

# Log-in Checklist

RQ-2018-12-24-30

Login Station ID: # 3

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 12/28/2018 / 09:40

| 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) |
|---------------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|-------------------------------------------------------|
|                     | HNO <sub>3</sub>                       | Formalin |                                       | Present?      |    | *Intact? |    |                                                       |
|                     |                                        |          |                                       | Yes           | No | Yes      | No |                                                       |
| 1.9C                |                                        |          | 1                                     |               | X  |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |

\* 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 below, fill out the back of this form (Field ID, Test IDs, etc.) and generate an NCR.

\*\*Chain of Custody/ Field Sheet(s) Included? Yes X No       

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes        No X Date       

## CONTAINER CHECK

\*\*Evidence Tape on Bottles? Yes        No X If yes, is it intact? Yes        No       

\*\*Caps on tight? Yes X No        \*\*Containers intact? Yes        No       

\*\*Sufficient Sample Volume: Yes X No       

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes        No X Init: ABS

| 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  |     |    |
| W-PFAS-MS                                                                                            |     |    |            |     |    |

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

\*\*Acid Preserved Samples: pH ≤ 2.0? Yes X No        NA X Init: ABS

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

Coolers Unpacked/Checked by: ABS Date: 12/28/2018 NCRs (Y/N)?       

Event ID: wbid 2571 unnamed NCR #         
NF-DIST-2018-12-28-01 (SMP)

## 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_03_2018           |
| pH Paper 0.0 – 3.0 Lot #   |                       |
| pH Paper 0 – 13 Lot #      | 215517 EXP:06/01/2020 |
| Chlorine Test Strips Lot # | 7226 EXP:2020/07      |

### 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: \_\_\_\_\_

wbid 2571 unnamed

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: NE-DIST

Requester: Jeremy M. Parrish

Field Report Prepared By: J. Parrish

Project ID: SMP

Collected By: J. Parrish

Sampling Agency: FDEP NE ROC

|                                                                      |  |                                                                           |                                                                         |                                                                                 |                    |                                                                           |  |                                              |
|----------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------|--|----------------------------------------------|
| Location<br><i>Deep cr. Trib @ Gage Miller</i>                       |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>12/27/18</i> Time <i>950</i> |                                                                                 | Eastern<br>Central | Composite end<br>Date _____ Time _____                                    |  | Bottle<br>Group(s)<br>(See pg 2)<br><i>B</i> |
| Field ID                                                             |  | Matrix (type, e.g., Salt, Fresh, etc)<br><i>Fresh</i>                     |                                                                         | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                    | Total Res. Chlorine<br>(mg/L)                                             |  |                                              |
| WIN/STORET # <i>20030 859</i>                                        |  | Temp<br>(C)                                                               |                                                                         | pH                                                                              |                    | Sample<br>Depth <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                                              |
| Latitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude <input type="checkbox"/> dd<br><input type="checkbox"/> dms     |                                                                         | Salinity<br>(ppt)                                                               |                    | Comments<br><i>- Need Algal ID added to last weeks sample</i>             |  |                                              |
| 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<br>Group(s)                           |
| Field ID                                                             |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen<br><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 <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                                              |
| 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 _____ Time _____                |                                                                                 | Eastern<br>Central | Composite end<br>Date _____ Time _____                                    |  | Bottle<br>Group(s)                           |
| Field ID                                                             |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen<br><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 <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                                              |
| 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 _____ Time _____                |                                                                                 | Eastern<br>Central | Composite end<br>Date _____ Time _____                                    |  | Bottle<br>Group(s)                           |
| Field ID                                                             |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                         | Diss. Oxygen<br><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 <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                                              |
| 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<br><i>J. Parrish</i> | Date/Time<br><i>12/27/18</i> | Shipping Method<br><i>FedEx</i> | Number of Coolers Shipped:<br><i>1</i> | Received By:<br><i>[Signature]</i> | Date/Time<br><i>12-28-18/9:48</i> |
|--------------------------------------|------------------------------|---------------------------------|----------------------------------------|------------------------------------|-----------------------------------|

