Request Number: RQ-2016-03-28-19

1329Z, 1329P, 1329A

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: C. Orr S. Clingerman

Field Report Prepared By: S. Clingerman

Sampling Agency: FDEP - SWROC

Location: NEFF LAKE C

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03/29/2016 Time 1230 | Eastern Central | Composite end Date Time | Bottle Group(s) (See pg 2): A

Field ID: RQ-2016-03-28-19 Date: 03/29/16 Time: G4SW0087

Matrix (type, e.g., Salt, Fresh, etc): FRESH

Diss. Oxygen: 8.7 ☒ mg/L, 104 ☒ % sat | Total Res. Chlorine (mg/L):

STORET #

Temp (C): 24.4 | pH: 6.8 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 80

Latitude ☐ dd ☐ dms | Salinity (ppt): 0.04 | Comments:

Location: NEFF LAKE N

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03/29/2016 Time 12-45 | Eastern Central | Composite end Date Time | Bottle Group(s): A

Field ID: RQ-2016-03-28-19 Date: 03/29/16 Time: G4SW0088

Matrix (type, e.g., Salt, Fresh, etc): FRESH

Diss. Oxygen: 7.7 ☒ mg/L, 92 ☒ % sat | Total Res. Chlorine (mg/L):

STORET #

Temp (C): 24.0 | pH: 6.4 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 80

Latitude ☐ dd ☐ dms | Salinity (ppt): 0.04 | 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
S. Clingerman	03/29/16 1800	FedEx		03/30/16 09:22				

Collection time from sample. 03/30/16

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	P-1L	10	ICE	6

ALKALINITY
TURBIDITY
W-CL-IC
W-COLOR
W-F
W-SO4-IC
W-TDS
W-TSS

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	P-1L	10	ICE	6

BOD-UNIN

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	BP-1L	10	ICE	6

CHLSUITE-W

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	P-500ML	10	ICE And H2SO4	6

W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group:	Bottle Type:	# of Bottles:	Preservative:	Enter Number of Bottles Sent to Lab
A	P-125ML	10	ICE-FLTR	6

W-PO4-F

Request Number: RQ-2016-03-28-19

1329Z, 1329P, 1329A

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: C. Orr S. Clingerman

Field Report Prepared By: S. Clingerman

Sampling Agency: FDEP - SWROC

Location: LAKE IOLA E

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03/29/2016 Time 1035 Eastern Central | Composite end Date Time | Bottle Group(s) (See pg 2): A

Field ID: RQ-2016-03-28-19 Date: 03/29/16 Time: G5SW0019

STORET #

Matrix (type, e.g., Salt, Fresh, etc): FRESH

Diss. Oxygen 9.0 ☒ mg/L 105 ☒ % sat | Total Res. Chlorine (mg/L)

Temp (C) 23.7 | pH 8.0 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 143

Latitude ☐ dd ☐ dms | Salinity (ppt) 0.07 | Comments

Location: LAKE IOLA W

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03/29/2016 Time 1055 Eastern Central | Composite end Date Time | Bottle Group(s): A

Field ID: RQ-2016-03-28-19 Date: 03/29/16 Time: G5SW0018

STORET #

Matrix (type, e.g., Salt, Fresh, etc): FRESH

Diss. Oxygen 8.8 ☒ mg/L 103 ☒ % sat | Total Res. Chlorine (mg/L)

Temp (C) 23.6 | pH 7.6 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 143

Latitude ☐ dd ☐ dms | Salinity (ppt) 0.07 | Comments

Location: NEFF LAKE SE

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03/29/2016 Time 1155 Eastern Central | Composite end Date Time | Bottle Group(s): A

Field ID: RQ-2016-03-28-19 Date: 03/29/16 Time: G4SW0090

STORET #

Matrix (type, e.g., Salt, Fresh, etc): FRESH

Diss. Oxygen 9.8 ☒ mg/L 116 ☒ % sat | Total Res. Chlorine (mg/L)

Temp (C) 24.1 | pH 7.6 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 81

Latitude ☐ dd ☐ dms | Salinity (ppt) 0.04 | Comments

Location: NEFF LAKE SW

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 03/29/2016 Time 12:20 Eastern Central | Composite end Date Time | Bottle Group(s): A

Field ID: RQ-2016-03-28-19 Date: 03/29/16 Time: G4SW0089

STORET #

Matrix (type, e.g., Salt, Fresh, etc): FRESH

Diss. Oxygen 8.9 ☒ mg/L 102 ☒ % sat | Total Res. Chlorine (mg/L)

Temp (C) 24.2 | pH 6.8 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 80

Latitude ☐ dd ☐ dms | Salinity (ppt) 0.04 | Comments

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
S. Clingerman	03/29/16 1800	Fed EX	ABB	03-30-16 0900				

Collection time from Sample. ABB 03.30.16

Group: A Bottle Type: P-1L # of Bottles: 10 Preservative: ICE **Enter Number of Bottles Sent to Lab** 6

ALKALINITY
TURBIDITY
W-CL-IC
W-COLOR
W-F
W-SO4-IC
W-TDS
W-TSS

Group: A Bottle Type: P-1L # of Bottles: 10 Preservative: ICE **Enter Number of Bottles Sent to Lab** 6

