

Klug, Kyle

From: Ayres, Joshua
Sent: Thursday, April 11, 2019 7:52 AM
To: Jones, Naasson; Klug, Kyle; Reaves, Shawn D; Reynolds, Tyler; Rodriguez, Gabriel H; Sanford, Tucker; Shaik, Amzad; Watts, John
Subject: FW: Algae Sample sent without COC
Attachments: Algae Sample 4-10-2019.pdf

COC for RQ-2018-07-16-60. Arriving today.



Joshua Ayres
Environmental Specialist III
DEP Laboratories
Voice: 850.245.8206
Joshua.Ayres@dep.state.fl.us

From: Watts, John <John.Watts@FloridaDEP.gov>
Sent: Thursday, April 11, 2019 7:47 AM
To: Ayres, Joshua <Joshua.Ayres@dep.state.fl.us>
Subject: FW: Algae Sample sent without COC

John Watts
FDEP Laboratories
Environmental Administrator
245-8077

From: Davis, Brian G. <Brian.G.Davis@dep.state.fl.us>
Sent: Wednesday, April 10, 2019 4:58 PM
To: Watts, John <John.Watts@FloridaDEP.gov>
Cc: Hogue, Alicia <Alicia.Hogue@FloridaDEP.gov>
Subject: Algae Sample sent without COC

Afternoon John,

We took a sample today and accidently shipped it before we had the lab field sheets finished. This is it under **RQ-2018-07-16-60**

Its and old RQ but we didn't have one for algae this year yet.

Brian Davis
Environmental Specialist II
Department of Environmental Assessment and Restoration
FDEP - North East District

RQ- 2018-07-16-60

Log-in Checklist

Login Station ID: #5Shipping Method: FedEx | UPS | HD | GreyhoundDate/Time of Receipt: 4/11/19 @ 10:20

Cooler Temperature*	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Tracking # (fill out only if waybill copy is damaged)
	HNO ₃	Formalin		Present?		*Intact?		
				Yes	No	Yes	No	
0.4			11 (6)		✓			4751 8777 9636

* HNO₃ and Formalin persevered samples do **NOT** have a temperature requirement. For all others, 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 below, fill out the back of this form (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 ✓ Date _____

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 REQUIRED? (Blue dot on container) Yes _____ No ✓ Init: KK

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		
W-PFAS-MS					

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

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

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

Coolers Unpacked/Checked by: KK Date: 4/11/19

NCRs (Y/N)? N

Event ID: NE-DIST-2019-04-11-03 (BLOOM-RESP)
Date Received: 11-APR-2019 10:20

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_05-2018
pH Paper 0.0 – 3.0 Lot #	
pH Paper 0 – 13 Lot #	222516EXP:9/15/19
Chlorine Test Strips Lot #	091417V EXP:9/2021

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: _____

Request Number: RQ-2018-07-16-60

Algae Bloom Response-as needed

Florida Department of Environmental Protection Central Laboratory Submittal Form

Page 1 of 2

last revised Jan 25, 2018

Customer: NE-DIST

Requester: John Watts

Field Report Prepared By: Brian Davis

Project ID: BLOOM-RESP

Collected By: B Davis

Sampling Agency: NED DEAR

Location L SJR @ End of Moonlite Dr		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 4/10/19 Time 1210		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2) A, B, C, D	
Field ID		Matrix (type, e.g., Salt, Fresh, etc) Fresh		Diss. Oxygen 11.0		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)			
WIN/STORET #		Temp (C) 24.0		pH 7.25		Sample Depth 0.3		☐ ft ☒ m		Sp. Conductance (umho/cm) 1148	
Latitude 29.492250		☒ dd ☐ dms		Longitude -81.680220		☒ dd ☐ dms		Salinity (ppt) 0.57		Comments	
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)			
WIN/STORET #		Temp (C)		pH		Sample Depth		☐ ft ☐ m		Sp. Conductance (umho/cm)	
Latitude		☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt)		Comments	
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)			
WIN/STORET #		Temp (C)		pH		Sample Depth		☐ ft ☐ m		Sp. Conductance (umho/cm)	
Latitude		☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt)		Comments	
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)			
WIN/STORET #		Temp (C)		pH		Sample Depth		☐ ft ☐ m		Sp. Conductance (umho/cm)	
Latitude		☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt)		Comments	

Relinquished By: B Davis	Date/Time 4/10/19 1600	Shipping Method Fed Ex	Number of Coolers Shipped: 1	Received By: KH	Date/Time 4.10.19 10:20
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Group	Bottle Type	PT	# of Bottles	Preservative	Enter Number of Bottles Sent to Lab
Group: A	BLOOM-ID	PT-50ML	10	ICE	1
Group: B	W-MCYST-AA	BG-500ML-WDMT H	10	ICE	1
Group: C	CHLSUITE-W	BP-1L	10	ICE	1
Group: C	W-NH3 W-NO2NO3 W-S-A-TP W-TKN	P-500ML	10	ICE And H2SO4	1
Group: C	W-PO4-F	P-125ML	10	FILTER-ICE	1
Group: D	DTY-QN-C PKD-QN-BV	BP-1L	10	Lugols	1

Date of Request: 09-JUL-2018
 Created By: WATTS_J On: 09-JUL-2018
 Modified By: WATTS_J On: 31-JAN-2019
 Customer: NE-DIST
 Project: BLOOM-RESP
 Division:
 District: Northeast District
 Sampling Event: Algae Bloom Response-as needed

Send Coolers To:

Phone: 904-256-17000
 8800 Baymeadows Way West
 Suite 100
 Jacksonville, FL 32256-7577
 Attn: Jeremy Parrish

Program Module Number:

Priority: 1
 Event Status: R
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 09-JUL-2018
 Biology Request Reviewed By: SWANSON_C On: 09-JUL-2018
 Sampling Kit Required: YES Ship on: 11-JUL-2018
 Sampling Kit Shipped: YES On: 11-JUL-2018
 Sampling Kit Packed By: REYNOLDS_T
 Preservatives Needed: YES
 Date to Receive Samples: 16-JUL-2018
 Received By: REAVES_S On: 09-AUG-2018

Send Final Report To:

8800 Baymeadows Way West
 Suite 100
 Jacksonville, FL 32256-7577
 Attn: Jeremy Parrish

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

Comments: 1 - case of sulfuric acid

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

Bottle Groups A/B - separate event, priority 1
 Bottle Groups C - separate event, priority 3
 Bottle Groups D - separate event, 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 10 Samples:

Bottle Type: PT-50ML Number of Bottles: 10 Preserved With: ICE
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Bottle Group B (Water) With 10 Samples:

Bottle Type: BG-500ML-WDMTH Number of Bottles: 10 Preserved With: ICE
 W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

Bottle Group C (Water) With 10 Samples:

Bottle Type: BP-1L Number of Bottles: 10 Preserved With: ICE
 CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry

Bottle Group C (Water) With 10 Samples:

Bottle Type: P-500ML	Number of Bottles: 10	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: 10	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 10 Samples:

Bottle Type: BP-1L	Number of Bottles: 10	Preserved With: Lugols
DTY-QN-C	Template: DEFAULT	(SOP-AB05_1) No. of diatom taxa of quantitative phytoplankton sample.
PKD-QN-BV	Template: DEFAULT	(SOP-AB05) No. of wet taxa of quantitative phytoplankton sample w/speciation and cell counts.

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