

# Login Checklist

RQ- 2020-02-17-28

Login Station ID: # 3

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 02-19-2020 / 09:40

| Cooler Temperature* | Samples Frozen | * All Samples In Cooler Preserved with |          | Number of Sample Containers In Cooler | Evidence Tape |          |          |    | Tracking #<br>Damaged waybills only |
|---------------------|----------------|----------------------------------------|----------|---------------------------------------|---------------|----------|----------|----|-------------------------------------|
|                     |                | HNO <sub>3</sub>                       | Formalin |                                       | Present?      |          | *Intact? |    |                                     |
|                     |                |                                        |          |                                       | Yes           | No       | Yes      | No |                                     |
| <u>2.6C</u>         |                |                                        |          | <u>12</u>                             |               | <u>X</u> |          |    | <u>1278 4016132</u>                 |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |
|                     |                |                                        |          |                                       |               |          |          |    |                                     |

\*All samples received on ice unless otherwise noted. If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX and microbiology), received without ice, or if Evidence Seal is damaged; identify the containers in the affected cooler(s) on back of this form. HNO<sub>3</sub> and Formalin preserved samples do **NOT** have a temperature requirement. DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C) without login confirmation from customer for samples requiring ice preservation; An NCR still is required.

\*\*Chain of Custody/ Field Sheet(s) Included? Yes X No       

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes        No       

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

## CONTAINER CHECK

\*\*Evidence Tape on Bottles? Yes        No X If yes, is it intact? Yes        No       

\*\*Caps on tight? Yes X No        \*\*Containers intact? Yes X No       

\*\*Sufficient Sample Volume: Yes X No       

CHLORINE CHECK REQUIRED? (Blue dot on container)

Yes ✓ No ~~92~~ Init: ABS

Chlorine detected? (One container checked per Field ID)

Yes        No ✓ Init: ABS

If "YES", list affected Field IDs and Test IDs below.

| Field ID | List TestID(s) where Chlorine was Detected, an NCR is required. |
|----------|-----------------------------------------------------------------|
|          |                                                                 |
|          |                                                                 |
|          |                                                                 |
|          |                                                                 |

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

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

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

Coolers Unpacked/Checked by: ABS / Date: 02-19-2020 NCRs (Y/N)?       

Event ID: ESC/BW BAY RUN  
NW-DIST-2020-02-19-01 (SMP) NCR #

# 

### Samples with Incorrect pH Preservation

| Field ID | Bottle Test ID(s) | pH | 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:   | IR TG#3 EXP:11/05/2020 |
| pH Test Strips 0 – 6 Lot # | 2133AV EXP:05/15/2020  |
| pH Paper 0 – 3 Lot #       | 220416A EXP:07/30/2020 |
| pH Paper 0 – 13 Lot #      | 208717 EXP:03/31/2020  |
| Chlorine Test Strips Lot # | 8261 2021 / 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: \_\_\_\_\_

