



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2018

Data Qualified?

Yes / No

WIN Station Name: Hillsborough River By Ft. Foster

Date: 2-8-18
(mm/dd/yyyy)

WIN/ Field ID: G2SW0063

WBID: 1443D

Latitude: 28.1496

(Decimal Degrees)

County: Hillsborough

ORG ID: 21FLTPA

Longitude: -82.21973

(Decimal Degrees)

Receiving Body of Water: Old Tampa Bay

RQ-2018-02-05-40

Sampling Team Members						WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment				
Judy Ashton											☒ Sample Container	☐ Van Dorn	☐ Pole		
Ben Paswater											☐ Carboy	☐ Syringe			
											☐ Dipper	☐ Other			
Depth Measured with Secchi											Equipment ID				
Collection Method															
☐ Wading														☐ Canoe/Kayak	
☐ From Shore														☐ Electric Motor	
☐ Other														☐ Gasoline Motor	
Water Level: Dry/ Pooled/ Low / Normal / High / Flooded						Meter ID# L12 JON				Matrix: Fresh Marine / DI					
Photos: Yes / No		Flow: No Flow / Interstitial / Flowing / NA				Tide: Rising/ Falling/ Slack (NA)				Tide Times: High Low					
Time Zone	Time	Total Depth (m)	Sample Depth (m)	Secchi Disk (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (PPT)	Sp COND (umhos/cm)	Temp. (C°)					
EST	1410	1.4	0.3	1.4	7.3	82	7.5	/	352	21.2					
Biological Samples Collected: None HA SCI RPS Algae ID LVS LVI Other:															
SBIO ID Numbers: SBIO-ID: HA-ID: RPS-ID: Macrophyte-ID: LIMS#:															
Parameter Suite		Parameter Methods				Preservation		Lot#	Expiration	pH Check					
Preserved Nutrients		☒ W-1H3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP				☒ Ice ☒ H2SO4		SA7233030	08/21/18	☒ <2					
Metals		☒ W-ICPMS ☒ W-ICP				☒ Ice ☒ HNO3				☒ <2					
Filtered Nutrients		☒ W-PO4-F ☒ Field Filtered 0.45 um Filter				☒ Ice		9841668							
Chlorophyll		☒ CHL-SUITE-W				☒ Ice									
Physical/Aggregate (Fresh)		☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CL-IC / W-COLOR / W-SO4-IC / W-TDS				☒ Ice									
Physical/Aggregate (Marine)		☐ Alkalinity / W-F / W-TSS / TURBIDITY				☐ Ice									
Macroinvertebrates		☐ M-FW-QLDC				☐ Formalin									
Periphyton		☐ ALGAE-ID				☐ Ice									
Microbiology		☒ Coli ☐ F Coli ☐ Enterococci				☒ Ice									
Molecular		☐ PCR-FILTER ☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-GULL2 ☐ PCR-GFD				☐ Ice									
Tracers		☐ W-SJC-AA-R ☐ W-UHERB-AA ☐ W-AHERB-AA				☐ Ice									
Pesticides		☒ W-PSNP-TQ ☒ W-UHERB-AA ☒ W-AHERB-AA ☒ W-CARB-AA ☒ W-PCL-SQ-R ☒ W-PYR-AA-R ☒ W-GLYPH ☒ W-SUC-AA-R				☐ Ice ☐ Other									

Contains 1:1 Sulfuric Acid
Lot No.: SA7233030
Expires: 08/21/18
See Safety Data Sheet (SDS)

Place Preserve

Notes:

WIN/Field ID: G2SW0063

Hillsborough River by Fort Foster

Signature: Ben Paswater

Date: 2-8-18

Enter Field Parameters, Verify Station ID in LIMS DMT: SM 03/02/2018

QC Station ID, Field Parameters in LIMS DMT: SM 03/02/2018

(Initials/Date)

(Initials/Date)

