

# Log-in Checklist

RQ- 2018-11-26-13

Login Station ID: #4

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 12/11/18 @ 10:19am

| Cooler Temperature* | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Tracking # (fill out only if waybill copy is damaged) |
|---------------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|-------------------------------------------------------|
|                     |                                        |          |                                       | Present?      |    | *Intact? |    |                                                       |
|                     | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                                                       |
| -0.1°C              |                                        |          | 6                                     |               | X  |          |    | 4385 5035 6118                                        |
| 0.9°C               |                                        |          | 7                                     |               | X  |          |    | 4385 5035 6129                                        |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |

\* HNO<sub>3</sub> and Formalin persevered samples do **NOT** have a temperature requirement. For all others, 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        Date 12/11/18

## 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 REQUIRED? (Blue dot on container) Yes ✓ No        Init: mk

| 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                                                                                 |     | X  | 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: mk

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

Coolers Unpacked/Checked by: Tyler K. Date: 12/11/18 NCRs (Y/N)? N

Event ID: LSJR Coast  
NE-DIST-2018-12-11-01 (SMP) 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 |
|----------|-------------------|--------------|
|          |                   |              |
|          |                   |              |
|          |                   |              |
|          |                   |              |

## Additional Comments:

|                            |                      |
|----------------------------|----------------------|
| Infrared Thermometer ID:   | REC_04_2018          |
| pH Paper 0.0 – 3.0 Lot #   |                      |
| pH Paper 0 – 13 Lot #      | 222516EXP:09/15/2019 |
| Chlorine Test Strips Lot # | 091417V EXP:09/2021  |

## 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 \_\_\_\_\_ If No \_\_\_\_\_

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: \_\_\_\_\_



LSJR Coast

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: NE-DIST

Requester: Jeremy M. Parrish

Field Report Prepared By: Cheyanne Reben

Project ID: SMP

Collected By: Cheyanne Reben / A. Kalmbacher

Sampling Agency: FDEP DEAR

|           |                                     |                                                                           |                                 |                                                                                 |               |                            |
|-----------|-------------------------------------|---------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------|---------------|----------------------------|
| Locat     | WIN / Field ID: 20030758            | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab) | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end | Bottle Group(s)            |
| Field I   | HOPKINS CR AT KINGS RD              | Date                                                                      | 12-10-                          | Time                                                                            | 1300          | (See pg 2)                 |
| WIN/S     |                                     | Matrix (type, e.g., Salt, Fresh, etc)                                     | Fresh Salt                      | Diss. Oxygen                                                                    | 99% 10.4      | Total Res. Chlorine (mg/L) |
| Latitude  |                                     | Temp (C)                                                                  | 14.8                            | pH                                                                              | 7.32          | Sp. Conductance (umho/cm)  |
| Longitude |                                     | Salinity (ppt)                                                            | 24.1                            | Sample Depth                                                                    | 0.3           | 38,020                     |
| Locat     | WIN / Field ID: G2NE1154            | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab) | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end | Bottle Group(s)            |
| Field II  | Greenfield Creek @ end of Buccaneer | Date                                                                      | 12-10-18                        | Time                                                                            | 1130          |                            |
| WIN/S     |                                     | Matrix (type, e.g., Salt, Fresh, etc)                                     | Salt                            | Diss. Oxygen                                                                    | 7.94          | Total Res. Chlorine (mg/L) |
| Latitude  |                                     | Temp (C)                                                                  | 16.1                            | pH                                                                              | 7.94          | Sp. Conductance (umho/cm)  |
| Longitude |                                     | Salinity (ppt)                                                            | 27.1                            | Sample Depth                                                                    | 0.3           | 42,226                     |
| Locat     | WIN / Field ID: 27010002            | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab) | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end | Bottle Group(s)            |
| Field II  | SHERMAN CR AT BRIDGE                | Date                                                                      | 12-10-18                        | Time                                                                            | 1215          |                            |
| WIN/S     |                                     | Matrix (type, e.g., Salt, Fresh, etc)                                     | Salt                            | Diss. Oxygen                                                                    | 957.93        | Total Res. Chlorine (mg/L) |
| Latitude  |                                     | Temp (C)                                                                  | 15.9                            | pH                                                                              | 7.94          | Sp. Conductance (umho/cm)  |
| Longitude |                                     | Salinity (ppt)                                                            | 27.9                            | Sample Depth                                                                    | 0.3           | 43,307                     |
| Locat     | WIN / Field ID: 20030802            | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab) | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central            | Composite end | Bottle Group(s)            |
| Field I   | Sherman Creek @ confl. Sanpablo     | Date                                                                      |                                 | Time                                                                            |               |                            |
| WIN/S     |                                     | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                 | Diss. Oxygen                                                                    |               | Total Res. Chlorine (mg/L) |
| Latitude  |                                     | Temp (C)                                                                  |                                 | pH                                                                              |               | Sp. Conductance (umho/cm)  |
| Longitude |                                     | Salinity (ppt)                                                            |                                 | Sample Depth                                                                    |               |                            |

