

# CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there are qualified data on this page.

Meter ID: Pro DSS Bruce

RQ: 2021-05-17-16

Project: SMP Pellicer +

Tribs

Notes: (1) Always wait for meter to stabilize before recording any readings.

(2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).

(3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400

Date of Last Temperature Verification

5/17/21

| DO<br>DEP SOP<br>FT 1500 | Name       | Date   | Time<br>CT-ET | Temp<br>°C | Baro-<br>meter<br>mmHg | D.O.<br>Chart<br>mg/L | Meter<br>D.O.<br>mg/L | % DO  | Probe<br>Charge | Probe<br>Gain | Pass<br>/ Fail | Lab<br>/ Field |
|--------------------------|------------|--------|---------------|------------|------------------------|-----------------------|-----------------------|-------|-----------------|---------------|----------------|----------------|
| Calibr.                  | K McDonald | 6/3/21 | 0728          | 23.2       | 761.9                  | 8.6                   | -                     | 100.2 | -               | 1.039         | P/F            | L/F            |
| ICV                      | ↓          | ↓      | 0729          | 23.2       | 761.9                  | 8.6                   | 8.58                  | 100.4 | -               | 1.039         | P/F            | L/F            |
| CCV                      | B Davis    | ↓      | 1623          | 21.3       | 761.1                  | 8.9                   | 8.84                  | 99.7  | /               | 1.04          | P/F            | L/F            |
| CCV                      |            |        |               |            |                        |                       |                       |       |                 |               | P/F            | L/F            |

DO Acceptance criteria from Table  $\pm 0.3$  mg/L.

Rapid-Pulse Sensors: DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.

Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. Steady-state & Galvanic Sensors: DO Gain & Charge N/A.

| Spec.<br>Cond.<br>FT 1200 | Name       | Date   | Time<br>CT-ET | Lot #   | Expir.<br>Date | Standard<br>$\mu$ mhos/cm | Meter<br>Reading<br>$\mu$ mhos/cm | Pass<br>/ Fail | Lab<br>/ Field |
|---------------------------|------------|--------|---------------|---------|----------------|---------------------------|-----------------------------------|----------------|----------------|
| Calibr.                   | K McDonald | 6/3/21 | 0731          | 201222B | 01/2022        | 1000                      | 1000                              | P/F            | L/F            |
| ICV                       | ↓          | ↓      | 0735          | 200902C | 09/2021        | 1413                      | 1403                              | P/F            | L/F            |
| CCV                       | B Davis    | ↓      | 1626          | 201222A | 1/22           | 100                       | 102.6                             | P/F            | L/F            |
| CCV                       |            |        |               |         |                |                           |                                   | P/F            | L/F            |

Conductivity Acceptance criteria  $\pm 5\%$

| pH<br>DEP SOP<br>FT 1100 | Name       | Date   | Time<br>CT-ET | Lot #   | Expir.<br>Date | pH<br>Buffer<br>SU | Temp<br>°C | Meter<br>reading<br>SU | mV     | Pass<br>/ Fail | Lab<br>/ Field |
|--------------------------|------------|--------|---------------|---------|----------------|--------------------|------------|------------------------|--------|----------------|----------------|
| Calibr.                  | K McDonald | 6/3/21 | 0739          | 2010F27 | 10/2022        | 7.00               | 23.6       | 7.00                   | -24.0  | P/F            | L/F            |
| Calibr.                  | ↓          | ↓      | 0741          | 2103G59 | 03/2023        | 4.00               | 23.6       | 4.00                   | 145.0  | P/F            | L/F            |
| Calibr.                  | ↓          | ↓      | 0745          | 2103F53 | 09/2022        | 10.02              | 23.2       | 10.02                  | -189.1 | P/F            | L/F            |
| ICV                      | ↓          | ↓      | 0749          | 2103G59 | 03/2023        | 4.00               | 23.6       | 4.00                   | 145.0  | P/F            | L/F            |
| CCV                      | B Davis    | ↓      | 1627          | 2010F27 | 10/22          | 7.01               | 22.2       | 7.01                   | -23.0  | P/F            | L/F            |
| CCV                      | ↓          | ↓      | 1629          | 2103F53 | 9/22           | 10.02              | 22.3       | 10.03                  | -190.5 | P/F            | L/F            |

pH Acceptance criteria  $\pm 0.2$  SU; mV pH 7 Range 0  $\pm$  50; mV pH 4 Range +180  $\pm$  50; mV pH 10 Range -180  $\pm$  50;

