RQ-2021-07-19-29

Login Checklist

Login Station ID: #2

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 7/23/2021 10:20

*Cooler Temperature	Samples Frozen?	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Waybill Tracking #
					Present?		*Intact?		
	YES	HNO_3	Formalin		Yes	No	Yes	No	
1.5				5		✓			929380142969

COOLER CHECK

***All samples received on ice unless otherwise noted. HNO3 and Formalin preserved samples do NOT have a temperature requirement.**

- If the temperature of a cooler exceeds 6.0 oC (above 10.0 oC for W-1-4-DIOX and microbiology) or received without ice, identify affected samples in an NCR. **NCR#** _____
- DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C for W-1-4-DIOX) without login confirmation from customer for samples requiring ice preservation; identify affected samples in an NCR. **NCR#** _____
- If cooler or samples are received with a damaged Evidence Seal; identify the affected samples in an NCR. **NCR#** _____
- If coolers or samples are received late; identify the affected samples in an NCR. **NCR#** _____

Chain of Custody/ Field Sheet(s) Included? Yes ✓ No _____

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

CONTAINER CHECK

Evidence Tape on Bottles? Yes ____ No ____ NA ✓ Evidence Tape intact? Yes ____ No ____

If Criminal, photographs taken? Yes ____ No ____ Containers intact? Yes ✓ No ____

Caps on tight? Yes ✓ No ____

Sufficient Sample Volume: Yes ✓ No ____

If NO is checked above, generate an NCR listing affected sample IDs in its appropriate category. NCR# _____

CHLORINE CHECK REQUIRED? *(Blue dot on container)* Yes ✓ No _____ Init: IM

Chlorine detected? *(One container checked per Field ID)* Yes _____ No ✓ Init: IM

If chlorine is detected, generate an NCR listing affected sample IDs . NCR# _____

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

**Acid Preserved Samples: pH< 2.0? Yes ✓ No ____ NA ____ Init: IM

**W-1-4-DIOX *(Green dot on container)* preserved to pH<4.0? Yes ____ No ____ NA ✓ Init: IM

If samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# _____

Coolers Unpacked/Checked by: IM **Date:** 7/23/2021 **Event contains NCRs (Y/N)?** N

Event ID: Moses Creek NE-DIST-2021-07-23-01 (SMP)

 Date Received: 23-JUL-2021 10:20

Login Checklist

Login Preservation Equipment	Lot # & Exp: Date
Infrared Thermometer ID:	IR TEMP GUN #2 exp:10/28/21
pH Test Strips 0 – 6	
pH Paper 0 – 3	
pH Paper 0 – 13	219019 exp: 7/1/22
Chlorine Test Strips	0129 exp: 03/2023

Additional Comments:

ENCORE SAMPLES

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

Were Encore samples received? Yes_____ Init:_____

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_____

If S-VOC-MS samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# _____

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: _____

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date: 7/22/2021
Customer: NE-DIST
RQ: RQ-2021-07-19-29

Collected By: Kelly McDonald, Kimberly Appleby
Sampling Agency: FDEP
Project ID: SMP

PLEASE RETURN THE ORIGINAL OF THIS FORM WITH SAMPLE SUBMITTAL FORMS AND THE COOLER PACKING WORKSHEET TO THE LAB

Number of Coolers Shipped: 1

Delivery Method: FedEx

FIELD ID (Labels) submitted under this RQ for this collection date.

Site Location	Field ID/WIN ID
Moses Creek 400m upstream of dock	G5NE0589
Moses Creek at Preserve Dock	G5NE0004
MOSES CR AT US 1	27010050

RELINQUISHED BY(SIGNATURE): Kelly

DATE/TIME: 7/22/2021 1600EST

THIS SECTION TO BE COMPLETED BY LABORATORY

Rec'd/Inspected By: IM

Rec'd/Inspected Date: 7/23/21

CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there are qualified data on this page.

Meter ID: P. DSS DESI RQ- 2021-07-19-29 Project: SMP Marcs

Notes: (1) Always wait for meter to stabilize before recording any readings.
(2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).
(3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400 Date of Last Temperature Verification 7/19/21

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Barometer mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	7/22/21	804	18.6	763.9	9.4	–	100.5	–	1.065	P / F	L / F
ICV	↓	↓	806	18.6	763.9	9.4	9.43	100.6	–	1.065	P / F	L / F
CCV	↓	↓	1600	23.5	762.3	8.5	8.49	99.9	–	1.065	P / F	L / F
CCV											P / F	L / F

DO Acceptance criteria from Table ± 0.3 mg/L. Rapid-Pulse Sensors: DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.
Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. Steady-state & Galvanic Sensors: DO Gain & Charge N/A.

