Log-in Checklist

RQ- 2021-04-12-41 **Login Station ID**: _____

Shipping Method: FedEx | UPS | HD | Greyhound Date/Time of Receipt: 4/15/21 1622

Cooler Temperature*	Samples Frozen	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Tracking # Damaged waybills only
					Present?		*Intact?		
	YES	HNO_3	Formalin		Yes	No	Yes	No	

* HNO3 and Formalin persevered samples do **NOT** have a temperature requirement. For all others, if the temperature of a cooler is above 6.0 ^{O}C (or above 10.0 ^{O}C for W-1-4-DIOX and microbiology), or if Evidence Seal is damaged. Identify the containers in the affected cooler(s) on back of this form. **DOH coolers can exceed 2.0 ^{O}C above standard temperature without customer notification/confirmation.**

****Note:** If "No" is checked below, fill out the back of this form (Field ID, Test IDs, etc.) and generate an **NCR**.

**Chain of Custody/ Field Sheet(s) Included? Yes X No_____

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

CONTAINER CHECK

****Evidence Tape on Bottles?** Yes_____ No_____ **If yes, is it intact?** Yes_____ No_____

**Caps on tight? Yes _____ No_____ **Containers intact? Yes_____ No_____

**Sufficient Sample Volume: Yes _____ No_____

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes_____No_____Init:_____

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			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		
W-PFAS-MS					

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

**Acid Preserved Samples: pH ≤ 2.0? Yes _____ No _____ NA _____ Init: _____

**W-1-4-DIOX (Green dot on container) preserved to pH< 4.0? Yes_____No_____NA_____ Init: _____

Coolers Unpacked/Checked by: _____ **Date**:_____ **NCRs (Y/N)?** N

Event ID: NE-DIST-2021-04-21-03 **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

Infrared Thermometer ID:	
pH Paper 0.0 – 3.0 Lot #	
pH Paper 0 – 13 Lot #	
Chlorine Test Strips Lot #	

Additional Comments:

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: _____

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

2021-04-19-47

Meter ID: Stitch RQ- 2021-04-12-41 Project: Pelican CIN/HAB

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

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 2/15

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro-meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	Brian D.	4/15/21	753	21.8	760.2	8.8	—	100.0	—	1.03	(P) / F	(L) / F
ICV			754	22.0	760.2	8.7	8.75	100.1	—	1.03	(P) / F	(L) / F
CCV			1701	22.1	756.8	8.7	8.65	99.6	—	1.03	(P) / F	(L) / F
CCV											P / F	L / F

DO Acceptance criteria from Table ± 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. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	Brian D.	4/15/21	757	201222B	1/22	1000	1000	(P) / F	(L) / F
ICV			759	201222A	1/22	100	103.3	(P) / F	(L) / F
CCV			1707	200407B	4/21	20,000	19605	P / F	L / F
CCV								P / F	L / F

Conductivity Acceptance criteria ± 5%

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	Brian D.	4/15/21	806	2010F27	10/22	7.01	23.6	7.01	-19.5	(P) / F	(L) / F
Calibr.			813	2010C31	9/22	4.00	23.5	4.00	157.7	(P) / F	(L) / F
Calibr.			820	2012797	5/22	10.01	23.6	10.02	-192.3	(P) / F	(L) / F
ICV			825	2010F21	10/22	7.04	23.5	7.03	-19.1	P / F	L / F
CCV			1710	2010C31	9/22	4.00	23.4	4.00	157.0	P / F	L / F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 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: _____
If **NO**, what will be used? (circle one) **Secchi Disk Line / Sonar** Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air	Brian D.	4/15/21	830	0.00	0.00	(P) / F	(L) / F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria ± 5 % or ± 0.05m, whichever is greater.

