

RQ-2018-04-02-73

## Log-in Checklist

Login Station ID: #2

Shipping Method: FedEx | UPS | HD | Greyhound | \_\_\_\_\_Date/Time of Receipt: 6-26-18/10:00

| Cooler ID  | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape |                                     | Tracking # (fill out only if waybill copy is damaged) |  |
|------------|---------------------|---------------------------------|---------------|-------------------------------------|-------------------------------------------------------|--|
|            |                     |                                 | Present?      | *Intact?                            |                                                       |  |
| Yes        | No                  | Yes                             | No            |                                     |                                                       |  |
| <u>Red</u> | <u>1.6</u>          | <u>10</u>                       |               | <input checked="" type="checkbox"/> |                                                       |  |
|            |                     |                                 |               |                                     |                                                       |  |
|            |                     |                                 |               |                                     |                                                       |  |
|            |                     |                                 |               |                                     |                                                       |  |
|            |                     |                                 |               |                                     |                                                       |  |
|            |                     |                                 |               |                                     |                                                       |  |

\*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 \_\_\_\_\_

## CONTAINER CHECK

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

\*\*Caps on tight? Yes ☒ No \_\_\_\_\_ \*\*Containers intact? Yes ☒ No \_\_\_\_\_

\*\*Sufficient Sample Volume: Yes ☒ No \_\_\_\_\_

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes \_\_\_\_\_ No \_\_\_\_\_ Init: \_\_\_\_\_

| 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  $\leq$  2.0? Yes ☒ No \_\_\_\_\_ NA \_\_\_\_\_ Init: SR

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

Coolers Unpacked/Checked by: SR Date: 6-26-18

NCRs (Y/N)? N

Event ID: SO-DIST-20180626-01

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_02_2018         |
| pH Paper 0.0 – 3.0 Lot #   | 230515 EXP:10-30-18 |
| pH Paper 0 – 13 Lot #      | 222516 EXP:08-15-19 |
| Chlorine Test Strips Lot # | 033117L EXP:03/21   |

### ENCORE SAMPLES

**S-VOC-MS samples in Encores must be frozen within 48 hours of collection.**

Were Encore samples received? Yes \_\_\_\_\_ No ✓

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: \_\_\_\_\_

Lake Pythias, Huckleberry Lake, Pearl Lake, Lake Henry

last revised Jan 25, 2018

## Central Laboratory Submittal Form

Customer: SO-DIST

Requester: Maryann Dugan

Field Report Prepared By:

J. Foster

Project ID: SMP

Collected By:

J. Foster

Sampling Agency:

HCBCC

|              |                                                             |           |                                                                |                                         |                 |                                                                 |                               |      |                               |  |
|--------------|-------------------------------------------------------------|-----------|----------------------------------------------------------------|-----------------------------------------|-----------------|-----------------------------------------------------------------|-------------------------------|------|-------------------------------|--|
| Location     | Field ID/WIN ID                                             |           | <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)<br>(See pg 2) |  |
| Field ID     | Location                                                    | G4SD0138  | Matrix (type, e.g., Salt, Fresh, etc)                          |                                         | Diss. Oxygen    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) |      |                               |  |
| WIN/STORET # |                                                             |           | Temp<br>(C)                                                    | pH                                      | Sample<br>Depth | <input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm)  |      |                               |  |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms    | Salinity<br>(ppt)                       | Comments        |                                                                 |                               |      |                               |  |
| Location     | Field ID/WIN ID                                             |           | <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     | Location                                                    | G4SD0166  | Matrix (type, e.g., Salt, Fresh, etc)                          |                                         | Diss. Oxygen    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) |      |                               |  |
| WIN/STORET # |                                                             |           | Temp<br>(C)                                                    | pH                                      | Sample<br>Depth | <input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm)  |      |                               |  |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms    | Salinity<br>(ppt)                       | Comments        |                                                                 |                               |      |                               |  |
| Location     | Field ID/WIN ID                                             |           | <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     | Location                                                    | G4SD0137  | Matrix (type, e.g., Salt, Fresh, etc)                          |                                         | Diss. Oxygen    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) |      |                               |  |
| WIN/STORET # |                                                             |           | Temp<br>(C)                                                    | pH                                      | Sample<br>Depth | <input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm)  |      |                               |  |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms    | Salinity<br>(ppt)                       | Comments        |                                                                 |                               |      |                               |  |
| Location     | Field ID/WIN ID                                             |           | <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     | Location                                                    | G4SD0167  | Matrix (type, e.g., Salt, Fresh, etc)                          |                                         | Diss. Oxygen    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) |      |                               |  |
| WIN/STORET # |                                                             |           | Temp<br>(C)                                                    | pH                                      | Sample<br>Depth | <input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm)  |      |                               |  |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms    | Salinity<br>(ppt)                       | Comments        |                                                                 |                               |      |                               |  |