|                                 |                          |                        |                              |                       |                              |
|---------------------------------|--------------------------|------------------------|------------------------------|-----------------------|------------------------------|
| Relinquished By: Cheyanne Reben | Date/Time: 12-10-18 1600 | Shipping Method: FedEx | Number of Coolers Shipped: 2 | Received By: Tyler R. | Date/Time: 12/11/18 @ 10:19a |
|---------------------------------|--------------------------|------------------------|------------------------------|-----------------------|------------------------------|

|          |                                                 |                |                 |               |               |                                     |          |
|----------|-------------------------------------------------|----------------|-----------------|---------------|---------------|-------------------------------------|----------|
| Group: A | Bottle Type:                                    | P-1L           | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1        |
|          | ALKALINITY<br>TURBIDITY<br>W-F<br>W-TSS         |                |                 |               |               |                                     |          |
| Group: A | Bottle Type:                                    | BP-1L          | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |          |
|          | CHLSUITE-W                                      |                |                 |               |               |                                     |          |
| Group: A | Bottle Type:                                    | P-250ML-WI-THI | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1 to ALS |
|          | NE-ALS-ENQ                                      |                |                 |               |               |                                     |          |
| Group: A | Bottle Type:                                    | P-500ML        | # of Bottles: 1 | Preservative: | HNO3          | Enter Number of Bottles Sent to Lab | 1        |
|          | W-ICP<br>W-ICPMS                                |                |                 |               |               |                                     |          |
| Group: A | Bottle Type:                                    | P-500ML        | # of Bottles: 1 | 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: 1 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab | 1        |
|          | W-PO4-F                                         |                |                 |               |               |                                     |          |
| Group: B | Bottle Type:                                    | P-250ML-WI-THI | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 4 to ALS |
|          | NE-ALS-ENQ                                      |                |                 |               |               |                                     |          |
| Group: B | Bottle Type:                                    | QPCR-P-500ML   | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 4        |
|          | PCR-FILTER                                      |                |                 |               |               |                                     |          |
| Group: B | Bottle Type:                                    | BG-500ML       | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 4        |
|          | W-E8321-DI<br>W-E8321-MS                        |                |                 |               |               |                                     |          |



LSJR Coast

last revised Jan 25, 2018

## Central Laboratory Submittal Form

Customer: NE-DIST

Requester: Jeremy M. Parrish

Field Report Prepared By: Cheyanne Ruben

Project ID: SMP

Collected By: Cheyanne Ruben / Amy Kalmbacher

Sampling Agency: FDEP NE ROC

|              |                                                             |                                                                                   |                                                                           |                                                            |                      |                                                                            |                                  |   |
|--------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------|----------------------|----------------------------------------------------------------------------|----------------------------------|---|
| Local        | WIN / Field ID:                                             |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 12-10-18 Time 1145 | Eastern<br>Central   | Composite end<br>Date — Time —                                             | Bottle Group(s)<br>(See pg 2)    |   |
| Field        |                                                             | G2NE1137                                                                          |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)<br>Fresh Salt        | Diss. Oxygen<br>7.8  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) —  |   |
| WIN          | GREENFIELD CREEK at Wonderwood                              |                                                                                   |                                                                           | Temp (C) 16.0                                              | pH 7.88              | Sample Depth 1.5                                                           | Sp. Conductance (umho/cm) 40,992 |   |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                         | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt) 26.3                                        | Comments             |                                                                            |                                  | B |
| Local        | WIN / Field ID:                                             |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 12-10-18 Time 1035 | Eastern<br>Central   | Composite end<br>Date — Time —                                             | Bottle Group(s)                  |   |
| Field        |                                                             | 20030491                                                                          |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)<br>Salt              | Diss. Oxygen<br>7.93 | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) —  |   |
| WIN          | Sisters Creek @ Heckscher Dr.                               |                                                                                   |                                                                           | Temp (C) 16.2                                              | pH 7.93              | Sample Depth 0.3                                                           | Sp. Conductance (umho/cm) 43,270 |   |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                         | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt) 28.0                                        | Comments             |                                                                            |                                  | A |
| Location     |                                                             |                                                                                   | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date — Time —           | Eastern<br>Central   | Composite end<br>Date — Time —                                             | Bottle Group(s)                  |   |
| Field ID     |                                                             |                                                                                   |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                      | Diss. Oxygen         | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)    |   |
| WIN/STORET # |                                                             |                                                                                   |                                                                           | Temp (C)                                                   | pH                   | Sample Depth                                                               | Sp. Conductance (umho/cm)        |   |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                         | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt)                                             | Comments             |                                                                            |                                  |   |
| Location     |                                                             |                                                                                   | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date — Time —           | Eastern<br>Central   | Composite end<br>Date — Time —                                             | Bottle Group(s)                  |   |
| Field ID     |                                                             |                                                                                   |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                      | Diss. Oxygen         | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)    |   |
| WIN/STORET # |                                                             |                                                                                   |                                                                           | Temp (C)                                                   | pH                   | Sample Depth                                                               | Sp. Conductance (umho/cm)        |   |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                         | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt)                                             | Comments             |                                                                            |                                  |   |