COMMENTS:

Form effective August 1, 2018

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date:	4/15/2021	**Collected By:**	Kelly McDonald, Brian Davis
Customer:	NE-DIST	**Sampling Agency:**	FDEP
RQ:	RQ-2021-04-12-41	**Project ID**:	SMP

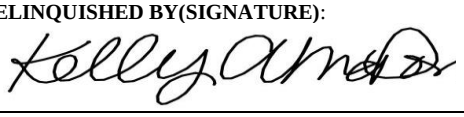
PLEASE RETURN THE ORIGINAL OF THIS FORM WITH SAMPLE SUBMITTAL FORMS AND THE COOLER PACKING WORKSHEET TO THE LAB

Number of Coolers Shipped: 0 **Delivery Method:** FedEx

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

Site Location	Field ID/WIN ID
PELLICER CR AT US 1	27010016

RELINQUISHED BY(SIGNATURE):



DATE/TIME: 4/15/2021 1420

THIS SECTION TO BE COMPLETED BY LABORATORY

Rec'd/Inspected By: **Rec'd/Inspected Date**:

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End of Day CCV [Yes] / No

WIN Station Name: PELLICER CR AT US 1 **Date:** 4/15/2021

WIN/Field ID: 27010016 **WBID:** 2580B **ENR:** ENRT4 **Latitude:** 29.6513

County: FLAGLER **Org ID:** 21FLA **Longitude:** -81.2866

Receiving Body of Water: Upper East Coast **RQ-** 2021-04-12-41

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Kelly McDonald	x		x		
[x] Brian Davis		x		x	x
[ ]					
[ ]					

Sampling Equipment

- [x] Sample Container
- [ ] Dipper
- [ ] Syringe
- [ ] Carboy
- [ ] Van Dorn
- [ ] Pole

Depth measured with: Meter

Secchi Equipment ID:

Collection Method

- [ ] **Wading**
- [ ] **From Shore**
- [ ] **Other** _____
- [ ] **Canoe/Kayak**
- [ ] **Electric Motor**
- [x] **Gasoline Motor**

Water Level: [x] Normal [ ] Low [ ] High [ ] Dry [ ] Pooled [ ] Flooded

Meter ID# STITCH

Photos: NO **Flow:** FLOW **Tide:** FALLING **Tide Times:** High: Low:

Biological Samples Collected: [x] None [ ] HA [ ] SCI [ ] RPS [ ] Algae ID [ ] LVS [ ] LVI Other:

SBIO ID Numbers:

Notes:

Duplicate Sample

Time Zone: EST **Time:** _____ **Field ID:** N/A (WIN ID_DUP)

WIN DMT Activity ID: _____

Blank

Time Zone: _____ **Time:** _____ **Field ID:** _____ (Blank Type_DDMMYYYY)

DI Source: _____ **Location:** _____

DI Type: _____ **Equipment ID:** _____

DI Container (Name/ID): **DI Container Type:**

LIMS EVENT ID: _____ **WIN Import ID:** _____

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ (Initials/Date) **QC Station ID, Field Parameters In LIMS DMT:** _____ (Initials/Date)

Scan/Save Field Sheets _____ (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

RQ-2021-04-12-41
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: 27010016

Location: PELLICER CR AT US 1

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Fresh

(Check one) ☒ GRAB ☐ COMPOSITE

Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C⁰)	pH	Sample Depth (m)	Secchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPTh)
4/15/2021	1420 EST	4.68	52.7	21.1	7.17	0.3	1.1 ☐ VOB (S)	3.666	1172	0.57
							Central Lab please use top row for login purposes			
	1222 EST	4.47	50.5	21.1	7.06	3.166			2122	1.08

Parameter Suite	Parameter Methods	Preservation	pH Check	# Bottles sent to Lab	Bottle Group
Preserved Nutrients (P-500ML)	☐ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☐ Ice ☐ H_2SO_4*	☐ <2		
	Lot #	**Exp:**			
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD	☐ Ice ☐ HNO_3*	☐ <2		
	Lot #	**Exp:**			
Filtered Nutrients (P125ML)	☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☐ Ice			
	Filter Lot #				
	Syringe Lot #				
Chlorophyll (BP-1L)	☐ CHLSUITE-W	☐ Ice			
Physical/Aggregate (Fresh) (P-1L)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine) (P-1L)	☐ Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates (PJ-2L)	☐ MI-FW-QLDC	☐ Formalin			
Periphyton (PT-50ML)	☐ ALGAE-ID	☐ Ice			
Microbiology (Contract Lab Bottle)	☐ E Coli ☒ F Coli ☒ Enterococci ☒ Contract Lab	☒ Ice		2	A
Molecular (QPCR-P-500ML)	☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-DG3 ☐ PCR-GULL2 ☐ PCR-GFD ☐	☐ Ice			
Tracers (BG-500ML)	☐ W-E8321-DI ☐ W-E8321-MS	☐ Ice			
Pesticides (BG-500ML) (BG-1L)	☐ W-E8321-DI ☐ WE8321-MS ☐ W-PSNP-TQ ☐ W-CT-CL-R ☐ W-PCL-SQ-R ☐ W-CARB-AA (5 ml of MCAA** Buffer Solution) ☐ W-DIELDRIN	☐ Ice			
Phytoplankton/Periphyton	☐ DTM-QL-C ☐ PEN-QL-C ☐ DTY-QN-C ☐ PKD-QN-C ☐ DTM-QN-C ☐ PRN-QN-C ☐ PKD-QN-BV	☐ Ice			

