



1602 Clare Avenue
West Palm Beach, FL 33401
t: 561.833.4200 | info@evergladeslabs.com

Sam Payson
Northern Palm Beach County Improvement District
359 Hiatt Drive
Palm Beach Gardens FL 33418

The accompanying report provides the analytical results for the samples listed below. This report is created directly from our database system. The format is designed to comply with the reporting requirements of Chapter 62-160 Florida Administrative Code. The reported data is divided into several sections. Information about each sample is separated by bold lines. In this grouping, sample information appears first which includes the sample number, date and time of collection and receipt in the laboratory, sample collector, sample identifiers and the receipt condition. Each analyte is listed below the appropriate header, starting with METHOD. The Method number, analyte name, results, date (and time) of extraction and analysis, analyst initials, MDL, PQL, batch number, CAS number, duplicate analysis if available, bottle number and field preservation information are listed. Quality assurance information is below the analysis information. Where no data is available, zero is used as a placeholder. Headers describing the information being reported only appear if data is available. Matrix spike and matrix spike duplicate information appears on the left, LCS (Laboratory Control Sample) information appears on the right. The lower space of this section is provided for comments. This line ends with the laboratory ID number for that particular analyte. Reports from other laboratories that provided some of the testing for this report are transmitted as part of this report, but results are not necessarily entered into our data system. Invoices and reports list the total number of pages and the page numbers of official Everglades Laboratories, Inc. documents only. Reports may be printed in duplex mode. Field data may be printed as a separate report document

SAMPLE:		DATE/TIME COLLECTED		CONDITION	MATRIX
190300	Lake S/S Juno Isles Blvd.	09/01/20	1355	1.5 Wet Ice	SW

LAB ID E86048

28-Sep-20
190300 187193 1036 17157
FORM DATE 1-17-17





1602 Clare Avenue
West Palm Beach, FL 33401
t: 561.833.4200 | info@evergladeslabs.com

Northern Palm Beach County Improvement District
359 Hiatt Drive
Palm Beach Gardens FL 33418

[illegible]

MATRIX SW

14561/14526

[illegible]

Note: MDLs and PQLs are always adjusted to account for dilutions. For example, if a sample is diluted by a factor of 10 and the MDL is 2, the reported MDL is entered at 20.

L: Result is known to be greater than the value reported.

HN: Heavy non-coliform bacteria (>200 CFU). Constitutes failure.

BEN MARTIN III.BS, Director 561 833 4200

[Handwritten signature]

190300 2E+05 1036 17157



Page 2 of 17



EVERGLADES Laboratories, Inc.

1602 Clare Avenue
West Palm Beach, FL 33401
t: 561.833.4200 | info@evergladeslabs.com
1036
187193

Northern Palm Beach County Improvement District
359 Hiatt Drive
Palm Beach Gardens FL 33418
P: 561 624 7830 F: 561 624 7839

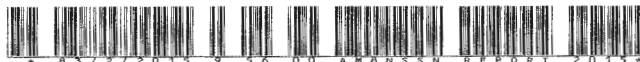
PWSID:

Lake S/S Juno Isles Blvd.

SAMPLE INSTRUCTIONS AND CHAIN OF CUSTODY FORM

Invoice: 17157
Sample No: **190300**

575
9/1/2020



SCHEDULED: 9/1/2020
FREQUENCY: MONTHLY
PROJECT: SURFACE WATER SAMPLE
Lake; S/S Juno Isles Blvd., North Palm Beach, FL 33408

COMPOSITE SET UP DATE TIME

*Field measurements made with HH01 FOR pH, TEMP, DO AND COND - 170112567032; pH ALSO WITH OA02

14561 5 Plastic 250ml + HNO3
14526 16 Plastic 250ml

BDESC	AN METHOD	ANALYTE
5 Plastic 250ml + HNO3	5419 EPA 200.7	Sodium
16 Plastic 250ml	5457 EPA 300.0	Chloride

