

RQ-2018-07-23-49

## Log-in Checklist

Login Station ID: #5

Shipping Method: FedEx UPS | HD | Greyhound |Date/Time of Receipt: 07/17/18 @ 10:25~

| 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 |                                                       |
| Red       | 2.0°C               | 6                               |               | X  |          |    | 4385 5031 1899                                        |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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     

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

## CONTAINER CHECK

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

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

\*\*Sufficient Sample Volume: Yes ✓ No     

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes      No X Init: rn

| 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-E8321-DI, -MS, -21                                                                                 |     |    | W-NP-AA-SF |     |    |
| W-BNA (-625, -R)                                                                                     |     |    | W-PDQUAT   |     |    |
| W-CARB-AA (-CAB-AA-R)                                                                                |     |    | W-PCL-SQ-R |     |    |
| W-U2060-MS                                                                                           |     |    | W-TR-TQ    |     |    |
| W-PCB-R                                                                                              |     |    | W-CT-CI-R  |     |    |
| W-PAH (-R)                                                                                           |     |    | W-PSNP-TQ  |     |    |

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

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

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

Coolers Unpacked/Checked by: Tyler R. Date: 07/17/18 NCRs (Y/N)? N

Event ID: Algal Bloom Response - As needed NCR #     

WQAP-2018-07-17-02 (BLOOM-RESP)

Date Received: 17-1111-2018 10:25

## 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 |
|----------|-------------------|--------------|
|          |                   |              |
|          |                   |              |
|          |                   |              |
|          |                   |              |

### Additional Comments:

|                            |                       |
|----------------------------|-----------------------|
| Infrared Thermometer ID:   | REC_05_2018           |
| pH Paper 0.0 – 3.0 Lot #   | 230515 EXP:10/30/2018 |
| pH Paper 0 – 13 Lot #      | 222516 EXP:09/15/2019 |
| Chlorine Test Strips Lot # | 091417V EXP:09/2021   |

### ENCORE SAMPLES

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

Were Encore samples received? Yes \_\_\_\_\_ No   X  

Date and time placed in freezer \_\_\_\_\_

Were all samples placed in freezer within 48 hours of collection? Yes \_\_\_\_\_ If No \_\_\_\_\_

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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Central Laboratory Submittal Form

Customer: WQAP

Project ID: BLOOM-RESP

Requester: Kirby Wolfe

Collected By: Gary Smith

Field Report Prepared By: Kirby Wolfe

Sampling Agency: Rose State

|                                                             |                                                             |                                                                           |                                                                         |                                                                                 |                                                                      |                                                   |
|-------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------|
| Location<br><i>Caloosahatchee SR29 caloosahatchee river</i> |                                                             | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>7/16/18</i> Time <i>1210</i> | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____                               | Bottle Group(s)<br>(See pg 2)<br><br><i>AB CD</i> |
| Field ID<br><i>SD-071618-001</i>                            |                                                             | Matrix (type, e.g., Salt, Fresh, etc)<br><i>Fresh</i>                     | Diss. Oxygen<br><i>3.63</i>                                             | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat      | Total Res. Chlorine (mg/L)<br><i>—</i>                               |                                                   |
| WIN/STORET #                                                |                                                             | Temp (C)<br><i>31.23</i>                                                  | pH<br><i>6.99</i>                                                       | Sample Depth <i>0.3</i>                                                         | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m | Sp. Conductance (umho/cm)<br><i>295</i>           |
| Latitude<br><i>26.76884363</i>                              | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><i>-81.43784485</i>                                          | <input type="checkbox"/> dd<br><input type="checkbox"/> dms             | Salinity (ppt)<br><i>0.14</i>                                                   | Comments                                                             |                                                   |

|              |                                                             |                                                                |                                                             |                                                                      |                                                           |                           |
|--------------|-------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------|---------------------------|
| Location     |                                                             | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date _____ Time _____    | <input type="checkbox"/> Eastern<br><input type="checkbox"/> 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 (mg/L)                                |                           |
| WIN/STORET # |                                                             | Temp (C)                                                       | pH                                                          | Sample Depth                                                         | <input type="checkbox"/> ft<br><input type="checkbox"/> m | Sp. Conductance (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 _____    | <input type="checkbox"/> Eastern<br><input type="checkbox"/> 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 (mg/L)                                |                           |
| WIN/STORET # |                                                             | Temp (C)                                                       | pH                                                          | Sample Depth                                                         | <input type="checkbox"/> ft<br><input type="checkbox"/> m | Sp. Conductance (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 _____    | <input type="checkbox"/> Eastern<br><input type="checkbox"/> 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 (mg/L)                                |                           |
| WIN/STORET # |                                                             | Temp (C)                                                       | pH                                                          | Sample Depth                                                         | <input type="checkbox"/> ft<br><input type="checkbox"/> m | Sp. Conductance (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><i>Gary Smith</i> | Date/Time<br><i>7/16/18</i> | Shipping Method<br><i>fedex</i> | Number of Coolers Shipped:<br><i>1</i> | Received By:<br><i>Tyler R</i> | Date/Time<br><i>07/17/18 @ 10:25</i> |
|---------------------------------------|-----------------------------|---------------------------------|----------------------------------------|--------------------------------|--------------------------------------|

|            |              |                    |                 |               |               |                                            |   |
|------------|--------------|--------------------|-----------------|---------------|---------------|--------------------------------------------|---|
| Group: A   | Bottle Type: | PT-50ML            | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab        | 1 |
| BLOOM-ID   |              |                    |                 |               |               |                                            |   |
| Group: B   | Bottle Type: | BG-500ML-WDMT<br>H | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab        | 1 |
| W-MCYST-AA |              |                    |                 |               |               |                                            |   |
| Group: C   | Bottle Type: | BP-1L              | # of Bottles: 2 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab        | 1 |
| CHLSUITE-W |              |                    |                 |               |               |                                            |   |
| Group: C   | Bottle Type: | P-500ML            | # of Bottles: 2 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab        | 1 |
| W-NH3      |              |                    |                 |               |               | H2SO4<br>LOT# SA8101020<br>EXP: 04/11/2019 |   |
| W-NO2NO3   |              |                    |                 |               |               |                                            |   |
| W-S-A-TP   |              |                    |                 |               |               |                                            |   |
| W-TKN      |              |                    |                 |               |               |                                            |   |
| Group: C   | Bottle Type: | P-125ML            | # of Bottles: 2 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab        | 1 |
| W-PO4-F    |              |                    |                 |               |               |                                            |   |
| Group: D   | Bottle Type: | BP-1L              | # of Bottles: 2 | Preservative: | Lugols        | Enter Number of Bottles Sent to Lab        | 1 |
| DTY-QN-C   |              |                    |                 |               |               |                                            |   |
| PKD-QN-C   |              |                    |                 |               |               |                                            |   |

**Cooler Packing Worksheet for Request: RQ-2018-07-23-49**

**Algal Bloom Response - As needed**

**Ship Cooler On: 7/13/2018**

**Customer/Project: WQAP/BLOOM-RESP**

Assigned To: GREENWOO\_J

Requester: Kirby Wolfe

Priority: 3

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

Please return  
packing list with  
sample submittal  
forms.

**Comments:**

No preservatives needed.

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.

**Requested Analyses:**

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**Bottle Group: A**

**# of Sites: 2**

Container ID: PT-50ML

Qty: 2    Preservation: ICE

Lot # 03776003

Description: Plastic Tube 50 mL

**Analysis**

BLOOM-ID

**Description**

Assessment of dominant algal taxa in bloom or mat sample

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**Bottle Group: B**

**# of Sites: 2**

Container ID: BG-500ML-WDMTH Qty: 2 Preservation: ICE

Lot # 00067647

Description: Wide Mouth Amber Glass Bottle 500 ml

Analysis  
W-MCYST-AA

Description  
Microcystins in water matrices by HPLC/MS/MS

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**Bottle Group: C**

**# of Sites: 2**

Container ID: BP-1L

Qty: 2 Preservation: ICE

Lot # 1223620

Description: Brown Plastic Bottle 1L

Analysis  
CHLSUITE-W

Description  
Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry

Container ID: P-500ML

Qty: 2 Preservation: ICE And H2SO4

Lot # 00071230

Description: Plastic Bottle 500 mL

Affix YELLOW sulfuric acid dot to container.

Analysis  
W-NH3  
W-NO2NO3  
W-S-A-TP  
W-TKN

Description  
Ammonia in aqueous matrices as mg N/L  
Nitrite/Nitrate in aqueous matrices as mg N/L  
Total Phosphorus in aqueous matrices as mg P/L  
Total Kjeldahl Nitrogen in aqueous matrices

Container ID: P-125ML

Qty: 2 Preservation: FILTER-ICE

Lot # 00070627

Description: Plastic Bottle 125 mL

Analysis  
W-PO4-F

Description  
Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

---

**Bottle Group: D**

**# of Sites: 2**

Container ID: BP-1L

Qty: 2 Preservation: Lugols

Lot # 1223623

Description: Brown Plastic Bottle 1L

Analysis  
DTY-QN-C  
PKD-QN-C

Description  
No. of diatom taxa of quantitative phytoplankton sample.  
No. of wet taxa of quantitative phytoplankton sample.

Cooler Packed By:

J.O.

Number of Coolers:

1

Date:

7/9/18

Kit must also include:

- ☒ Field Sheets
- ☒ Temperature Control Bottle
- ☒ FedEx Bills, if applicable
- ☒ Plastic Bags/Zip Ties
- ☐ Acid Labels (sets of 24)

If Preservation Included:

|          |           |             |
|----------|-----------|-------------|
| ID _____ | Exp _____ | Lot # _____ |
| ID _____ | Exp _____ | Lot # _____ |
| ID _____ | Exp _____ | Lot # _____ |
| ID _____ | Exp _____ | Lot # _____ |
| ID _____ | Exp _____ | Lot # _____ |

**PLEASE RETURN ALL COOLERS FOR RQ-2018-07-23-49**

Date of Request: 06-JUL-2018  
 Created By: WOLFE\_K On: 06-JUL-2018  
 Modified By: WATTS\_J On: 06-JUL-2018  
 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

**Send Final Report To:**

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

**Program Module Number:**

Priority: 3  
 Event Status: S  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 06-JUL-2018  
 Biology Request Reviewed By: SWANSON\_C On: 06-JUL-2018  
 Sampling Kit Required: YES Ship on: 13-JUL-2018  
 Sampling Kit Shipped: YES On: 09-JUL-2018  
 Sampling Kit Packed By: GREENWOO\_J  
 Preservatives Needed: NO  
 Date to Receive Samples: 23-JUL-2018  
 Received By:

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-500ML-WDMTH 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, and phaeophytin 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: 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 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.