

RQ- 2018-06-18-54

Log-in Checklist

Login Station ID: # 3Shipping Method: FedEx | UPS | HD | Greyhound | _____ Date/Time of Receipt: 06/22/2018 / 09:25

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape		*Intact?		Tracking # (fill out only if waybill copy is damaged)
			Present?		Yes	No	
BLUE	1.1C	1					

*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 X No _____

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes _____ No X Date 6-22-18

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 X 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		

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

**Acid Preserved Samples: pH ≤ 2.0? Yes _____ 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: 06/22/2018 NCRs (Y/N)? _____

Event ID: Bear Crk (SemCo)
CEN-DIST-2018-06-22-02 (SMP) NCR # _____
Date Received: 22-JUN-2018 09:25

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 #	230515 EXP:10/30/2018
pH Paper 0 – 13 Lot #	222516 EXP:09/15/2019
Chlorine Test Strips Lot #	8062 EXP:2020/12

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: _____

Bear Crk (SemCo)

Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By: RENK

Project ID: SMP

Collected By: RENKSampling Agency: SEMCO

Location		☐ Comp ☒ Grab		Collection (comp begin or grab)		☒ Eastern ☐ Central		Composite end		Bottle Group(s)	
WIN ID / Field ID →				Date <u>6/21/18</u>		Time <u>9:45</u>		Date _____ Time _____		(See pg 2)	
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		A	
Bear Creek @ Northern Way (BERC)		FRESH		5.0							
WIN/S		Temp (C) <u>26.6</u>		pH <u>7.1</u>		Sample Depth <u>0.2</u>		☐ ft ☒ m		Sp. Conductance (umho/cm) <u>262</u>	
Latitude		☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt)		Comments	
										CD-FLR-ECG submitted to contract lab	

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

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

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

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
				<u>RENK</u>	<u>6-22-18/9:25</u>

Group: A	Bottle Type: P-250ML-WI-THI	# of Bottles: 1	Preservative: Na thiosulfate and Ice	Enter Number of Bottles Sent to Lab
	CD-FLR-ECQ			<u>1 sent to contract lab</u>

Group: A	Bottle Type: ^{500 ALL} P-250ML	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab
	W-CL-IC			
	W-F			
	W-SO4-IC			



CONTRACT LAB - CHAIN OF CUSTODY

Client Name: Department of Environmental Protection
Address: 3319 Maguire Blvd Suite 232, Orlando, FL 32803
Project Manager: Natalie Ayala / Michael Linger / Kalina Warren
E-Mail: Michael.Linger@dep.state.fl.us
Telephone Number: (407) 897-4100

Project Name: SMP

Project Number: RQ-2018-06-18-54

Site Location: Bear Creek

Contract/PO # Flowers Lab - B16975

Sampler Names: RENE / SHELTON

Signature: *[Signature]*

FIELD ID	Lab No. (Lab Use Only)	Date	Time Sampled	No. of Containers	Grab	Composite	Preservative				Matrix				Analyze For:		
							ICE	HCL	HNO3	NONE	Groundwater	Wastewater	Drinking Water	Surface Water	Escherichia Coll (ECQ)	Enterococci (ENQ)	Fecal Coliform (FC)
G2CE0182	3694605W1	6/21/18	945	1	X		X							X	X		

Special Instructions:

Samples are ambient water and not suspected to contain chlorine

Relinquished by: <i>[Signature]</i>	Date: 6/21/18	Time: 1412	Received by: <i>[Signature]</i>	Date: 6/21	Time: 1412	Comments: Temp Upon Receipt: 3.8°C
Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Sample Containers Intact? N

Date of Request: 12-JUN-2018
Created By: LINGER_M On: 12-JUN-2018
Modified By: SWANSON_C On: 14-JUN-2018
Customer: CEN-DIST
Project: SMP
Division:
District: Central District
Sampling Event: Bear Crk (SemCo)

Send Coolers To:

Phone: 407-897-4180
FL Dept. of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767
Attn: Mike Linger

Send Final Report To:

FL Dept. of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767
Attn: Mike Linger

Program Module Number: 1306
Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 12-JUN-2018
Biology Request Reviewed By: SWANSON_C On: 14-JUN-2018
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 18-JUN-2018
Received By: SHAIK_A On: 22-JUN-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-250ML-WI-THI	Number of Bottles: 1	Preserved With: Na thiosulfate and Ice
CD-FLR-ECQ	Template: DEFAULT	(SM 9223 Quanti-Tray) Escherichia coli by Collert 18 Quanti-Tray method by Flowers Laboratory
Bottle Type: P-250ML	Number of Bottles: 1	Preserved With: ICE
W-CL-IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Chloride in aqueous matrices
W-F	Template: DEFAULT	(SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)
W-SO4-IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices

SHIP DATE: 05/04/10
ACTWGT: 40.00 LB
CAG: 105182959INE13980

ORIGIN ID: ORLA (407) 894-7555
FL DEP CENTRAL DISTRICT
3319 MAGUIRE BLVD STE 232
ORLANDO, FL 32803
UNITED STATES US

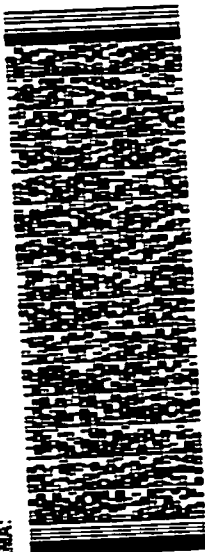
TO ANZAD SHAIK

FL DEP
FL DEP CHEMISTRY SECTION
2600 BLAIR STONE RD
TALLAHASSEE FL 32399

REF: (850) 245-8085

DEPT: PO

RNA:



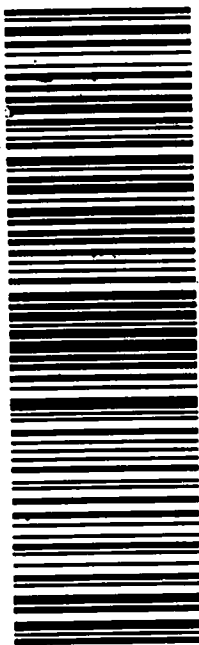
FedEx
Express



05/11/10 09:00 AM

RETURNS MON-FR:

FTD 5191186 21JUN18 SFGA. 546C1/48E5/8C8A



36 TLHA

32399
FL-US
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TRK# 7908 0333 1039
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FRI - 22 JUN 10:30A
PRIORITY OVERNIGHT