

## McCoy, Ian

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**From:** Ayres, Joshua  
**Sent:** Thursday, July 2, 2020 1:10 PM  
**To:** McCoy, Ian  
**Subject:** FW: cancel E. coli sample 2180534



**JOSHUA AYRES**  
Environmental Specialist III  
DEP Laboratories  
Voice: 850.245.8206  
[joshua.Ayres@dep.state.fl.us](mailto:joshua.Ayres@dep.state.fl.us)

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**From:** Swanson, Cheryl <[Cheryl.Swanson@FloridaDEP.gov](mailto:Cheryl.Swanson@FloridaDEP.gov)>  
**Sent:** Thursday, July 2, 2020 13:07  
**To:** Watts, John <[John.Watts@FloridaDEP.gov](mailto:John.Watts@FloridaDEP.gov)>; Ayres, Joshua <[Joshua.Ayres@dep.state.fl.us](mailto:Joshua.Ayres@dep.state.fl.us)>  
**Cc:** Power, Diane <[Diane.Power@dep.state.fl.us](mailto:Diane.Power@dep.state.fl.us)>; Sherman, Jessica R <[Jessica.R.Sherman@FloridaDEP.gov](mailto:Jessica.R.Sherman@FloridaDEP.gov)>  
**Subject:** cancel E. coli sample 2180534

Will someone please cancel/discard sample 2180534, Job TLH-2020-07-02-73, Event CEN-DIST-2020-07-02-03 per information below and let those on this email know it was done?

Thank you!

Cheryl

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**From:** Ayala, Natalie <[Natalie.Ayala@FloridaDEP.gov](mailto:Natalie.Ayala@FloridaDEP.gov)>  
**Sent:** Thursday, July 02, 2020 1:02 PM  
**To:** Swanson, Cheryl <[Cheryl.Swanson@FloridaDEP.gov](mailto:Cheryl.Swanson@FloridaDEP.gov)>; Warren, Kalina <[Kalina.Warren@dep.state.fl.us](mailto:Kalina.Warren@dep.state.fl.us)>  
**Cc:** Hogue, Alicia <[Alicia.Hogue@FloridaDEP.gov](mailto:Alicia.Hogue@FloridaDEP.gov)>  
**Subject:** Re: Lab Closure Friday July 3rd

I'm sorry Cheryl, I advised our team to discard that sample but it made it into the cooler somehow. Please discard - we do not need to have that analyzed.

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**From:** Swanson, Cheryl <[Cheryl.Swanson@FloridaDEP.gov](mailto:Cheryl.Swanson@FloridaDEP.gov)>  
**Sent:** Thursday, July 2, 2020 1:00 PM  
**To:** Ayala, Natalie; Warren, Kalina  
**Cc:** Hogue, Alicia  
**Subject:** FW: Lab Closure Friday July 3rd

Natalie and Kalina,

We just received one *E. coli* sample from Mills Creek at Park, G2CE0233. How badly do you need this? We are not supposed to receive micro samples today because the incubation period requires us to bring staff in on a holiday to read results.

The *E. coli* sample received today from TLH ROC (Middle of Cherry Lake) seems to already have been cancelled in LIMS. Cheryl

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**From:** Watts, John <John.Watts@FloridaDEP.gov>

**Sent:** Monday, June 29, 2020 12:39 PM

**To:** Watts, John <John.Watts@FloridaDEP.gov>

**Cc:** Lurding, Kathleen <Kathleen.Lurding@dep.state.fl.us>; Wright, Colin <Colin.Wright@dep.state.fl.us>; Swanson, Cheryl <Cheryl.Swanson@FloridaDEP.gov>; Whiting, David D. <David.D.Whiting@dep.state.fl.us>; Steinbock, Bettina <Bettina.Steinbock@dep.state.fl.us>; Espy, Julie <Julie.Espy@dep.state.fl.us>

**Subject:** Lab Closure Friday July 3rd

#### **Final Reminder**

**The FDEP Laboratory will be closed THIS Friday, July 3rd in observance of the July 4th holiday.**

Please do not ship samples on Thursday July 2nd.

#### **Test-specific details:**

1. No short hold nutrient samples delivered to the lab after 3:00 pm on Thursday, July 2nd
  1. Color
  2. Turbidity
  3. Ortho-phosphate
  4. Nitrite
1. No PCR or micro samples delivered to the lab on Thursday, July 2nd

Please pass this information on to samplers. Let me know if you have questions regarding the lab closure.