ESC/BW BAY RUN

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: NW-DIST

Requester: Christopher Slade

Field Report Prepared By: N. Mulkey

Project ID: SMP

Collected By: Nathan Mulkey / Myranda ClarkSampling Agency: NWDOC

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Loc: <b>Field/WIN ID →</b><br><br><b>G4NW0508</b>                                                                                                                                                           | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab<br>Collection (comp begin or grab)<br>Date <u>2/18/20</u> Time <u>0940</u> Eastern<br>Central | Composite end<br>Date _____ Time _____<br>Matrix (type, e.g., Salt, Fresh, etc.)<br>Diss. Oxygen <u>8.57</u> <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat Total Res. Chlorine (mg/L)<br>Temp (C) <u>5.3</u> pH <u>5.25</u> Sample Depth <u>0.3</u> <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m Sp. Conductance (umho/cm) <u>145.2</u>  | Bottle Group(s)<br>(See pg 2)<br><u>B</u> |
| Location:<br>Blackwater River upstream of Russell Harbor Landing<br>Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms<br>Salinity (ppt) <input type="checkbox"/> dd <input type="checkbox"/> dms Comments |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |
| <b>Field/WIN ID →</b><br><br><b>G4NW0509</b>                                                                                                                                                                | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab<br>Collection (comp begin or grab)<br>Date <u>2/18/20</u> Time <u>1030</u> Eastern<br>Central | Composite end<br>Date _____ Time _____<br>Matrix (type, e.g., Salt, Fresh, etc.)<br>Diss. Oxygen <u>8.52</u> <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat Total Res. Chlorine (mg/L)<br>Temp (C) <u>16.5</u> pH <u>7.32</u> Sample Depth <u>0.3</u> <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m Sp. Conductance (umho/cm) <u>224.7</u> | Bottle Group(s)<br><u>C</u>               |
| Location:<br>Blackwater Bay Center<br>Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms<br>Salinity (ppt) <input type="checkbox"/> dd <input type="checkbox"/> dms Comments                               |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |
| <b>Field/WIN ID →</b><br><br><b>G4NW0401</b>                                                                                                                                                                | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab<br>Collection (comp begin or grab)<br>Date <u>2/18/20</u> Time <u>1045</u> Eastern<br>Central | Composite end<br>Date _____ Time _____<br>Matrix (type, e.g., Salt, Fresh, etc.)<br>Diss. Oxygen <u>7.77</u> <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat Total Res. Chlorine (mg/L)<br>Temp (C) <u>16.8</u> pH <u>7.60</u> Sample Depth <u>0.3</u> <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m Sp. Conductance (umho/cm) <u>335.9</u> | Bottle Group(s)<br><u>C</u>               |
| Location:<br>Blackwater Bay west of Escibano Point<br>Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms<br>Salinity (ppt) <input type="checkbox"/> dd <input type="checkbox"/> dms Comments               |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |
| <b>Field/WIN ID →</b><br><br><b>G4NW0441</b>                                                                                                                                                              | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab<br>Collection (comp begin or grab)<br>Date <u>2/18/20</u> Time <u>1150</u> Eastern<br>Central | Composite end<br>Date _____ Time _____<br>Matrix (type, e.g., Salt, Fresh, etc.)<br>Diss. Oxygen <u>8.56</u> <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat Total Res. Chlorine (mg/L)<br>Temp (C) <u>17.5</u> pH <u>6.51</u> Sample Depth <u>0.3</u> <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m Sp. Conductance (umho/cm) <u>329.9</u> | Bottle Group(s)<br><u>A</u>               |
| Location:<br>Judges Bayou Mouth<br>Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms<br>Salinity (ppt) <input type="checkbox"/> dd <input type="checkbox"/> dms Comments                                  |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                    |                                           |

|                                     |                           |                                |                                     |                                 |                                |
|-------------------------------------|---------------------------|--------------------------------|-------------------------------------|---------------------------------|--------------------------------|
| Relinquished By: <u>[Signature]</u> | Date/Time: <u>2/18/20</u> | Shipping Method: <u>Fed Ex</u> | Number of Coolers Shipped: <u>1</u> | Received By: <u>[Signature]</u> | Date/Time: <u>2-19-20/9:40</u> |
|-------------------------------------|---------------------------|--------------------------------|-------------------------------------|---------------------------------|--------------------------------|

|          |                                                    |                    |                 |               |               |                                     |               |
|----------|----------------------------------------------------|--------------------|-----------------|---------------|---------------|-------------------------------------|---------------|
| Group: A | Bottle Type:                                       | P-1L               | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1             |
|          | ALKALINITY<br>TURBIDITY<br>W-BR-IC<br>W-F<br>W-TSS |                    |                 |               |               |                                     |               |
| Group: A | Bottle Type:                                       | BP-1L              | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1             |
|          | CHLSUITE-W                                         |                    |                 |               |               |                                     |               |
| Group: A | Bottle Type:                                       | TEST HAS NO BOTTLE | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1 contact lab |
|          | NW-UWF-ENQ                                         |                    |                 |               |               |                                     |               |
| Group: A | Bottle Type:                                       | BG-500ML           | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1             |
|          | W-E8321-DI<br>W-E8321-MS                           |                    |                 |               |               |                                     |               |
| Group: A | Bottle Type:                                       | P-500ML            | # of Bottles: 2 | 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    |                    |                 |               |               |                                     |               |
| Group: A | Bottle Type:                                       | P-125ML            | # of Bottles: 2 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab | 1             |
|          | W-PO4-F                                            |                    |                 |               |               |                                     |               |
| Group: B | Bottle Type:                                       | TEST HAS NO BOTTLE | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1 contact lab |
|          | NW-UWF-ECQ                                         |                    |                 |               |               |                                     |               |
| Group: C | Bottle Type:                                       | P-250ML-WO-THI     | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 2             |
|          | FCOLI-MF                                           |                    |                 |               |               |                                     |               |
| Group: C | Bottle Type:                                       | TEST HAS NO BOTTLE | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 2             |
|          | NW-UWF-ENQ                                         |                    |                 |               |               |                                     |               |