BOD-UNIN

Group: A Bottle Type: BP-1L # of Bottles: 10 Preservative: ICE **Enter Number of Bottles Sent to Lab** 6

CHLSUITE-W

Group: A Bottle Type: P-500ML # of Bottles: 10 Preservative: ICE And H2SO4 **Enter Number of Bottles Sent to Lab** 6

W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group: A Bottle Type: P-125ML # of Bottles: 10 Preservative: ICE-FLTR **Enter Number of Bottles Sent to Lab** 6

W-PO4-F

RQ-2016-03-28-19

Date of Request: 09-MAR-2016
Created By: ASHTON_J On: 09-MAR-2016
Modified By: WATTS_J On: 15-MAR-2016
Customer: SW-DIST
Project: SMP
Division:
District: Southwest District
Sampling Event: 1329Z, 1329P, 1329A

Send Coolers To:

Phone: 813-470-5951
FL Dept. of Environmental Protection
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926
Attn: Matthew Bearden

Send Final Report To:

FL Dept. of Environmental Protection
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926
Attn: Stephen Clingerman

Program Module Number:
Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 15-MAR-2016
Biology Request Reviewed By: SWANSON_C On: 10-MAR-2016
Sampling Kit Required: YES Ship on: 15-MAR-2016
Sampling Kit Shipped: YES On: 18-MAR-2016
Sampling Kit Packed By: REYNOLDS_T
Preservatives Needed: NO
Date to Receive Samples: 29-MAR-2016
Received By: SHAIK_A On: 30-MAR-2016

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

Comments:

Bottle Group A (Water) With 10 Samples:

Bottle Type: P-1L	Number of Bottles: 10	Preserved With: ICE	
ALKALINITY	Template: DEFAULT	(SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO3/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-SO4-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: 10	Preserved With: ICE	
BOD-UNIN	Template: DEFAULT	(SM 5210 B) BOD, NOT nitrogen-inhibited	
Bottle Type: BP-1L	Number of Bottles: 10	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: 10	Preserved With: ICE And H2SO4	
W-NH3	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L	
W-NO2NO3	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: 10	Preserved With: ICE-FLTR	
W-PO4-F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L	

Log-in Checklist

RQ- 2016-03-28-19

Shipping Method: Fed Exp

Date/Time of Receipt: 03-30-16/9:22

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	2.1C	10		✓			
Red	0.9C	10		✓			
Red	1.2C	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: [signature]

**W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes____ No____ NA ~ Init: ____

Coolers Unpacked/Checked by: [signature] **Date:** 03-30-16 **NCRs (Y/N)?** N

Event ID: 1329Z, 1329P, 1329A SW-DIST-2016-03-30-01 (SMP) Date Received: 30-MAR-2016 09:22 **NCR #** 2

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:

FedEx Express Package US Airbill

FedEx Tracking Number 8094 7802 8456

Form ID No. 0215

1 From

Date 1/29/2016

Sender's Name FDEP Phone 813 470-5770

Company

Address 12151 N. Telecom Pkwy Dept./Floor/Suite/Room

City TEMPLE TERRACE State FL ZIP 33637

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 Dept./Floor/Suite/Room

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

Address

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

Hold Weekday: FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday: FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

City TALLAHASSEE State FL ZIP 32399

0121555852

8094 7802 8456

4 Express Package Service * To most locations.

Packages up to 150 lbs. For packages over 150 lbs., see 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.
- [X] 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
- [X] 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.

Signature options:

- [ ] 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

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

- [ ] Cargo Aircraft Only

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.
- [X] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

[redacted] 6

Total Packages 1 Total Weight 50 lbs Credit Card Auth

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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fedex.com 1.800.GoFedEx 1.800.463.3339

FedEx Express Package US Airbill

FedEx Tracking Number 8094 7802 8478

Form ID No. 0215

1 From

Date 2/9/2016

Sender's Name FDEP Phone 813 470-5770

Company

Address 12151 N. Telecom Pkwy Dept./Floor/Suite/Room

City TEMPLE TERRACE State FL ZIP 33637

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 Dept./Floor/Suite/Room

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

Address

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

Hold Weekday: FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday: FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

City TALLAHASSEE State FL ZIP 32399

0121555852

8094 7802 8478

4 Express Package Service * To most locations.

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.
- [X] 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
- [X] 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.

Signature options:

- [ ] 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

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

- [ ] Cargo Aircraft Only

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.
- [X] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

[redacted] 6

Total Packages 1 Total Weight 50 lbs Credit Card Auth

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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fedex.com 1.800.GoFedEx 1.800.463.3339

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MUR3

FedEx Express Package US Airbill

FedEx Tracking Number 8094 7802 8467

Form ID No. 0215

1 From

Date 1/21/16

Sender's Name FDEP Phone 813 470-5770

Company

Address 1801 N. Tamiami Trail Dept./Floor/Suite/Room

City Temple Terrace State FL ZIP 33637

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 Dept./Floor/Suite/Room

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

Address

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

City TALLAHASSEE State FL ZIP 32399

Hold Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

0121555852

8094 7802 8467

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.
- [X] 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
- [X] 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

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

- [ ] Cargo Aircraft Only

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.
- [X] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

[redacted] 6

Total Packages 1 Total Weight 50 lbs.

Credit Card Auth.

*Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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