**\*\* Please fill out the Lab Customer Service Survey that has been sent out recently. Thank you**

Bcc: 180 customers

John Watts  
FDEP Laboratory  
Scientific Services Support  
850-245-8077 voice

Outlook Webmail

RQ- 2020-07-06-66

## Login Checklist

Login Station ID: #2

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 7/2/2020 11:00

| *Cooler Temperature | Samples Frozen? | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Waybill Tracking # |
|---------------------|-----------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|--------------------|
|                     |                 |                                        |          |                                       | Present?      |    | *Intact? |    |                    |
|                     | YES             | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                    |
| 4.3                 |                 |                                        |          | 5                                     |               | ✓  |          |    | 1278 40130136      |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |

## COOLER CHECK

\*All samples received on ice unless otherwise noted. HNO3 and Formalin preserved samples do NOT have a temperature requirement.

- If the temperature of a cooler exceeds 6.0 oC (above 10.0 oC for W-1-4-DIOX and microbiology) or received without ice, identify affected samples in an NCR. NCR# \_\_\_\_\_
- DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C for W-1-4-DIOX) without login confirmation from customer for samples requiring ice preservation; identify affected samples in an NCR. NCR# \_\_\_\_\_
- If cooler or samples are received with a damaged Evidence Seal; identify the affected samples in an NCR. NCR# \_\_\_\_\_
- If coolers or samples are received late; identify the affected samples in an NCR. NCR# \_\_\_\_\_

Chain of Custody/ Field Sheet(s) Included?

Yes ☒ No ☐

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included?

Yes ☐ No ☒

## CONTAINER CHECK

Evidence Tape on Bottles?

Yes ☐ No ☐ NA ☒Evidence Tape intact? Yes ☐ No ☐

If Criminal, photographs taken?

Yes ☐ No ☐Containers intact? Yes ☒ No ☐

Caps on tight?

Yes ☒ No ☐

Sufficient Sample Volume:

Yes ☒ No ☐If **NO** is checked above, generate an NCR listing affected sample IDs in its appropriate category. NCR# \_\_\_\_\_

CHLORINE CHECK REQUIRED? (Blue dot on container)

Yes ☐ No ☒ Init: IM

Chlorine detected? (One container checked per Field ID)

Yes ☐ No ☐ Init: \_\_\_\_\_

If chlorine is detected, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

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

\*\*Acid Preserved Samples: pH &lt; 2.0?

Yes ☒ No ☐ NA ☐ Init: IM

\*\*W-1-4-DIOX (Green dot on container) preserved to pH &lt; 4.0?

Yes ☐ No ☐ NA ☒ Init: IM

If samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

Coolers Unpacked/Checked by: IM

Date: 7/2/2020

Event contains NCRs (Y/N)? ☒

Event ID: Mills Creek  
 CEN-DIST-2020-07-02-03 (SMP)  
 Date Received: 02-JUL-2020 11:00

## Login Checklist

Login Preservation Equipment

Lot # & Exp: Date

Additional Comments:

|                          |                            |
|--------------------------|----------------------------|
| Infrared Thermometer ID: | IR TEMP GUN #2 exp:11/5/20 |
| pH Test Strips 0 – 6     |                            |
| pH Paper 0 – 3           |                            |
| pH Paper 0 – 13          | 231019 exp: 11/1/22        |
| Chlorine Test Strips     | 8261 exp: 07/2021          |

### ENCORE SAMPLES

**S-VOC-MS samples in Encores must be frozen within 48 hours of collection.**

Were Encore samples received? Yes \_\_\_\_\_ Init: \_\_\_\_\_

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 \_\_\_\_\_

If S-VOC-MS samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

**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: \_\_\_\_\_

# Florida Department of Environmental Protection

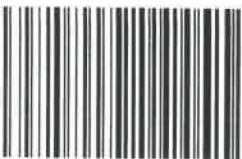
## Central Laboratory Submittal Form

Customer: CEN-DIST

Project ID: SMP

Requester: Leif Boman

Field Report Prepared By: Natalie AyalaCollected By: Natalie AyalaSampling Agency: FDEP 21FLCEN

