Request Number: RQ-2017-06-05-71

Egon Creek

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: NE-DIST

Project ID: SMP

Requester: Nicole Frederick

Collected By: P. O'Connor

Field Report Prepared By: P. O'Connor

Sampling Agency: DEAR NED ROC

Location: Egan Creek @ Atlantic

Field ID:

STORET #:

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 06-07-17 Time 1130 Eastern Central | Composite end Date Time | Bottle Group(s) (See pg 2): Atc

Matrix (type, e.g., Salt, Fresh, etc): SURFACE WATER SALT | Diss. Oxygen 4.3 ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 25.3 | pH 6.3 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 15500

Salinity (ppt) 10.5 | Comments: DO% 54.4 0.3 Secchi

Location: Egan Creek @ Sadler Rd.

Field ID:

STORET #:

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 06-07-17 Time 1050 Eastern Central | Composite end Date Time | Bottle Group(s): AtB

Matrix (type, e.g., Salt, Fresh, etc): Surface Water Fresh | Diss. Oxygen ~~0.5~~ 4.19 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 23.6 | pH 7.0 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 405

Salinity (ppt) 0.19 | Comments: DO% ~~46~~ 53 0.5 Secchi

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

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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

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Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
	06-07-17 1400	FEDEX	1		6/8/17 10:00

Group: A	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	PCR-FILTER PCR-HF183						
Group: A	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						
Group: B	Bottle Type:	P-250ML-WO-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	ECOLI-18QT						
Group: C	Bottle Type:	P-250ML-WO-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	ENT-24-QT						

RQ-2017-06-05-71

Date of Request: 05-JUN-2017
Created By: FREDERIC_N On: 05-JUN-2017
Modified By: MATTHEWS_D On: 06-JUN-2017
Customer: NE-DIST
Project: SMP
Division:
District: Northeast District
Sampling Event: Egon Creek

Send Coolers To:

Phone: 904-807-3300
8800 Baymeadows Way W
Suite 100
Jacksonville, FL 32256-7577
Attn: Nicole Frederick

Send Final Report To:

8800 Baymeadows Way W
Suite 100
Jacksonville, FL 32256-7577
Attn: Nicole Frederick

Program Module Number:
Priority: 3
Event Status: A
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 05-JUN-2017
Biology Request Reviewed By: MATTHEWS_D On: 06-JUN-2017
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 08-JUN-2017
Received By:

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

Comments: Group A: Tracers and Markers
Group B: Bacteria

Bottle Group A (Water) With 2 Samples:

Bottle Type: QPCR-P-250ML Number of Bottles: 4 Preserved With: ICE

PCR-FILTER	Template: DEFAULT	(SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis
PCR-HF183	Template: DEFAULT	(SOP-PCR-1.0) Detection and quantification of human-specific HF183 Bacteroides genetic marker with quantitative polymerase chain reaction

Bottle Type: BG-1L Number of Bottles: 2 Preserved With: ICE

W-AHERB-AA	Template: DEFAULT	(USGS O-2060-01) Chlorinated (phenoxy acid) herbicides in water matrices by HPLC/MS/MS
W-SUC-AA-R	Template: DEFAULT	(EPA 8321B) Analysis of sucralose in water matrices by HPLC/MS/MS
W-UHERB-AA	Template: DEFAULT	(USGS O-2060-01) Urea herbicides and other chemicals in water matrices by HPLC/MS/MS

Bottle Group B (Water) With 1 Samples:

Bottle Type: Number of Bottles: 1 Preserved With: ICE

ECOLI-18QT	Template: DEFAULT	(SM 9223 Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method - non-chlorinated water systems

Bottle Group C (Water) With 1 Samples:

Bottle Type: Number of Bottles: 1 Preserved With: ICE

ENT-24-QT	Template: DEFAULT	(Enterolert/QT) Enterococci by Enterolert Quanti-Tray method - non-chlorinated water systems

* - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.

Log-in Checklist

RQ- 2017-06-05-71

Shipping Method: Fed Ex Date/Time of Receipt: 6/8/17 10:00

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	2.3°C	8		✓			

*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			W-CT-CI-R		

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

**Acid Preserved Samples: pH ≤ 2.0? Yes____ No____ NA ✓ Init: JD

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

Coolers Unpacked/Checked by: J. D Date: 6/8/17 NCRs (Y/N)? ____

Event ID: UE-DIST-2017-06-08-01 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 – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):

Samples preserved within 48 hours? Yes_____ No_____

Date and time samples preserved: _____

Additional Comments:

01000

FedEx Express **Package US Airbill**

FedEx Tracking Number 8113 0562 3912

Form ID No. 0215 — Recipient's Copy

1 From

Date 6-7-2017

Sender's Name Pat O'Connor Phone 904 256-1700

Company FDEP/NE ROC

Address 8800 Baymeadows Way W STE 100 (Dept./Floor/Suite/Room)

City Jacksonville State FL ZIP 32256

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

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8113 0562 3912

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

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. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

[redacted] 262

Total Packages ____ Total Weight ____ 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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