If mV are recorded: slope from 7 to 10 \_\_\_\_\_, slope from 4 to 7 \_\_\_\_\_ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)

If YES, complete daily Calibr. & ICV below and list date of last quarterly depth verification: 5/17/21

If NO, what will be used? (circle one) Secchi Disk Line / Sonar Unique ID: \_\_\_\_\_; Date of last verification: \_\_\_\_\_

| Depth Sensor<br>(Daily Calibration &<br>ICV) | Name       | Date   | Time<br>CT-ET | Calibrated<br>Value (0.00 or<br>Offset), meters | ICV Value,<br>meters | Pass /<br>Fail | Lab /<br>Field |
|----------------------------------------------|------------|--------|---------------|-------------------------------------------------|----------------------|----------------|----------------|
| Pressure mode in air                         | K McDonald | 6/3/21 | 0750          | 0.000                                           | 000                  | P/F            | L/F            |

Report two decimal places. Round numbers  $\leq 4$  down,  $\geq 5$  up. ICV acceptance criteria  $\pm 5\%$  or  $\pm 0.05$ m, whichever is greater.

COMMENTS:

Also applies to RQ-2021-05-17-37

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CHAIN OF CUSTODY FORM

|                                                                                                       |                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Date:</b> <u>6/3/2021</u><br><b>Customer:</b> <u>NE-DIST</u><br><b>RQ:</b> <u>RQ-2021-05-17-16</u> | <b>Collected By:</b> <u>Kelly McDonald, Brian Davis</u><br><b>Sampling Agency:</b> <u>FDEP</u><br><b>Project ID:</b> <u>SMP</u> |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

PLEASE RETURN THE ORIGINAL OF THIS FORM WITH SAMPLE SUBMITTAL  
FORMS AND THE COOLER PACKING WORKSHEET TO THE LAB

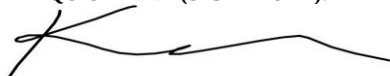
**Number of Coolers Shipped:** 2

**Delivery Method:** FedEx

**FIELD ID (Labels) submitted under this RQ for this collection date.**

| Site Location                                      | Field ID/WIN ID                                                                                  |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Stevens Branch East Branch at CR204                | <br>G5NE0600   |
| STEVENS BRANCH S OF PELICER CEMETERY<br>OFF CR 204 | <br>27010070   |
| PRINGLE BR UNNAMED DIRT RD 0.5MI S DAVE<br>BR      | <br>27010203 |
| PELLICER CREEK above Schoolhouse Br                | <br>G5NE0598 |
| SchoolHouse Branch at RR tracks                    | <br>G5NE0599 |
| Cracker Branch @ Pellicer Creek campground         | <br>G5NE0582 |
| CRACKER BRANCH 1.3MI N CR 204                      | <br>27010063 |

RELINQUISHED BY(SIGNATURE):



**DATE/TIME:** 6/3/2021  
1600EST

**THIS SECTION TO BE COMPLETED BY LABORATORY**

|                            |                              |
|----------------------------|------------------------------|
| <b>Rec'd/Inspected By:</b> | <b>Rec'd/Inspected Date:</b> |
|----------------------------|------------------------------|



# FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End  
of Day CCV  
☒ Yes / No

**WIN Station Name:** PRINGLE BR UNNAMED DIRT RD 0.5MI S DAVE BR **Date:** 6/3/2021  
**WIN/Field ID:** 27010203 **WBID:** 2577 **ENR:** - **Latitude:** 29.6327  
**County:** FLAGLER **Org ID:** 21FLA **Longitude:** -81.31  
**Receiving Body of Water:** Upper East Coast **RQ:** 2021-05-17-16

| Sampling Team Members               |                | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-------------------------------------|----------------|-----------------|-------------------|---------------|--------------|--------------------|
| <input checked="" type="checkbox"/> | Kelly McDonald |                 | x                 |               | x            | x                  |
| <input checked="" type="checkbox"/> | Brian Davis    | x               |                   | x             |              |                    |
| <input type="checkbox"/>            |                |                 |                   |               |              |                    |
| <input type="checkbox"/>            |                |                 |                   |               |              |                    |

| Sampling Equipment                                   |                                          |
|------------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Carboy          |
| <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Van Dorn        |
| <input type="checkbox"/> Syringe                     | <input checked="" type="checkbox"/> Pole |
| Depth measured with: Meter                           |                                          |
| Secchi Equipment ID:                                 |                                          |
| Collection Method                                    |                                          |
| <input type="checkbox"/> Wading                      | <input type="checkbox"/> Canoe/Kayak     |
| <input checked="" type="checkbox"/> From Shore       | <input type="checkbox"/> Electric Motor  |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Gasoline Motor  |

