Login Checklist

RQ- 2021 - 06 - 14 - 09

Login Station ID: # 3

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 06-22-2021 / 11:03

*Cooler Temperature	Samples Frozen?	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Waybill Tracking #
					Present?		*Intact?		
	YES	HNO_3	Formalin		Yes	No	Yes	No	
N/A				2		X			Submittal forms emailed on
									06-22-2021
									Samples shipped to ALS Lab.

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 X No _____

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes x No Xx abs

CONTAINER CHECK

Evidence Tape on Bottles? Yes ____ No ____ NA X

Evidence Tape intact? Yes _____ No _____

If Criminal, photographs taken? Yes ____ No ____

Containers intact? Yes X No _____

Caps on tight? Yes X No ____

Sufficient Sample Volume: Yes X 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 x Init: ABS /

Chlorine detected? *(One container checked per Field ID)* Yes_____ No _____ Init: ABS /

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< 2.0? Yes X No_____ NA _____ Init: ABS /

**W-1-4-DIOX *(Green dot on container)* preserved to pH<4.0? Yes_____No_____ NA X Init: ABS /

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

Coolers Unpacked/Checked by: ABS / **Date:** 06-22-2021 **Event contains NCRs (Y/N)?** n

Event ID: NE-DIST-2021-06-22-02

Login Checklist

Login Preservation Equipment	Lot # & Exp: Date
Infrared Thermometer ID:	IRTG # 3 EXP:10/28/2021
pH Test Strips 0 – 6	Lot # 232518V EXP:NOV 30 2021
pH Paper 0 – 3	N/A
pH Paper 0 – 13	Lot # 231019 EXP:NOV 1 2022
Chlorine Test Strips	0261 2023 / 05

Additional Comments:

ENCORE SAMPLES

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

Were Encore samples received? Yes_____ Init: ABS

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
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2019

06/15/21
Data Qualified? Yes / (No)

WIN Station Name: Pellicer @ US 1 **Date:** ~~06~~/14/2021 (DL) (mm/dd/yyyy)

WIN/ Field ID: 27010016 **WBID:** 2580B **Latitude:** 29.651313 (Decimal Degrees)

County: St. Johns **ORG ID:** 21FLA **Longitude:** -81.286556 (Decimal Degrees)

Receiving Body of Water: _____ **RQ-** 2021-06-14-09

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Brian Davis	X				
Jessica Lee			X		

Sampling Equipment
- [X] Sample Container [ ] Van Dorn [ ] Pole
- [ ] Carboy [ ] Syringe
- [ ] Dipper [ ] Other _____
- Depth Measured with: Meter
- Equipment ID: —

Collection Method
- [ ] Wading [ ] Canoe/Kayak
- [ ] From Shore [ ] Electric Motor
- [ ] Other _____ [X] Gasoline Motor

Water Level: Dry/ Pooled/ Low / (Normal) / High / Flooded **Meter ID#** Desi **Matrix:** (Fresh) / Marine / DI

Photos: Yes / (No) **Flow:** No Flow / Intestital / (Flowing) / NA **Tide:** Rising/ Falling/ (Slack)/ NA **Tide Times:** High Low

Time Zone	Time	Total Depth (m)	Sample Depth (m)	Secchi Disk (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (PPTh)	Sp COND (µmhos/cm)	Temp. (C°)
(EST)	1120	(2.8)	0.3	1.1	4.66	55.4	6.88	0.13	272.4	24.0
CEN	1122	2.8	2.3	1.1	3.72	44.3	6.79	0.16	333.7	23.8

Biological Samples Collected: (None) HA SCI RPS Algae ID LVS LVI Other:

SBIO ID Numbers: SBIO-ID: HA-ID: RPS-ID: Macrophyte-ID: LIMS#:

Parameter Suite	Parameter Methods	Preservation	Lot#	Expiration	pH Check
Preserved Nutrients	[ ] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[ ] Ice [ ] H_2SO_4			[ ] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[ ] W-PO4-F [ ] Field Filtered 0.45 µm Filter	[ ] Ice			
Chlorophyll	[ ] CHLSUITE-W	[ ] Ice			
Physical/Aggregate (Fresh)	[ ] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[ ] Ice			
Physical/Aggregate (Marine)	[ ] Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY	[ ] Ice			
Macroinvertebrates	[ ] MI-FW-QLDC	[ ] Formalin			
Periphyton	[ ] ALGAE-ID	[ ] Ice			
Microbiology	[ ] E Coli [X] F Coli [X] Enterococci	[X] Ice			
Molecular	[ ] PCR-FILTER [ ] PCR-BacR [ ] PCR-GULL2 [ ] PCR-HF183 [ ] PCR-DG3 [ ] PCR-GFD	[ ] Ice			
Tracers	[ ] W-E8321-DI [ ] W-E8321-MS	[ ] Ice			
Pesticides	[ ] W-PSNP-TQ [ ] W-CT-CL-R [ ] W-E8321-DI [ ] W-PCL-SQ-R [ ] WE8321-MS [ ] W-CARB-AA	[ ] Ice			
Phytoplankton	[ ] DTY-QN-C [ ] PKD-QN-C	[ ] Ice			

Place Preservative Sticker(s) Here (If Available)

Notes: Overcast

Place Label Here

Signature: B. V. **Date:** 6/15/21

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)

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: Desi RQ- 2021-06-14-05 Project: CMP Pelliser

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 5/18/21

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.	J. Lee	6/15/21	0740	19.5	758.4	9.2	9.15	99.8	-	1.07	P/F	L/F
ICV			0755	20.1	758.5	9.1	9.10	100.3	-	1.07	P/F	L/F
CCV			1434	23.4	757.3	8.4	8.47	100.2	-	1.07	P/F	L/F
CCV				23.6							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.	J. Lee	6/15/21	0749	201222B	1/22	1000	1000	P/F	L/F
ICV			0753	201222A	1/22	100	103.4	P/F	L/F
CCV			1437	200902C	9/21	1413	1403	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.	J. Lee	6/15/21	0758	2012E39	12/22	7.02	19.9	7.02	-44.2	P/F	L/F
Calibr.			0801	2103G59	3/22 3/23	4.00	19.9	4.00	132.2	P/F	L/F
Calibr.			0804	2103F53	9/22	10.05	19.8	10.05	-215.2	P/F	L/F
ICV			0806	2103G59	3/23	4.00	19.9	3.93	135.6	P/F	L/F
CCV			1439	2012E39	12/22	7.02	20.9	7.06	-44.0	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 10 171, slope from 4 to 7 176.4 (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: 5/18/21
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	J. Lee	6/15/21	0807	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:

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environment

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

SR #

ALS Contact: Mandy Sullivan

Page 1 of 1

Client Name: FDEP-NE ROC	Project Number: Pellicer RQ-2021-06-14-09
Report To: Dep-Overflowmicro@dep.state.fl.us	Report CC:
Company/Address: 8800 Baymeadows Way W, Jacksonville, Fl 32256	
Phone #: 904-256-1700	FAX #:
Sampler's Signature: J Lee	Sampler's Printed Name: J. Lee

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	~~E.Coli~~ Fecal	Enterococci	REMARKS
27010016		6/14/21	1120	SW	2	X	X	Flow
		6/15/21						

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

0.4

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. # D10739
- Bill to:

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature: J Lee	Signature: Chris Weigand	Signature	Signature	Signature	Signature
Printed Name: J. Lee	Printed Name: Chris Weigand	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 6/14/21 1405	Date/Time: 6/15/21 1400	Date/Time	Date/Time	Date/Time	Date/Time

6/15/21

RQ-2021-06-14-09

Date of Request: 10-MAY-2021
Created By: PARRISH_J On: 10-MAY-2021
Modified By: JASROTIA_P On: 18-MAY-2021
Customer: NE-DIST
Project: SMP
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: 18-MAY-2021
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 14-JUN-2021
Logged In By: SHAIK_A On: 22-JUN-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
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