ESC/BW BAY RUN

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: NW-DIST

Requester: Christopher Slade

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

|              |                |  |                                                                                   |  |                                                                           |                                                                |                                 |  |                                                                                 |  |                            |                                                                                 |                 |  |                                                           |  |  |
|--------------|----------------|--|-----------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------|--|---------------------------------------------------------------------------------|--|----------------------------|---------------------------------------------------------------------------------|-----------------|--|-----------------------------------------------------------|--|--|
| Locat        | Field/WIN ID → |  |  |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |                                                                | Collection (comp begin or grab) |  | <input type="checkbox"/> Eastern<br><input checked="" type="checkbox"/> Central |  | Composite end              |                                                                                 | Bottle Group(s) |  |                                                           |  |  |
| Field        | Location:      |  | G4NW0443                                                                          |  | Date                                                                      |                                                                | Time                            |  | Date                                                                            |  | Time                       |                                                                                 | (See pg 2)      |  |                                                           |  |  |
| WIN/         | Trout Bayou    |  |                                                                                   |  | 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) |                                                                                 | A               |  |                                                           |  |  |
| Latitude     |                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                       |  |                                                                           | Longitude                                                      |                                 |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                     |  |                            | Salinity (ppt)                                                                  |                 |  | Comments                                                  |  |  |
| Location     |                |  |                                                                                   |  |                                                                           | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab |                                 |  | Collection (comp begin or grab)                                                 |  |                            | <input type="checkbox"/> Eastern<br><input checked="" type="checkbox"/> Central |                 |  | Composite end                                             |  |  |
| Field ID     |                |  |                                                                                   |  |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                          |                                 |  | Diss. Oxygen                                                                    |  |                            | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |                 |  | Total Res. Chlorine (mg/L)                                |  |  |
| WIN/STORET # |                |  |                                                                                   |  |                                                                           | Temp (C)                                                       |                                 |  | pH                                                                              |  |                            | Sample Depth                                                                    |                 |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |  |
| Latitude     |                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                       |  |                                                                           | Longitude                                                      |                                 |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                     |  |                            | Salinity (ppt)                                                                  |                 |  | Comments                                                  |  |  |
| Location     |                |  |                                                                                   |  |                                                                           | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab |                                 |  | Collection (comp begin or grab)                                                 |  |                            | <input type="checkbox"/> Eastern<br><input checked="" type="checkbox"/> Central |                 |  | Composite end                                             |  |  |
| Field ID     |                |  |                                                                                   |  |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                          |                                 |  | Diss. Oxygen                                                                    |  |                            | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |                 |  | Total Res. Chlorine (mg/L)                                |  |  |
| WIN/STORET # |                |  |                                                                                   |  |                                                                           | Temp (C)                                                       |                                 |  | pH                                                                              |  |                            | Sample Depth                                                                    |                 |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |  |
| Latitude     |                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                       |  |                                                                           | Longitude                                                      |                                 |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                     |  |                            | Salinity (ppt)                                                                  |                 |  | Comments                                                  |  |  |
| Location     |                |  |                                                                                   |  |                                                                           | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab |                                 |  | Collection (comp begin or grab)                                                 |  |                            | <input type="checkbox"/> Eastern<br><input checked="" type="checkbox"/> Central |                 |  | Composite end                                             |  |  |
| Field ID     |                |  |                                                                                   |  |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                          |                                 |  | Diss. Oxygen                                                                    |  |                            | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |                 |  | Total Res. Chlorine (mg/L)                                |  |  |
| WIN/STORET # |                |  |                                                                                   |  |                                                                           | Temp (C)                                                       |                                 |  | pH                                                                              |  |                            | Sample Depth                                                                    |                 |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |  |
| Latitude     |                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                       |  |                                                                           | Longitude                                                      |                                 |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                     |  |                            | Salinity (ppt)                                                                  |                 |  | Comments                                                  |  |  |
| Location     |                |  |                                                                                   |  |                                                                           | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab |                                 |  | Collection (comp begin or grab)                                                 |  |                            | <input type="checkbox"/> Eastern<br><input checked="" type="checkbox"/> Central |                 |  | Composite end                                             |  |  |
| Field ID     |                |  |                                                                                   |  |                                                                           | Matrix (type, e.g., Salt, Fresh, etc)                          |                                 |  | Diss. Oxygen                                                                    |  |                            | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                 |                 |  | Total Res. Chlorine (mg/L)                                |  |  |
| WIN/STORET # |                |  |                                                                                   |  |                                                                           | Temp (C)                                                       |                                 |  | pH                                                                              |  |                            | Sample Depth                                                                    |                 |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |  |
| Latitude     |                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                       |  |                                                                           | Longitude                                                      |                                 |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                     |  |                            | Salinity (ppt)                                                                  |                 |  | Comments                                                  |  |  |

