

RQ-2018-04-09-65

## Log-in Checklist

Login Station ID: #3

Shipping Method: FedEx | UPS | HD | Greyhound | \_\_\_\_\_ Date/Time of Receipt: 04/10/2018 / 10:05

| Cooler ID | Cooler Temperature* | No. Sample Containers in Cooler | Evidence Tape |  | *Intact? |                                     | Tracking # (fill out only if waybill copy is damaged) |
|-----------|---------------------|---------------------------------|---------------|--|----------|-------------------------------------|-------------------------------------------------------|
|           |                     |                                 | Present?      |  | Yes      | No                                  |                                                       |
| BUE       | 4.2C                | 5                               |               |  |          | <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 x No       

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

## CONTAINER CHECK

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

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

\*\*Sufficient Sample Volume: Yes x 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-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  $\leq$  2.0? Yes x No        NA        Init: ABS

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

Coolers Unpacked/Checked by: ABS 04/10/2018

NCRs (Y/N)?       

Event ID: Bloom - Peace River in Bowling Gr  
WQAP-2018-04-10-02 (BLOOM-RESP)  
 Date Received: 10-APR-2018 10:05

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 |
|----------|-------------------|--------------|
|          |                   |              |
|          |                   |              |
|          |                   |              |
|          |                   |              |

### Additional Comments:

|                            |                       |
|----------------------------|-----------------------|
| Infrared Thermometer ID:   | REC_03_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: \_\_\_\_\_

Bloom - Peace River in Bowling Green area

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: SW-DIST

Requester: Cheryl A. Swanson

Field Report Prepared By: MATTHEW BEARDEN

Project ID: BLOOM-RESP

Collected By: MATTHEW BEARDEN

Sampling Agency: SW ROC

|                                                                                                  |                                                                                       |                                                                                                   |                                                                           |                                                                              |                                                                                                                              |                                          |                                               |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|
| L<br>F<br>V                                                                                      | <b>Algal Bloom Response</b><br><b>Peace River @ CR 664</b><br><b>RQ-2018-04-09-65</b> |                                                                                                   | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>4/9/18</u> Time <u>1138</u>       | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central                                              | Composite end<br>Date _____ Time _____   | Bottle Group(s)<br>(See pg 2)<br><u>A,B,C</u> |
|                                                                                                  |                                                                                       |                                                                                                   | Matrix (type, e.g., Salt, Fresh, etc)<br><u>FRESH</u>                     |                                                                              | Diss. Oxygen <u>10.15</u> <input checked="" type="checkbox"/> mg/L<br><u>123.1</u> <input checked="" type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L) _____      |                                               |
|                                                                                                  |                                                                                       |                                                                                                   | Temp<br>(C) <u>25.0</u>                                                   | pH<br><u>8.1</u>                                                             | Sample Depth <u>0.3</u> <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m                                 | Sp. Conductance<br>(umho/cm) <u>4951</u> |                                               |
|                                                                                                  |                                                                                       |                                                                                                   | Comments<br><u>BLOOM RESPONSE</u>                                         |                                                                              |                                                                                                                              |                                          |                                               |
| Latitude <u>27 38 34.179</u> <input type="checkbox"/> dd <input checked="" type="checkbox"/> dms |                                                                                       | Longitude <u>-81 48 7.707</u> <input type="checkbox"/> dd <input checked="" type="checkbox"/> dms |                                                                           | Salinity<br>(ppt) <u>0.24</u>                                                |                                                                                                                              |                                          |                                               |
| 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<br>(mg/L) _____                                                                                          |                                          |                                               |
| WIN/STORET #                                                                                     |                                                                                       | Temp<br>(C) _____                                                                                 | pH _____                                                                  | Sample Depth <input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) _____                                                                                           |                                          |                                               |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms                                |                                                                                       | Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms                                |                                                                           | Salinity (ppt) _____                                                         |                                                                                                                              |                                          |                                               |
| 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<br>(mg/L) _____                                                                                          |                                          |                                               |
| WIN/STORET #                                                                                     |                                                                                       | Temp<br>(C) _____                                                                                 | pH _____                                                                  | Sample Depth <input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) _____                                                                                           |                                          |                                               |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms                                |                                                                                       | Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms                                |                                                                           | Salinity (ppt) _____                                                         |                                                                                                                              |                                          |                                               |
| 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<br>(mg/L) _____                                                                                          |                                          |                                               |
| WIN/STORET #                                                                                     |                                                                                       | Temp<br>(C) _____                                                                                 | pH _____                                                                  | Sample Depth <input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm) _____                                                                                           |                                          |                                               |
| Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms                                |                                                                                       | Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms                                |                                                                           | Salinity (ppt) _____                                                         |                                                                                                                              |                                          |                                               |