|                  |           |                 |                            |                          |                              |
|------------------|-----------|-----------------|----------------------------|--------------------------|------------------------------|
| Relinquished By: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By:<br>Tyler R. | Date/Time<br>12/11/18 10:19. |
|------------------|-----------|-----------------|----------------------------|--------------------------|------------------------------|

|          |              |                |                 |               |               |                                     |    |
|----------|--------------|----------------|-----------------|---------------|---------------|-------------------------------------|----|
| Group: A | Bottle Type: | P-1L           | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | NA |
|          | ALKALINITY   |                |                 |               |               |                                     |    |
|          | TURBIDITY    |                |                 |               |               |                                     |    |
|          | W-F          |                |                 |               |               |                                     |    |
|          | W-TSS        |                |                 |               |               |                                     |    |
| Group: A | Bottle Type: | BP-1L          | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | NA |
|          | CHLSUITE-W   |                |                 |               |               |                                     |    |
| Group: A | Bottle Type: | P-250ML-WI-THI | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | NA |
|          | NE-ALS-ENQ   |                |                 |               |               |                                     |    |
| Group: A | Bottle Type: | P-500ML        | # of Bottles: 1 | Preservative: | HNO3          | Enter Number of Bottles Sent to Lab | 1  |
|          | W-ICP        |                |                 |               |               |                                     |    |
|          | W-ICPMS      |                |                 |               |               |                                     |    |
| Group: A | Bottle Type: | P-500ML        | # of Bottles: 1 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab | NA |
|          | 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 | NA |
|          | W-PO4-F      |                |                 |               |               |                                     |    |
| Group: B | Bottle Type: | P-250ML-WI-THI | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | NA |
|          | NE-ALS-ENQ   |                |                 |               |               |                                     |    |
| Group: B | Bottle Type: | QPCR-P-500ML   | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | NA |
|          | PCR-FILTER   |                |                 |               |               |                                     |    |
| Group: B | Bottle Type: | BG-500ML       | # of Bottles: 5 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | NA |
|          | W-E8321-DI   |                |                 |               |               |                                     |    |
|          | W-E8321-MS   |                |                 |               |               |                                     |    |

# CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

|              |  |
|--------------|--|
| SR#          |  |
| CAS Contract |  |

9143 Phillips Highway, Ste 200 • Jacksonville, FL 32256 (904) 739-2277 • 800-695-7222 x06 • FAX (904) 739-2011

PAGE 1 OF 1

**CAS Contract**

|                                                                                                                                         |        |                                                      |                              |                                                                       |          |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------|------------------------------|-----------------------------------------------------------------------|----------|
| Project Name<br><b>LSJR Coast</b>                                                                                                       |        | Project Number<br><b>RA-2018-11-26-13</b>            |                              | ANALYSIS REQUESTED (Include Method Number and Container Preservative) |          |
| Project Manager<br><b>Jeremy Parrish</b>                                                                                                |        | Email Address<br><b>DeprecEla@ciwdep.state.tx.us</b> |                              | PRESERVATIVE<br><b>8</b>                                              |          |
| Company/Address<br><b>EDF DEME</b>                                                                                                      |        | Phone #<br><b>8800 Baymeadows Way West</b>           |                              | ENTEROCOCCI                                                           |          |
| Fax #<br><b>(904) 256-1700</b>                                                                                                          |        | FAX #<br><b>32256</b>                                |                              |                                                                       |          |
| Sample's Signature<br><b>Chapman</b>                                                                                                    |        | Sample's Printed Name<br><b>Chapman Euben</b>        |                              |                                                                       |          |
| CLIENT SAMPLE ID<br><b>26030491</b>                                                                                                     | LAB ID | DATE<br><b>12-10-18</b>                              | SAMPLING TIME<br><b>1035</b> | MATRIX<br><b>SW</b>                                                   |          |
| <b>G2NE1154</b>                                                                                                                         |        | <b>12-10-18</b>                                      | <b>1130</b>                  | <b>SW</b>                                                             | <b>1</b> |
| <b>G2NE1137</b>                                                                                                                         |        | <b>12-10-18</b>                                      | <b>1145</b>                  | <b>SW</b>                                                             | <b>1</b> |
| <b>27010002</b>                                                                                                                         |        | <b>12-10-18</b>                                      | <b>1215</b>                  | <b>SW</b>                                                             | <b>1</b> |
| <b>G2NE1176</b>                                                                                                                         |        | <b>12-10-18</b>                                      | <b>1300</b>                  | <b>SW</b>                                                             | <b>1</b> |
| SPECIAL INSTRUCTIONS/COMMENTS                                                                                                           |        |                                                      |                              |                                                                       |          |
| See OAPP <input type="checkbox"/>                                                                                                       |        |                                                      |                              |                                                                       |          |
| SAMPLE RECEIPT: CONDITION/COOLER TEMP:                                                                                                  |        |                                                      |                              |                                                                       |          |
| RELINQUISHED BY                                                                                                                         |        | RECEIVED BY                                          |                              | CUSTODY SEALS: Y N                                                    |          |
| Signature<br><b>Chapman Euben</b>                                                                                                       |        | Signature<br><b>Chapman Euben</b>                    |                              | Signature<br><b>Chapman Euben</b>                                     |          |
| Printed Name<br><b>Chapman Euben</b>                                                                                                    |        | Printed Name<br><b>Chapman Euben</b>                 |                              | Printed Name<br><b>Chapman Euben</b>                                  |          |
| Firm<br><b>EDF</b>                                                                                                                      |        | Firm<br><b>EDF</b>                                   |                              | Firm<br><b>EDF</b>                                                    |          |
| Date/Time<br><b>12-10-18 081424</b>                                                                                                     |        | Date/Time<br><b>12-10-18 1425</b>                    |                              | Date/Time<br><b>12-10-18 1425</b>                                     |          |
| TURNAROUND REQUIREMENTS                                                                                                                 |        |                                                      |                              |                                                                       |          |
| RUSH (SURCHARGES APPLY)                                                                                                                 |        |                                                      |                              |                                                                       |          |
| <input checked="" type="checkbox"/> STANDARD                                                                                            |        |                                                      |                              |                                                                       |          |
| REQUESTED FAX DATE                                                                                                                      |        |                                                      |                              |                                                                       |          |
| REQUESTED REPORT DATE                                                                                                                   |        |                                                      |                              |                                                                       |          |
| REPORT REQUIREMENTS                                                                                                                     |        |                                                      |                              |                                                                       |          |
| I. Results Only                                                                                                                         |        |                                                      |                              |                                                                       |          |
| II. Results + QC Summaries (ICS, DUP, MSMSD as required)                                                                                |        |                                                      |                              |                                                                       |          |
| III. Results + QC and Calibration Summaries                                                                                             |        |                                                      |                              |                                                                       |          |
| IV. Data Validation Report with Raw Data                                                                                                |        |                                                      |                              |                                                                       |          |
| V. Specialized Forms / Custom Report                                                                                                    |        |                                                      |                              |                                                                       |          |
| Edata Yes No                                                                                                                            |        |                                                      |                              |                                                                       |          |
| RELINQUISHED BY                                                                                                                         |        |                                                      |                              |                                                                       |          |
| Signature                                                                                                                               |        |                                                      |                              |                                                                       |          |
| Printed Name                                                                                                                            |        |                                                      |                              |                                                                       |          |
| Firm                                                                                                                                    |        |                                                      |                              |                                                                       |          |
| Date/Time                                                                                                                               |        |                                                      |                              |                                                                       |          |
| RECEIVED BY                                                                                                                             |        |                                                      |                              |                                                                       |          |
| Signature                                                                                                                               |        |                                                      |                              |                                                                       |          |
| Printed Name                                                                                                                            |        |                                                      |                              |                                                                       |          |
| Firm                                                                                                                                    |        |                                                      |                              |                                                                       |          |
| Date/Time                                                                                                                               |        |                                                      |                              |                                                                       |          |
| INVOICE INFORMATION                                                                                                                     |        |                                                      |                              |                                                                       |          |
| PO #                                                                                                                                    |        |                                                      |                              |                                                                       |          |
| BILL TO:                                                                                                                                |        |                                                      |                              |                                                                       |          |
| DATE                                                                                                                                    |        |                                                      |                              |                                                                       |          |
| REMARKS/ALTERNATE DESCRIPTION                                                                                                           |        |                                                      |                              |                                                                       |          |
| Preservative Key<br>0. NONE<br>1. HCL<br>2. HNO3<br>3. H2SO4<br>4. NaOH<br>5. Zn Acetate<br>6. MeOH<br>7. NaHSO4<br>8. Other <b>ICE</b> |        |                                                      |                              |                                                                       |          |



