

## CYANOBACTERIA BLOOM RESPONSE FIELD DATA SHEET

(7-6-06 V2)

|                                                                                                                                                                                                                                                                                                         |                                                                                           |                                                                                |                                         |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|
| WATERBODY NAME:<br><i>Orange River mouth</i>                                                                                                                                                                                                                                                            |                                                                                           | DATE (M/D/Y):<br><i>5/23/14</i>                                                | TIME (AM) (PM):<br><i>1305</i>          | Case ID#:<br><i>SD052319-001</i>                                                  |
| COUNTY:<br><i>Lee</i>                                                                                                                                                                                                                                                                                   | LOCATION:<br><i>Fort Myers / Orange River mouth</i>                                       |                                                                                | NEAREST TOWN/CITY:<br><i>Fort Myers</i> |                                                                                   |
| Visit Type:<br>Initial <input type="checkbox"/><br>Recon <input type="checkbox"/><br>Sampling <input checked="" type="checkbox"/><br>Follow-up <input type="checkbox"/>                                                                                                                                 | Samples collected:<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no | Samples submitted to:                                                          |                                         | Photos Taken: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
| Sample collection method:<br>Single Grab: <input checked="" type="checkbox"/> Grab Composite: <input type="checkbox"/> Depth integrated composite: <input type="checkbox"/>                                                                                                                             |                                                                                           |                                                                                |                                         |                                                                                   |
| Sample & Analysis types:<br>Aqueous: <input checked="" type="checkbox"/> Surface Scum: <input checked="" type="checkbox"/> Benthic mat: <input checked="" type="checkbox"/> Tissue: <input checked="" type="checkbox"/>                                                                                 |                                                                                           |                                                                                |                                         |                                                                                   |
| Algal ID & enumeration: <input checked="" type="checkbox"/> Nutrients: <input checked="" type="checkbox"/> Chl-a: <input checked="" type="checkbox"/> AGP: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Toxin: <input checked="" type="checkbox"/> Specify: _____ |                                                                                           |                                                                                |                                         |                                                                                   |
| Estimated size of bloom:                                                                                                                                                                                                                                                                                |                                                                                           | Impounded: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Stream/River/Canal: _____ m wide        |                                                                                   |
| Lake/Estuary Typical depth: _____ m deep                                                                                                                                                                                                                                                                | Inflows: <input type="checkbox"/> yes <input type="checkbox"/> no                         | Typical Transect: _____ m deep                                                 |                                         |                                                                                   |
| Outflows: <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                                                                      | Water velocity: _____ m/s                                                                 |                                                                                |                                         |                                                                                   |
|                                                                                                                                                                                                                                                                                                         | Left bank                                                                                 |                                                                                | Middle                                  | Right bank                                                                        |

|                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Canopy Cover: Open: <input checked="" type="checkbox"/> Lightly Shaded (11-45%): <input type="checkbox"/> Moderately Shaded (46-80%): <input type="checkbox"/> Heavily Shaded: <input type="checkbox"/> |
| Description of Bloom/ Latitude: <i>26</i> Degrees <i>41</i> Minutes <i>42.105</i> Seconds Longitude: <i>-81</i> Degrees <i>47</i> Minutes <i>47.621</i> Seconds                                         |
| Present Weather conditions:<br><i>cloudy</i>                                                                                                                                                            |
| Last rain event: _____                                                                                                                                                                                  |
| Print a map from GIS tool or Internet mapping service (e.g., Mapquest, Google Map)                                                                                                                      |
| Rainfall amount: _____                                                                                                                                                                                  |
| Sketch bloom area on the attached map. Indicate wind direction.                                                                                                                                         |