Spec. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	7/22/21	808	210426B	5/22	1000	1000	P / F	L / F
ICV	↓	↓	810	210426L	5/22	1413	1401	P / F	L / F
CCV	↓	↓	1605	210426E	5/22	50000	49822	P / F	L / F
CCV	↓	↓	1607	210426A	5/22	100	100.6	P / F	L / F

Conductivity Acceptance criteria ± 5%

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	7/22/21	824	2012E39	12/22	7.03	18.3	7.03	20.6	P / F	L / F
Calibr.	↓	↓	828	2107659	3/23	4.00	18.3	4.00	154.5	P / F	L / F
Calibr.	↓	↓	830	2103F53	9/22	10.00	18.3	10.07	-187.9	P / F	L / F
ICV	↓	↓	832	2107659	3/23	4.00	18.3	3.98	155.3	P / F	L / F
CCV	↓	↓	1609	2103F53	9/22	10.05	20.1	10.02	-187.9	P / F	L / F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 50;
If mV are recorded: slope from 7 to 10 _____, slope from 4 to 7 _____ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? (YES) / NO / NA (not surf. water project)
If YES, complete daily Calibr. & ICV below and list date of last quarterly depth verification: 7/18/21
If NO, what will be used? (circle one) Secchi Disk Line / Sonar Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air	Kim Appleby	7/22/21	840	0.09	0.00	P / F	L / F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria ± 5 % or ± 0.05m, whichever is greater.

COMMENTS:

RQ-2021-07-19-29
Customer: WQAP
Project ID: SMP

Collected By: Kelly McDonald, Kimberly Appleby
Field Report Prepared By: Kelly McDonald
Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID: 27010050

Location: MOSES CR AT US 1

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Fresh

(Check one) ☒ GRAB ☐ COMPOSITE

Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C°)	pH	Sample Depth (m)	Secchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPTh)
7/22/2021	1140 EST	4.23	52.2	25.8	7.33	0.09	0.194 ☒ VOB (S)	0.194	498.4	0.24
	EST									

Parameter Suite	Parameter Methods	Preservation	pH Check	# Bottles sent to Lab	Bottle Group
Preserved Nutrients (P-500ML)	☐ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☐ Ice ☐ H_2SO_4*	☐ <2		
	Lot #: Exp:				
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD	☐ Ice ☐ HNO_3*	☐ <2		
	Lot #: Exp:				
Filtered Nutrients (P125ML)	☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☐ Ice			
	Filter Lot #: Syringe Lot #:				
Chlorophyll (BP-1L)	☐ CHLSUITE-W	☐ Ice			
Physical/Aggregate (Fresh) (P-1L)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine) (P-1L)	☐ Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates (PJ-2L)	☐ MI-FW-QLDC Formalin Lot #	☐ Formalin			
Periphyton (PT-50ML)	☐ ALGAE-ID	☐ Ice			
Microbiology (Contract Lab Bottle)	☒ E Coli ☐ F Coli ☐ Enterococci ☒ Contract Lab	☒ Ice		1	B
Molecular (QPCR-P-500ML)	☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-DG3 ☐ PCR-GULL2 ☐ PCR-GFD ☐	☐ Ice			
Tracers (BG-500ML)	☒ W-E8321-DI ☒ W-E8321-MS	☒ Ice		1	B
Pesticides (BG-500ML) (BG-1L)	W-E8321-DI WE8321-MS W-PSNP-TQ W-CT-CL-R W-PCL-TQ-R W-CARB-AA (5 ml of MCAA** Buffer Solution)	☐ Ice			
Phytoplankton/Periphyton	DTY-QN-C PKD-QN-BV	☐ Ice			

Name:	Signature:	Date:
Kelly McDonald Kimberly Appleby	Kelly A. McDonald	7/22/2021

*2.0 ml of Preservative used unless noted otherwise.
**MCAA: Monochloroacetic acid buffer solution