Date of Request: 22-OCT-2018  
 Created By: PARRISH\_J On: 22-OCT-2018  
 Modified By: JASROTIA\_P On: 02-NOV-2018  
 Customer: NE-DIST  
 Project: SMP  
 Division:  
 District: Northeast District  
 Sampling Event: LSJR Coast

**Send Coolers To:**

Phone: 904-256-1700  
 8800 Baymeadows Way West  
  
 Jacksonville, FL 32256-7577  
 Attn: Jeremy Parrish

**Send Final Report To:**

8800 Baymeadows Way West  
  
 Jacksonville, FL 32256-7577  
 Attn: Jeremy Parrish

Program Module Number:  
 Priority: 3  
 Event Status: S  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 01-NOV-2018  
 Biology Request Reviewed By: JASROTIA\_P On: 02-NOV-2018  
 Sampling Kit Required: YES Ship on: 16-NOV-2018  
 Sampling Kit Shipped: YES On: 15-NOV-2018  
 Sampling Kit Packed By: RODRIGUE\_G  
 Preservatives Needed: NO  
 Date to Receive Samples: 26-NOV-2018  
 Received By:

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

Comments:

**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 CaCO <sub>3</sub> /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 using a maximum of 250 mL of sample                                                  |
| 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-250ML-WI-THI       | Number of Bottles: 1 | Preserved With: ICE                                                                                                                            |
| NE-ALS-ENQ                        | Template: DEFAULT    | (ASTM D650399) Enterococci by Enterolert Quanti-Tray Method by ALS Environmental Laboratory in Jacksonville                                    |
| Bottle Type: P-500ML              | Number of Bottles: 1 | Preserved With: HNO <sub>3</sub>                                                                                                               |
| 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 |
| Iron                              |                      |                                                                                                                                                |
| Zinc                              |                      |                                                                                                                                                |
| W-ICPMS                           | Template: PRTY       | (EPA 200.8 Rev. 5.4) Total Recoverable Metals analysis using ICP-MS for aqueous samples supporting Clean Water Act Projects                    |
| Arsenic                           |                      |                                                                                                                                                |
| Cadmium                           |                      |                                                                                                                                                |
| Chromium                          |                      |                                                                                                                                                |
| Copper                            |                      |                                                                                                                                                |
| Lead                              |                      |                                                                                                                                                |
| Nickel                            |                      |                                                                                                                                                |
| Silver                            |                      |                                                                                                                                                |
| Bottle Type: P-500ML              | Number of Bottles: 1 | Preserved With: ICE And H <sub>2</sub> SO <sub>4</sub>                                                                                         |
| W-NH <sub>3</sub>                 | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                                                     |
| W-NO <sub>2</sub> NO <sub>3</sub> | Template: DEFAULT    | (EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L                                                                             |



**Bottle Group A (Water) With 1 Samples:**

|                      |                      |                                                                                          |
|----------------------|----------------------|------------------------------------------------------------------------------------------|
| Bottle Type: P-500ML | Number of Bottles: 1 | Preserved With: ICE And H2SO4                                                            |
| 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 |

**Bottle Group B (Water) With 5 Samples:**

|                           |                      |                                                                                         |
|---------------------------|----------------------|-----------------------------------------------------------------------------------------|
| Bottle Type: QPCR-P-500ML | Number of Bottles: 5 | Preserved With: ICE                                                                     |
| PCR-FILTER                | Template: DEFAULT    | (SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis           |
| Bottle Type: BG-500ML     | Number of Bottles: 5 | Preserved With: ICE                                                                     |
| W-E8321-DI                | Template:            | (EPA 8321B) Pesticides, herbicides, and other chemicals in water matrices by HPLC/MS/MS |
| W-E8321-MS                | Template: DEFAULT    | (EPA 8321B) Pesticides, 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.