

# Log-in Checklist

Login Station ID: # 3

Shipping Method: FedEx | HD | Greyhound

Date/Time of Receipt: 08/24/2018 / 10:25

| Cooler Temperature* | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Tracking # (fill out only if waybill copy is damaged) |
|---------------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|-------------------------------------------------------|
|                     |                                        |          |                                       | Present?      |    | *Intact? |    |                                                       |
|                     | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                                                       |
| 1.25                |                                        |          | 4                                     |               | X  |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |
|                     |                                        |          |                                       |               |    |          |    |                                                       |

\* HNO<sub>3</sub> and Formalin persevered samples do **NOT** have a temperature requirement. For all others, 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 ☐

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes ☒ No ☐ Date 8-24-18

## 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 REQUIRED? (Blue dot on container) Yes ☐ No ☒ Init: ABS

| 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-E8321-DI, -MS, -21                                                                                 |     |    | W-NP-AA-SF |     |    |
| W-BNA (-625, -R)                                                                                     |     |    | W-PDQUAT   |     |    |
| W-CARB-AA (-CAB-AA-R)                                                                                |     |    | W-PCL-SQ-R |     |    |
| W-U2060-MS                                                                                           |     |    | W-TR-TQ    |     |    |
| W-PCB-R                                                                                              |     |    | W-CT-CI-R  |     |    |
| W-PAH (-R)                                                                                           |     |    | W-PSNP-TQ  |     |    |

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

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

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

Coolers Unpacked/Checked by: ABS Date: 08/24/2018 NCRs (Y/N)? ☐

Event ID: Tiger CEN-DIST-2018-08-24-02 (SMP) 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 |
|----------|-------------------|--------------|
|          |                   |              |
|          |                   |              |
|          |                   |              |

### Additional Comments:

|                            |                        |
|----------------------------|------------------------|
| Infrared Thermometer ID:   | REC_03_2018            |
| pH Paper 0.0 – 3.0 Lot #   | 2305 15 EXP:10/30/2018 |
| pH Paper 0 – 13 Lot #      | 222516 EXP:09/15/2019  |
| Chlorine Test Strips Lot # | 7226 EXP:20/20/07      |

### ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes \_\_\_\_\_ No X

Date and time placed in freezer \_\_\_\_\_

Were all samples placed in freezer within 48 hours of collection? Yes \_\_\_\_\_ If No \_\_\_\_\_

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: \_\_\_\_\_

Tiger

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: CEN-DIST

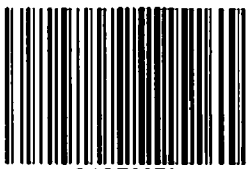
Requester: Michael Linger

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

|                |  |                                                             |  |                                                                                   |  |                                                                           |  |                                 |  |                                                                                 |  |                                                                            |  |                            |  |              |  |                                                                      |  |                           |  |     |  |   |  |
|----------------|--|-------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|---------------------------------|--|---------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|----------------------------|--|--------------|--|----------------------------------------------------------------------|--|---------------------------|--|-----|--|---|--|
| Location       |  | WIN ID / Field ID →                                         |  |  |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab) |  | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central |  | Composite end                                                              |  | Bottle Group(s)            |  |              |  |                                                                      |  |                           |  |     |  |   |  |
| Field ID       |  | Tiger Creek 1.45km downstream of Lake Kissimmee (3183D)     |  | G4CE0070                                                                          |  | Date                                                                      |  | 8/23/18                         |  | Time                                                                            |  | 1115                                                                       |  | Date                       |  | Time         |  |                                                                      |  |                           |  |     |  |   |  |
| WIN/STORE      |  |                                                             |  |                                                                                   |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  |                                 |  | Diss. Oxygen                                                                    |  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine (mg/L) |  |              |  |                                                                      |  |                           |  |     |  |   |  |
| Latitude       |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms |  | Longitude                                                                         |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Temp (C)                        |  | 30.74                                                                           |  | pH                                                                         |  | 6.20                       |  | Sample Depth |  | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m |  | Sp. Conductance (umho/cm) |  | 127 |  | A |  |
| Salinity (ppt) |  | 0.06                                                        |  | Comments                                                                          |  |                                                                           |  |                                 |  |                                                                                 |  |                                                                            |  |                            |  |              |  |                                                                      |  |                           |  |     |  |   |  |