|                                                                         |  |                                                                                                       |  |                                                                           |                                                                         |                                                                                                 |                                        |                               |
|-------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------|
| Location                                                                |  | WIN ID / Field ID →  |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>7/1/20</u> Time <u>10:47</u> | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central                 | Composite end<br>Date _____ Time _____ | Bottle Group(s)<br>(See pg 2) |
| Field ID<br>Mills Creek @ park                                          |  |                                                                                                       |  | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                         | Diss. Oxygen<br><u>6.41</u>                                                                     |                                        | A                             |
| WIN/S*                                                                  |  |                                                                                                       |  | Temp (C) <u>27.6</u>                                                      |                                                                         | pH <u>7.44</u>                                                                                  |                                        |                               |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms                              |  | Salinity (ppt) <u>0.43</u>                                                |                                                                         | Sample Depth <u>0.1</u><br><input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m |                                        |                               |
| 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<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |                                        | Total Res. Chlorine (mg/L)    |
| WIN/STORET #                                                            |  |                                                                                                       |  | Temp (C)                                                                  |                                                                         | pH                                                                                              |                                        | Sp. Conductance (umho/cm)     |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms                              |  | Salinity (ppt)                                                            |                                                                         | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m                       |                                        |                               |
| 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<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |                                        | Total Res. Chlorine (mg/L)    |
| WIN/STORET #                                                            |  |                                                                                                       |  | Temp (C)                                                                  |                                                                         | pH                                                                                              |                                        | Sp. Conductance (umho/cm)     |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms                              |  | Salinity (ppt)                                                            |                                                                         | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m                       |                                        |                               |
| 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<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |                                        | Total Res. Chlorine (mg/L)    |
| WIN/STORET #                                                            |  |                                                                                                       |  | Temp (C)                                                                  |                                                                         | pH                                                                                              |                                        | Sp. Conductance (umho/cm)     |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms                              |  | Salinity (ppt)                                                            |                                                                         | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m                       |                                        |                               |
| 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<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |                                        | Total Res. Chlorine (mg/L)    |
| WIN/STORET #                                                            |  |                                                                                                       |  | Temp (C)                                                                  |                                                                         | pH                                                                                              |                                        | Sp. Conductance (umho/cm)     |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms                              |  | Salinity (ppt)                                                            |                                                                         | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m                       |                                        |                               |

|                                              |                                  |                                 |                                         |                           |                                  |
|----------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------|----------------------------------|
| Relinquished By:<br><u>Victoria Schwartz</u> | Date/Time<br><u>7/1/20 15:55</u> | Shipping Method<br><u>FedEx</u> | Number of Coolers Shipped:<br><u>1*</u> | Received By:<br><u>IM</u> | Date/Time<br><u>7/2/20 11:00</u> |
|----------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------|---------------------------|----------------------------------|

★ Shipped in same cooler as RQ2020-03-23-39

Group: A

Bottle Type:

# of Bottles: 0

Preservative:

Enter Number of Bottles Sent to Lab

5

ALKALINITY

CHLSUITE-W

~~ECOLI-180T~~ not collected (E. coli)

TURBIDITY

W-CL-IC

W-COLOR

W-F

W-HARD

W-ICP

W-ICPMS

W-NH3

W-NO2NO3

W-PO4-F

W-S-A-TP

W-SO4-IC

W-TDS

W-TKN

W-TOC

W-TSS

Date of Request: 01-JUL-2020  
 Created By: BOMAN\_L On: 01-JUL-2020  
 Modified By: WATTS\_J On: 01-JUL-2020  
 Customer: CEN-DIST  
 Project: SMP  
 Division:  
 District: Central District  
 Event Description: Mills Creek

**Send Coolers To:**

Phone: 407-897-4178  
 FL Dept. of Environmental Protection  
 3319 Maguire Blvd., Suite 232  
 Orlando, FL 32803-3767  
 Attn: Natalie Ayala  
 Cooler Ship EMail: natalie.ayala@dep.state.fl.us

Priority: 3  
 Event Status: P  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 01-JUL-2020  
 Biology Request Reviewed By:  
 Sampling Kit Required: NO Ship on:  
 Sampling Kit Shipped:  
 Sampling Kit Packed By:  
 Preservatives Needed: NO  
 Date to Receive Samples: 06-JUL-2020  
 Logged In By:

**Send Final Report To:**

FL Dept. of Environmental Protection  
 3319 Maguire Blvd., Suite 232  
 Orlando, FL 32803-3767  
 Attn: Kalina Warren  
 Report Notification EMail: natalie.ayala@dep.state.fl.us

## Comments:

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

|                             |                      |                                                                                                                                                |
|-----------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L           | Number of Bottles: 1 | Preserved With: ICE                                                                                                                            |
| ALKALINITY                  | Template: DEFAULT    | (SM 2320 B-2011) Alkalinity in aqueous matrices as mg CaCO <sub>3</sub> /L                                                                     |
| TURBIDITY                   | Template: DEFAULT    | (EPA 180.1 Rev. 2.0) Turbidity in aqueous matrices                                                                                             |
| W-CL-IC                     | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Chloride in aqueous matrices                                                                                              |
| W-COLOR                     | Template: DEFAULT    | (SM 2120 B-2011) True Color measured at 450 nm (not valid for NPDES monitoring)                                                                |
| Color (true)                |                      |                                                                                                                                                |
| W-F                         | Template: DEFAULT    | (SM 4500 F-C-2011) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)                                         |
| W-SO <sub>4</sub> -IC       | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices                                                                                               |
| W-TDS                       | Template: DEFAULT    | (SM 2540 C-2011) Total Dissolved Solids in aqueous matrices                                                                                    |
| W-TSS                       | Template: DEFAULT    | (SM 2540 D-2011) Total Suspended Solids in aqueous matrices using a maximum of 250 mL of sample                                                |
| Bottle Type: BP-1L          | Number of Bottles: 1 | Preserved With: ICE                                                                                                                            |
| CHLSUITE-W                  | Template: DEFAULT    | (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry                                   |
| Bottle Type: P-250ML-WO-THI | Number of Bottles: 1 | Preserved With: ICE                                                                                                                            |
| ECOLI-18QT                  | Template: DEFAULT    | (SM 9223 Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method - non-chlorinated water systems                                       |
| Bottle Type: P-500ML        | Number of Bottles: 1 | Preserved With: HNO <sub>3</sub>                                                                                                               |
| W-HARD                      | Template: DEFAULT    | (SM 2340B) Hardness by calculation, in aqueous matrices, reported as mg/L CaCO <sub>3</sub>                                                    |
| Hardness                    |                      |                                                                                                                                                |
| W-ICP                       | Template:            | (EPA 200.7 Rev. 4.4) Total Recoverable Metals analysis using ICP emission spectroscopy for aqueous samples supporting Clean Water Act Projects |
| Barium                      |                      |                                                                                                                                                |
| Calcium                     |                      |                                                                                                                                                |
| Iron                        |                      |                                                                                                                                                |
| Magnesium                   |                      |                                                                                                                                                |
| Potassium                   |                      |                                                                                                                                                |
| Sodium                      |                      |                                                                                                                                                |
| Zinc                        |                      |                                                                                                                                                |

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

|                      |                      |                                                                                                                             |
|----------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-500ML | Number of Bottles: 1 | Preserved With: HNO3                                                                                                        |
| W-ICPMS              | Template:            | (EPA 200.8 Rev. 5.4) Total Recoverable Metals analysis using ICP-MS for aqueous samples supporting Clean Water Act Projects |

\*Boron  
Aluminum  
Antimony  
Arsenic  
Cadmium  
Chromium  
Copper  
Lead  
Selenium  
Silver  
Thallium

|                      |                      |                                                                     |
|----------------------|----------------------|---------------------------------------------------------------------|
| Bottle Type: P-500ML | Number of Bottles: 1 | Preserved With: ICE And H2SO4                                       |
| W-NH3                | Template: DEFAULT    | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L          |
| W-NO2NO3             | Template: DEFAULT    | (EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L  |
| W-S-A-TP             | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L |
| W-TKN                | Template: DEFAULT    | (EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices    |
| W-TOC                | Template: DEFAULT    | (SM 5310 B-2011) Nonpurgeable Organic Carbon in aqueous matrices    |

|                      |                      |                                                                                          |
|----------------------|----------------------|------------------------------------------------------------------------------------------|
| Bottle Type: P-125ML | Number of Bottles: 1 | Preserved With: FILTER-ICE                                                               |
| W-PO4-F              | Template: DEFAULT    | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L |

\* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.