| WATER QUALITY                                                                                                                                                                                                                                                      | Depth (m): | Temp. (°C): | pH (SU):    | D.O. (mg/l): | Cond. (µmho/cm) or Salinity (ppt): | DO %                     | SAL                      | Secchi (m)               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------------|--------------|------------------------------------|--------------------------|--------------------------|--------------------------|
| Top                                                                                                                                                                                                                                                                | <i>0.3</i> | <i>29.6</i> | <i>8.12</i> | <i>7.35</i>  | <i>1527</i>                        | <i>92.0</i>              | <i>0.76</i>              | <i>1.2</i>               |
| Mid-depth                                                                                                                                                                                                                                                          |            |             |             |              |                                    |                          |                          |                          |
| Bottom                                                                                                                                                                                                                                                             |            |             |             |              |                                    |                          |                          |                          |
| System Type: Stream: <input checked="" type="checkbox"/> (1st - 2nd order 3rd - 4th order 5th - 6th order 7th order or greater) Lake: <input type="checkbox"/> Wetland: <input type="checkbox"/> Estuary: <input type="checkbox"/> Other: <input type="checkbox"/> |            |             |             |              |                                    |                          |                          |                          |
| Water Odors (check box): Normal: <input checked="" type="checkbox"/> Sewage: <input type="checkbox"/> Petroleum: <input type="checkbox"/> Chemical: <input type="checkbox"/> Other: <input type="checkbox"/>                                                       |            |             |             |              |                                    |                          |                          |                          |
| Water Surface (check box): Clear: <input checked="" type="checkbox"/> Scum: <input type="checkbox"/> Globs: <input type="checkbox"/> Slick: <input type="checkbox"/>                                                                                               |            |             |             |              |                                    |                          |                          |                          |
| Water Clarity (check box): Clear: <input type="checkbox"/> Slightly: <input checked="" type="checkbox"/> Turbid: <input type="checkbox"/> Opaque: <input type="checkbox"/>                                                                                         |            |             |             |              |                                    |                          |                          |                          |
| Bloom Color (check box): Green: <input checked="" type="checkbox"/> Red: <input type="checkbox"/> Brown: <input type="checkbox"/> Other: <input type="checkbox"/>                                                                                                  |            |             |             |              |                                    |                          |                          |                          |
| Notes: <i>Small green flecks in water column</i>                                                                                                                                                                                                                   |            |             |             |              | Abundance:                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                    |            |             |             |              | Absent                             | Rare                     | Common                   | Abundant                 |
|                                                                                                                                                                                                                                                                    |            |             |             |              | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                    |            |             |             |              | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                    |            |             |             |              | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                    |            |             |             |              | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VISIT TEAM:

|             |         |
|-------------|---------|
| <i>FDEP</i> | AGENCY: |
|-------------|---------|

*GARY SNORIK*  
*JOHN BARRINGTON*

Florida Department of Environmental Protection  
Central Laboratory Submittal Form