|                                                                                                                                                                                                                                                                        |                   |                                   |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------|----------------------------------|
| <b>Water Level:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Dry <input type="checkbox"/> Pooled <input type="checkbox"/> Flooded                                                |                   | <b>Meter ID#</b><br>PRO DSS BRUCE |                                  |
| <b>Photos:</b> NO                                                                                                                                                                                                                                                      | <b>Flow:</b> FLOW | <b>Tide:</b>                      | <b>Tide Times:</b><br>High: Low: |
| <b>Biological Samples Collected:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> HA <input type="checkbox"/> SCI <input type="checkbox"/> RPS <input type="checkbox"/> Algae ID <input type="checkbox"/> LVS <input type="checkbox"/> LVI Other: |                   |                                   |                                  |
| <b>SBIO ID Numbers:</b>                                                                                                                                                                                                                                                |                   |                                   |                                  |
| <b>Notes:</b>                                                                                                                                                                                                                                                          |                   |                                   |                                  |

## Duplicate Sample

|                             |              |                                   |
|-----------------------------|--------------|-----------------------------------|
| <b>Time Zone:</b> EST       | <b>Time:</b> | <b>Field ID:</b> N/A (WIN ID_DUP) |
| <b>WIN DMT Activity ID:</b> |              |                                   |

## Blank

|                                |                      |                                        |
|--------------------------------|----------------------|----------------------------------------|
| <b>Time Zone:</b>              | <b>Time:</b>         | <b>Field ID:</b> (Blank Type_DDMMYYYY) |
| <b>DI Source:</b>              | <b>Location:</b>     |                                        |
| <b>DI Type:</b>                | <b>Equipment ID:</b> |                                        |
| <b>DI Container (Name/ID):</b> |                      | <b>DI Container Type:</b>              |

LIMS EVENT ID: WIN Import ID: BD 07/07/2021  
Enter Field Parameters, Verify Station ID In LIMS DMT: QC Station ID, Field Parameters In LIMS DMT: (Initials/Date) (Initials/Date)  
Scan/Save Field Sheets Migrate Data to WIN: Verify Data In WIN: (Initials/Date) (Initials/Date) (Initials/Date)  
Jp 7/9/2021





RQ-2021-05-17-16

Customer: WQAP

Project ID: SMP

Collected By: Kelly McDonald, Brian Davis

Field Report Prepared By: Kelly McDonald

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



27010203

Location: PRINGLE BR UNNAMED DIRT RD 0.5MI S  
DAVE BR

Comments:

Matrix: Fresh

(Check one)

☒ GRAB☐ COMPOSITE

| Date     | Time        | DO (mg/L) | DO (%SAT) | Temp. (C°) | pH   | Sample Depth (m) | Secchi Disk (m)                                    | Total Depth (m) | Sp COND (µmhos/cm) | Salinity (PPT <sub>h</sub> ) |
|----------|-------------|-----------|-----------|------------|------|------------------|----------------------------------------------------|-----------------|--------------------|------------------------------|
| 6/3/2021 | 1135<br>EST | 5.03      | 59.1      | 23.5       | 7.16 | 0.1              | 0.2<br><input checked="" type="checkbox"/> VOB (S) | 0.2             | 296.1              | 0.14                         |
|          | EST         |           |           |            |      |                  | Central Lab please use top row for login purposes  |                 |                    |                              |