|                                                                                     |           |                 |                            |                                                                                       |               |
|-------------------------------------------------------------------------------------|-----------|-----------------|----------------------------|---------------------------------------------------------------------------------------|---------------|
| Relinquished By:                                                                    | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By:                                                                          | Date/Time     |
|  | 2/18/20   | Fed Ex          | 1                          |  | 2-18-20 / 940 |

|          |              |                    |                 |               |               |                                     |              |
|----------|--------------|--------------------|-----------------|---------------|---------------|-------------------------------------|--------------|
| Group: A | Bottle Type: | P-1L               | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1            |
|          | ALKALINITY   |                    |                 |               |               |                                     |              |
|          | TURBIDITY    |                    |                 |               |               |                                     |              |
|          | W-BR-IC      |                    |                 |               |               |                                     |              |
|          | W-F          |                    |                 |               |               |                                     |              |
|          | W-TSS        |                    |                 |               |               |                                     |              |
| Group: A | Bottle Type: | BP-1L              | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1            |
|          | CHLSUITE-W   |                    |                 |               |               |                                     |              |
| Group: A | Bottle Type: | TEST HAS NO BOTTLE | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1 control hb |
|          | NW-UWF-ENQ   |                    |                 |               |               |                                     |              |
| Group: A | Bottle Type: | BG-500ML           | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 1            |
|          | W-E8321-DI   |                    |                 |               |               |                                     |              |
|          | W-E8321-MS   |                    |                 |               |               |                                     |              |
| Group: A | Bottle Type: | P-500ML            | # of Bottles: 2 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab | 1            |
|          | W-NH3        |                    |                 |               |               |                                     |              |
|          | W-NO2NO3     |                    |                 |               |               |                                     |              |
|          | W-S-A-TP     |                    |                 |               |               |                                     |              |
|          | W-TKN        |                    |                 |               |               |                                     |              |
|          | W-TOC        |                    |                 |               |               |                                     |              |
| Group: A | Bottle Type: | P-125ML            | # of Bottles: 2 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab | 1            |
|          | W-PO4-F      |                    |                 |               |               |                                     |              |
| Group: B | Bottle Type: | TEST HAS NO BOTTLE | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |              |
|          | NW-UWF-ECQ   |                    |                 |               |               |                                     |              |
| Group: C | Bottle Type: | P-250ML-WO-THI     | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |              |
|          | FCOLI-MF     |                    |                 |               |               |                                     |              |
| Group: C | Bottle Type: | TEST HAS NO BOTTLE | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab |              |
|          | NW-UWF-ENQ   |                    |                 |               |               |                                     |              |

## Document Reference # 0510

**FDEP**

**Laboratory:** Wetlands Research Laboratory

**Sampler's initials :****Drop off****FDEP**

WRL

Page 1 of 1

Date/Time: 2/18/20, 1330

Date/Time: 2/11/20 1:13:30

Instructions: Fill in all fields except "Lab Use" 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.

