                                                                                                                               |  |  |  |  |  | Jeremy Parrish         |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| CLIENT SAMPLE ID                                                                                                                                          |  |  |  |  |  | LAB ID                 |  |  |  |  |  | SAMPLING DATE TIME                                                                                     |  |  |  |  |  | Matrix |  |  |  |  |  | E.Coli                                                                                                                                                                                                         |  |  |  |  |  | Enterococci |  |  |  |  |  | ANALYSIS REQUESTED (Include Method Number and Container Preservative) |  |  |  |  |  | Preservative Key |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Z0030816                                                                                                                                                  |  |  |  |  |  |                        |  |  |  |  |  | 2/15/18 1200                                                                                           |  |  |  |  |  | SW     |  |  |  |  |  | I                                                                                                                                                                                                              |  |  |  |  |  | X           |  |  |  |  |  |                                                                       |  |  |  |  |  | 0. None          |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Z0030072                                                                                                                                                  |  |  |  |  |  |                        |  |  |  |  |  | 1220                                                                                                   |  |  |  |  |  | SW     |  |  |  |  |  | I                                                                                                                                                                                                              |  |  |  |  |  | X           |  |  |  |  |  |                                                                       |  |  |  |  |  | 1. HCL           |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Z0030073                                                                                                                                                  |  |  |  |  |  |                        |  |  |  |  |  | 1240                                                                                                   |  |  |  |  |  | SW     |  |  |  |  |  | I                                                                                                                                                                                                              |  |  |  |  |  | X           |  |  |  |  |  |                                                                       |  |  |  |  |  | 2. HNO3          |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Z00362NE 115Z                                                                                                                                             |  |  |  |  |  |                        |  |  |  |  |  | 1255                                                                                                   |  |  |  |  |  | SW     |  |  |  |  |  | I                                                                                                                                                                                                              |  |  |  |  |  | X           |  |  |  |  |  |                                                                       |  |  |  |  |  | 3. H2SO4         |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Z0030679                                                                                                                                                  |  |  |  |  |  |                        |  |  |  |  |  | 1310                                                                                                   |  |  |  |  |  | SW     |  |  |  |  |  | I                                                                                                                                                                                                              |  |  |  |  |  | X           |  |  |  |  |  |                                                                       |  |  |  |  |  | 4. NaOH          |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Z0030814                                                                                                                                                  |  |  |  |  |  |                        |  |  |  |  |  | 1325                                                                                                   |  |  |  |  |  | SW     |  |  |  |  |  | I                                                                                                                                                                                                              |  |  |  |  |  | X           |  |  |  |  |  |                                                                       |  |  |  |  |  | 5. Zn. Acetate   |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                           |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  | 6. MeOH          |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                           |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  | 7. NaHSO4                                                         |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                           |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  | 8. Other                                                          |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                           |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  | REMARKS                                                           |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us                                                                         |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  |                                                                                                                                                                                                                |  |  |  |  |  |             |  |  |  |  |  |                                                                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| TURNAROUND REQUIREMENTS<br>RUSH (SURCHARGES APPLY)<br><input checked="" type="checkbox"/> STANDARD<br>REQUESTED FAX DATE N/A<br>REQUESTED REPORT DATE N/A |  |  |  |  |  |                        |  |  |  |  |  |                                                                                                        |  |  |  |  |  |        |  |  |  |  |  | REPORT REQUIREMENTS<br>I. Results Only<br>II. Results + QC Summaries (LCS, DUP, MS/MSD as required)<br>III. Results + QC and Calibration Summaries<br>IV. Data Validation Report with Raw Data<br>Edata Yes No |  |  |  |  |  |             |  |  |  |  |  | INVOICE INFORMATION<br>P.O.# B10739<br>Bill to:                       |  |  |  |  |  |                  |  |  |  |  |  |                                                                   |  |  |  |  |  |  |  |  |  |  |  |                                                               |  |  |  |  |  |  |  |  |  |  |  |
| Relinquished By<br>Signature [Signature]<br>Printed Name Jeremy Parrish<br>Firm FDEP<br>Date/Time 2/14/18 c 1420                                          |  |  |  |  |  |                        |  |  |  |  |  | Received By<br>Signature [Signature]<br>Printed Name Michael P...<br>Firm AS<br>Date/Time 2/14/18 4:00 |  |  |  |  |  |        |  |  |  |  |  | Relinquished By<br>Signature<br>Printed Name<br>Firm<br>Date/Time                                                                                                                                              |  |  |  |  |  |             |  |  |  |  |  | Received By<br>Signature<br>Printed Name<br>Firm<br>Date/Time         |  |  |  |  |  |                  |  |  |  |  |  | Relinquished By<br>Signature<br>Printed Name<br>Firm<br>Date/Time |  |  |  |  |  |  |  |  |  |  |  | Received By<br>Signature<br>Printed Name<br>Firm<br>Date/Time |  |  |  |  |  |  |  |  |  |  |  |