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End of Day CCV
(Yes) / No

WIN Station Name: MOSES CR AT US 1 **Date:** 7/22/2021

WIN/Field ID: 27010050 **WBID:** 2535B **ENR:** _____ **Latitude:** 29.774583

County: ST. JOHNS **Org ID:** 21FLA **Longitude:** -81.316139

Receiving Body of Water: - **RQ-** 2021-07-19-29

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Kelly McDonald	x		x		
[x] Kimberly Appleby		x		x	x
[ ]					
[ ]					

Sampling Equipment

- [x] Sample Container
- [ ] Dipper
- [ ] Syringe
- [ ] Carboy
- [ ] Van Dorn
- [x] Pole

Depth measured with: Meter
Secchi Equipment ID:

Collection Method

- [ ] Wading
- [x] From Shore
- [ ] Other _____
- [ ] Canoe/Kayak
- [ ] Electric Motor
- [ ] Gasoline Motor

Water Level: [X] Normal [ ] Low [ ] High [ ] Dry [ ] Pooled [ ] Flooded

Meter ID# DESI

Photos: NO **Flow:** FLOW **Tide:** **Tide Times:** High: Low:

Biological Samples Collected: [X] None [ ] HA [ ] SCI [ ] RPS [ ] Algae ID [ ] LVS [ ] LVI Other:

SBIO ID Numbers:

Notes:
SUNNY. HOT. CLEAR SKIES

Duplicate Sample

Time Zone: EST **Time:** _____ **Field ID:** N/A (WIN ID_DUP)

WIN DMT Activity ID: _____

Blank

Time Zone: _____ **Time:** _____ **Field ID:** _____ (Blank Type_DDMMYYYY)

DI Source: _____ **Location:** _____

DI Type: _____ **Equipment ID:** _____

DI Container (Name/ID): **DI Container Type:**

LIMS EVENT ID: _____ **WIN Import ID:** _____

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ (Initials/Date) **QC Station ID, Field Parameters In LIMS DMT:** _____ (Initials/Date)

Scan/Save Field Sheets _____ (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

RQ-2021-07-19-29
Customer: WQAP
Project ID: SMP

Collected By: Kelly McDonald, Kimberly Appleby
Field Report Prepared By: Kelly McDonald
Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID: G5NE0004

Location: Moses Creek at Preserve Dock

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Marine

(Check one) ☒ GRAB ☐ COMPOSITE

Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C°)	pH	Sample Depth (m)	Secchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPTh)
7/22/2021	1100 EST	4.33	61.6	29.8	7.21	0.3	0.5 ☐ VOB (S)	2.082	23405	14.06
	1104 EST	4.33	61.6	29.8	7.21	1.582			23399	14.07

Parameter Suite	Parameter Methods	Preservation	pH Check	# Bottles sent to Lab	Bottle Group
Preserved Nutrients (P-500ML)	☒ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☒ Ice ☒ H_2SO_4*	☒ <2	1	A
	Lot # Sa0353110 **Exp:**	1.11.22			
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD	☐ Ice ☐ HNO_3*	☐ <2		
	Lot # **Exp:**				
Filtered Nutrients (P125ML)	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter	☒ Ice		1	A
	Filter Lot # R0nb38756				
	Syringe Lot #				
Chlorophyll (BP-1L)	☒ CHLSUITE-W	☒ Ice		1	A
Physical/Aggregate (Fresh) (P-1L)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine) (P-1L)	☒ Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY	☒ Ice		1	A
Macroinvertebrates (PJ-2L)	☐ MI-FW-QLDC **Formalin Lot #**	☐ Formalin			
Periphyton (PT-50ML)	☐ ALGAE-ID	☐ Ice			
Microbiology (Contract Lab Bottle)	☐ E Coli ☒ F Coli ☒ Enterococci ☒ Contract Lab	☒ Ice		1	A
Molecular (QPCR-P-500ML)	☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-DG3 ☐ PCR-GULL2 ☐ PCR-GFD ☐	☐ Ice			
Tracers (BG-500ML)	☐ W-E8321-DI ☐ W-E8321-MS	☐ Ice			
Pesticides (BG-500ML) (BG-1L)	W-E8321-DI WE8321-MS W-PSNP-TQ W-CT-CL-R W-PCL-TQ-R W-CARB-AA (5 ml of MCAA** Buffer Solution)	☐ Ice			
Phytoplankton/Periphyton	DTY-QN-C PKD-QN-BV	☐ Ice			

