

# Log-in Checklist

RQ-2018-02-12-25

Shipping Method: Fedex

Date/Time of Receipt: 2-15-18/2100

| Cooler ID  | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape      |                                     | Tracking # (fill out only if waybill copy is damaged) |                     |
|------------|---------------------|---------------------------------|--------------------|-------------------------------------|-------------------------------------------------------|---------------------|
|            |                     |                                 | Present?<br>Yes No | *Intact?<br>Yes No                  |                                                       |                     |
| <u>Red</u> | <u>0.4</u>          | <u>6</u>                        |                    | <input checked="" type="checkbox"/> |                                                       | <u>812191359780</u> |
|            |                     |                                 |                    |                                     |                                                       |                     |
|            |                     |                                 |                    |                                     |                                                       |                     |
|            |                     |                                 |                    |                                     |                                                       |                     |
|            |                     |                                 |                    |                                     |                                                       |                     |
|            |                     |                                 |                    |                                     |                                                       |                     |

\*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                                                                                           |     | <input checked="" type="checkbox"/> | 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: 2-15-18 NCRs (Y/N)? N  
 Event ID: SW-DIST-2018-02-15-01 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:**

# Florida Department of Environmental Protection

## Central Laboratory Submittal Form

Pinellas LR3- Bishop Creek

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: Penny Morgan

Collected By: Robert McWilliams

Sampling Agency: PINELLAS CO.

|              |                                                                                                             |                                                                                                                    |                                                             |                                                                                 |                                                                            |                                    |
|--------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------|
| Location     |                                                                                                             | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab                                          | Collection (comp begin or grab)<br>Date 2/14/17 Time 0905   | Eastern<br>Central                                                              | Composite end<br>Date Time                                                 | Bottle Group(s)<br>(See pg 2)      |
| Field ID     | WIN/Field ID: <br>G1SW0063 | Matrix (type, e.g., Salt, Fresh, etc)<br>water                                                                     |                                                             | Diss. Oxygen<br>5.56                                                            | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)      |
| WIN/S        |                                                                                                             | Temp (C)<br>22.31                                                                                                  | pH<br>7.39                                                  | Sample Depth<br>0.19                                                            | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance (umho/cm)<br>0.423 |
| Latitude     | Bishop Creek @ Oakcrest Drive                                                                               | <input type="checkbox"/> dd<br><input type="checkbox"/> dms<br>Comments: PINELLAS CO. TO COLLECT + ANALYZE E. COLI |                                                             |                                                                                 |                                                                            |                                    |
| Location     |                                                                                                             | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab                                          | Collection (comp begin or grab)<br>Date 2/14/18 Time 0953   | Eastern<br>Central                                                              | Composite end<br>Date Time                                                 | Bottle Group(s)                    |
| Field ID     | WIN/Field ID: <br>G1SW0061 | Matrix (type, e.g., Salt, Fresh, etc)<br>water                                                                     |                                                             | Diss. Oxygen<br>7.49                                                            | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)      |
| WIN/ST       |                                                                                                             | Temp (C)<br>21.14                                                                                                  | pH<br>7.58                                                  | Sample Depth<br>0.20                                                            | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance (umho/cm)<br>0.674 |
| Latitude     | Bishop Creek @ Harbor Lakes                                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms<br>Comments: PINELLAS CO. TO COLLECT + ANALYZE E. COLI |                                                             |                                                                                 |                                                                            |                                    |
| 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 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 (C)                                                                                                           | pH                                                          | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance (umho/cm)                                                  |                                    |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                 | Longitude                                                                                                          | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (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 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 (C)                                                                                                           | pH                                                          | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance (umho/cm)                                                  |                                    |
| Latitude     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                                                 | Longitude                                                                                                          | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)                                                                  | Comments                                                                   |                                    |

|                               |                         |                        |                              |                 |                         |
|-------------------------------|-------------------------|------------------------|------------------------------|-----------------|-------------------------|
| Relinquished By: Penny Morgan | Date/Time: 2/14/18 1645 | Shipping Method: FedEx | Number of Coolers Shipped: 1 | Received By: SR | Date/Time: 2-15-18/2:00 |
|-------------------------------|-------------------------|------------------------|------------------------------|-----------------|-------------------------|

Group: A      Bottle Type: QPCR-P-250ML      # of Bottles: 2      Preservative: ICE      Enter Number of Bottles Sent to Lab 4  
PCR-FILTER

Group: A      Bottle Type: BG-1L      # of Bottles: 1      Preservative: ICE      Enter Number of Bottles Sent to Lab 2  
W-AHERB-AA  
W-SUC-AA-R  
W-UHERB-AA

Date of Request: 11-JAN-2018  
Created By: ASHTON\_J On: 11-JAN-2018  
Modified By: SWANSON\_C On: 25-JAN-2018  
Customer: SW-DIST  
Project: SMP  
Division:  
District: Southwest District  
Sampling Event: Pinellas LR3- Bishop Creek

**Send Coolers To:**

Phone: 813-632-7600  
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: 23-JAN-2018  
Biology Request Reviewed By: SWANSON\_C On: 25-JAN-2018  
Sampling Kit Required: YES Ship on: 02-FEB-2018  
Sampling Kit Shipped: YES On: 29-JAN-2018  
Sampling Kit Packed By: SHAIK\_A  
Preservatives Needed: NO  
Date to Receive Samples: 14-FEB-2018  
Received By:

**Send Final Report To:**

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

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

Comments: Pinellas County to collect & Analyze E.coli

**Bottle Group A (Water) With 1 Samples:**

|                           |                      |                                                                                        |
|---------------------------|----------------------|----------------------------------------------------------------------------------------|
| Bottle Type: QPCR-P-250ML | Number of Bottles: 2 | Preserved With: ICE                                                                    |
| PCR-FILTER                | Template: DEFAULT    | (SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis          |
| Bottle Type: BG-1L        | Number of Bottles: 1 | 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.