

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Kissimmee/Tiger

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By:

Katie Williams

Project ID: SMP

Collected By:

Mike Diennan

Sampling Agency:

FDEP

Location Kissimmee River		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 2/1/16 Time 1250	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2) A	
Field ID G4CE0055		Matrix (type, e.g., Salt, Fresh, etc) fresh		Diss. Oxygen 9.4	☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L) n/a
STORET # 26011067		Temp (C) 14.6	pH 6.9	Sample Depth 0.3	☐ ft ☒ m		Sp. Conductance (umho/cm) 145
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.07	Comments				
Location Tiger Creek		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 2/1/16 Time 1230	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) A	
Field ID G4CE0070		Matrix (type, e.g., Salt, Fresh, etc) fresh		Diss. Oxygen 7.3	☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L) n/a
STORET # G4CE0070		Temp (C) 18.7	pH 6.6	Sample Depth 0.3	☐ ft ☒ m		Sp. Conductance (umho/cm) 104
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.05	Comments				
Location Tiger Creek		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 2/1/16 Time 1220	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) A	
Field ID G4CE0069		Matrix (type, e.g., Salt, Fresh, etc) fresh		Diss. Oxygen 7.2	☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L) n/a
STORET # G4CE0069		Temp (C) 18.7	pH 6.6	Sample Depth 0.3	☐ ft ☒ m		Sp. Conductance (umho/cm) 104
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.05	Comments				
Location Tiger Creek		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 2/1/16 Time 1205	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) A	
Field ID G4CE0068		Matrix (type, e.g., Salt, Fresh, etc) fresh		Diss. Oxygen 7.7	☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L) n/a
STORET # G4CE0068		Temp (C) 19.1	pH 6.6	Sample Depth 0.3	☐ ft ☒ m		Sp. Conductance (umho/cm) 105
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.05	Comments				

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
			u	2/2/16 14:00				

Group: A	Bottle Type: P-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
ALKALINITY					
TURBIDITY					
W-CL-IC					
W-COLOR					
W-F					
W-SO4-IC					
W-TDS					
W-TSS					
Group: A	Bottle Type: P-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
BOD-UNIN					
Group: A	Bottle Type: BP-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
CHLSUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 5	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	5
W-NH3					
W-NO2NO3					
W-S-A-TP					
W-TKN					
W-TOC					
Group: A	Bottle Type: P-125ML	# of Bottles: 5	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	5
W-PO4-F					

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Kissimmee/Tiger

last revised Nov 10, 2015

Customer: CEN-DIST

Requester: Michael Linger

Field Report Prepared By:

Katie Williams

Project ID: SMP

Collected By:

Mike Drennan

Sampling Agency:

FDEP

Location <u>Little Tiger Creek</u>		☒ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2/1/16</u> Time <u>1155</u>		☒ Eastern ☐ Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2) <u>A</u>
Field ID <u>64CE0067</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>fresh</u>		Diss. Oxygen <u>7.8</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) <u>n/a</u>		
STORET # <u>64CE0067</u>		Temp (C) <u>18.1</u>	pH <u>7.0</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>105</u>		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) <u>0.05</u>	Comments					

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		☐ Eastern ☐ Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L) <u>n/a</u>		
STORET #		Temp (C)	pH	Sample Depth	☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments					

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		☐ Eastern ☐ Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #		Temp (C)	pH	Sample Depth	☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments					

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____		☐ Eastern ☐ Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #		Temp (C)	pH	Sample Depth	☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments					

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
			<u>u</u>	<u>2/2/16 14:00</u>				

Group: A	Bottle Type: P-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
ALKALINITY					
TURBIDITY					
W-CL-IC					
W-COLOR					
W-F					
W-SO4-IC					
W-TDS					
W-TSS					
Group: A	Bottle Type: P-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
BOD-UNIN					
Group: A	Bottle Type: BP-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
CHLSUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 5	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	5
W-NH3					
W-NO2NO3					
W-S-A-TP					
W-TKN					
W-TOC					
Group: A	Bottle Type: P-125ML	# of Bottles: 5	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	5
W-PO4-F					

