

# Log-in Checklist

RQ-2018-08-27-33

Login Station ID: #4

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 8/28/18 9:35

| Cooler Temperature* | *All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |                                     |          |    | Tracking # (fill out only if waybill copy is damaged) |
|---------------------|---------------------------------------|----------|---------------------------------------|---------------|-------------------------------------|----------|----|-------------------------------------------------------|
|                     | HNO <sub>3</sub>                      | Formalin |                                       | Present?      |                                     | *Intact? |    |                                                       |
|                     |                                       |          |                                       | Yes           | No                                  | Yes      | No |                                                       |
| 2.0°C               |                                       |          | 6                                     |               | <input checked="" type="checkbox"/> |          |    |                                                       |
|                     |                                       |          |                                       |               |                                     |          |    |                                                       |
|                     |                                       |          |                                       |               |                                     |          |    |                                                       |
|                     |                                       |          |                                       |               |                                     |          |    |                                                       |
|                     |                                       |          |                                       |               |                                     |          |    |                                                       |
|                     |                                       |          |                                       |               |                                     |          |    |                                                       |
|                     |                                       |          |                                       |               |                                     |          |    |                                                       |

\* HNO<sub>3</sub> and Formalin persevered samples do **NOT** have a temperature requirement. For all others, 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: JS

| 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-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 ☒ Init: JS

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

Coolers Unpacked/Checked by: JS Date: 8/28/18 NCRs (Y/N)?           

Event ID: SW-DIST-2018-08-28-01 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_04_2018            |
| pH Paper 0.0 – 3.0 Lot #   | 230515 EXP: 10/30/2018 |
| pH Paper 0 – 13 Lot #      | 222516 EXP: 08/15/2019 |
| Chlorine Test Strips Lot # | 7226 EXP: 07/2020      |

### 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: \_\_\_\_\_

Blackwater @ county park

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: BP

Project ID: SMP

Collected By: Ben Paswater, Judy Ashton

Sampling Agency: FDEP

|              |                                   |                                                                           |                                                           |                                                                                 |                                                                            |                               |
|--------------|-----------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------|
| Location     |                                   | <input checked="" type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 8/27/18 Time 955  | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date Time                                                 | Bottle Group(s)<br>(See pg 2) |
| Field ID/WIN | G2SW0064                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                           | Diss. Oxygen                                                                    | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine (mg/L)    |
| WIN          |                                   | Temp (C)                                                                  | pH                                                        | Sample Depth                                                                    | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance (umho/cm)     |
| Site Name:   | Blackwater Cr @ CR39              | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt)                                            | Comments                                                                        |                                                                            |                               |
| Latitude     |                                   |                                                                           |                                                           |                                                                                 |                                                                            |                               |
| Location     |                                   | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date 8/27/18 Time 1000 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date Time                                                 | Bottle Group(s)               |
| Field ID     | Field ID: G2SW0064_DUP            | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                           | Diss. Oxygen                                                                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine (mg/L)    |
| WIN/ST       | Location: Blackwater Creek @ CR39 | Temp (C)                                                                  | pH                                                        | Sample Depth                                                                    | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance (umho/cm)     |
| Latitude     | WIN ID: G2SW0064                  | <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 8/27/18 Time 1100 | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date Time                                                 | Bottle Group(s)               |
| Field ID     | Field ID: BLANK                   | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                           | Diss. Oxygen                                                                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine (mg/L)    |
| WIN/ST       | Location: Field Blank_08/27/2018  | Temp (C)                                                                  | pH                                                        | Sample Depth                                                                    | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance (umho/cm)     |
| Latitude     |                                   | <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              | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central            | Composite end<br>Date Time                                                 | Bottle Group(s)               |
| Field ID     |                                   | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                           | Diss. Oxygen                                                                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine (mg/L)    |
| WIN/STORET # |                                   | Temp (C)                                                                  | pH                                                        | Sample Depth                                                                    | <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: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time    |
| Ben Paswater     | 8/27/18   | Fed EX          | 1                          | J. P.        | 8/28/18 9:35 |

Ref:  
Dep:Date: 21Aug18  
Wgt: 15.00 LBS

DV:

|           |      |
|-----------|------|
| SHIPPING: | 0.00 |
| SPECIAL:  | 0.00 |
| HANDLING: | 0.00 |
| TOTAL:    | 0.00 |

Svcs: PRIORITY OVERNIGHT Master 4385 5032 6799  
TRACK: 4385 5032 6847

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|          |                           |                 |                   |                                     |
|----------|---------------------------|-----------------|-------------------|-------------------------------------|
| Group: A | Bottle Type: QPCR-P-500ML | # of Bottles: 1 | Preservative: ICE | Enter Number of Bottles Sent to Lab |
|----------|---------------------------|-----------------|-------------------|-------------------------------------|

PCR-FILTER

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|          |                             |                 |                   |                                     |
|----------|-----------------------------|-----------------|-------------------|-------------------------------------|
| Group: A | Bottle Type: P-120ML-WC-THI | # of Bottles: 1 | Preservative: ICE | Enter Number of Bottles Sent to Lab |
|----------|-----------------------------|-----------------|-------------------|-------------------------------------|

SWD-AEL-EC

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|          |                       |                 |                   |                                     |
|----------|-----------------------|-----------------|-------------------|-------------------------------------|
| Group: A | Bottle Type: BG-500ML | # of Bottles: 1 | Preservative: ICE | Enter Number of Bottles Sent to Lab |
|----------|-----------------------|-----------------|-------------------|-------------------------------------|

W-E8321-DI

W-E8321-MS



Advanced  
Environmental Laboratories, Inc.