Scan/Save Field Sheets SM 03/30/2018

Migrate Data to WIN: MB 4/12/18

Verify Data in WIN: SM 03/29/2018

(Initials/Date)

(Initials/Date)

(Initials/Date)

Request Number: RQ-2018-02-05-40

Mattress

Florida Department of Environmental Protection Central Laboratory Submittal Form

Page 1 of 4

last revised Jan 3, 2016

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: J. Ashton, B. PISWATER

Field Report Prepared By: Judy Ashton

Sampling Agency: FDEP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2-8-18</u> Time <u>1410</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
WIN/Field ID:  G2SW0063		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>7.3</u>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L)
Hillsborough River by Fort Foster		Temp (C) <u>21.2</u>	pH <u>7.5</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>352</u>
☐ dms		☐ dd ☐ dms	Salinity (ppt)	Comments <u>DROPPED W/ E. COLI @ AEL</u>		<u>A, B</u>
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2-8-18</u> Time <u>1323</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
WIN/Field ID:  G2SW0062		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>7.9</u>	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L)
Hillsborough River in State Park		Temp (C) <u>21.1</u>	pH <u>7.4</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>357</u>
☐ dms		☐ dd ☐ dms	Salinity (ppt)	Comments <u>DROPPED W/ E. COLI @ AEL</u>		<u>A, B</u>
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date _____ Time _____	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
WIN/STORET #		Temp (C)	pH	Sample Depth	☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt)		Comments
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2-8-18</u> Time <u>1033</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
WIN/Field ID:  G4SW0092		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>4.5</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
Mattress Drain @ Rockridge Rd		Temp (C) <u>18.4</u>	pH <u>7.5</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>119</u>
☐ dms		☐ dd ☐ dms	Salinity (ppt)	Comments <u>DROPPED W/ E. COLI @ AEL</u>		<u>C</u>
Relinquished By: <u>J. Ashton</u>		Date/Time: <u>2-8-18 1700</u>		Shipping Method: <u>FED EX</u>		Number of Coolers Shipped: <u>4</u>
Received By: _____		Date/Time: _____				

Group: A	Bottle Type:	P-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	ALKALINITY						
	TURBIDITY						
	W-CL-IC						
	W-COLOR						
	W-F						
	W-SO4-IC						
	W-TDS						
	W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	CHLSUITE-W						
Group: A	Bottle Type:	P-120ML-WC-THI	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	SWD-AEL-EC						
Group: A	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	HNO3	Enter Number of Bottles Sent to Lab	2
	W-ICP						
	W-ICPMS						
Group: A	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	2
	W-NH3						
	W-NO2NO3						
	W-S-A-TP						
	W-TKN						
	W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 2	Preservative:	FILTER-ICE	Enter Number of Bottles Sent to Lab	2
	W-PO4-F						
Group: B	Bottle Type:	BG-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	W-AHERB-AA						
	W-GLYPH						
	W-PYR-AA-R						
	W-SUC-AA-R						
	W-UHERB-AA						
Group: B	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	CH2CICOOH Pre-Preserved	Enter Number of Bottles Sent to Lab	2
	W-CARB-AA						
Group: B	Bottle Type:	BG-500ML	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6

Group: B	Bottle Type:	BG-500ML	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	W-CT-CI-R W-PCL-SQ-R						
Group: B	Bottle Type:	BG-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	W-PSNP-TQ						
Group: C	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: C	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W						
Group: C	Bottle Type:	P-120ML-WC-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	SWD-AEL-EC <i>DROPPED 2 ALL</i>						
Group: C	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: C	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	FILTER-ICE	Enter Number of Bottles Sent to Lab	1
	W-PO4-F						
Group: D	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC						

