# Log-in Checklist

RQ- 2018-03-12-22

Shipping Method: (FedEx) | UPS | HD | Greyhound | _____ Date/Time of Receipt: 03/07/18 @ 9:45

| Cooler ID | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape Present? Yes | Evidence Tape Present? No | *Intact? Yes | *Intact? No | Tracking # (fill out only if waybill copy is damaged) |
|---|---|---|---|---|---|---|---|
| Red | 0.6°C | 16 | | X | | | 790783944213 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*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____

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes ✓ No____

**CONTAINER CHECK**

**Evidence Tape on Bottles? Yes____ No X 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-E8321-DI, -MS, -21 | | | W-NP-AA-SF | | |
| W-BNA (-625, -R) | | | W-PDQUAT | | |
| W-CARB-AA (-CAB-AA-R) | | | W-PCL-SQ-R | | |
| W-U2060-MS | | | W-TR-TQ | | |
| W-PCB-R | | | W-CT-CI-R | | |
| W-PAH (-R) | | | W-PSNP-TQ | | |

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

**Acid Preserved Samples: pH ≤ 2.0? Yes ✓ No____ NA____ Init: ____

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

Coolers Unpacked/Checked by: Tyler R. Date: 03/07/18 NCRs (Y/N)? N

Event ID: Nassau West_2018
NE-DIST-2018-03-07-01 (SMP)
Date Received: 07-MAR-2018 09:45

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__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:**

**Request Number: RQ-2018-03-12-22**

Nassau West_2018

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

last revised Jan 25, 2018

**Customer: NE-DIST**

**Project ID: SMP**

Requester: Nicole Frederick

Field Report Prepared By: A. Kalmbacher

Collected By: A. Kalmbacher

Sampling Agency: FDEP / NE ROC

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WIN /Field ID: 19010042

CALKINS CK TRIB @ HAMP REGISTER RD

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03-06-2018 Time 1000 | Eastern / Central | Composite end Date Time | Bottle Group(s) (See pg 2): A

Matrix (type, e.g., Salt, Fresh, etc): Fresh | Diss. Oxygen 6.75 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 13.5 | pH 7.3 | Sample Depth 0.1 ☐ ft ☒ m | Sp. Conductance (umho/cm) 60

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms | Salinity (ppt) 0.03 | Comments

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WIN /Field ID: 19010123

UNNAMED BRANCH @ CR125

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03-06-2018 Time 1045 | Eastern / Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc): Fresh | Diss. Oxygen 7.03 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 14.5 | pH 7.2 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 69

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms | Salinity (ppt) 0.03 | Comments

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WIN /Field ID: 19010018

ST MARYS R S PRONG @ SR 125

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03-06-2018 Time 1300 | Eastern / Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc): Fresh | Diss. Oxygen 7.75 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 14.3 | pH 5.4 | Sample Depth 0.2 ☐ ft ☒ m | Sp. Conductance (umho/cm) 59

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms | Salinity (ppt) 0.03 | Comments

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WIN /Field ID: 19010023

ST MARYS S PRONG @ CR 23C

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03-06-2018 Time 1145 | Eastern / Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc): Fresh | Diss. Oxygen 7.0 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 15.7 | pH 6.6 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 96

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms | Salinity (ppt) 0.05 | Comments

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| Relinquished By: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time |
|---|---|---|---|---|---|
| A. Kalmbacher | 1530 03-06-2018 | FedEx | | Tyler R. | 03/07/18 @ 9:45 |

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

# 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-2018-03-12-22 |
| **Report To** | **Report CC** |
| Dep-Overflowmicro@dep.state.fl.us | jeremy.m.parrish@dep.state.fl.us |
| **Company/Address** | |
| 8800 Baymeadows Way W<br>Jacksonville, Fl 32256 | |
| **Phone #** | **FAX #** |
| 904-256-1541 | |
| **Sampler's Signature** | **Sampler's Printed Name** |
| Amy Kalmbacher | Amy Kalmbacher |

**ANALYSIS REQUESTED (Include Method Number and Container Preservative)**

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

| CLIENT SAMPLE ID | LAB ID | SAMPLING DATE | SAMPLING TIME | Matrix | Preservative | NUMBER OF CONTAINERS | E.Coli | Enterococci | REMARKS |
|---|---|---|---|---|---|---|---|---|---|
| 19010042 | | 3-6-18 | 1000 | SW | | 1 | X | | |
| 19010123 | | " | 1045 | " | | 1 | X | | |
| 19010023 | | " | 1145 | " | | 1 | X | | |
| 19010018 | | " | 1300 | " | | 1 | X | | |

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

1.7°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: Amy Kalmbacher | Signature: [signature] | Signature | Signature | Signature | Signature |
| Printed Name: Amy Kalmbacher | Printed Name: Matthew Spurr | Printed Name | Printed Name | Printed Name | Printed Name |
| Firm: FDEP | Firm: ALS | Firm | Firm | Firm | Firm |
| Date/Time: 3-6-2018 1437 | Date/Time: 03/06/18 1538 | Date/Time | Date/Time | Date/Time | Date/Time |