|          |              |                |                 |               |               |                                     |
|----------|--------------|----------------|-----------------|---------------|---------------|-------------------------------------|
| Group: A | Bottle Type: | P-1L           | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |
|          | ALKALINITY   |                |                 |               |               |                                     |
|          | TURBIDITY    |                |                 |               |               |                                     |
|          | W-CL-IC      |                |                 |               |               |                                     |
|          | W-COLOR      |                |                 |               |               |                                     |
|          | W-F          |                |                 |               |               |                                     |
|          | W-SO4-IC     |                |                 |               |               |                                     |
|          | W-TDS        |                |                 |               |               |                                     |
|          | W-TSS        |                |                 |               |               |                                     |
| Group: A | Bottle Type: | BP-1L          | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |
|          | CHLSUITE-W   |                |                 |               |               |                                     |
| Group: A | Bottle Type: | P-250ML-WI-THI | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |
|          | NE-ALS-ECQ   |                |                 |               |               |                                     |
| Group: A | Bottle Type: | P-500ML        | # of Bottles: 1 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab |
|          | 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 |
|          | W-PO4-F      |                |                 |               |               |                                     |
| Group: B | Bottle Type: | PT-50ML        | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |
|          | ALGAL_ID     |                |                 |               |               |                                     |

*Garnik  
add to sample  
and SBID# 79068*

Date of Request: 17-DEC-2018  
 Created By: PARRISH\_J On: 17-DEC-2018  
 Modified By: SWANSON\_C On: 21-DEC-2018  
 Customer: NE-DIST  
 Project: SMP  
 Division:  
 District: Northeast District  
 Sampling Event: wbid 2571 unnamed

**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: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 21-DEC-2018  
 Biology Request Reviewed By: SWANSON\_C On: 21-DEC-2018  
 Sampling Kit Required: NO Ship on:  
 Sampling Kit Shipped:  
 Sampling Kit Packed By:  
 Preservatives Needed: NO  
 Date to Receive Samples: 24-DEC-2018  
 Received By: SHAIK\_A On: 28-DEC-2018

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-CL-IC                           | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Chloride in aqueous matrices                                                                       |
| W-COLOR                           | Template: DEFAULT    | (SM 2120 B) True Color measured at 450 nm                                                                               |
| Color (true)                      |                      |                                                                                                                         |
| W-F                               | Template: DEFAULT    | (SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)                    |
| W-SO <sub>4</sub> -IC             | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices                                                                        |
| W-TDS                             | Template: DEFAULT    | (SM 2540 C-97) Total Dissolved Solids in aqueous matrices                                                               |
| W-TSS                             | Template: DEFAULT    | (SM 2540 D-97) Total Suspended Solids in aqueous matrices 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-ECQ                        | Template: DEFAULT    | (SM 9223 B Quanti-Tray) Escherichia coli by Colilert Quanti-Tray method by ALS Environmental Laboratory in Jacksonville |
| 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                                                      |
| 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-PO <sub>4</sub> -F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                                |

**Bottle Group B (Biological) With 1 Samples:**

|                      |                      |                                                                        |
|----------------------|----------------------|------------------------------------------------------------------------|
| Bottle Type: PT-50ML | Number of Bottles: 1 | Preserved With: ICE                                                    |
| ALGAL_ID             | Template: DEFAULT    | (SOP-AB05) Qualitative assessment of algal taxa present without counts |

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

ORIGIN ID: TLHA (904) 807-3300  
JEREMY PARRISH  
FL DEP NORTHEAST DISTRICT  
8800 BAYHEADS WAY WEST  
SUITE 100  
JACKSONVILLE, FL 32256  
UNITED STATES US

SHIP DATE: 16JUL18  
ACTING: 30.00 LB MAX  
CAD: 0446970/CAFE3210

TO JOHN WATTS

FLORIDA DEP/CHEMISTRY SECTION  
2600 BLAIRSTONE RD

TALLAHASSEE FL 32399

(850) 245-8877

WMA  
PDI

REF

DEPT

RMA: III III III



FedEx  
Express



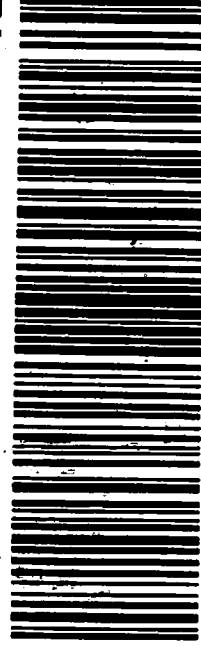
RETURNS MON - FRI  
PRIORITY OVERNIGHT  
FRI - 28 DEC 10:30A  
PRIORITY OVERNIGHT

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