Name:
Kelly McDonald
Brian Davis

Signature: Kelly A McDonald

Date: 4/15/2021

*2.0 ml of Preservative used unless noted otherwise.
**MCAA: Monochloroacetic acid buffer solution

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

9143 Philips Highway, Suite 200 Jacksonville, FL 32256 / Ph(904) 739-2277 / FAX (904) 739-2011

SR #

ALS Contact: Mandy Sullivan

Client Name	Project Number
FDEP-NE ROC	RQ-2021-04-12-41
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	**Sampler's Printed Name**
Kelly a McDonald	Kelly A McDonald

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	E.Coli	Enterocooi Fecal	Preservative	REMARKS
					preservat	8	8		
27010016		4/15	1420	SW	2		X X		Fresh

Preservative Key: 0. None; 1. HCL; 2. HNO3; 3. H2SO4; 4. NaOH; 5. Zn. Acetate; 6. MeOH; 7. NaHSO4; 8. ICE

Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us

0.9

TURNAROUND REQUIREMENTS

___ RUSH (SURCHARGES APPLY)

X STANDARD

REQUESTED FAX DATE
N/A

REQUESTED REPORT DATE
N/A

REPORT REQUIREMENTS

___ I. Results Only

___ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)

___ III. Results + QC and Calibration Summaries

___ IV. Data Validation Report with Raw Data

Edata ___ Yes ___ No

INVOICE INFORMATION

P.O. # B10739

Bill to:

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature: Kelly a McDonald	Signature: Che Weigand	Signature	Signature	Signature	Signature
Printed Name: Kelly A McDonald	Printed Name: Che Weigand	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP NEROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 4/15/2021 1622	Date/Time: 4/15/21 1624	Date/Time	Date/Time	Date/Time	Date/Time

RQ-2021-04-12-41

Date of Request: 18-MAR-2021
Created By: PARRISH_J On: 18-MAR-2021
Modified By: JASROTIA_P On: 19-MAR-2021
Customer: NE-DIST
Project: BMAP
Division: Division of Environmental Assessment and Restoration
District: Northeast District
Event Description: Continuous monitoring Bacteria

Send Coolers To:

Phone: 904-807-3300
8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish
Cooler Ship EMail: Jeremy.M.Parrish@dep.state.fl.us

Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By:
Biology Request Reviewed By: JASROTIA_P On: 19-MAR-2021
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 12-APR-2021
Logged In By: BAKER_A On: 21-APR-2021

Send Final Report To:

8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish
Report Notification EMail: Jeremy.M.Parrish@dep.state.fl.us

Comments: Group A: (Surf-Salt) Bacteria,

NE-ALS-FC
NE-ALS-ENQ

Packing Notes:

Bottle Group A (Water) With 1 Samples:

Bottle Type: P-250ML-WI-THI Number of Bottles: 1 Preserved With: ICE
NE-ALS-ENQ Template: DEFAULT (ASTM D650399) Enterococci by Enterolert/QT by ALS in Jacksonville
ENTEROCOCCI-ENTEROLERT
Bottle Type: P-250ML-WI-THI Number of Bottles: 1 Preserved With: ICE
NE-ALS-FC Template: DEFAULT (SM 9222 D) Fecal coliforms by MF by ALS in Jacksonville
Fecal Coliforms-Membrane Filter