|                  |           |                 |                            |              |               |
|------------------|-----------|-----------------|----------------------------|--------------|---------------|
| Relinquished By: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time     |
|                  |           | FedEx overnight | 1                          | SR           | 6-26-18/10:00 |

Group: A      Bottle Type: P-1L      # of Bottles: 4      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: 4      Preservative: ICE      Enter Number of Bottles Sent to Lab \_\_\_\_\_

CHLSUITE-W

~~Group: A      Bottle Type: P-250ML W-TTH      # of Bottles: 4      Preservative: ICE      Enter Number of Bottles Sent to Lab \_\_\_\_\_~~

~~SD-SND-ECQ~~

Group: A      Bottle Type: P-500ML      # of Bottles: 4      Preservative: ICE And H2SO4      Enter Number of Bottles Sent to Lab \_\_\_\_\_

W-NH3  
W-NO2NO3  
W-S-A-TP  
W-TKN  
W-TOC

H2SO4  
SA8885170  
EXP: 03/26/19

Group: A      Bottle Type: P-125ML      # of Bottles: 4      Preservative: FILTER-ICE      Enter Number of Bottles Sent to Lab \_\_\_\_\_

W-PO4-F

Date of Request: 20-MAR-2018  
 Created By: DUGAN\_M On: 20-MAR-2018  
 Modified By: SWANSON\_C On: 22-MAR-2018  
 Customer: SO-DIST  
 Project: SMP  
 Division: Not Applicable  
 District: South District  
 Sampling Event: Lake Pythias, Huckleberry Lake, Pearl Lake, Lake Henry

**Send Coolers To:**

Phone: (863) 402-6545  
 Highlands County Parks and Natural Resources  
 4344 George Blvd.  
 Sebring, FL 33875  
 Attn: Clell Ford

**Send Final Report To:**

FLDEP South District Office  
 2295 Victoria Ave. Suite 364  
 Fort Myers, FL 33901  
 Attn: Maryann dugan

Program Module Number:  
 Priority: 3  
 Event Status: S  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 21-MAR-2018  
 Biology Request Reviewed By: SWANSON\_C On: 22-MAR-2018  
 Sampling Kit Required: YES Ship on: 26-MAR-2018  
 Sampling Kit Shipped: YES On: 26-MAR-2018  
 Sampling Kit Packed By: SHAIK\_A  
 Preservatives Needed: NO  
 Date to Receive Samples: 02-APR-2018  
 Received By:

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

Comments: SMP: Highlands Lakes

**Bottle Group A (Water) With 4 Samples:**

|                                   |                   |                                                                                                              |                                                        |
|-----------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Bottle Type: P-1L                 |                   | Number of Bottles: 4                                                                                         | 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: 4                                                                                         | 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: 4                                                                                         | Preserved With: ICE                                    |
| SD-SND-ECQ                        | Template: DEFAULT | (SM 9223 Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method by Sanders Laboratories             |                                                        |
| Bottle Type: P-500ML              |                   | Number of Bottles: 4                                                                                         | 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: 4                                                                                         | 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                     |                                                        |

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

**Do Not Lift Using This Tag**

ORIGIN: DAVOA (863) 402-6545  
CLELL FORD  
FL DEP SOUTH D  
4344 GEORGE BLVD  
4344 GEORGE BLVD  
SEBRING, FL 33875  
UNITED STATES US

SHIP DATE: 26 MAR 18  
ACTWGT: 35.00 LB  
CAD: 100182098/NET3980

TO **AMZAD SHAIK**  
**FL DEP**  
**FL DEP CHEMISTRY SECTION**  
**2600 BLAIR STONE RD**  
**TALLAHASSEE FL 32399**

(850) 245-8085

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PO:

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RMA:



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