☐ **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  
☐ **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<br>SIZE &<br>TYPE | Analysis Required<br><i>E. coli</i> |             |            |  |  |  | LABORATORY I.D. # |
| Address: 13051 N. Telecom Pkwy. Temple Terrace FL 33637                                      |                    | P.O. Number: B370AE                                                                          |                       |                          |                                     |             |            |  |  |  |                   |
| Phone: 813-470-5770                                                                          |                    | Project Address:                                                                             |                       |                          |                                     |             |            |  |  |  |                   |
| Contact: Judy Ashton 813-470-5772                                                            |                    | Special Instructions:<br>RQ-2018-08-27-33                                                    |                       |                          |                                     |             |            |  |  |  |                   |
| Sampled By:                                                                                  |                    |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
| Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH |                    |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
| Page: of                                                                                     |                    | <input type="checkbox"/> ADaPT <input type="checkbox"/> EQUiS <input type="checkbox"/> Other |                       |                          |                                     |             |            |  |  |  |                   |
| SAMPLE ID                                                                                    | SAMPLE DESCRIPTION | Grab Comp                                                                                    | SAMPLING<br>DATE TIME | MATRIX                   | NO.<br>COUNT                        | PRE<br>SER- | VATI<br>ON |  |  |  |                   |
| Field ID/WIN<br><b>G2SW0064</b>                                                              |                    |                                                                                              | 8/27/18 955           | SW                       | 1                                   |             |            |  |  |  |                   |
| Site Name: Blackwater Cr @ CR39                                                              |                    |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
| Field ID:                                                                                    | G2SW0064_DUP       |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
| Location: Blackwater Creek @ CR39                                                            |                    |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
| WIN ID:                                                                                      | G2SW0064           |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
|                                                                                              |                    |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
|                                                                                              |                    |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
|                                                                                              |                    |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |
|                                                                                              |                    |                                                                                              |                       |                          |                                     |             |            |  |  |  |                   |

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: 0A A: 3A M: 3A S: 1V

|                  |               |            |              |               |           |
|------------------|---------------|------------|--------------|---------------|-----------|
| Relinquished by: | Date: 8/27/18 | Time: 1200 | Received by: | Date: 8/27/18 | Time: 200 |
|------------------|---------------|------------|--------------|---------------|-----------|

**FOR DRINKING WATER USE:**

PWS ID: \_\_\_\_\_

Date of Request: 13-AUG-2018  
Created By: ASHTON\_J On: 13-AUG-2018  
Modified By: SWANSON\_C On: 15-AUG-2018  
Customer: SW-DIST  
Project: SMP  
Division:  
District: Southwest District  
Sampling Event: Blackwater @ county park

**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: A  
Criminal Investigation: NO  
Chemistry Request Reviewed By: WATTS\_J On: 14-AUG-2018  
Biology Request Reviewed By: SWANSON\_C On: 15-AUG-2018  
Sampling Kit Required: NO Ship on:  
Sampling Kit Shipped:  
Sampling Kit Packed By:  
Preservatives Needed: NO  
Date to Receive Samples: 27-AUG-2018  
Received By:

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: QPCR-P-500ML   | Number of Bottles: 1 | Preserved With: ICE                                                                       |
| PCR-FILTER                  | Template: DEFAULT    | (SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis             |
| Bottle Type: P-120ML-WC-THI | Number of Bottles: 1 | Preserved With: ICE                                                                       |
| SWD-AEL-EC                  | Template: DEFAULT    | (EPA 1603) Escherichia coli by membrane filter Advanced Environmental Laboratory in Tampa |
| Bottle Type: BG-500ML       | Number of Bottles: 1 | Preserved With: ICE                                                                       |
| W-E8321-DI                  | Template:            | (EPA 8321B) Pesticides, herbicides, and other chemicals in water matrices by HPLC/MS/MS   |
| W-E8321-MS                  | Template: DEFAULT    | (EPA 8321B) Pesticides, 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.



**FedEx**

**Do Not Lift Using This Tag**

ORIGIN ID: TLHA (813) 470-5951

MATTHEW BEARDEN  
FL DEP SOUTHWEST DISTRICT  
13051 N TELECOM PKWY

TEMPLE TERRACE, FL 336370926  
UNITED STATES US

SHIP DATE: 21AUG18  
ACTWGT: 15.00 LB MAN  
CAD: C146970/CAFE3210

0 JOHN WATTS  
FLORIDA DEP/CHEMISTRY SECTION  
2600 BLAIRSTONE RD

**TALLAHASSEE FL 32399**

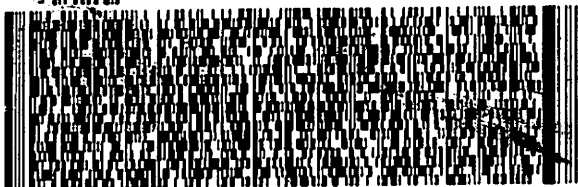
(850) 245-8077

REF:

NUM:

DEPT:

MA:



**FedEx**  
Express



J181118042001 in

DETIIDNC MAN EDI

**FedEx**

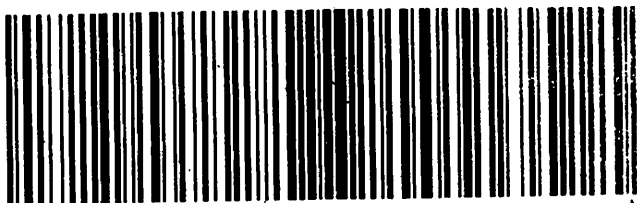
RK# 4385 5032 6847  
3221

**TUE - 28 AUG 10:30A**  
**PRIORITY OVERNIGHT**

**32399**

FL-US  
**TLH**

**36 TLHA**



FID 981491 27AUG18 MCFA 546C1/3389/8C8A

RT **856**

FZ

1  
10:30

**B**

6847  
08.28