Customer: WQAP

Project ID: BLOOM-RESP

Requester: Kirby Wolfe

Collected By: GARY SWANSON

Field Report Prepared By: JOHN BARRETT

Sampling Agency: DEP SOURCE

8052

| Location           |  | Collection (comp begin or grab)                              |      | Composite end                                        |      | Bottle Group(s)           |         |
|--------------------|--|--------------------------------------------------------------|------|------------------------------------------------------|------|---------------------------|---------|
|                    |  | Comp                                                         | Grab | Date                                                 | Time | Eastern                   | Central |
| ORANGE RIVER MOUTH |  | <input checked="" type="checkbox"/> <input type="checkbox"/> |      | 5/23/19 1305                                         |      |                           |         |
| Field ID           |  | Matrix (type, e.g., Salt, Fresh, etc)                        |      | Diss. Oxygen                                         |      | Total Res. Chlorine       |         |
| SP-052319-001      |  | FRESH                                                        |      | 7.35                                                 |      | (mg/L)                    |         |
| WIN/STORET #       |  | Temp (C)                                                     |      | pH                                                   |      | Sp. Conductance (umho/cm) |         |
|                    |  | 29.6                                                         |      | 8.12                                                 |      | 1527                      |         |
| Latitude           |  | Longitude                                                    |      | Comments                                             |      |                           |         |
| 26° 41' 42.205"    |  | -81° 47' 47.621"                                             |      | SMALL GREEN FLECKS IN WATER COLUMN                   |      |                           |         |
| Location           |  | Collection (comp begin or grab)                              |      | Composite end                                        |      | Bottle Group(s)           |         |
|                    |  | Comp                                                         | Grab | Date <td>Time</td> <td>Eastern</td> <td>Central</td> | Time | Eastern                   | Central |
| Field ID           |  | Matrix (type, e.g., Salt, Fresh, etc)                        |      | Diss. Oxygen                                         |      | Total Res. Chlorine       |         |
| WIN/STORET #       |  |                                                              |      |                                                      |      | (mg/L)                    |         |
| Latitude           |  | Longitude                                                    |      | pH                                                   |      | Sp. Conductance (umho/cm) |         |
|                    |  |                                                              |      |                                                      |      |                           |         |
| Location           |  | Collection (comp begin or grab)                              |      | Composite end                                        |      | Bottle Group(s)           |         |
|                    |  | Comp                                                         | Grab | Date <td>Time</td> <td>Eastern</td> <td>Central</td> | Time | Eastern                   | Central |
| Field ID           |  | Matrix (type, e.g., Salt, Fresh, etc)                        |      | Diss. Oxygen                                         |      | Total Res. Chlorine       |         |
| WIN/STORET #       |  |                                                              |      |                                                      |      | (mg/L)                    |         |
| Latitude           |  | Longitude                                                    |      | pH                                                   |      | Sp. Conductance (umho/cm) |         |
|                    |  |                                                              |      |                                                      |      |                           |         |
| Location           |  | Collection (comp begin or grab)                              |      | Composite end                                        |      | Bottle Group(s)           |         |
|                    |  | Comp                                                         | Grab | Date <td>Time</td> <td>Eastern</td> <td>Central</td> | Time | Eastern                   | Central |
| Field ID           |  | Matrix (type, e.g., Salt, Fresh, etc)                        |      | Diss. Oxygen                                         |      | Total Res. Chlorine       |         |
| WIN/STORET #       |  |                                                              |      |                                                      |      | (mg/L)                    |         |
| Latitude           |  | Longitude                                                    |      | pH                                                   |      | Sp. Conductance (umho/cm) |         |
|                    |  |                                                              |      |                                                      |      |                           |         |
| Location           |  | Collection (comp begin or grab)                              |      | Composite end                                        |      | Bottle Group(s)           |         |
|                    |  | Comp                                                         | Grab | Date <td>Time</td> <td>Eastern</td> <td>Central</td> | Time | Eastern                   | Central |
| Field ID           |  | Matrix (type, e.g., Salt, Fresh, etc)                        |      | Diss. Oxygen                                         |      | Total Res. Chlorine       |         |
| WIN/STORET #       |  |                                                              |      |                                                      |      | (mg/L)                    |         |
| Latitude           |  | Longitude                                                    |      | pH                                                   |      | Sp. Conductance (umho/cm) |         |
|                    |  |                                                              |      |                                                      |      |                           |         |
| Location           |  | Collection (comp begin or grab)                              |      | Composite end                                        |      | Bottle Group(s)           |         |
|                    |  | Comp                                                         | Grab | Date <td>Time</td> <td>Eastern</td> <td>Central</td> | Time | Eastern                   | Central |
| Field ID           |  | Matrix (type, e.g., Salt, Fresh, etc)                        |      | Diss. Oxygen                                         |      | Total Res. Chlorine       |         |
| WIN/STORET #       |  |                                                              |      |                                                      |      | (mg/L)                    |         |
| Latitude           |  | Longitude                                                    |      | pH                                                   |      | Sp. Conductance (umho/cm) |         |
|                    |  |                                                              |      |                                                      |      |                           |         |

|                               |                          |                        |                              |              |            |
|-------------------------------|--------------------------|------------------------|------------------------------|--------------|------------|
| Relinquished By: John Barrett | Date/Time: 5/23/19, 1530 | Shipping Method: FEDEX | Number of Coolers Shipped: 1 | Received By: | Date/Time: |
|-------------------------------|--------------------------|------------------------|------------------------------|--------------|------------|

# CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there are qualified data on this page.

Meter ID: PROMOVE

RQ: 2018

Project: CT + ALBAE

- Notes: (1) Always wait for meter to stabilize before recording any readings.  
 (2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).  
 (3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