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

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

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

|                  |              |                 |                            |              |               |
|------------------|--------------|-----------------|----------------------------|--------------|---------------|
| Relinquished By: | Date/Time    | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time     |
| K March          | 8/23/18 1600 | FedEx           | 1                          | ABJ          | 8-24-18/10-25 |

|                                                                                    |                             |                 |                                            |                                                  |
|------------------------------------------------------------------------------------|-----------------------------|-----------------|--------------------------------------------|--------------------------------------------------|
| Group: A                                                                           | Bottle Type: P-1L           | # of Bottles: 1 | Preservative: ICE                          | Enter Number of Bottles Sent to Lab              |
| ALKALINITY<br>TURBIDITY<br>W-CL-IC<br>W-COLOR<br>W-F<br>W-SO4-IC<br>W-TDS<br>W-TSS |                             |                 |                                            |                                                  |
| Group: A                                                                           | Bottle Type: P-250ML-WI-THI | # of Bottles: 1 | Preservative: Na thiosulfate and Ice       | Enter Number of Bottles Sent to Lab 1 to Flowers |
| CD-FLR-ECQ                                                                         |                             |                 |                                            |                                                  |
| Group: A                                                                           | Bottle Type: BP-1L          | # of Bottles: 1 | Preservative: ICE                          | Enter Number of Bottles Sent to Lab 1            |
| CHLSUITE-W                                                                         |                             |                 |                                            |                                                  |
| Group: A                                                                           | Bottle Type: P-500ML        | # of Bottles: 1 | Preservative: ICE And H2SO4                | Enter Number of Bottles Sent to Lab 1            |
| W-NH3<br>W-NO2NO3<br>W-S-A-TP<br>W-TKN<br>W-TOC                                    |                             |                 | H2SO4<br>LOT# SA8101020<br>EXP: 04/11/2019 |                                                  |
| Group: A                                                                           | Bottle Type: P-125ML        | # of Bottles: 1 | Preservative: FILTER-ICE                   | Enter Number of Bottles Sent to Lab 1            |
| W-PO4-F                                                                            |                             |                 |                                            |                                                  |



2 of 2

## CONTRACT LAB - CHAIN OF CUSTODY

Client Name: Department of Environmental Protection  
Address: 3319 Maguire Blvd Suite 232, Orlando, FL 32803  
Project Manager: Natalie Ayala / Michael Linger / Kalina Warren  
E-Mail: DEP-overflowmicro@dep.state.fl.us  
Telephone Number: (407) 897-4100

Project Name: SMP

Project Number: RQ-2019-06-20-31

Site Location: Tiger Creek

Contract/PO # FLOWERS - B3508E

Sampler Names:

Terry R. Adams, Katie M. Adams

Signature: K. March

| FIELD ID | Lab No.<br>(Lab Use Only) | Date    | Time Sampled | No. of Containers | Grab | Composite | Preservative |     |      |      | Matrix      |            |                |               | Analyze For:           |                   |                     |
|----------|---------------------------|---------|--------------|-------------------|------|-----------|--------------|-----|------|------|-------------|------------|----------------|---------------|------------------------|-------------------|---------------------|
|          |                           |         |              |                   |      |           | ICE          | HCL | HNO3 | NONE | Groundwater | Wastewater | Drinking Water | Surface Water | Escherichia Coli (ECQ) | Enterococci (ENQ) | Fecal Coliform (FC) |
| 04CE0070 |                           | 8/23/18 | 1115         | 1                 | X    |           | X            |     |      |      |             |            |                | X             | X                      |                   |                     |
|          |                           |         |              |                   |      |           |              |     |      |      |             |            |                |               |                        |                   |                     |
|          |                           |         |              |                   |      |           |              |     |      |      |             |            |                |               |                        |                   |                     |
|          |                           |         |              |                   |      |           |              |     |      |      |             |            |                |               |                        |                   |                     |
|          |                           |         |              |                   |      |           |              |     |      |      |             |            |                |               |                        |                   |                     |
|          |                           |         |              |                   |      |           |              |     |      |      |             |            |                |               |                        |                   |                     |
|          |                           |         |              |                   |      |           |              |     |      |      |             |            |                |               |                        |                   |                     |
|          |                           |         |              |                   |      |           |              |     |      |      |             |            |                |               |                        |                   |                     |
|          |                           |         |              |                   |      |           |              |     |      |      |             |            |                |               |                        |                   |                     |