Date of Request: 08-JAN-2018  
 Created By: FREDERIC\_N On: 08-JAN-2018  
 Modified By: SWANSON\_C On: 01-FEB-2018  
 Customer: NE-DIST  
 Project: SMP  
 Division:  
 District: Northeast District  
 Sampling Event: LSJR\_Downtown\_Salt\_2018

**Send Coolers To:**

Phone: 904-807-3300  
 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: 31-JAN-2018  
 Biology Request Reviewed By: SWANSON\_C On: 01-FEB-2018  
 Sampling Kit Required: YES Ship on: 09-FEB-2018  
 Sampling Kit Shipped: YES On: 05-FEB-2018  
 Sampling Kit Packed By: REYNOLDS\_T  
 Preservatives Needed: NO  
 Date to Receive Samples: 21-FEB-2018  
 Received By:

**Send Final Report To:**

8800 Baymeadows Way W  
 Suite 100  
 Jacksonville, FL 32256-7577  
 Attn: Greg Strong

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

Comments: Group A: Marine Kit with Metals  
 Group B: Bacteria-Enterotoxins  
 Group C: PCR-Filter/Tracers

**Bottle Group A (Water) With 6 Samples:**

|                      |                      |                                                                                                                                                |
|----------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L    | Number of Bottles: 6 | 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: 6 | 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: 6 | Preserved With: HNO3                                                                                                                           |
| W-ICP                | Template:            | (EPA 200.7 Rev. 4.4) Total Recoverable Metals analysis using ICP emission spectroscopy for aqueous samples supporting Clean Water Act Projects |
| Calcium              |                      |                                                                                                                                                |
| Chromium             |                      |                                                                                                                                                |
| Iron                 |                      |                                                                                                                                                |
| Magnesium            |                      |                                                                                                                                                |
| Nickel               |                      |                                                                                                                                                |
| Potassium            |                      |                                                                                                                                                |
| Sodium               |                      |                                                                                                                                                |
| Zinc                 |                      |                                                                                                                                                |
| W-ICPMS              | Template:            | (EPA 200.8 Rev. 5.4) Total Recoverable Metals analysis using ICP-MS for aqueous samples supporting Clean Water Act Projects                    |
| Arsenic              |                      |                                                                                                                                                |
| Cadmium              |                      |                                                                                                                                                |
| Copper               |                      |                                                                                                                                                |
| Lead                 |                      |                                                                                                                                                |
| Silver               |                      |                                                                                                                                                |
| Bottle Type: P-500ML | Number of Bottles: 6 | Preserved With: ICE And H2SO4                                                                                                                  |

**Bottle Group A (Water) With 6 Samples:**

|                      |                      |                                                                                          |
|----------------------|----------------------|------------------------------------------------------------------------------------------|
| Bottle Type: P-500ML | Number of Bottles: 6 | 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: 6 | 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 6 Samples:**

|              |                      |                                                                                                                             |
|--------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Bottle Type: | Number of Bottles: 6 | 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 |

**Bottle Group C (Water) With 2 Samples:**

|                           |                      |                                                                                        |
|---------------------------|----------------------|----------------------------------------------------------------------------------------|
| Bottle Type: QPCR-P-250ML | Number of Bottles: 4 | Preserved With: ICE                                                                    |
| PCR-FILTER                | Template: DEFAULT    | (SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis          |
| Bottle Type: BG-1L        | Number of Bottles: 2 | 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.