**Request Number: RQ-2017-04-03-76**

BacT Tracers Markers only

# Florida Department of Environmental Protection
## Central Laboratory Submittal Form



**Customer: NW-DIST**

**Project ID: SMP**

Requester: Michael King

Collected By: S. Slade

Field Report Prepared By: S. Slade

Sampling Agency: FDEP NWROC

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**Location:** Rest Area Run
**Field ID:** RQ-2017-04-03-76 (WBID 542)
**Date:**
**Time:** CDT

G5NW0068 (Field ID / STORET)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Comp ☐ / Grab ☑ | Collection (comp begin or grab) Date 04/06/17 Time 1045 | Eastern Central | Composite end Date | Time | Bottle Group(s) (See pg 2) | | | |
| Matrix (type, e.g., Salt, Fresh, etc) | | Diss. Oxygen 7.9 | ☑ mg/L ☐ % sat | Total Res. Chlorine (mg/L) | A, B, C | | | |
| Temp (C) 18.1 | pH 6.3 | Sample Depth 0.2 | ☐ ft ☑ m | Sp. Conductance (umho/cm) 94 | | | | |
| Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms | Salinity (ppt) 0.0 | Comments | | | | | |

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**Location:** elevenmile Creek
**Field ID:** RQ-2017-04-03-76 (WBID 489)
**Date:**
**STORET**
**Time:** CDT

G5NW0003 (Field ID / STORET)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Comp ☐ / Grab ☑ | Collection (comp begin or grab) Date 04/06/17 Time 1210 | Eastern Central | Composite end Date | Time | Bottle Group(s) | | | |
| Matrix (type, e.g., Salt, Fresh, etc) | | Diss. Oxygen 8.5 | ☑ mg/L ☐ % sat | Total Res. Chlorine (mg/L) | A, B, C | | | |
| Temp (C) 19.7 | pH 6.3 | Sample Depth 0.2 | ☐ ft ☑ m | Sp. Conductance (umho/cm) 66 | | | | |
| Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms | Salinity (ppt) 0.0 | Comments | | | | | |

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**Location:**
**Field ID:**
**STORET #:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Comp ☐ / Grab ☐ | Collection (comp begin or grab) Date Time | Eastern Central | Composite end Date | Time | Bottle Group(s) | | | |
| Matrix (type, e.g., Salt, Fresh, etc) | | Diss. Oxygen | ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L) | | | | |
| 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:**
**Field ID:**
**STORET #:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Comp ☐ / Grab ☐ | Collection (comp begin or grab) Date Time | Eastern Central | Composite end Date | Time | Bottle Group(s) | | | |
| Matrix (type, e.g., Salt, Fresh, etc) | | Diss. Oxygen | ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L) | | | | |
| 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 |
|---|---|---|---|---|---|
| | 4/6/17 | Fed Ex | 1 | | 4/7/17 10:25 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Group: A | Bottle Type: NW-UWF-ECQ | TEST HAS NO BOTTLE | # of Bottles: 5 | Preservative: | ICE | Enter Number of Bottles Sent to Lab 1 |
| Group: B | Bottle Type: W-AHERB-AA W-SUC-AA-R W-UHERB-AA | BG-1L | # of Bottles: 3 | Preservative: | ICE | Enter Number of Bottles Sent to Lab 2 |
| Group: C | Bottle Type: PCR-FILTER | QPCR-P-250ML | # of Bottles: 6 | Preservative: | ICE | Enter Number of Bottles Sent to Lab 4 |

SAMPLE TRANSMITTAL FORM
Document Reference # 05.1.0

Project: FDEP

Laboratory: Wetlands Research Laboratory

Sampler's intials :

Method of transport: Drop off on ice by automobile

Page _1_ of _1_

Samples delivered by: Nathan Mulkey of FDEP

Date/Time: 4/6/17 / 1250

Sample received by: Jeremy Bosse of WRL

Date/Time: 4/6/17 / 1250

Instructions: Fill in all fields except "Lab ID" on sample transport form completely. Each sample container must use a separate line. Place this form in a waterproof bag and place it with the samples for transport.
If a field log or other chain of custody is attached, that information may be referenced on this form and the log or COC attached.