DO	TEMP	SLOPE	READS	TABLE	TIME	pH 7.00	SET	READS	TIME			
COND	SET	VALUE	READS	TIME		pH 4.01	SET	READS	TIME			
COND	SET	VALUE	READS	TIME		pH ICV	SET	READS	TIME			
COND	SET	VALUE	READS	TIME		pH CCV	SET	READS	TIME			
DO	mg/L	T	°C	SC	µS/cm	pH	T or F	mg/L	WL	Ft	DEPTH	Ft
SAMPLE COLLECTED BY: <u>[Signature]</u> DATE: <u>9-1-2020</u> TIME: <u>13:55</u>												
SAMPLE RELINQUISHED BY: <u>[Signature]</u> DATE: <u>9-1-2020</u> TIME: <u>14:35</u>												
SAMPLE RECEIVED BY: <u>[Signature]</u> DATE: <u>9-1-2020</u> TIME: <u>14:35</u>												
SAMPLE RELINQUISHED BY: <u>[Signature]</u> DATE: <u>9-1-2020</u> TIME: <u>14:35</u>												

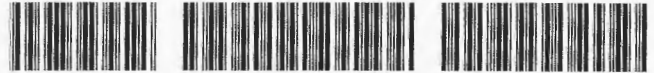
Bottle Temp °C 1.5 Wet Ice ☒

Acid preserved sample verification: record pH

H2SO4: ☐ HNO3: ☒ NaOH: ☐ HCL: ☐



Sample Condition Report (SCR)



Client: Northern Palm Beach County Improvement District

Invoice No 17157

Samples Delivered By RG

Samples Received By BNT3

Date Form Completed 9/1

Check all applicable fields:

PWSID

Sample appearance OK
Chain of Custody Document
Containers Intact
Sample Labels Match COC
Sample Preservative Verification

YES	<input checked="" type="checkbox"/>	NO
YES	<input checked="" type="checkbox"/>	NO
YES	<input checked="" type="checkbox"/>	NO
YES	<input checked="" type="checkbox"/>	NO
YES	<input checked="" type="checkbox"/>	NO

Containers conform to samples

YES	<input checked="" type="checkbox"/>	NO
-----	-------------------------------------	----

Chlorine residual Present

YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

Sample underfilled

YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

Ice or Ice Packs Present

YES	<input checked="" type="checkbox"/>	NO
-----	-------------------------------------	----

Packing Material None ☒ Bubble Wrap Paper

Sample within Hold Time

YES	<input checked="" type="checkbox"/>	NO
-----	-------------------------------------	----

VOC Vials without bubbles MA

YES	<input checked="" type="checkbox"/>	NO
-----	-------------------------------------	----

Analyses Subbed? Lab PAE

YES	<input checked="" type="checkbox"/>	NO	<input checked="" type="checkbox"/>
-----	-------------------------------------	----	-------------------------------------

Fluke IR Thermometer FL01 Used to Measure Representative Bottle.FL TID4 1.5 Wet Ice ☒ Wet Ice ☐ Blue Ice ☐ No ice

Project No 187193

Sample No.	Date/Time Collected	Date/Time Received	Sampled By	Sample Matrix	No. of Container
190300	9/1/2020 1355	9/1/2020 1435	RG	SW	2

Lake S/S
Juno Isles
Blvd.

CID:

Bottle Desc:

14561	14526										
5	16										



Analysis Assignment Report (AAR)



1036

Northern Palm Beach County Improvement Distr

359 Hiatt Drive

Palm Beach Gardens

FL

33418

Sample Number **190300**

Date Collected 9/1/2020

Date Received 9/1/2020

Sample ID Lake S/S Juno Isles Blvd.