|                                       |                                 |                                 |                                        |                           |                                   |
|---------------------------------------|---------------------------------|---------------------------------|----------------------------------------|---------------------------|-----------------------------------|
| Relinquished By:<br><u>M. BEARDEN</u> | Date/Time<br><u>4/9/18 1300</u> | Shipping Method<br><u>FEDEX</u> | Number of Coolers Shipped:<br><u>1</u> | Received By:<br><u>MB</u> | Date/Time<br><u>4-10-18 10:05</u> |
|---------------------------------------|---------------------------------|---------------------------------|----------------------------------------|---------------------------|-----------------------------------|

|          |              |                    |                 |               |               |                                     |   |
|----------|--------------|--------------------|-----------------|---------------|---------------|-------------------------------------|---|
| Group: A | Bottle Type: | PT-500ML           | # 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-MCYSY-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              |                 |               |               |                                     |   |
|          |              | 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           |                 |               |               |                                     |   |

Date of Request: 09-APR-2018  
 Created By: SWANSON\_C On: 09-APR-2018  
 Modified By: SWANSON\_C On: 09-APR-2018  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division: Division of Environmental Assessment and Restoration  
 District: Southwest District  
 Sampling Event: Bloom - Peace River in Bowling Green area

**Send Coolers To:**

Phone: 813-632-7600  
 FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Matt Bearden

**Program Module Number:**

Priority: 3  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 09-APR-2018  
 Biology Request Reviewed By: SWANSON\_C On: 09-APR-2018  
 Sampling Kit Required: NO Ship on:  
 Sampling Kit Shipped:  
 Sampling Kit Packed By:  
 Preservatives Needed: NO  
 Date to Receive Samples: 10-APR-2018  
 Received By: SHAIK\_A On: 10-APR-2018

**Send Final Report To:**

FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Matt Bearden

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 Group A - Priority 1  
 For algal dominant taxon in water and scum sample, if applicable.

Bottle Group B - Priority 1  
 For toxin testing, if applicable.

Bottle Group C - Priority 3  
 For water column nutrients.

Bottle Group D - Priority 12  
 For full algal count for water and scum, in applicable.

There are two sets of bottles per Group in case one water column and one scum sample is needed. You do not need to fill both if a surface scum is not present.

**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: W-MCYST-AA Number of Bottles: 2 Preserved With: ICE  
 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  
 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

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**Bottle Group C (Water) With 2 Samples:**

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.

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

ORIGIN: DMCA (813) 632-7600  
FL DEP SECTION  
FL DEP SOUTHWEST DISTRICT  
13051 NORTH TELECOM PARKWAY  
TEMPLE TERRACE, FL 33632  
UNITED STATES US

SHIP DATE: 13MAY18  
ACTWST: 194818  
CDO: 100782089/NE13960

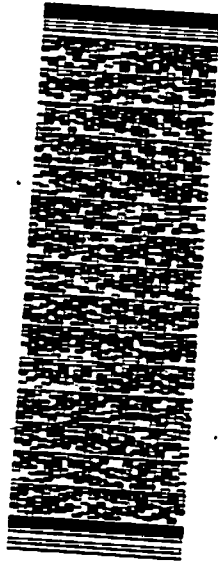
TO AMZAD SHAK  
FL DEP

FL DEP CHEMISTRY SECTION  
2600 BLAIR STONE RD  
TALLAHASSEE FL 32399  
(850) 245-8085  
REF: INV: PO:

RMA:

DEPT:

5521107P5DCAS

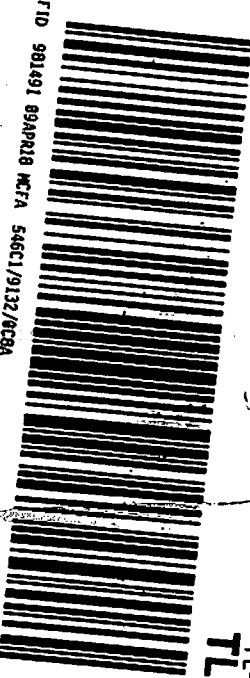


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02271/954 4261-2187

TUE - 10 APR 10:30A  
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32399  
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