

Check Box That Applies To Your Location

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Client FDEP				Project Name SMP - E Canals				P.O. # RQ-2018-02-19-40					
Address 2197 S Rock Rd Port St. Lucie FL 34986				Client Contact				FAX					
Phone 772-448-1585				FCL Project Manager				E-MAIL					
Sampled By (PRINT): Alex Miranda				Requested Due Date 10 Day Standard OR ☐ ☐ ☐				Rush Charges May Apply					
Sampler Signature Alex Miranda				Date Sampled 8/13/18				Pick-Up Fee \$		Vehicle Surcharge \$		Sampling Fee \$	
GW - ground water DW - drinking water WW - wastewater SW - surface water SO - soil/solid SL - sludge HW - waste						PRESERVATIVES		ANALYSES REQUEST		COMMENTS		Total # Containers	
ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.	NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₃	EColi 		
1	G3SE0008	8/13/18	11:30	SW	374676Sw1								
2	G3SE0034	8/13/18	12:05	SW	Sw2								
3	G3SE0010	8/13/18	12:20	SW	Sw3								
4	G3SE0035	8/13/18	12:55	SW	Sw4								
5	Lab Dup. 0035	"	3:40p	SL	Sw5								
6	Lab 13/K	"	3:40p	AQ	AQ								
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
Alex Miranda	8/13/18	3:40p	<i>[Signature]</i>	8/13	3:40p						

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

• WHITE - Lab Copy - To Be Scanned

• YELLOW - Client Copy