Log-in Checklist

RQ-20801-22-34

Shipping Method: Kedex

Date/Time of Receipt: 1-25-18/10:05

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	
Blue	0.3	3		✓			

*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____

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 (Blue dot on container)

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-AHERB-AA (-AHB-AA-R)		✓	W-PCL-SQ (-R)		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)			W-TR-TQ		
W-PCB-R			W-CT-CI-R		

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

**Acid Preserved Samples: pH ≤ 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:** 1-25-18 **NCRs (Y/N)?** N

Event ID: SW-DIST-2018-01-25-01 **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

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_____ No_____

If 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: _____

Additional Comments:

Request Number: RQ-2018-01-22-34

Pinellas LR5- Joe's & PP Ditch#5

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Jan 3, 2018

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: Melissa Harrison

Field Report Prepared By: Anamarie Rivera

Sampling Agency: PINELLAS CO.

Location: PINELLAS SITE # 35-10	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 1/24/18 Time 1430	Eastern Central	Composite end Date	Time	Bottle Group(s) (See pg 2): A				
Field ID: WIN/FIELD ID ⇨ G5SW0137 Joe's Creek @ 62nd & 42nd	Matrix (type, e.g., Salt, Fresh, etc): water	Diss. Oxygen 9.80 / 107.4 ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)							
WIN/STORET #:	Temp (C) 20.05	pH 7.36	Sample Depth 0.12 ☐ ft ☒ m	Sp. Conductance (umho/cm) 0.387						
Latitude ☐ dd ☐ dms	Salinity (ppt) 0.17	Comments: PINELLAS CO. TO COLLECT + ANALYZE E. COLI								
Location: PINELLAS SITE # 35-01	☐ Comp ☒ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date	Time	Bottle Group(s): /				
Field ID: WIN/FIELD ID ⇨ G5SW0118 PP Ditch #5	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	Salinity (ppt)	Comments: PINELLAS CO. TO COLLECT + ANALYZE E. COLI								
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 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								

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Peggy Morse	1/24/17 1530	FED EX	1		1-25-18/10:05

Group: A	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
	PCR-GFD PCR-HF183						
Group: A	Bottle Type:	P-120ML-WC-THI	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	0
	~~SWD-AEL-EC~~						
Group: A	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						

RQ-2018-01-22-34

Date of Request: 04-JAN-2018
Created By: ASHTON_J On: 04-JAN-2018
Modified By: SWANSON_C On: 09-JAN-2018
Customer: SW-DIST
Project: SMP
Division:
District: Southwest District
Sampling Event: Pinellas LR5- Joe's & PP Ditch#5

Send Coolers To:

Phone: 813-632-7600
FL Dept. of Environmental Protection
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926
Attn: Judy Ashton

Send Final Report To:

FL Dept. of Environmental Protection
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926
Attn: Judy Ashton

Program Module Number:
Priority: 3
Event Status: S
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 08-JAN-2018
Biology Request Reviewed By: SWANSON_C On: 09-JAN-2018
Sampling Kit Required: YES Ship on: 12-JAN-2018
Sampling Kit Shipped: YES On: 12-JAN-2018
Sampling Kit Packed By: GREENWOO_J
Preservatives Needed: NO
Date to Receive Samples: 24-JAN-2018
Received By:

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

Comments: Group A: Tracers, Markers

Bottle Group A (Water) With 2 Samples:

Bottle Type: QPCR-P-250ML Number of Bottles: 4 Preserved With: ICE

PCR-GFD	Template: DEFAULT	(SOP-PCR-1.3) Detection and quantification of bird specific Helicobacter GFD genetic marker with quantitative polymerase chain reaction
PCR-HF183	Template: DEFAULT	(SOP-PCR-1.0) Detection and quantification of human-specific HF183 Bacteroides genetic marker with quantitative polymerase chain reaction

Bottle Type: Number of Bottles: 2 Preserved With: ICE

SWD-AEL-EC	Template: DEFAULT	(EPA 1603) Escherichia coli by membrane filter method using modified mTEC by Advanced Environmental Tampa Lab for SWD

Bottle Type: BG-1L Number of Bottles: 2 Preserved With: ICE

W-AHERB-AA	Template: DEFAULT	(USGS O-2060-01) Chlorinated (phenoxy acid) herbicides in water matrices by HPLC/MS/MS
W-SUC-AA-R	Template: DEFAULT	(EPA 8321B) Analysis of sucralose in water matrices by HPLC/MS/MS
W-UHERB-AA	Template: DEFAULT	(USGS O-2060-01) Urea 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.

00916

01000

MUR3

FedEx Express Package US Airbill

8121 9136 0945

0215 Form ID No.

FedEx Copy

1 From

Date 1/24/17 Sender's FedEx Account Number 4490-2262-9

Sender's Name Peggy Morgan Phone

Company PC Dept Envir. Management

Address 22211 US 19 N Dept./Floor/Suite/Room

City Clearwater State FL ZIP 33765

2 Your Internal Billing Reference

3 To

Recipient's Name SAMPLE RECEIVING Phone 850 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

01 ☐ Hold Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Address

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

31 ☐ Hold Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

City TALLAHASSEE State FL ZIP 32399

0128698132

8121 9136 0945

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

06 ☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

01 ☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

05 ☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

49 ☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.

03 ☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

20 ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

06 ☐ FedEx Envelope* 02 ☐ FedEx Pak* 03 ☐ FedEx Box 04 ☐ FedEx Tube 01 ☒ Other

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

03 ☐ Saturday Delivery

☐ No Signature Required — Package may be left without obtaining a signature for delivery.

10 ☐ Direct Signature — Someone at recipient's address may sign for delivery.

34 ☐ 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 04 ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. 06 ☐ Dry Ice Dry Ice, 9, UN 1845 ____ x ____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide. ☐ Cargo Aircraft Only

7 Payment *Bill to:*

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐

1 ☐ Sender Acct. No. in Section 1 will be billed. 2 ☒ Recipient 3 ☐ Third Party 4 ☐ Credit Card 5 ☐ Cash/Check

FedEx Acct. No. / Credit Card No. 4490-2262-9 Exp. Date

Total Packages	Total Weight	Total Declared Value†	Credit Card Auth.
1	50 lbs.	$ .00	

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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