## Special Instructions:

Samples are ambient water and not suspected to contain chlorine

Note to samplers: For Site with E.coli only, email both custody and submittal forms to Joshua Ayers and cc John Watts.

| Relinquished by: | Date    | Time | Received by: | Date | Time  | Comments                  |
|------------------|---------|------|--------------|------|-------|---------------------------|
| K. March         | 8/23/18 | 1335 | MMR / PM     | 8/23 | 13:35 | Temp Upon Receipt: 0.3°C  |
| Relinquished by: | Date    | Time | Received by: | Date | Time  | Sample Containers Intact? |
|                  |         |      |              |      |       | (1) N                     |

Printed: 8/24/2018 12:47:30

Page 1 of 1

Date of Request: 02-AUG-2018  
 Created By: LINGER\_M On: 02-AUG-2018  
 Modified By: SWANSON\_C On: 09-AUG-2018  
 Customer: CEN-DIST  
 Project: SMP  
 Division:  
 District: Central District  
 Sampling Event: 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: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 03-AUG-2018  
 Biology Request Reviewed By: SWANSON\_C On: 09-AUG-2018  
 Sampling Kit Required: YES Ship on: 15-AUG-2018  
 Sampling Kit Shipped: YES On: 10-AUG-2018  
 Sampling Kit Packed By: RODRIGUE\_G  
 Preservatives Needed: NO  
 Date to Receive Samples: 20-AUG-2018  
 Received By: SHAIK\_A On: 24-AUG-2018

**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 1 Samples:**

|                                    |                             |                                                                                                                                |
|------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Bottle Type: P-1L</b>           | <b>Number of Bottles: 1</b> | <b>Preserved With: ICE</b>                                                                                                     |
| ALKALINITY                         | Template: DEFAULT           | (SM 2320 B-97) Alkalinity in aqueous matrices as mg CaCO <sub>3</sub> /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 <sub>4</sub> -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 using a maximum of 250 mL of sample                                  |
| <b>Bottle Type: P-250ML-WI-THI</b> | <b>Number of Bottles: 1</b> | <b>Preserved With: Na thiosulfate and Ice</b>                                                                                  |
| CD-FLR-ECQ                         | Template: DEFAULT           | (SM 9223 B Quanti-Tray) Escherichia coli by Colilert 18 Quanti-Tray method by Flowers Chemical Laboratory in Altamonte Springs |
| <b>Bottle Type: BP-1L</b>          | <b>Number of Bottles: 1</b> | <b>Preserved With: ICE</b>                                                                                                     |
| CHLSUITE-W                         | Template: DEFAULT           | (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry                   |
| <b>Bottle Type: P-500ML</b>        | <b>Number of Bottles: 1</b> | <b>Preserved With: ICE And H<sub>2</sub>SO<sub>4</sub></b>                                                                     |
| W-NH <sub>3</sub>                  | Template: DEFAULT           | (EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L                                                                     |
| W-NO <sub>2</sub> NO <sub>3</sub>  | 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                                                                 |
| <b>Bottle Type: P-125ML</b>        | <b>Number of Bottles: 1</b> | <b>Preserved With: FILTER-ICE</b>                                                                                              |
| W-PO <sub>4</sub> -F               | Template: DEFAULT           | (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L                                       |

Cooler Packing Worksheet for Request: RQ-2018-08-20-31

Tiger

Ship Cooler On: 8/15/2018

Customer/Project: CEN-DIST/SMP

Assigned To: RODRIGUE\_G

Requester: Michael Linger

Priority: 3

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

Comments:

No preservatives needed.