| Lab ID | Sample ID | Matrix[1] | Type[2] | Container Type | Analyses Requested | Preservative | Sample (°C)[3] | Sampling Date/Time |
|---|---|---|---|---|---|---|---|---|
| | ~~G6NW0004 Brushy Creek G5NW0001~~ | ~~SW~~ | ~~G~~ | ~~Sterile plastic~~ | ~~Ecoli~~ | ~~ice/Na2S2O3~~ | | |
| 17-42363 | G4NW0026 Big Coldwater Creek G4NW0026 | SW | G | Sterile plastic | Ecoli | ice/Na2S2O4 | 3.1 | 04/6/17 0930 |
| 17-42364 | G5NW0068 Rest Area Run G5NW0068 | SW | G | Sterile plastic | Ecoli | ice/Na2S2O5 | 3.3 | 04/6/17 1045 |
| | ~~G5NW0125 Perdido river (Middle B) G5NW0125~~ | ~~SW~~ | ~~G~~ | ~~Sterile plastic~~ | ~~Ecoli~~ | ~~ice/Na2S2O6~~ | | 04/6/17 1210 |
| 17-42365 | G5NW0003 Elevenmile Creek G5NW0003 | SW | G | Sterile plastic | Ecoli | ice/Na2S2O7 | 10.4 | |

Comments sample container lot# 115183

RQ-2017-04-03-76

Contact organization FDEP

Contact name Mike King

Phone: (850) 595-8300

Address 160 Governmental Center, suite 308, Pensacola, FL 32502

Sampler's name:

[1]Matrix: SW = surface water, PW = pore water, GW = ground water, S = soil/sediment, X =

[2]Type codes: G = grab, C = composite, X =

[3] Recorded using IRT-2

# RQ-2017-04-03-76



Date of Request: 05-APR-2017
Created By: KING_M On: 05-APR-2017
Modified By: MATTHEWS_D On: 05-APR-2017
Customer: NW-DIST
Project: SMP
Division: Division of Environmental Assessment and Restoration
District: Northwest District
Sampling Event: BacT Tracers Markers only

**Send Coolers To:**

Phone: SC-595-0605
160 W Government St
Suite 208A
Pensacola, FL 32502-5794
Attn: Michael King

**Send Final Report To:**

160 W Government St
Suite 208A
Pensacola, FL 32502-5794
Attn: Michael King

Program Module Number: 1306
Priority: 3
Event Status: A
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 05-APR-2017
Biology Request Reviewed By: MATTHEWS_D On: 05-APR-2017
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 05-APR-2017
Received By:

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: TEST HAS NO Number of Bottles: 5 Preserved With: ICE

| | | |
|---|---|---|
| NW-UWF-ECQ | Template: DEFAULT | (SM 9223 Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method by UWF Overflow Laboratory for NWD |

## Bottle Group B (Water) With 3 Samples:

Bottle Type: BG-1L Number of Bottles: 3 Preserved With: ICE

| | | |
|---|---|---|
| W-AHERB-AA | Template: | (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 C (Water) With 3 Samples:

Bottle Type: QPCR-P-250ML Number of Bottles: 6 Preserved With: ICE

| | | |
|---|---|---|
| PCR-FILTER | Template: DEFAULT | (SOP-PCR-4.0) Preparation of Samples by Filtration and held for qPCR Analysis |

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

# Log-in Checklist

RQ- 2017-04-03-76

Shipping Method: FedEx Date/Time of Receipt: 4/7/17 10:25

| 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 | |
| WHITE | -0.1°C | 6 | | ✓ | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*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: AT

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

Coolers Unpacked/Checked by: AT Date: 4/7/17 NCRs (Y/N)? ____

Event ID: MW-DIST-2017-04-07-01 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 8111 7111 5787

Form ID No. 0215

Recipient's Copy

**1 From**

Date 4/6/17

Sender's Name Nathan Nalley Phone 850 595 0626

Company FDEP

Address 160 W Gaut St

Dept./Floor/Suite/Room

City Pensacola State FL ZIP 32502

**2 Your Internal Billing Reference**

**3 To**

Recipient's Name 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 32399-6542

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.

0125636852

8111 7111 5787

**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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