Name: Kelly McDonald, Kimberly Appleby

Signature: Kelly A. McDonald

Date: 7/22/2021

*2.0 ml of Preservative used unless noted otherwise.
**MCAA: Monochloroacetic acid buffer solution

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Project_Name FIELD SHEET

January 2020

Meter Passed End of Day CCV
[Yes] / No

WIN Station Name: Moses Creek at Preserve Dock **Date:** 7/22/2021

WIN/Field ID: G5NE0004 **WBID:** 2535A **ENR:** _____ **Latitude:** 29.7703156

County: ST. JOHNS **Org ID:** 21FLA **Longitude:** -81.28681854

Receiving Body of Water: - **RQ-** 2021-07-19-29

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Kelly McDonald	x		x		
[x] Kimberly Appleby		x		x	x
[ ]					
[ ]					

Sampling Equipment

- [x] Sample Container
- [ ] Dipper
- [ ] Syringe
- [ ] Carboy
- [ ] Van Dorn
- [x] Pole

Depth measured with: Meter
Secchi Equipment ID:

Collection Method

- [ ] Wading
- [ ] From Shore
- [x] Other Dock
- [ ] Canoe/Kayak
- [ ] Electric Motor
- [ ] Gasoline Motor

Water Level: [X] Normal [ ] Low [ ] High [ ] Dry [ ] Pooled [ ] Flooded

Meter ID# DESI

Photos: NO **Flow:** FLOW **Tide:** FALLING **Tide Times:** High: LOOK UP Low

Biological Samples Collected: [X] None [ ] HA [ ] SCI [ ] RPS [ ] Algae ID [ ] LVS [ ] LVI Other:

SBIO ID Numbers:

Notes:
CLOUDY, HOT, HIGH 80S, HUMID

Duplicate Sample

Time Zone: EST **Time:** _____ **Field ID:** N/A (WIN ID_DUP)

WIN DMT Activity ID: _____

Blank

Time Zone: _____ **Time:** _____ **Field ID:** _____ (Blank Type_DDMMYYYY)

DI Source: _____ **Location:** _____

DI Type: _____ **Equipment ID:** _____

DI Container (Name/ID): **DI Container Type:**

LIMS EVENT ID: _____ **WIN Import ID:** _____

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ (Initials/Date) **QC Station ID, Field Parameters In LIMS DMT:** _____ (Initials/Date)

Scan/Save Field Sheets _____ (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

RQ-2021-07-19-29
Customer: WQAP
Project ID: SMP

Collected By: Kelly McDonald, Kimberly Appleby
Field Report Prepared By: Kelly McDonald
Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID: G5NE0589

Location: Moses Creek 400m upstream of dock

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Marine

(Check one) ☒ GRAB ☐ COMPOSITE

Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C°)	pH	Sample Depth (m)	Secchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPTh)
7/22/2021	1045 EST	4.29	60.3	29.6	7.17	0.3	0.55 ☐ VOB (S)	1.753	21462	12.94
	1046 EST	4.24	60	29.7	7.18	1.253			22028	13.17

Parameter Suite	Parameter Methods	Preservation	pH Check	# Bottles sent to Lab	Bottle Group
Preserved Nutrients (P-500ML)	☐ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP Lot # Exp:	☐ Ice ☐ H_2SO_4*	☐ <2		
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD Lot # Exp:	☐ Ice ☐ HNO_3*	☐ <2		
Filtered Nutrients (P125ML)	☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter Filter Lot # Syringe Lot #	☐ Ice			
Chlorophyll (BP-1L)	☐ CHLSUITE-W	☐ Ice			
Physical/Aggregate (Fresh) (P-1L)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine) (P-1L)	☐ Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates (PJ-2L)	☐ MI-FW-QLDC Formalin Lot #	☐ Formalin			
Periphyton (PT-50ML)	☐ ALGAE-ID	☐ Ice			
Microbiology (Contract Lab Bottle)	☐ E Coli ☒ F Coli ☒ Enterococci ☒ Contract Lab	☒ Ice		1	C
Molecular (QPCR-P-500ML)	☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-DG3 ☐ PCR-GULL2 ☐ PCR-GFD ☐	☐ Ice			
Tracers (BG-500ML)	☐ W-E8321-DI ☐ W-E8321-MS	☐ Ice			
Pesticides (BG-500ML) (BG-1L)	W-E8321-DI WE8321-MS W-PSNP-TQ W-CT-CL-R W-PCL-TQ-R W-CARB-AA (5 ml of MCAA** Buffer Solution)	☐ Ice			
Phytoplankton/Periphyton	DTY-QN-C PKD-QN-BV	☐ Ice			