Group: D	Bottle Type: W-TDS W-TSS	P-1L	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
Group: D	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
Group: D	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	P-500ML	# of Bottles: 1	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
Group: D	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 1	Preservative: FILTER-ICE	Enter Number of Bottles Sent to Lab	1
Group: E	Bottle Type: PCR-FILTER	QPCR-P-250ML	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab	4
Group: E	Bottle Type: SWD-AEL-EC	P-120ML-WC-THI	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
Group: E	Bottle Type: W-AHERB-AA W-SUC-AA-R W-UHERB-AA	BG-1L	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
Group: F	Bottle Type: PCR-FILTER	QPCR-P-250ML	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab	0
Group: F	Bottle Type: SWD-AEL-EC	P-120ML-WC-THI	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	0
Group: F	Bottle Type: W-AHERB-AA W-SUC-AA-R W-UHERB-AA	BG-1L	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	0

Droped off @ AEL



Advanced Environmental Laboratories, Inc.

- | | |
|-------------------------------------|---|
| ☐ | Altamonte Springs: 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 |
| ☐ | Gainesville: 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639 |
| ☐ | Jacksonville: 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 |
| ☐ | Miramar: 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281 |
| ☐ | Tallahassee: 2639 North Monroe Street, Suite D • Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275 |
| ☒ | Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 |

Client Name: FDEP-SW DIST		Project Name: SMP		BOTTLE SIZE & TYPE														LABORATORY I.D. NUMBER							
Address: 13051 N. Telecom Pkwy		P.O. Number or Project Number: AF315E		ANALYSIS REQUIRED																					
Phone: 813-470-5770		FDEP Facility No:																							
FAX:		Project Address:																							
Contact: Judy Ashton 813-470-5772		Special Instructions:																							
Sampled By:		Turn Around Time: ☒ STANDARD ☐ RUSH		RQ2018- 02-05-40																					
Page: 1 of 1		☐ ADaPT ☐ EQUiS ☐ Other																							
SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE TIME		MATRIX	NO. COUNT	PRESERVATION																		
G45W0092	MATTRESS DRAIN 1	✓	2/8/18	1033	SW	1	✓																		
G25W0011	NEW RIVER D 54	✓	2/8/18	1133	SW	1	✓																		
G25W0061	NEW RIVER D MORRIS BRIDGE	✓	2/8/18	1156	SW	1	✓																		
G25W0062	HILLS RIVER IN STATE PARK	✓	2/8/18	1323	SW	1	✓																		
G25W0063	HILLS RIVER D FT. FOSTER	✓	2/8/18	1410	SW	1	✓																		
Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H = (HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)																									
Received on Ice ☐ Yes ☐ No ☐ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked														Temperature when received _____ (in degrees celcius)											
DCN: AD-051 Form last revised 04/30/2015 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V																									
Relinquished by: 1. Ashton Date: 2-8-18 Time: 1510 Received by: [Signature] Date: 2/8/18 Time: 1510																									
FOR DRINKING WATER USE																									
PWS ID: _____																									
Contact Person: _____ Phone: _____																									
Supplier of Water: _____																									
Site Address: _____																									

From Please print and press hard.

Date **2-8-18** Sender's FedEx Account Number **8119 3904 2993**
 Sender's Name **FDEP** Phone **(813) 470-5700**

Company **FDEP**
 Address **13051 N Telecom Pkwy** **101**
 City **Tempe Terrace** State **FL** ZIP **33637**
 Dept./Floor/Suite/Room

Your Internal Billing Reference
 First 24 characters will appear on invoice.

To Recipient's Name **SAMPLE RECEIVING** Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**
 We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address
 Use this line for the HOLD location address or for continuation of your shipping address.

City **TALLAHASSEE** State **FL** ZIP **32399-6542**

0127681333



From Please print and press hard.

Date **2-8-18** Sender's FedEx Account Number **8119 3904 2386**
 Sender's Name **FDEP** Phone **(813) 470-5700**

Company **FDEP**
 Address **13051 N Telecom Pkwy** **101**
 City **Tempe Terrace** State **FL** ZIP **33637**
 Dept./Floor/Suite/Room

Your Internal Billing Reference
 First 24 characters will appear on invoice.