Date of Request: 14-JAN-2016
 Created By: LINGER_M On: 14-JAN-2016
 Modified By: WATTS_J On: 19-JAN-2016
 Customer: CEN-DIST
 Project: SMP
 Division:
 District: Central District
 Sampling Event: Kissimmee/Tiger

Send Coolers To:

Phone: 407-897-4180
 FL Dept. of Environmental Protection
 3319 Maguire Blvd., Suite 232
 Orlando, FL 32803-3767
 Attn: Mike Linger

Program Module Number: 1306
 Priority: 3
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 19-JAN-2016
 Biology Request Reviewed By: SWANSON_C On: 15-JAN-2016
 Sampling Kit Required: YES Ship on: 22-JAN-2016
 Sampling Kit Shipped: YES On: 22-JAN-2016
 Sampling Kit Packed By: ARMOUR_S
 Preservatives Needed: NO
 Date to Receive Samples: 01-FEB-2016
 Received By:

Send Final Report To:

FL Dept. of Environmental Protection
 3319 Maguire Blvd., Suite 232
 Orlando, FL 32803-3767
 Attn: Mike Linger

Report Type: Final Only
 FTP Data: NO
 QC Report: YES
 Date Log: NO
 Authorization Log: NO

Comments:

Bottle Group A (Water) With 5 Samples:

Bottle Type: P-1L	Number of Bottles: 5	Preserved With: ICE
ALKALINITY	Template: DEFAULT	(SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO ₃ /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) True Color measured at 450 nm
Color (true)		
W-F	Template: DEFAULT	(SM 4500 F-C-97) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)
W-SO ₄ -IC	Template: DEFAULT	(EPA 300.0 Rev. 2.1) Sulfate in aqueous matrices
W-TDS	Template: DEFAULT	(SM 2540 C-97) Total Dissolved Solids in aqueous matrices
W-TSS	Template: DEFAULT	(SM 2540 D-97) Total Suspended Solids in aqueous matrices
Bottle Type: P-1L	Number of Bottles: 5	Preserved With: ICE
BOD-UNIN	Template: DEFAULT	(SM 5210 B) BOD, NOT nitrogen-inhibited
Bottle Type: BP-1L	Number of Bottles: 5	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry
Bottle Type: P-500ML	Number of Bottles: 5	Preserved With: ICE And H ₂ SO ₄
W-NH ₃	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L
W-NO ₂ NO ₃	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-00) Nonpurgeable Organic Carbon in aqueous matrices
Bottle Type: P-125ML	Number of Bottles: 5	Preserved With: ICE-FLTR
W-PO ₄ -F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

Log-in Checklist

RQ- 2016-02-01-68

Shipping Method: Fedex

Date/Time of Receipt: 2/2/16 14:00

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape				Tracking # (fill out only if waybill copy is damaged)
			Present?		*Intact?		
			Yes	No	Yes	No	
Red	0.6	15		✓			
Red	1.0	10		✓			

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

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

****Chain Of Custody/ Field Sheet(s) Included?** Yes ☒ 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 (Blue dot on container)

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-AHERB-AA (-AHB-AA-R)			W-PCL-SQ (-R)		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)			W-TR-TQ		
W-PCB-R					

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

****Acid Preserved Samples:** pH ≤ 2.0? Yes ☒ No ☐ NA ☐ Init: ck

****W-1-4-DIOX (Green dot on container) preserved to pH < 4.0?** Yes ☐ No ☐ NA ☒ Init: ck

Coolers Unpacked/Checked by: ck Date: 2/2/16

NCRs (Y/N)? N

Event ID: CEN-DET-2016-02-02-01

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

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 _____ No _____

If no, were samples shipped on dry ice? Yes _____ No _____

FOR CLEAN LAB USE ONLY – Methyl Mercury Preservation Check:

Samples Preserved within 48 hours? Yes _____ No _____

Date and time samples preserved: _____

Additional Comments:

00665

01000

07125

fedex.com 1800.GoFedEx 1800.463.3339

FedEx
Express

 Package
US Airbill

 FedEx
Tracking
Number

8094 7803 0353

1 From

Date

2/1/16

Sender's
Name

Kate Williams

Phone

407 897 4100

Company

FDEP

Address

3319 Maguire Blvd Ste 232

City

Orlando

State

FL

ZIP

32803

2 Your Internal Billing Reference

3 To

Recipient's
Name

SAMPLE RECEIVING

Phone

850 245-8085

Company

FLORIDA DEP/CHEMISTRY SECTION

Address

2600 BLAIRSTONE RD

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City

TALLAHASSEE

State

FL

ZIP

32399

MUR3

Form
ID No

0215

Recipient's Copy

4 Express Package Service

* To most locations.

 Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless Saturday Delivery is selected.

☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be
delivered on Monday unless Saturday Delivery
is selected.

☐ FedEx Standard Overnight
Next business afternoon.*
Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M.
Second business morning.*
Saturday Delivery NOT available.

☐ FedEx 2Day
Second business afternoon.* Thursday shipments
will be delivered on Monday unless Saturday
Delivery is selected.

☐ FedEx Express Saver
Third business day.*
Saturday Delivery NOT available.

5 Packaging

* Declared value limit \$500.

☐ FedEx Envelope*

☐ FedEx Pak*

☐ FedEx
Box

☐ FedEx
Tube

☒ Other

6 Special Handling and Delivery Signature Options

Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery

NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required
Package may be left without
obtaining a signature for delivery.

☐ Direct Signature
Someone at recipient's address
may sign for delivery.

☐ Indirect Signature
If no one is available at recipient's
address, someone at a neighboring
address may sign for delivery. For
residential deliveries only.

Does this shipment contain dangerous goods?

 One box must be checked.
☒ No ☐ Yes
 As per attached
 Shipper's Declaration. ☐ Yes
 Shipper's Declaration
 not required.

☐ Dry Ice
 Dry Ice, 9 UN 1845 x _____ kg

☐ Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

Sender

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip.
Acct. No. ☐

00663

01000

07125

fedex.com 1800.GoFedEx 1800.463.3339

115

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8094 7803 0331

1 From

Date

2/1/14

Sender's
Name

Kate Williams

Phone

407 897 4100

Company

FDEP

Address

3319 Maguire Blvd Ste 232

Dept./Floor/Suite/Room

City

Orlando

State

FL

ZIP

32803

2 Your Internal Billing Reference**3 To**Recipient's
Name

SAMPLE RECEIVING

Phone

850 245-8085

Company

FLORIDA DEP/CHEMISTRY SECTION

Address

2600 BLAIRSTONE RD

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City

TALLAHASSEE

State

FL

ZIP

32399

0121555852

Form ID No. 0215	
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4 Express Package Service

* To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.**Next Business Day**
☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.
2 or 3 Business Days
☐ FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.

☐ FedEx 2Day
Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ FedEx Express Saver
Third business day.* Saturday Delivery NOT available.
5 Packaging

* Declared value limit \$500.

☐ FedEx Envelope*

☐ FedEx Pak*

☐ FedEx Box

☐ FedEx Tube

☒ Other
6 Special Handling and Delivery Signature Options

Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required
Package may be left without obtaining a signature for delivery.

☐ Direct Signature
Someone at recipient's address may sign for delivery.

☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.
Does this shipment contain dangerous goods?

One box must be checked.

☐ No

☐ Yes
As per attached Shipper's Declaration.

☐ Yes
Shipper's Declaration not required.

☐ Dry Ice
Dry Ice, 8, UN 1845 _____ x _____ kg

☐ Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip. Acct. No.

☐ Sender
Acct. No. in Section 1 will be billed.

☒ Recipient

☐ Third Party

☐ Credit Card

☐ Cash/Check