Name: Kelly McDonald, Kimberly Appleby

Signature: Kelly A. McDonald

Date: 7/22/2021

*2.0 ml of Preservative used unless noted otherwise.
**MCAA: Monochloroacetic acid buffer solution

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End of Day CCV
[Yes] / [No]

WIN Station Name: Moses Creek 400m upstream of dock **Date:** 7/22/2021

WIN/Field ID: G5NE0589 **WBID:** 2535A **ENR:** _____ **Latitude:** 29.77048

County: ST. JOHNS **Org ID:** 21FLA **Longitude:** -81.288148

Receiving Body of Water: - **RQ-** 2021-07-19-29

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Kelly McDonald	x		x		
[x] Kimberly Appleby		x		x	x
[ ]					
[ ]					

Sampling Equipment

- [x] Sample Container
- [ ] Dipper
- [ ] Syringe
- [ ] Carboy
- [ ] Van Dorn
- [x] Pole

Depth measured with: Meter
Secchi Equipment ID:

Collection Method

- [ ] Wading
- [ ] From Shore
- [ ] Other _____
- [x] Canoe/Kayak
- [ ] Electric Motor
- [ ] Gasoline Motor

Water Level: [X] Normal [ ] Low [ ] High [ ] Dry [ ] Pooled [ ] Flooded

Meter ID# DESI

Photos: NO **Flow:** FLOW **Tide:** FALLING **Tide Times:** High: LOOK UP Low:

Biological Samples Collected: [X] None [ ] HA [ ] SCI [ ] RPS [ ] Algae ID [ ] LVS [ ] LVI Other:

SBIO ID Numbers:

Notes:
CLOUDY, HIGH 80S

Duplicate Sample

Time Zone: EST **Time:** _____ **Field ID:** N/A (WIN ID_DUP)

WIN DMT Activity ID: _____

Blank

Time Zone: _____ **Time:** _____ **Field ID:** _____ (Blank Type_DDMMYYYY)

DI Source: _____ **Location:** _____

DI Type: _____ **Equipment ID:** _____

DI Container (Name/ID): **DI Container Type:**

LIMS EVENT ID: _____ **WIN Import ID:** _____

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ (Initials/Date) **QC Station ID, Field Parameters In LIMS DMT:** _____ (Initials/Date)

Scan/Save Field Sheets _____ (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

9143 Philips Highway, Suite 200 Jacksonville, FL 32256 / Ph(904) 739-2277 / FAX (904) 739-2011

SR #

ALS Contact: Mandy Sullivan

Page 1 of 1

Client Name	Project Number
FDEP-NE ROC	RQ-2021-07-19-29
Report To	**Report CC**
Dep-Overflowmicro@dep.state.fl.us	Moses
Company Address	
8800 Baymeadows Way W Jacksonville, Fl 32256	
Phone #	**FAX #**
904-256-1700	
Sampler's Signature	**Sampler's Printed Name**
	Kim Appleby

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	Preservative	E.Coli	Enterocool	F. Coli	REMARKS
GSNE0589		7/22/21	1045	SW	2		X	X		Salt
GSNE0004		7/22/21	1100	SW	2		X	X		Salt
27010050		7/22/21	1140	SW	1	X				Fresh
		7/22/21		SW						

Preservative Key: 0 None; 1 HCl; 2 HNO3; 3 H2SO4; 4 NaOH; 5 Zn Acetate; 6 MeOH; 7 NaHSO4; 8 ICE

Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us

0.0

TURNAROUND REQUIREMENTS

___ RUSH (SURCHARGES APPLY)

X STANDARD

REQUESTED FAX DATE: N/A

REQUESTED REPORT DATE: N/A

REPORT REQUIREMENTS

___ I Results Only

___ II Results + QC Summaries (LCS, DUP, MS/MSD as required)

___ III Results + QC and Calibration Summaries

___ IV Data Validation Report with Raw Data

Edata ___ Yes ___ No

INVOICE INFORMATION

PO # 818799

Bill to:

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature:	Signature:	Signature:	Signature:	Signature:	Signature:
Printed Name: Kim Appleby	Printed Name: Che Weigand	Printed Name:	Printed Name:	Printed Name:	Printed Name:
Firm: FDEP NE ROC	Firm: ALS	Firm:	Firm:	Firm:	Firm:
Date/Time: 7/22/21 1432	Date/Time: 7/22/21 1432	Date/Time:	Date/Time:	Date/Time:	Date/Time:

RQ-2021-07-19-29

Date of Request: 18-JUN-2021
Created By: PARRISH_J On: 18-JUN-2021
Modified By: JASROTIA_P On: 18-JUN-2021
Customer: NE-DIST
Project: SMP
Division: Division of Environmental Assessment and Restoration
District: Northeast District
Event Description: Moses Creek

Send Coolers To:

Phone: 904-256-1693
8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish
Cooler Ship EMail: Jeremy.M.Parrish@dep.state.fl.us

Priority: 3
Event Status: S
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 18-JUN-2021
Biology Request Reviewed By: JASROTIA_P On: 18-JUN-2021
Sampling Kit Required: YES Ship on: 09-JUL-2021
Sampling Kit Shipped: YES On: 08-JUL-2021
Sampling Kit Packed By: REYNOLDS_T
Preservatives Needed: NO
Date to Receive Samples: 19-JUL-2021
Logged In By:

Send Final Report To:

8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish
Report Notification EMail: Jeremy.M.Parrish@dep.state.fl.us

Comments:

Group A: (Surf.-Salt) Nutrients, Bacteria
Group B: (Surf-Fresh) Tracers, Bacteria
Group C: (Surf-Salt) Bacteria

NE-ALS-ENQ
NE-ALS-FC
NE-ALS-ECQ

Packing Notes:

Bottle Group A (Water) With 1 Samples:

Bottle Type: P-1L		Number of Bottles: 1	Preserved With: ICE
ALKALINITY	Template: DEFAULT	(SM 2320 B-2011) Alkalinity in aqueous matrices as mg CaCO3/L	
TURBIDITY	Template: DEFAULT	(EPA 180.1 Rev. 2.0) Turbidity 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: 1	Preserved With: ICE
CHLSUITE-W	Template: DEFAULT	(SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry	
Bottle Type: P-250ML-WI-THI		Number of Bottles: 1	Preserved With: ICE
NE-ALS-ENQ	Template: DEFAULT	(ASTM D650399) Enterococci by Enterolert/QT by ALS in Jacksonville	
Bottle Type: P-250ML-WI-THI		Number of Bottles: 1	Preserved With: ICE
NE-ALS-FC	Template: DEFAULT	(SM 9222 D) Fecal coliforms by MF by ALS in Jacksonville	
Bottle Type: P-500ML		Number of Bottles: 1	Preserved With: ICE And H2SO4
W-NH3	Template: DEFAULT	(EPA 350.1 Rev. 2.0) Ammonia in aqueous matrices as mg N/L	
W-NO2NO3	Template: DEFAULT	(EPA 353.2 Rev. 2.0) Nitrite/Nitrate in aqueous matrices as mg N/L	
W-S-A-TP	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Total Phosphorus in aqueous matrices as mg P/L	
W-TKN	Template: DEFAULT	(EPA 351.2 Rev. 2.0) Total Kjeldahl Nitrogen in aqueous matrices	
W-TOC	Template: DEFAULT	(SM 5310 B-2011) Nonpurgeable Organic Carbon in aqueous matrices	
Bottle Type: P-125ML		Number of Bottles: 1	Preserved With: FILTER-ICE

Bottle Group A (Water) With 1 Samples:

Bottle Type: P-125ML Number of Bottles: 1 Preserved With: FILTER-ICE

W-PO4-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 2 Samples:

Bottle Type: P-250ML-WI-THI Number of Bottles: 2 Preserved With: ICE

NE-ALS-ECQ Template: DEFAULT (SM 9223 B Quanti-Tray) E. coli by Colilert/QT by ALS in Jacksonville

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 Group C (Water) With 1 Samples:

Bottle Type: P-250ML-WI-THI Number of Bottles: 1 Preserved With: ICE

NE-ALS-FC Template: DEFAULT (SM 9222 D) Fecal coliforms by MF by ALS in Jacksonville

Bottle Type: P-250ML-WI-THI Number of Bottles: 1 Preserved With: ICE

NE-ALS-ENQ Template: DEFAULT (ASTM D650399) Enterococci by Enterolert/QT by ALS in Jacksonville

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