To Recipient's Name **SAMPLE RECEIVING** Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**
 We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address
 Use this line for the HOLD location address or for continuation of your shipping address.

City **TALLAHASSEE** State **FL** ZIP **32399-6542**

0127681333



Form ID No. **0215**

4 Express Package Service *To most locations.

Packages up to 150 lbs.
 For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

2nd Business Day

- ☐ FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day
Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Express Saver
Third business day.* Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

- ☐ FedEx Envelope*
- ☐ FedEx Pak*
- ☐ FedEx Box
- ☐ FedEx Tube
- ☒ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

- ☐ Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- ☐ No Signature Required
Package may be left without obtaining a signature for delivery.
- ☐ Direct Signature
Someone at recipient's address may sign for delivery.
- ☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?
 One box must be checked.
☒ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry Ice, 5, UN 1845 x lbs. ☐ Cargo Aircraft Only
 Restrictions apply for dangerous goods—see the current FedEx Service Guide.

7 Payment Bill to:

Sender's Account No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
 FedEx Account No. **4490-2262-9** Exp. Date

Total Packages **1** Total Weight **50** lbs. Total Declared Value* \$ **0.00**

Your liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.
 Rev. Date 5/15 • Part #183134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

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MUR 4

Form ID No. **0215**

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 Rev. Date 5/15 • Part #183134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

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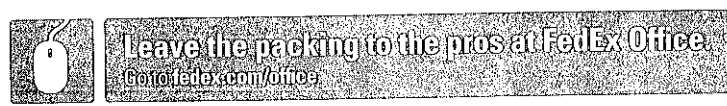
From Please print and press hard.
Date 2-8-18
Sender's Name
Phone 813 470-5700

Company FDEP
Address 13051 N Telecom Pkwy
City Temple Terrace State FL ZIP 33637

Our Internal Billing Reference
Recipient's Name SAMPLE RECEIVING
Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION
Address 2600 BLAIRSTONE RD
City TALLAHASSEE State FL ZIP 32399-6542

0127681333



From Please print and press hard.
Date 2-8-18
Sender's Name
Phone 813 470-5700

Company FDEP
Address 13051 N Telecom Pkwy
City Temple Terrace State FL ZIP 33637

Our Internal Billing Reference
Recipient's Name SAMPLE RECEIVING
Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION
Address 2600 BLAIRSTONE RD
City TALLAHASSEE State FL ZIP 32399-6542

0127681333



4 Express Package Service
Next Business Day
2 or 3 Business Days
FedEx First Overnight
FedEx Priority Overnight
FedEx Standard Overnight
FedEx 2Day A.M.
FedEx 2Day
FedEx Express Saver

5 Packaging
FedEx Envelope
FedEx Pak
FedEx Box
FedEx Tube
Other

6 Special Handling and Delivery Signature Options
Saturday Delivery
No Signature Required
Direct Signature
Indirect Signature
Does this shipment contain dangerous goods?

7 Payment Bill to:
Sender
Recipient
Third Party
Credit Card
Cash/Check
FedEx Account No. 4490-2262-7

Total Packages 1
Total Weight 50 lbs.
Total Declared Value \$ 00
611

4 Express Package Service
Next Business Day
2 or 3 Business Days
FedEx First Overnight
FedEx Priority Overnight
FedEx Standard Overnight
FedEx 2Day A.M.
FedEx 2Day
FedEx Express Saver

5 Packaging
FedEx Envelope
FedEx Pak
FedEx Box
FedEx Tube
Other

6 Special Handling and Delivery Signature Options
Saturday Delivery
No Signature Required
Direct Signature
Indirect Signature
Does this shipment contain dangerous goods?

7 Payment Bill to:
Sender
Recipient
Third Party
Credit Card
Cash/Check
FedEx Account No. 4490-2262-7

Total Packages 1
Total Weight 50 lbs.
Total Declared Value \$ 00
611

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.