

**Florida Department of Environmental Protection**  
**Central Laboratory Submittal Form**

Algal Bloom response - As Needed

Customer: WQAP

Requester: Curtis Musson

Field Report Prepared By:

Robert Wini

Project ID: BLOOM-RESP

Collected By:

Robert Wini, Ben Ralys

Sampling Agency:

FDEP

|                                           |                                                                        |                                                                           |                                                                          |                               |                                                                            |                                        |
|-------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------|----------------------------------------|
| Location<br><u>Killarney Mid</u>          |                                                                        | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>7/10/17</u> Time <u>12:50</u> | Eastern<br>Central            | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)<br>(See pg 2)          |
| Field ID<br><u>Killarney algal sample</u> |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                          | Diss. Oxygen<br><u>12.57</u>  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)          |
| STORET #                                  |                                                                        | Temp (C)<br><u>31.98</u>                                                  | pH<br><u>8.51</u>                                                        | Sample Depth<br><u>0.3</u>    | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) <u>81</u> |
| Latitude<br><u>30.53301</u>               | <input checked="" type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><u>-84.21471</u>                                             | <input type="checkbox"/> dd<br><input type="checkbox"/> dms              | Salinity (ppt)<br><u>0.04</u> | Comments<br><u>algal bloom response samples</u>                            |                                        |
| Location                                  |                                                                        | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                 | Eastern<br>Central            | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)                        |
| Field ID                                  |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                          | Diss. Oxygen                  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)          |
| STORET #                                  |                                                                        | Temp (C)                                                                  | pH                                                                       | Sample Depth                  | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)           |
| 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)<br>Date _____ Time _____                 | Eastern<br>Central            | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)                        |
| Field ID                                  |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                          | Diss. Oxygen                  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)          |
| STORET #                                  |                                                                        | Temp (C)                                                                  | pH                                                                       | Sample Depth                  | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)           |
| 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)<br>Date _____ Time _____                 | Eastern<br>Central            | Composite end<br>Date _____ Time _____                                     | Bottle Group(s)                        |
| Field ID                                  |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                          | Diss. Oxygen                  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            | Total Res. Chlorine<br>(mg/L)          |
| STORET #                                  |                                                                        | Temp (C)                                                                  | pH                                                                       | Sample Depth                  | <input type="checkbox"/> ft<br><input type="checkbox"/> m                  | Sp. Conductance<br>(umho/cm)           |
| 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:<br><u>[Signature]</u> | Date/Time<br><u>7/10/17 16:05</u> | Shipping Method | Number of Coolers Shipped:<br><u>1</u> | Received By:<br><u>[Signature]</u> | Date/Time<br><u>7/10/17 16:05</u> |
|----------------------------------------|-----------------------------------|-----------------|----------------------------------------|------------------------------------|-----------------------------------|

Received 2 Algal ID containers, J-walter requested ~~log~~ two different sample numbers. Aug 7-11-17

Algal Bloom response - As Needed

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Curtis Musson

Field Report Prepared By:

Robert Wiwi

Project ID: BLOOM-RESP

Collected By:

Robert Wiwi, Ben Rulys

Sampling Agency:

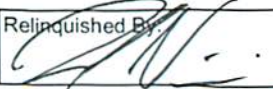
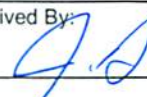
FDEP

|                                                 |                                                                           |                                                                                                               |                                                                            |                                        |
|-------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|
| Location<br><b>Killarney Mid</b>                | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <b>7/10/17</b> Time <b>12:50</b> Eastern<br>Time <b>14:30</b> Central | Composite end<br>Date<br>Time                                              | Bottle<br>Group(s)<br>(See pg 2)       |
| Field ID<br><b>Killarney algal-sample</b>       | Matrix (type, e.g., Salt, Fresh, etc)<br><b>Fresh</b>                     | Diss. Oxygen<br><b>12.57</b>                                                                                  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)          |
| STORET #                                        | Temp<br>(C) <b>31.98</b>                                                  | pH <b>8.51</b>                                                                                                | Sample<br>Depth <b>0.3</b>                                                 | Sp. Conductance<br>(umho/cm) <b>81</b> |
| Latitude<br><b>30.53301</b>                     | <input checked="" type="checkbox"/> dd<br><input type="checkbox"/> dms    | Longitude<br><b>-84.21471</b>                                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms                | Salinity<br>(ppt) <b>0.04</b>          |
| Comments<br><b>algal bloom response samples</b> |                                                                           |                                                                                                               |                                                                            |                                        |

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

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

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

|                                                                                                        |                                   |                 |                                        |                                                                                                       |                                   |
|--------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------|----------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------|
| Relinquished By:<br> | Date/Time<br><b>7/10/17 16:05</b> | Shipping Method | Number of Coolers Shipped:<br><b>1</b> | Received By:<br> | Date/Time<br><b>7/10/17 16:05</b> |
|--------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------|----------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------|

|          |              |          |                 |               |               |                                           |
|----------|--------------|----------|-----------------|---------------|---------------|-------------------------------------------|
| Group: A | Bottle Type: | PT-50ML  | # of Bottles: 8 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | BLOOM-ID     |          |                 |               |               |                                           |
| Group: B | Bottle Type: | BG-WD250 | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | W-MCYST-AA   |          |                 |               |               |                                           |
| Group: C | Bottle Type: | BP-1L    | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____ |
|          | CHLSUITE-W   |          |                 |               |               |                                           |
| Group: C | Bottle Type: | P-500ML  | # of Bottles: 1 | 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: 1 | Preservative: | ICE-FLTR      | Enter Number of Bottles Sent to Lab _____ |
|          | W-PO4-F      |          |                 |               |               |                                           |
| Group: D | Bottle Type: | BP-1L    | # of Bottles: 4 | Preservative: | Lugols        | Enter Number of Bottles Sent to Lab _____ |
|          | DTY-QN-C     |          |                 |               |               |                                           |
|          | PKD-QN-C     |          |                 |               |               |                                           |

Date of Request: 18-MAY-2017  
 Created By: MUSSON\_C On: 18-MAY-2017  
 Modified By: MATTHEWS\_D On: 25-MAY-2017  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division: Division of Environmental Assessment and Restoration  
 District:  
 Sampling Event: Algal Bloom response - As Needed

**Send Coolers To:**

Phone: 850-245-8453  
 2600 Blair Stone Rd  
 MS #3525  
 Tallahassee, FL 32399-2400  
 Attn: Curtis Musson

**Program Module Number:**

Priority: 3  
 Event Status: S  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 23-MAY-2017  
 Biology Request Reviewed By: MATTHEWS\_D On: 25-MAY-2017  
 Sampling Kit Required: YES Ship on: 02-JUN-2017  
 Sampling Kit Shipped: YES On: 02-JUN-2017  
 Sampling Kit Packed By: SEARSON\_C  
 Preservatives Needed: NO  
 Date to Receive Samples: 12-JUN-2017  
 Received By:

**Send Final Report To:**

2600 Blair Stone Rd  
 MS #3525  
 Tallahassee, FL 32399-2400  
 Attn: Curtis Musson

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

Comments: Please print two copies of algal job labels at login.

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 judgment 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.

Packing Note:  
 No FedEx labels needed

**Bottle Group A (Biological) With 8 Samples:**

Bottle Type: PT-50ML Number of Bottles: 8 Preserved With: ICE  
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

**Bottle Group B (Water) With 4 Samples:**

Bottle Type: BG-WD250 Number of Bottles: 4 Preserved With: ICE  
 W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

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

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

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

|                      |                      |                                                                                          |
|----------------------|----------------------|------------------------------------------------------------------------------------------|
| 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                         |
| Bottle Type: P-125ML | Number of Bottles: 1 | 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 4 Samples:**

|                    |                      |                                                                       |
|--------------------|----------------------|-----------------------------------------------------------------------|
| Bottle Type: BP-1L | Number of Bottles: 4 | 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.      |

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

# Log-in Checklist

RQ- 2017-06-12-30

Shipping Method: HD

Date/Time of Receipt: 7/10/17 16:05

| 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 |                                                       |
| LED       | 2.4°C               | 7                               |               | <input checked="" type="checkbox"/> |          |    |                                                       |
|           |                     |                                 |               |                                     |          |    |                                                       |
|           |                     |                                 |               |                                     |          |    |                                                       |
|           |                     |                                 |               |                                     |          |    |                                                       |
|           |                     |                                 |               |                                     |          |    |                                                       |
|           |                     |                                 |               |                                     |          |    |                                                       |

\*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                                                                                              |     |    | W-CT-CI-R     |     |    |

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

\*\*Acid Preserved Samples: pH ≤ 2.0? Yes ☒ No ☐ NA ☐ Init: JD

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

Coolers Unpacked/Checked by: JD Date: 7/10/17 NCRs (Y/N)? ☐

Event ID: WQAP-2017-07-10-07 NCR # ☐

WQAP-2017-07-10-08

WQAP-2017-07-10-09

## 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:**