

Florida Department of Environmental Protection

Event ID:

Request Number:

RQ-2008-12-15-90

Central Laboratory Sample Submittal Form

Customer: CEN-DIST

Requester: Janine Kraem

Field Report Prepared By: Janine Kraem

Project ID:
Safety Kleen

Collected By: Janine Kraem

Send Final Report To: Janine Kraem

Sampling Agency: TFEP

Lab ID	Location <u>Safety Kleen</u>			<input checked="" type="checkbox"/> Comp	Collection (begin)		Eastern	Collection (end)		Eastern	Bottle Group(s)**		
	Field ID <u>105</u>			<input type="checkbox"/> Grab	Date <u>12/16</u>	Time <u>9:40</u>	Central	Date <u>12/16</u>	Time <u>9:40</u>	Central			
	Matrix (Include type e.g. Salt, Fresh, etc) <u>Waste</u>			Temp (C)		pH		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)			
	Latitude 0 . " . "			Longitude 0 . " . "			Sample Depth <input type="checkbox"/> m <input type="checkbox"/> ft		<input type="checkbox"/> Salinity (PPT)			NPDES Number	
	Comments												

Lab ID	Location <u>Safety Kleen</u>			<input checked="" type="checkbox"/> Comp	Collection (begin)		Eastern	Collection (end)		Eastern	Bottle Group(s)**		
	Field ID <u>150</u>			<input type="checkbox"/> Grab	Date <u>12/16</u>	Time <u>9:41</u>	Central	Date <u>12/16</u>	Time <u>9:41</u>	Central			
	Matrix (Include type e.g. Salt, Fresh, etc) <u>Waste</u>			Temp (C)		pH		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)			
	Latitude 0 . " . "			Longitude 0 . " . "			Sample Depth <input type="checkbox"/> m <input type="checkbox"/> ft		<input type="checkbox"/> Salinity (PPT)			NPDES Number	
	Comments												

Lab ID	Location			<input type="checkbox"/> Comp	Collection (begin)		Eastern	Collection (end)		Eastern	Bottle Group(s)**		
	Field ID			<input type="checkbox"/> Grab	Date	Time	Central	Date	Time	Central			
	Matrix (Include type e.g. Salt, Fresh, etc)			Temp (C)		pH		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)			
	Latitude 0 . " . "			Longitude 0 . " . "			Sample Depth <input type="checkbox"/> m <input type="checkbox"/> ft		<input type="checkbox"/> Salinity (PPT)			NPDES Number	
	Comments												

Lab ID	Location			<input type="checkbox"/> Comp	Collection (begin)		Eastern	Collection (end)		Eastern	Bottle Group(s)**		
	Field ID			<input type="checkbox"/> Grab	Date	Time	Central	Date	Time	Central			
	Matrix (Include type e.g. Salt, Fresh, etc)			Temp (C)		pH		Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)			
	Latitude 0 . " . "			Longitude 0 . " . "			Sample Depth <input type="checkbox"/> m <input type="checkbox"/> ft		<input type="checkbox"/> Salinity (PPT)			NPDES Number	
	Comments												

Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By: <u>SK</u>	Date/Time: <u>12-17-08/10:05a</u>
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* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

Date of Request: 16-DEC-2008
 Created By: KRAEMER_J On: 16-DEC-2008
 Modified By: BRACKETT_K On: 16-DEC-2008
 Customer: CEN-DIST
 Project: OTHER-WSM
 Division: :
 District: Central District
 Sampling Event: Safety Kleen

Send Coolers To:

Phone: 407-894-7555 SC 325-1011
 FL Dept. of Environmental Protection
 3319 Maguire Blvd., Suite 232
 Orlando, FL 32803-3767
 Attn: Janine Kraemer

Program Module Number:
 Priority: 3
 Event Status: A
 Criminal Investigation: NO
 Chemistry Request Reviewed By: BRACKETT_K On: 16-DEC-2008
 Biology Request Reviewed By:
 Sampling Kit Required: NO
 Sampling Kit Shipped:
 Sampling Kit Packed By:
 Date To Receive Samples: 16-DEC-2008
 Received By:

Send Final Report To:

FL Dept. of Environmental Protection
 3319 Maguire Blvd., Suite 232
 Orlando, FL 32803-3767
 Attn: Janine Kraemer

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

Comments:

Suite A (Soil/Sediment/Waste) With 2 Samples:

Bottle Type: GJ-1L	Number of Bottles: 2	Preserved With: ICE
TCLP-BNA Template: DEFAULT	TCLP for Semi-volatile organic pollutants by GC/MS.	
WAS-BNA Template: DEFAULT	Semi-volatile organic pollutants, excluding PCBs and Toxaphene, in waste matrices by GC/MS.	