| Parameter Suite                    | Parameter Methods                                                                                                                                                                                                                                                                            | Preservation                                                                       | pH Check                               | # Bottles sent to Lab | Bottle Group |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|-----------------------|--------------|
| Preserved Nutrients (P-500ML)      | <input checked="" type="checkbox"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP<br>Lot # SA0293040 Exp: 10/19/21                                                                                                                                                                             | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H2SO4* | <input checked="" type="checkbox"/> <2 | 1                     | A            |
| Metals (P-500ML)                   | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP <input type="checkbox"/> W-HARD<br>Lot # Exp:                                                                                                                                                                                | <input type="checkbox"/> Ice <input type="checkbox"/> HNO3*                        | <input type="checkbox"/> <2            |                       |              |
| Filtered Nutrients (P125ML)        | <input checked="" type="checkbox"/> W-PO4-F <input type="checkbox"/> Field Filtered 0.45 µm Filter<br>Filter Lot # RONBxxx<br>Syringe Lot #                                                                                                                                                  | <input checked="" type="checkbox"/> Ice                                            |                                        | 1                     | A            |
| Chlorophyll (BP-1L)                | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Ice                                            |                                        | 1                     | A            |
| Physical/Aggregate (Fresh) (P-1L)  | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CL-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                                                                                              | <input checked="" type="checkbox"/> Ice                                            |                                        | 1                     | A            |
| Physical/Aggregate (Marine) (P-1L) | <input type="checkbox"/> Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY                                                                                                                                                                                                                      | <input type="checkbox"/> Ice                                                       |                                        |                       |              |
| Macroinvertebrates (PJ-2L)         | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                                                                                          | <input type="checkbox"/> Formalin                                                  |                                        |                       |              |
| Periphyton (PT-50ML)               | <input type="checkbox"/> ALGAE-ID                                                                                                                                                                                                                                                            | <input type="checkbox"/> Ice                                                       |                                        |                       |              |
| Microbiology (Contract Lab Bottle) | <input checked="" type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enterococci<br><input type="checkbox"/> Contract Lab                                                                                                                                     | <input checked="" type="checkbox"/> Ice                                            |                                        | 1                     | A            |
| Molecular (QPCR-P-500ML)           | <input type="checkbox"/> PCR-HF183 <input type="checkbox"/> PCR-BacR <input type="checkbox"/> PCR-DG3<br><input type="checkbox"/> PCR-GULL2 <input type="checkbox"/> PCR-GFD                                                                                                                 | <input type="checkbox"/> Ice                                                       |                                        |                       |              |
| Tracers (BG-500ML)                 | <input checked="" type="checkbox"/> W-E8321-DI <input checked="" type="checkbox"/> W-E8321-MS                                                                                                                                                                                                | <input checked="" type="checkbox"/> Ice                                            |                                        | 1                     | A            |
| Pesticides (BG-500ML) (BG-1L)      | <input type="checkbox"/> W-E8321-DI <input type="checkbox"/> WE8321-MS <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-CT-CL-R<br><input type="checkbox"/> W-PCL-SQ-R <input type="checkbox"/> W-CARB-AA ( 5 ml of MCAA** Buffer Solution) <input type="checkbox"/> W-DIELDRIN | <input type="checkbox"/> Ice                                                       |                                        |                       |              |
| Phytoplankton/Periphyton           | <input type="checkbox"/> DTM-QL-C <input type="checkbox"/> PEN-QL-C <input type="checkbox"/> DTY-QN-C <input type="checkbox"/> PKD-QN-C<br><input type="checkbox"/> DTM-QN-C <input type="checkbox"/> PRN-QN-C <input type="checkbox"/> PKD-QN-BV                                            | <input type="checkbox"/> Ice                                                       |                                        |                       |              |

Name:  
Kelly McDonald  
Brian Davis

Signature:

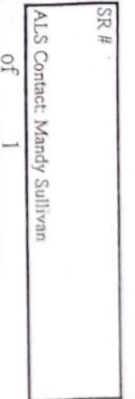
Kelly A. McDonald

Date:

6/3/2021

\*2.0 ml of Preservative used unless noted otherwise.