Time Collected 1355

Time Received 1435

ANALYTE

Chloride

Sodium

METHOD

EPA 300.0

EPA 200.7

LABID LAB_NAME

E83079 Pace Analytical Services LLC

E83079 Pace Analytical Services LLC

September 09, 2020

Ph.D Ben Martin
Everglades Laboratories, Inc.
1602 Clare Avenue
West Palm Beach, FL 33401

RE: Project: 17157
Pace Project No.: 35574682

Dear Ph.D Martin:

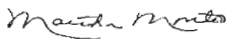
Enclosed are the analytical results for sample(s) received by the laboratory on September 01, 2020. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Ormond Beach

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Martha Montero
martha.montero@pacelabs.com
(386)672-5668
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
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CERTIFICATIONS

Project: 17157
Pace Project No.: 35574682

Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Arizona Certification# AZ0819
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236

Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Ohio DEP 87780
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project: 17157
Pace Project No.: 35574682

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35574682001	190300	Water	09/01/20 13:55	09/01/20 15:55

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: 17157
Pace Project No.: 35574682

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35574682001	190300	EPA 200.7	AMS	1	PASI-O
		EPA 300.0	NMT	1	PASI-O

PASI-O = Pace Analytical Services - Ormond Beach

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ANALYTICAL RESULTS

Project: 17157
Pace Project No.: 35574682

Sample: 190300 Lab ID: 35574682001 Collected: 09/01/20 13:55 Received: 09/01/20 15:55 Matrix: Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP									
Analytical Method: EPA 200.7 Preparation Method: EPA 200.7									
Pace Analytical Services - Ormond Beach									
Sodium	96.0	mg/L	2.0	0.54	1	09/02/20 07:16	09/02/20 19:59	7440-23-5	
300.0 IC Anions 28 Days									
Analytical Method: EPA 300.0									
Pace Analytical Services - Ormond Beach									
Chloride	193	mg/L	10.0	5.0	2		09/05/20 00:47	16887-00-6	

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QUALITY CONTROL DATA

Project: 17157
Pace Project No.: 35574682

QC Batch: 662357	Analysis Method: EPA 200.7
QC Batch Method: EPA 200.7	Analysis Description: 200.7 MET
Associated Lab Samples: 35574682001	Laboratory: Pace Analytical Services - Ormond Beach

METHOD BLANK: 3601680 Matrix: Water
Associated Lab Samples: 35574682001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Sodium	mg/L	0.54 U	2.0	0.54	09/02/20 19:31	

LABORATORY CONTROL SAMPLE: 3601681

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Sodium	mg/L	12.5	12.8	103	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3601682 3601683

Parameter	Units	35573965001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Sodium	mg/L	5250 ug/L	12.5	12.5	19.1	17.9	111	101	70-130	7	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3601684 3601685

Parameter	Units	35574501001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Sodium	mg/L	34.4	12.5	12.5	49.4	50.6	120	130	70-130	2	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

Date: 09/09/2020 10:06 AM

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Page 6 of 12

Page 11 of 17

QUALITY CONTROL DATA

Project: 17157
Pace Project No.: 35574682

QC Batch: 663285 Analysis Method: EPA 300.0
QC Batch Method: EPA 300.0 Analysis Description: 300.0 IC Anions
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35574682001

METHOD BLANK: 3607236 Matrix: Water
Associated Lab Samples: 35574682001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Chloride	mg/L	2.5 U	5.0	2.5	09/05/20 00:02	

LABORATORY CONTROL SAMPLE: 3607237

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Chloride	mg/L	50	49.5	99	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3607238 3607239

Parameter	Units	35575254005 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Chloride	mg/L	9.9	50	50	59.4	59.8	99	100	90-110	1	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3607240 3607241

Parameter	Units	35575375001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Chloride	mg/L	52.7	50	50	108	108	111	110	90-110	0	20	J(M1), L

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: 17157
Pace Project No.: 35574682

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.
ND - Not Detected at or above adjusted reporting limit.
TNTC - Too Numerous To Count
MDL - Adjusted Method Detection Limit.
PQL - Practical Quantitation Limit.
RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.
S - Surrogate
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.
LCS(D) - Laboratory Control Sample (Duplicate)
MS(D) - Matrix Spike (Duplicate)
DUP - Sample Duplicate
RPD - Relative Percent Difference
NC - Not Calculable.
SG - Silica Gel - Clean-Up
U - Indicates the compound was analyzed for, but not detected.
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.
TNI - The NELAC Institute.

ANALYTE QUALIFIERS

U	Compound was analyzed for but not detected.
J(M1)	Estimated Value. Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.
L	Off-scale high. Actual value is known to be greater than value given.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 17157
Pace Project No.: 35574682

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35574682001	190300	EPA 200.7	662357	EPA 200.7	662434
35574682001	190300	EPA 300.0	663285		

REPORT OF LABORATORY ANALYSIS

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WO# : 35574682



35574682

CUSTODY RECORD

Quote: _____

Page 1 of 1

Container Type Codes

AV	Amber Vial	ES	Encore Sampler
CV	Clear Vial	PPV	Prepreserved vial
P	Plastic	PL C	Plastic container
AL	Amber Litr	PL J	Plastic Jar
CL	Clear Litr	Z	Ziploc bag
AP	Amber Plastic	TB	Tedlar bag
AG	Amber Glass	WP	Whirl pair
SJ	Soil Jar	G	Gallon Jug
Other		TC	Tam-core
PPV	Prepreserved vial		
Size(s): 2oz, 4oz, 8oz, 16oz, 32oz or 1L, other			
40ml 500ml 250ml 125ml			
Example: 4ozP = 4oz Plastic, 8ozSJ = 8oz Soil Jar			

Company Name: Everglades Labs., Inc. PO#

Address: 1602 Clare Ave.

City: West Palm Beach State: FL Zip: 33401

Attn: Ben Martin III B.S. Fax#

email: info@evergladeslabs.com Phone:

Project Name 17157 Proj # 17157

Sampler Signature *Ben Martin* Circle One Event: Daily Weekly Monthly Quarterly Semi-Annual Annual N/A

Sample #	Sample ID	Collect Date	Collect Time	Matrix Code*	Field Preserved	Integrity	DA (Y/N)	Total # of containers	Parameters
1	190300	9-1-20	13:55	SW				2	Sodium 200.7 Chloride 300.0
2									
3									
4									
5									
6									
7									
8									
9									
10									

LAB ANALYSIS

EXAMPLE
Diss. Lead 6010

Matrix Codes

SD	Solid Waste	OL	Oil
GW	Ground Water	SL	Sludge
EFF	Effluent	SO	Soil Sediment
AFW	Analyte Free H2O	AQ	Aqueous
WW	Waste Water	NA	Nonaqueous
DW	Drinking Water	PE	Petroleum
SW	Surface Water	O	Other
ML	Misc. Liquid		(Please specify)

Preservative Type Codes

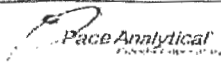
A. None	E. HCL	I. Ice
B. HNO3	F. MeOH	J. MCAA
C. H2SO4	G. Na2S2O3	K. Zn Acetate
D. NaOH	H. NaHSO4	O. Other

REMARKS

Chain of Custody (Chain of Responsibility)		Short Hold		Circle QA/QC Report Level		EDD (Fees May Apply)		COC Condition		Required State Certification		Coolers #'s - Temp °C	
Y	N	Today	1D	2D	3D	4D	5D	Y	N	OK	Incomplete	FL GA SC NC NJ PA LA TX IL	1 2 3 4 5
Item	Relinquished by	Affiliation	Date	Time	Received by	Affiliation	Date	Time	Lab Use Only	YES	NO	N/A	
1	<i>Ben Martin</i>	Everglades Labs., Inc.	9-1-20	15:55	<i>UP</i>	<i>Pace</i>	9/1/20	1555	Non-Conformance Found?				
2	<i>Ben Martin</i>	<i>Pace</i>	9/1/20	1900	<i>MT</i>	<i>Pace</i>	9/1/20	2355	Samples INTACT upon arrival?				
3									Received on Wet Ice?				
4									Proper Preservatives Indicated?				
									Received within holding time?				
									Custody seals intact?				
									Volatiles rec'd without headspace?				
									Proper Containers Used?				