## Temperature (Quarterly) FT 1400

Date of Last Temperature Verification 3/19/19

| DO<br>DEP SOP<br>FT 1500 | Name       | Date    | Time<br>CT-ET | Temp<br>°C | Baro-<br>meter<br>mmHg | D.O.<br>Chart<br>mg/L | Meter<br>D.O.<br>mg/L | % DO  | Probe<br>Charge | Probe<br>Gain | Pass<br>/<br>Fail | Lab<br>/<br>Field |
|--------------------------|------------|---------|---------------|------------|------------------------|-----------------------|-----------------------|-------|-----------------|---------------|-------------------|-------------------|
| Calibr.                  | BARRINGTON | 5/23/19 | 0700          | 24.6       | 758.2                  | 8.32                  | 8.31                  | 99.8  | —               | 1.039         | (P) F             | (L) F             |
| ICV                      | ↓          | ↓       | 0703          | 24.6       | 758.4                  | 8.32                  | 8.32                  | 99.9  | —               | —             | (P) F             | (L) F             |
| CCV                      | Gray Snail | 5/23/19 | 1645          | 27.8       | 756.1                  | 8.54                  | 7.90                  | 100.4 | —               | —             | (P) F             | (L) F             |
| CCV                      |            |         |               |            |                        |                       |                       |       |                 |               | P / F             | L / F             |

DO Acceptance criteria from Table ± 0.3 mg/L.

Rapid-Pulse Sensors: DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.

Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. Steady-state & Galvanic Sensors: DO Gain & Charge N/A.

| Spec.<br>Cond.<br>FT 1200 | Name       | Date    | Time<br>CT-ET | Lot #   | Expir.<br>Date | Standard<br>µmhos/cm | Meter<br>Reading<br>µmhos/cm | Pass<br>/<br>Fail | Lab<br>/<br>Field |
|---------------------------|------------|---------|---------------|---------|----------------|----------------------|------------------------------|-------------------|-------------------|
| Calibr.                   | BARRINGTON | 5/23/19 | 0702          | 2809050 | 9/20           | 10000                | 10000                        | (P) F             | (L) F             |
| ICV                       | ↓          | ↓       | 0709          | 2811660 | 11/20          | 50000                | 49984                        | (P) F             | (L) F             |
| CCV                       | Gray Snail | 5/23/19 | 1645          | 2904947 | 03/21          | 1000                 | 1009                         | (P) F             | (L) F             |
| CCV                       |            |         |               |         |                |                      |                              | P / F             | L / F             |

Conductivity Acceptance criteria ± 5%

| pH<br>DEP SOP<br>FT 1100 | Name       | Date    | Time<br>CT-ET | Lot #  | Expir.<br>Date | pH<br>Buffer<br>SU | Temp<br>°C | Meter<br>reading<br>SU | mV    | Pass<br>/<br>Fail | Lab<br>/<br>Field |
|--------------------------|------------|---------|---------------|--------|----------------|--------------------|------------|------------------------|-------|-------------------|-------------------|
| Calibr.                  | BARRINGTON | 5/23/19 | 0712          | 191304 | 3/21           | 7.99               | 24.8       | 7.00                   | 43.8  | (P) F             | (L) F             |
| Calibr.                  | ↓          | ↓       | 0715          | 190072 | 11/21          | 4.01               | 25.0       | 4.01                   | 129.8 | (P) F             | (L) F             |
| Calibr.                  | ↓          | ↓       | 0718          | 187680 | 12/20          | 10.01              | 25.0       | 10.00                  | 223.7 | (P) F             | (L) F             |
| ICV                      | ↓          | ↓       | 0720          | 190072 | 11/21          | 4.01               | 24.9       | 3.99                   | —     | (P) F             | (L) F             |
| CCV                      | Gray Snail | 5/23/19 | 1653          | 107680 | 12/20          | 10.01              | 24.1       | 10.06                  | —     | (P) F             | (L) F             |
| CCV                      |            |         |               |        |                |                    |            |                        |       | P / F             | L / F             |

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 50;

If mV are recorded: slope from 7 to 10 178.1, slope from 4 to 7 175.6 (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)

If YES, complete daily Calibr. & ICV below and list date of last quarterly depth verification:

If NO, what will be used? (circle one) Secchi Disk Line / Sonar Unique ID: DEEP BUS; Date of last verification: 12/26/18

| Depth Sensor<br>(Daily Calibration &<br>ICV) | Name | Date | Time<br>CT-ET | Calibrated<br>Value (0.00 or<br>Offset), meters | ICV Value<br>meters | Pass/<br>Fail | Lab/<br>Field |
|----------------------------------------------|------|------|---------------|-------------------------------------------------|---------------------|---------------|---------------|
| Pressure mode in air                         |      |      |               |                                                 |                     | P / F         | L / F         |

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria ± 5 % or ± 0.05m, whichever is greater.

COMMENTS: