

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Algal Bloom Response - As needed

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By:

Veronica Runge

Project ID: BLOOM-RESP

Collected By:

Kirby Wolfe, Veronica Runge, Rosemary Murphy

Sampling Agency:

DEP, SROC

Location 401 McCall St. - Lemon Bay (anal)		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 9/21 Time 1430	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Field ID		Matrix (type, e.g., Salt, Fresh, etc) Salt	Diss. Oxygen 4.7	☐ mg/L ☒ % sat	Total Res. Chlorine (mg/L)	ABC D
STORET #		Temp (C) 33.9	pH 7.6	Sample Depth 0.3	Sp. Conductance (umho/cm) 39330	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 24.8	Comments pea soup, green color, surface scum 1/3 body, ^{water} detritus smell			

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

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Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			

Relinquished By: Veronica Runge	Date/Time 09/21/16	Shipping Method Fedex	Number of Coolers Shipped: 2	Received By: SK	Date/Time 9-22-16/10:30
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Group: A	Bottle Type:	PT-50ML	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	BLOOM-ID					
Group: B	Bottle Type:	BG-WD250	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	W-MCYST-AA					
Group: C	Bottle Type:	BP-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					
Group: C	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					
Group: C	Bottle Type:	P-125ML	# of Bottles: 2	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab _____
	W-PO4-F					
Group: D	Bottle Type:	BP-1L	# of Bottles: 2	Preservative:	Lugols	Enter Number of Bottles Sent to Lab _____
	DTY-QN-C					
	PKD-QN-C					

Date of Request: 14-JUL-2016
 Created By: WOLFE_K On: 14-JUL-2016
 Modified By: MATTHEWS_D On: 19-JUL-2016
 Customer: WQAP
 Project: BLOOM-RESP
 Division: Division of Environmental Assessment and Restoration
 District: SROC
 Sampling Event: Algal Bloom Response - As needed

Send Coolers To:

Phone: 850-245-8416
 2295 Victoria AVE
 Suite 364
 Fort Myers, FL 33901
 Attn: Kirby Wolfe

Program Module Number:
 Priority: 1
 Event Status: S
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 15-JUL-2016
 Biology Request Reviewed By: MATTHEWS_D On: 19-JUL-2016
 Sampling Kit Required: YES Ship on: 19-JUL-2016
 Sampling Kit Shipped: YES On: 20-JUL-2016
 Sampling Kit Packed By: BOWDEN_M
 Preservatives Needed: NO
 Date to Receive Samples: 25-JUL-2016
 Received By:

Send Final Report To:

2295 Victoria AVE
 Suite 364
 Fort Myers, FL 33901
 Attn: Kirby Wolfe

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

Comments: Analyze toxin upon receipt after consultation with Biology's Taxonomy Manager.

Bottle Groups A/B - separate event, priority 1
 Bottle Groups C/D - separate event, C - priority 3, D - priority 12

Bottle Group A - Priority 1
 For algal dominant taxon.

Bottle Group B - Priority 1
 For toxin testing.

Bottle Group C - Priority 3
 Water quality testing

Bottle Group D - Priority 12
 For algal full ID.

There are multiple bottles per Group in case multiple sample targets or sample locations are needed. Samplers use best professional judgement to decide which samples are appropriate to collect for a particular response. All sets of bottles do not have to be filled at one time.

Bottle Group A (Biological) With 2 Samples:

Bottle Type: PT-50ML Number of Bottles: 2 Preserved With: ICE
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Bottle Group B (Water) With 2 Samples:

Bottle Type: BG-WD250 Number of Bottles: 2 Preserved With: ICE
 W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

Bottle Group C (Water) With 2 Samples:

Bottle Type: BP-1L Number of Bottles: 2 Preserved With: ICE
 CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry

Bottle Type: P-500ML Number of Bottles: 2 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

Bottle Group C (Water) With 2 Samples:

Bottle Type: P-500ML	Number of Bottles: 2	Preserved With: ICE And H2SO4
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
Bottle Type: P-125ML	Number of Bottles: 2	Preserved With: ICE-FLTR
W-PO4-F	Template: DEFAULT	(EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

Bottle Group D (Water) With 2 Samples:

Bottle Type: BP-1L	Number of Bottles: 2	Preserved With: Lugols
DTY-QN-C	Template: DEFAULT	(SOP-AB05_1) No. of diatom taxa of quantitative phytoplankton sample.
PKD-QN-C	Template: DEFAULT	(SOP-AB05) No. of wet taxa of quantitative phytoplankton sample.

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

2016-09-07-25-94(6)
 RQ-2016-09-19-26(10)

Log-in Checklist

Shipping Method: Fedex

Date/Time of Receipt: 9-22-16/10:30

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape				Tracking # (fill out only if waybill copy is damaged)
			Present?		*Intact?		
Yes	No	Yes	No	Yes	No		
Blue	2.2	16			✓		

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

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

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

CONTAINER CHECK

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

**Caps on tight? Yes ✓ No **Containers intact? Yes ✓ No

**Sufficient Sample Volume: Yes ✓ No

CHLORINE CHECK (Blue dot on container)

Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required.					
Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PC-AA-SF		
W-AHERB-AA (-AHB-AA-R)			W-PCL-SQ (-R)		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)			W-TR-TQ		
W-PCB-R					

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

**Acid Preserved Samples: pH ≤ 2.0? Yes No NA ✓ Init: SK

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

Coolers Unpacked/Checked by: SK Date: 9-22-16

NCRs (Y/N)? N

Event ID: WQAP-2016-09-22-07

NCR #

Log-in Checklist

Samples with Incorrect pH Preservation or presence of Chlorine

Field ID	Bottle Test ID(s)	pH / Cl	Action Taken

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Field ID	Bottle Test ID(s)

Bottles Not Intact

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

Samples with Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

ENCORE SAMPLES

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

Were Encore samples received? Yes ☐ No ☒

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 ☐

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: _____

Additional Comments:

00382

01000

16178

fedex.com 1800.GoFedEx 1800.463.3339

06175033

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8104 1261 4846

1 From

Date

Sender's
Name

Phone

Company

Address

Dept./Floor/Suite/Room

City

State

ZIP

2 Your Internal Billing Reference

3 To

Recipient's
Name

SAMPLE RECEIVING

Phone 850 245-8085

Company

FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE

State

FL

ZIP

32397-6542

0124452242



8104 1261 4846

MUR 4

Form
12 No.

0215

Recipient's Copy

4 Express Package Service

* To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless Saturday Delivery is selected.☒ FedEx Priority Overnight
Next business morning. Friday shipments will be
delivered on Monday unless Saturday Delivery
is selected.☐ FedEx Standard Overnight
Next business afternoon.
Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M.
Second business morning.
Saturday Delivery NOT available.☐ FedEx 2Day
Second business afternoon. Thursday shipments
will be delivered on Monday unless Saturday
Delivery is selected.☐ FedEx Express Saver
Third business day.
Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.

☐ FedEx Envelope*☐ FedEx Pak*☐ FedEx
Box☐ FedEx
Tube☐ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.☐ No Signature Required
Package may be left without
obtaining a signature for delivery.☐ Direct Signature
Someone at recipient's address
may sign for delivery.☐ Indirect Signature
If no one is available at recipient's
address, someone at a neighboring
address may sign for delivery. For
residential deliveries only.

Does this shipment contain dangerous goods?

☐ No ☐ Yes
One box must be checked.
As per attached
Shipper's Declaration.☐ Yes
Shipper's Declaration
not required.☐ Dry Ice
Dry Ice, 8, UN 1845 x kg☐ Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip.
Acct. No.☐ Sender
Acct. No. in Section
1 will be billed.☒ Recipient☐ Third Party☐ Credit Card☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611

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