Requested Analyses:

Bottle Group: A

# of Sites: 1

Container ID: P-1L

Qty: 1 Preservation: ICE

Lot # 00071878

Description: Plastic Bottle 1L

Analysis

ALKALINITY

TURBIDITY

W-CL-IC

W-COLOR

W-F

W-SO4-IC

W-TDS

W-TSS

Description

Alkalinity in aqueous matrices as mg CaCO<sub>3</sub>/L

Turbidity in aqueous matrices

Chloride in aqueous matrices

True Color measured at 450 nm

Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)

Sulfate in aqueous matrices

Total Dissolved Solids in aqueous matrices

Total Suspended Solids in aqueous matrices using a maximum of 250 mL of sample

Container ID: P-250ML-WI-THI

Qty: 1 Preservation: Na thiosulfate and Ice

Lot # 418005

Description: 250 ml Sterilized with tablet

Analysis

CD-FLR-ECQ

Description

Escherichia coli by Colilert 18 Quanti-Tray method by Flowers Chemical Laboratory in Altamonte Springs

Container ID: BP-1L

Qty: 1 Preservation: ICE

Lot # 1227219

Description: Brown Plastic Bottle 1L

Analysis

CHLSUITE-W

Description

Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry

Container ID: P-500ML

Qty: 1 Preservation: ICE And H2SO4

Lot # 00071864

Description: Plastic Bottle 500 mL

Affix YELLOW sulfuric acid dot to container.

Analysis

W-NH3

W-NO2NO3

W-S-A-TP

W-TKN

W-TOC

Description

Ammonia in aqueous matrices as mg N/L

Nitrite/Nitrate in aqueous matrices as mg N/L

Total Phosphorus in aqueous matrices as mg P/L

Total Kjeldahl Nitrogen in aqueous matrices

Nonpurgeable Organic Carbon in aqueous matrices

Container ID: P-125ML

Qty: 1 Preservation: FILTER-ICE

Lot # 00070886

Description: Plastic Bottle 125 mL

Analysis

W-PO4-F

Description

Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

Cooler Packed By: GR

Number of Coolers: 1

Date: 8/10/18

Kit must also include:

- ☒ Field Sheets
- ☒ Temperature Control Bottle
- ☒ FedEx Bills, if applicable
- ☒ Plastic Bags/Zip Ties
- ☒ Acid Labels (sets of 24)

If Preservation Included:

|          |           |             |
|----------|-----------|-------------|
| ID _____ | Exp _____ | Lot # _____ |
| ID _____ | Exp _____ | Lot # _____ |
| ID _____ | Exp _____ | Lot # _____ |
| ID _____ | Exp _____ | Lot # _____ |
| ID _____ | Exp _____ | Lot # _____ |

PLEASE RETURN ALL COOLERS FOR RQ-2018-08-20-31

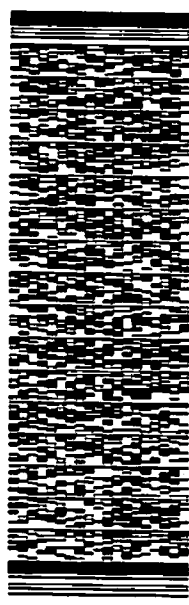
ORIGIN TO: TLHA (407) 894-7555  
MAKE LINGER  
FLORIDA CENTRAL DISTRICT  
3319 MAGUIRE BLVD STE 232  
ORLANDO, FL 328033767  
UNITED STATES US

SHIP DATE: 10AUG18  
ACT16T 10 00 LB 18AN  
CNO: 0448970/CNFE3210

TO JOHN WATTS  
FLORIDA DEP/CHEMISTRY SECTION  
2600 BLAIRSTONE RD

TALLAHASSEE FL 32399

(850) 246-8077  
RMA: III III III  
25211



FedEx  
RKF 4385 5032 3105  
0221

FRI - 24 AUG 10:30A  
PRIORITY OVERNIGHT

36 TLHA  
32399  
FL-US  
TLH



FTD 6837366 23AUG18 ORLA 546C1/3389/CCBA

42:80  
08:20  
3105  
10:30  
B 1  
958