[illegible]

Comments sample container lot# 619229

RQ-2020-02-17-25

**FDEP**

**Contact name** Michael King

**Phone: (850) 595-8300**

**Address** 160 W Governmental Street, suite 208, Pensacola, FL 32502

**Sampler's name:**

<sup>1</sup>Matrix: SW = surface water, PW = pore water, GW = ground water, S = soil/sediment, X =

<sup>2</sup>Type codes: G = grab, C = composite, X =

<sup>3</sup> Recorded using IRT-2

Date of Request: 22-JAN-2020  
 Created By: SLADE\_C On: 22-JAN-2020  
 Modified By: JASROTIA\_P On: 27-JAN-2020  
 Customer: NW-DIST  
 Project: SMP  
 Division: Division of Environmental Assessment and Restoration  
 District: Northwest District  
 Sampling Event: ESC/BW BAY RUN

**Send Coolers To:**

Phone: 850-595-0567  
 160 Government Center  
 Suite 308  
 Pensacola, FL 32502-5794  
 Attn: Christopher Slade

**Send Final Report To:**

160 Government Center  
 Suite 308  
 Pensacola, FL 32502-5794  
 Attn: Cheryl Bunch

Program Module Number:  
 Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 27-JAN-2020  
 Biology Request Reviewed By: JASROTIA\_P On: 27-JAN-2020  
 Sampling Kit Required: YES Ship on: 07-FEB-2020  
 Sampling Kit Shipped: YES On: 03-FEB-2020  
 Sampling Kit Packed By: SHAIK\_A  
 Preservatives Needed: NO  
 Date to Receive Samples: 17-FEB-2020  
 Received By: SHAIK\_A On: 19-FEB-2020

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

Comments: Group A: (WBID 493B, 694) Marine Kit, Tracers, Contract Lab Bacteria

Group B: (WBID 24AA)  
 Contract Lab Bacteria only

Group C: (WBID 548GB) Fecal coliforms, Contract Lab Bacteria only

**Bottle Group A (Water) With 2 Samples:**

|                                   |                      |                                                                                                              |
|-----------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------|
| Bottle Type: P-1L                 | Number of Bottles: 2 | Preserved With: ICE                                                                                          |
| ALKALINITY                        | Template: DEFAULT    | (SM 2320 B-2011) 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-BR-IC                           | Template: DEFAULT    | (EPA 300.0 Rev. 2.1) Bromide in aqueous matrices                                                             |
| W-F                               | Template: DEFAULT    | (SM 4500 F-C-2011) Fluoride in aqueous matrices, without distillation (not valid for NPDES monitoring)       |
| W-TSS                             | Template: DEFAULT    | (SM 2540 D-2011) Total Suspended Solids in aqueous matrices using a maximum of 250 mL of sample              |
| Bottle Type: BP-1L                | Number of Bottles: 2 | Preserved With: ICE                                                                                          |
| CHLSUITE-W                        | Template: DEFAULT    | (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry |
| Bottle Type: TEST HAS NO          | Number of Bottles: 2 | Preserved With: ICE                                                                                          |
| NW-UWF-ENQ                        | Template: DEFAULT    | (Enterolert/QT) Enterococci by Enterolert/QT by UWF in Pensacola                                             |
| Bottle Type: BG-500ML             | Number of Bottles: 2 | Preserved With: ICE                                                                                          |
| W-E8321-DI                        | Template: DEFAULT    | (EPA 8321B) Pesticides, herbicides, and other chemicals in water matrices by HPLC/MS/MS                      |
| W-E8321-MS                        | Template: DEFAULT    | (EPA 8321B) Pesticides, herbicides, and other chemicals in water matrices by HPLC/MS/MS                      |
| Bottle Type: P-500ML              | Number of Bottles: 2 | Preserved With: ICE And H <sub>2</sub> SO <sub>4</sub>                                                       |
| 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-2011) Nonpurgeable Organic Carbon in aqueous matrices                                             |
| Bottle Type: P-125ML              | Number of Bottles: 2 | Preserved With: FILTER-ICE                                                                                   |
| 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                     |

**Bottle Group B (Water) With 1 Samples:**

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**Bottle Group B (Water) With 1 Samples:**

Bottle Type: TEST HAS NO      Number of Bottles: 1      Preserved With: ICE  
NW-UWF-ECQ    Template: DEFAULT      (SM 9223 B Quanti-Tray) E. coli by Colilert-18/QT by UWF in Pensacola

**Bottle Group C (Water) With 2 Samples:**

Bottle Type: P-250ML-WO-THI      Number of Bottles: 2      Preserved With: ICE  
FCOLI-MF      Template: DEFAULT      (SM 9222 D) Fecal coliforms by membrane filter method - non-chlorinated water systems  
Bottle Type: TEST HAS NO      Number of Bottles: 2      Preserved With: ICE  
NW-UWF-ENQ    Template: DEFAULT      (Enterolert/QT) Enterococci by Enterolert/QT by UWF in Pensacola

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