Pompano Lab 954-582-4300

Revision: F-ALL-C-007-Rev.00

	Document Name:	Document Revised:
	Sample Condition Upon Receipt Form	May 30, 2018
	Document No:	Issuing Authority:
	F-FL-C-007 rev 13	Pace Florida Quality Office

Receipt Form (SCUR)

WO# : 35574682
 Project: **PM: MIM** Due Date: **09/11/20**
 Project Manager: **CLIENT: EVELAB**
 Client:

Date and Initials of person:
 Examining contents: [Signature]
 Label: [Signature]
 Deliver: [Signature]
 pH: [Signature]

Thermometer Used: T-353 Date: 9/1/20 Time: 00:13 Initials: TPB, Jmt

State of Origin: _____ ☐ For WV projects, all containers verified to $\pm 6^\circ\text{C}$
 Cooler #1 Temp. $^\circ\text{C}$ 4.8 (Visual) +0.1 (Correction Factor) 4.9 (Actual) ☐ Samples on ice, cooling process has begun
 Cooler #2 Temp. $^\circ\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual) ☐ Samples on ice, cooling process has begun
 Cooler #3 Temp. $^\circ\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual) ☐ Samples on ice, cooling process has begun
 Cooler #4 Temp. $^\circ\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual) ☐ Samples on ice, cooling process has begun
 Cooler #5 Temp. $^\circ\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual) ☐ Samples on ice, cooling process has begun
 Cooler #6 Temp. $^\circ\text{C}$ _____ (Visual) _____ (Correction Factor) _____ (Actual) ☐ Samples on ice, cooling process has begun

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☒ Commercial ☐ Pace ☐ Other _____
 Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☐ Ground ☐ International Priority
☐ Other _____

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # _____

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals intact: ☒ Yes ☐ No Ice: Wet Blue Dry None


Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other _____

Samples shorted to lab (If Yes, complete) Shorted Date: _____ Shorted Time: _____ Qty: _____

Comments:		
Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC, O&G, Carbamates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

Client Notification/ Resolution: Person Contacted: _____ Date/Time: _____

Comments/ Resolution (use back for additional comments): _____

	Document Name:	Document Revised:
	Sample Condition Upon Receipt Form	May 30, 2018
	Document No.: F-FL-C-007 rev. 13	Issuing Authority: Pace Florida Quality Office

Sample Condition Upon Receipt Form (SCUR)

Project #
Project Manager:
Client:

Date and Initials of person:
Examining contents: UP
Label: UP
Deliver: _____
pH: _____

Thermometer Used: T343 Date: 9/1/20 Time: 1555 Initials: UP

State of Origin: FL ☐ For WV projects, all containers verified to $\leq 6^\circ\text{C}$

Cooler #1 Temp. °C <u>2.1</u> (Visual) <u>0.0</u> (Correction Factor) <u>2.1</u> (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #2 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #3 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #4 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #5 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun
Cooler #6 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual)	<input type="checkbox"/> Samples on ice, cooling process has begun

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client ☐ Commercial ☐ Pace ☐ Other _____

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☐ Standard Overnight ☒ Ground ☐ International Priority

☐ Other _____

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☒ Unknown

Tracking # _____

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals Intact: ☐ Yes ☐ No Ice: Wet Blue Dry None

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other _____

Samples shorted to lab (If Yes, complete) Shorted Date: _____ Shorted Time: _____ Qty: _____

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature & Sampler Name COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC, O&G, Carbamates		
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution (use back for additional comments): _____

Project Manager Review: _____ Date: _____