Bottle Type: GJ-SEP-250	Number of Bottles: 4	Preserved With: ICE
TCLP-VOC Template: DEFAULT	Volatile organic pollutants in TCLP samples using GC/MS	
WAS-VOC-MS Template: DEFAULT	Volatile organic pollutants in waste matrices using GC/MS	

Suite B (Water) With 1 Samples:

Bottle Type: BG-1L	Number of Bottles: 4	Preserved With: ICE
W-BNA-R Template: DEFAULT	EPA Method 8270, Semi-volatile organic pollutants including PAHs, excluding PCBs and Toxaph	
Bottle Type: 3-G-40ML NO ACI	Number of Bottles: 1	Preserved With: ICE
W-VOC-R Template: DFLT-RCRA	Volatile organic pollutants in water matrices using GC/MS	

Log-in Checklist

RQ ID: 2008-12-15-40

Shipping Method: Fedex Date/Time of Receipt: 12-17-08/10:05

Cooler Check

Cooler ID	Cooler Temp.	Evidence Tape				No. Sample Containers in Cooler	* Tracking #
		Present?		Intact?			
		Yes	No	Yes	No		
<u>White</u>	<u>3.4</u>		<input checked="" type="checkbox"/>			<u>2</u>	<u>800142371002</u>

Note: If the the temperature of a cooler is above 6° C or an evidence seal is damaged then identify the bottles, in the affected cooler(s), on back of form.

* Write the tracking number only if the waybill copy cannot be placed in the folder.

Evidence Tape on Bottles Present: Yes No
 If Yes, is it intact? Yes No
 If No, fill out back of form.

Condition of Containers:
 Loose Caps: Yes No If Yes, fill out back of form.

Broken Containers: Yes No If Yes, fill out back of form.

Chain Of Custody/ Field Sheet(s) Included? Yes No
 If Yes, verify receipt of all containers listed, then sign COC/field form. Document discrepancies (i.e. missing containers) on COC/field form.

Acid Preserved Samples: pH <= 2 ? Yes No NA SK
 If No, fill out back of form and check unpreserved containers with same field ID.

Base Preserved Samples: pH >= 12 or 9? Yes No NA SK
 (W-CN, OV-CN - pH >= 12), (W-SULFIDE-F, W-SULFIDE - pH >= 9)
 If No, fill out back of form and check unpreserved containers with same field ID.

Sample Volume Sufficient: Yes No If No, fill out back of form.

Coolers Unpacked/Checked by: SK Date: 12-17-08 NCRs (y/n)? N

Event ID: CEN-IST-2008-12-17-01 NCR # _____

NA - Not Applicable

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Bottle Field ID	Bottle Test ID(s)	Tape intact on Bottle?	
			Yes	No

Bottles Not Intact

Field ID	Bottle Test ID(s)	Loose Cap	Damaged Cap		Damaged Container		Evid. Tape Not Intact
			CK	BR	CK	BR	

Samples With Incorrect pH Preservation

Field ID	Bottle Test ID(s)	pH	Action Taken

Samples With Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

Additional Comments:

CK - Cracked, BR - Broken

From 12/16/08 Sender's FedEx Account Number [REDACTED]
 Sender's Name Janine Kraent Phone (407) 894-7555

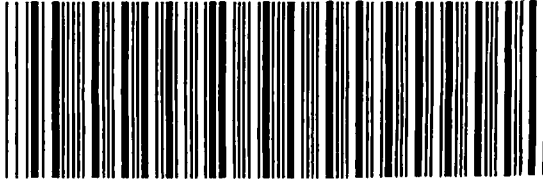
Company DEPT OF ENVIRONMENTAL REG
 Address 3319 MAGUIRE BLVD STE 232 Dept./Floor/Suite/Room
 City ORLANDO State FL ZIP 32803

2 Your Internal Billing Reference Information

3 To
 Recipient's Name Chemistry Lab Phone (850) 245-8085
 Company Florida DEP/Chemistry Section
 Address 2600 Bburstone Rd Dept./Floor/Suite/Room
 City Tallahassee State FL ZIP 32399-6542

For HOLD at FedEx Location check here
 Hold Weekday (Not available with FedEx First Overnight)
 Hold Saturday (Not available at all locations; Available for FedEx Priority Overnight and FedEx 2Day only)

For Saturday Delivery check here
 (Extra Charge. Not available at all locations; Available for FedEx Priority Overnight and FedEx 2Day only)



4a Express Package Service Packages under 150 lbs.
 FedEx Priority Overnight (Next business morning)
 FedEx Standard Overnight (Next business afternoon)
 FedEx 2Day (Next business day)
 FedEx Express Saver (Next business day)

4b Express Freight Service Packages over 150 lbs.
 FedEx Overnight Freight (Next business day)
 FedEx 2Day Freight (Next business day)
 FedEx Express Saver Freight (Next business day)

5 Packaging
 FedEx
 FedEx Pak
 FedEx Box
 FedEx Tube

6 Special Handling
 Does this shipment contain dangerous goods? Yes No
 Dry Ice
 Cargos Aircraft Only

7 Payment
 Bill to: Sender Recipient Third Party Obtain Recipient's FedEx Account No.
 Credit Card Cash Check

FedEx Account No. 449022629
 Credit Card No. _____ Exp. Date _____

Total Packages 1 Total Weight 20.00 Total Charges \$

*When declaring a value higher than \$500 on shipment, you pay an additional charge. See SERVICE CONDITIONS, DECLARED VALUE, AND LIMIT OF LIABILITY section for full information.

8 Release Signature

Your signature authorizes Federal Express to deliver to a shipment without obtaining a signature and agrees to indemnify and hold harmless Federal Express from any and all claims and

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