\*\*MCAA: Monochloroacetic acid buffer solution



ATC Contact: **Mandy Sullivan**

|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------|--|--------|------|--------------------|--|--------------------------------------------|---|----------------------|---|---|--|----------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Client Name                                                                       |  |        |      |                    |  | Project Number                             |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| FDEP-NE ROC                                                                       |  |        |      |                    |  | RQ-2021-05-17-110                          |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| Report To                                                                         |  |        |      |                    |  | Report CC                                  |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| Dep-OverFlowmicro@dep.state.fl.us                                                 |  |        |      |                    |  |                                            |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| Company/Address                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 8800 Baymeadows Way W                                                             |  |        |      |                    |  |                                            |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| Jacksonville, FL 32256                                                            |  |        |      |                    |  |                                            |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| Phone #                                                                           |  |        |      |                    |  | FAX #                                      |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 904-256-1700                                                                      |  |        |      |                    |  |                                            |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| Sampler's Signature<br><i>Kelly McDonald</i>                                      |  |        |      |                    |  | Sampler's Printed Name<br>Kelly A McDonald |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| CLIENT SAMPLE ID                                                                  |  | LAB ID |      | SAMPLING DATE TIME |  | Matrix                                     |   | NUMBER OF CONTAINERS |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| G5NE06000                                                                         |  | 6/3    | 1030 | SW                 |  | 1                                          | X | E.Coli               | 8 | 8 |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 27010070                                                                          |  |        | 1100 |                    |  | 1                                          | X | Enterococci          |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 27010203                                                                          |  |        | 1135 |                    |  | 1                                          | X |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| G5NE0599                                                                          |  |        | 1330 |                    |  | 1                                          | X |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| G5NE0598                                                                          |  |        | 1315 |                    |  | 1                                          | X |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| G5NE0582                                                                          |  |        | 1415 |                    |  | 1                                          | X |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| 270100103                                                                         |  |        | 1430 |                    |  | 1                                          | X |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| Special Instructions/Comments: Email Report to: Dep-OverFlowmicro@dep.state.fl.us |  |        |      |                    |  |                                            |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| Relinquished By<br><i>Kelly McDonald</i>                                          |  |        |      |                    |  |                                            |   |                      |   |   |  | Received By<br><i>[Signature]</i>                        |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name<br>Kelly A McDonald                                                  |  |        |      |                    |  |                                            |   |                      |   |   |  | Printed Name<br>Chene Weigand                            |  |  |  |  |  |  |  |  |  |  |  |
| Firm<br>FDEP NE ROC                                                               |  |        |      |                    |  |                                            |   |                      |   |   |  | Firm<br>ATIS                                             |  |  |  |  |  |  |  |  |  |  |  |
| Date/Time<br>6/3/21 1538                                                          |  |        |      |                    |  |                                            |   |                      |   |   |  | Date/Time<br>6/3/21 1539                                 |  |  |  |  |  |  |  |  |  |  |  |
| Relinquished By                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | Received By                                              |  |  |  |  |  |  |  |  |  |  |  |
| Signature                                                                         |  |        |      |                    |  |                                            |   |                      |   |   |  | Signature                                                |  |  |  |  |  |  |  |  |  |  |  |
| Printed Name                                                                      |  |        |      |                    |  |                                            |   |                      |   |   |  | Printed Name                                             |  |  |  |  |  |  |  |  |  |  |  |
| Firm                                                                              |  |        |      |                    |  |                                            |   |                      |   |   |  | Firm                                                     |  |  |  |  |  |  |  |  |  |  |  |
| Date/Time                                                                         |  |        |      |                    |  |                                            |   |                      |   |   |  | Date/Time                                                |  |  |  |  |  |  |  |  |  |  |  |
| TURNAROUND REQUIREMENTS                                                           |  |        |      |                    |  |                                            |   |                      |   |   |  | REPORT REQUIREMENTS                                      |  |  |  |  |  |  |  |  |  |  |  |
| RUSH (SURCHARGES APPLY)                                                           |  |        |      |                    |  |                                            |   |                      |   |   |  | I. Results Only                                          |  |  |  |  |  |  |  |  |  |  |  |
| STANDARD                                                                          |  |        |      |                    |  |                                            |   |                      |   |   |  | II. Results + QC Summaries (LCS, DUP, MSMDS as required) |  |  |  |  |  |  |  |  |  |  |  |
| REQUESTED FAX DATE                                                                |  |        |      |                    |  |                                            |   |                      |   |   |  | III. Results + QC and Calibration Summaries              |  |  |  |  |  |  |  |  |  |  |  |
| N/A                                                                               |  |        |      |                    |  |                                            |   |                      |   |   |  | IV. Data Validation Report with Raw Data                 |  |  |  |  |  |  |  |  |  |  |  |
| REQUESTED REPORT DATE                                                             |  |        |      |                    |  |                                            |   |                      |   |   |  | Edata Yes No                                             |  |  |  |  |  |  |  |  |  |  |  |
| N/A                                                                               |  |        |      |                    |  |                                            |   |                      |   |   |  |                                                          |  |  |  |  |  |  |  |  |  |  |  |
| INVOICE INFORMATION                                                               |  |        |      |                    |  |                                            |   |                      |   |   |  | PRESERVATIVE KEY                                         |  |  |  |  |  |  |  |  |  |  |  |
| P.O.# B10729                                                                      |  |        |      |                    |  |                                            |   |                      |   |   |  | 0. None                                                  |  |  |  |  |  |  |  |  |  |  |  |
| Bill to:                                                                          |  |        |      |                    |  |                                            |   |                      |   |   |  | 1. HCL                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | 2. HN03                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | 3. H2SO4                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | 4. NaOH                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | 5. Zn Acetate                                            |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | 6. MeOH                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | 7. NaHSO4                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | 8. ICE                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | REMARKS                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                   |  |        |      |                    |  |                                            |   |                      |   |   |  | Fresh                                                    |  |  |  |  |  |  |  |  |  |  |  |