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PO# _____

Client Information: FDEP

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Report to: benjamin.paswater@dep.state.fl.us

Invoice to: FDEP Micro Overflow

Project Name: Smp RQ-2021-02-08-13

Laboratory Submission # 21020540

Sample Name	Sample Type ¹ / Sample Matrix ²	Collection		Container			Preservative ⁴	Parameters for Analysis	Laboratory Sample #
		Date	Time	Qty	Capacity	Type ³			
G1SW 0056	G1SW	2/10/21	1030	1	250 mL	P	Ice	ENTURO	1
G1SW 0112	G1SW	↓	1100	1	250 mL	P	↓	E-Coli	2
G2SW 0135	G1SW	↓	1140	1	250 mL	P	↓	E-Coli	3

1. "Sample Type" is used to indicate whether the sample was a grab (G) or whether it was a composite (C).
2. "Sample Matrix" is used to indicate whether the sample is being discharged to drinking water (DW), groundwater (GW), surface water (SW), fresh surface water (FSW), saline surface water (SSW), soil, sediment (SDA/NT), or sludge (SLDG).
3. "Container Type" is used to indicate whether the container is plastic (P) or glass (G).
4. Sample must be refrigerated or stored in wet ice after collection. The temperature during storage should be less than or equal to 6°C (42.8°F).
Under "Preservative," list any preservatives that were added to the sample container.

Instructions:
1. Each bottle has a label identifying sample ID, premeasured preservative contained in the bottle, sample type, client ID, and parameters for analysis.
2. The following information should be added to each bottle label after collection with permanent black ink: date and time of collection, sampler's name or initials, and any field number or ID.
3. All bottles not containing preservative may be rinsed with appropriate sample prior to collection.
4. The client is responsible for documentation of the sampling event. Please note special sampling events on the sample custody form.

Laboratory Sample Acceptability: _____

Temperature: _____

1	Collected / Relinquished By: <u>Ben Paswater</u>	Date: <u>2/10/21</u>	Time: <u>1330</u>	Received By: <u>Benchmark</u>	Date: <u>2/10/20</u>	Time: <u>1330</u>
2	Relinquished By: _____	Date: _____	Time: _____	Received By: _____	Date: _____	Time: _____