

# Log-in Checklist

RQ- **2019 - 05-20-17**

Login Station ID: **# 3**

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: **05-16-2019 / 10:30**

| Cooler Temperature* | Samples Frozen | * All Samples In Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Tracking #<br>Damaged waybills only |
|---------------------|----------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|-------------------------------------|
|                     |                |                                        |          |                                       | Present?      |    | *Intact? |    |                                     |
|                     | YES            | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                                     |
| 2.2C                |                |                                        |          | 6                                     |               | X  |          |    | 4751 8779 3272                      |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |

\* 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 and microbiology), or if Evidence Seal is damaged. Identify the containers in the affected cooler(s) on back of this form. DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C) without login confirmation from customer for samples requiring ice preservation. **An NCR still is required.**

**\*\*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 **X** No       

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

## 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 REQUIRED? (Blue dot on container)** Yes        No **X** Init: **ABS**

**Chlorine detected? (One container checked per Field ID)** Yes        No        Init: **ABS**

If "YES", list affected Field IDs and Test IDs below.

| Field ID | List Test ID(s) where Chlorine was Detected, an NCR is required. |
|----------|------------------------------------------------------------------|
|          |                                                                  |
|          |                                                                  |
|          |                                                                  |
|          |                                                                  |

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

**\*\*Acid Preserved Samples: pH ≤ 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** Date: **05-16-2019** NCRs (Y/N)?       

Event ID: **SW-DIST-2019-05-16-01** NCR #

## Log-in Checklist

### Samples with Incorrect pH Preservation

| Field ID | Bottle Test ID(s) | pH | 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 EXP:04/29/20 |
| pH Test Strips 0 – 6 Lot # | 213316AV EXP:05/15/20    |
| pH Paper 0 – 3 Lot #       | 220416A EXP:07/30/20     |
| pH Paper 0 – 13 Lot #      | 222516 EXP:08/15/2019    |
| Chlorine Test Strips Lot # | 8212 2021/05             |

### 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: \_\_\_\_\_

Algal Bloom Response - as needed

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: SW-DIST

Requester: Matthew Bearden

Field Report Prepared By:

Judy Ashton

Project ID: BLOOM-RESP

Collected By:

Judy Ashton, Ben Miswiler

Sampling Agency:

FDLP

|              |  |                                                                           |  |                                                                         |  |                                                                            |  |                                        |  |                               |  |
|--------------|--|---------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|----------------------------------------|--|-------------------------------|--|
| Location     |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date <u>5-15-19</u> Time <u>1615</u> |  | Eastern<br>Central                                                         |  | Composite end<br>Date _____ Time _____ |  | Bottle Group(s)<br>(See pg 2) |  |
| Field        |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                            |  | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)          |  | A/B/C/D                       |  |
| WIN          |  | Temp (C) <u>31.65</u>                                                     |  | pH <u>8.67</u>                                                          |  | Sample Depth <u>0.2</u>                                                    |  | Sp. Conductance (umho/cm) <u>568</u>   |  |                               |  |
| Latit        |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt)                                                          |  | Comments                                                                   |  |                                        |  |                               |  |
| Location     |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date _____ Time _____                |  | Eastern<br>Central                                                         |  | Composite end<br>Date _____ Time _____ |  | Bottle Group(s)               |  |
| Field ID     |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                            |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine (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 _____                |  | Eastern<br>Central                                                         |  | Composite end<br>Date _____ Time _____ |  | Bottle Group(s)               |  |
| Field ID     |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                            |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine (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 _____                |  | Eastern<br>Central                                                         |  | Composite end<br>Date _____ Time _____ |  | Bottle Group(s)               |  |
| Field ID     |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                            |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat            |  | Total Res. Chlorine (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: | Date/Time           | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time            |
| <u>J. Ashton</u> | <u>5-15-19 1700</u> | <u>FDLP</u>     | <u>1</u>                   | <u>FDLP</u>  | <u>5-16-19 16:30</u> |

|          |                                                                |                 |                             |                                     |   |
|----------|----------------------------------------------------------------|-----------------|-----------------------------|-------------------------------------|---|
| Group: A | Bottle Type: PT-50ML<br>BLOOM-ID                               | # of Bottles: 3 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 1 |
| Group: B | Bottle Type: BG-250ML-WDMT<br>W-MCYST-AA                       | # of Bottles: 3 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 1 |
| Group: C | Bottle Type: BP-1L<br>CHLSUITE-W                               | # of Bottles: 3 | Preservative: ICE           | Enter Number of Bottles Sent to Lab | 1 |
| Group: C | Bottle Type: P-500ML<br>W-NH3<br>W-NO2NO3<br>W-S-A-TP<br>W-TKN | # of Bottles: 3 | Preservative: ICE And H2SO4 | Enter Number of Bottles Sent to Lab | 1 |
| Group: C | Bottle Type: P-125ML<br>W-PO4-F                                | # of Bottles: 3 | Preservative: FILTER-ICE    | Enter Number of Bottles Sent to Lab | 1 |
| Group: D | Bottle Type: BP-1L<br>DTY-QN-C<br>PKD-QN-C                     | # of Bottles: 3 | Preservative: Lugols        | Enter Number of Bottles Sent to Lab | 1 |

813-382-6626

JOHN HOST

28.21321  
-82.4359

Effective Date: 11/30/2017  
Review/Revision Date: 11/28/2017  
Author: C. Swanson and J. Walters  
AB-17-1.10

BLACK LAKE



Site Name: Black Lake Bloom Response

Appendix A

RQ

CYANOBACTERIA BLOOM RESPONSE FIELD DATA SHEET (7-6-06 V2)

|                                                                                                                                                                                                                                                                              |                                                                                           |                                   |                           |                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|--------------------------------------------------------------------------------------|
| WATERBODY<br><b>BLACK LAKE</b>                                                                                                                                                                                                                                               |                                                                                           | DATE (M/D/YY):<br><b>5-15-19</b>  | TIME: (AM)<br><b>1615</b> | Case ID#                                                                             |
| COUNTY:<br><b>PASCO</b>                                                                                                                                                                                                                                                      | LOCATION:<br><b>304TH WEST SIDE LAKE</b>                                                  | NEAREST TOWN/CITY:<br><b>LATE</b> |                           |                                                                                      |
| Visit Type:<br>Initial <input checked="" type="checkbox"/><br>Recon <input type="checkbox"/><br>Sampling <input 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:<br><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: Aqueous: <input checked="" type="checkbox"/> Surface Scum: <input type="checkbox"/> Benthic mat: <input type="checkbox"/> Tissue: <input type="checkbox"/>                                                                                          |                                                                                           |                                   |                           |                                                                                      |
| Algal ID & enumeration: <input type="checkbox"/> Nutrients: <input type="checkbox"/> Chl-a: <input type="checkbox"/> AGP: <input type="checkbox"/> Turbidity: <input type="checkbox"/> Toxin: <input type="checkbox"/>                                                       |                                                                                           |                                   |                           |                                                                                      |
| Estimated size of bloom: Impounded: <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                                                 |                                                                                           |                                   |                           |                                                                                      |
| Lake/Estuary Typical depth: <input type="checkbox"/> m deep Inflows: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Outflows: <input type="checkbox"/> yes <input type="checkbox"/> no                                                                  |                                                                                           |                                   |                           |                                                                                      |
| Stream/River/Canal: <input type="checkbox"/> m wide Typical Transect: <input type="checkbox"/> m deep <input type="checkbox"/> m deep <input type="checkbox"/> m deep Water velocity: <input type="checkbox"/> m/s <input type="checkbox"/> m/s <input type="checkbox"/> m/s |                                                                                           |                                   |                           |                                                                                      |

|                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: Degrees Minutes Seconds Longitude: Degrees Minutes Seconds                                                                                                              |
| Present Weather conditions: <b>CLEAR, SUNNY</b> <b>Whole Lake</b> <b>28.21321 N</b> <b>82.4359 W</b>                                                                                                    |
| Print a map from GIS tool or Internet mapping service (e.g., Mapquest, Google Map) <b>SCUM</b> Last rain event <b>5-14-19</b>                                                                           |
| Sketch bloom area on the attached map. Indicate wind direction. <b>SCUM BLOOM ON S. EDGE OF LAKE BEHIND HOUSE # 3844</b> Rainfall amount <b>Moderate</b>                                                |

| WATER QUALITY | Depth (m): | Temp. (°C): | pH (SU): | D.O. (mg/l): | Cond. (µmho/cm) or Salinity (ppt): | Secchi (m) |
|---------------|------------|-------------|----------|--------------|------------------------------------|------------|
| Top           | 0.2        | 31.65       | 8.47     | 10.44        | 568                                | 0.55       |
| Mid-depth     |            |             |          |              |                                    |            |
| Bottom        |            |             |          |              |                                    |            |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| System Type: Stream: <input type="checkbox"/> (1st - 2nd order / 3rd - 4th order / 5th - 6th order / 7th order or greater) Lake: <input checked="" 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 type="checkbox"/> Scum: <input checked="" type="checkbox"/> Glob: <input type="checkbox"/> Slick: <input type="checkbox"/>                                                                                                      |                                                                                                                                                                                                                                                                                                                                                      |
| Water Clarity (check box): Clear: <input type="checkbox"/> Slightly turbid: <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: <b>FILAMENTOUS ALGAE ON SURFACE. BIRD ROOKERY LOCATED ON ISLAND ON N. SIDE OF LAKE.</b>                                                                                                                                                                           | Abundance:<br>Periphyton <input type="checkbox"/> Absent <input type="checkbox"/> Rare <input type="checkbox"/> Common <input checked="" type="checkbox"/> Abundant <input checked="" type="checkbox"/><br>Fish <input type="checkbox"/><br>Aquatic Macrophytes <input type="checkbox"/><br>Iron/sulfur Bacteria <input checked="" type="checkbox"/> |

|                                                          |                        |              |
|----------------------------------------------------------|------------------------|--------------|
| VISIT TEAM:<br><b>JUDY ASHTON</b><br><b>BEN PASWATER</b> | AGENCY:<br><b>FDEP</b> | <b>SWROC</b> |
|----------------------------------------------------------|------------------------|--------------|

Date of Request: 25-APR-2019  
 Created By: BEARDEN\_M On: 25-APR-2019  
 Modified By: JASROTIA\_P On: 30-APR-2019  
 Customer: SW-DIST  
 Project: BLOOM-RESP  
 Division: Division of Environmental Assessment and Restoration  
 District: Southwest District  
 Sampling Event: Algal Bloom Response - as needed

**Send Coolers To:**

Phone: 813-470-5951  
 FL Dept. of Environmental Protection  
 13051 N. Telecom Parkway  
 Temple Terrace, FL 33637-0926  
 Attn: Matthew Bearden

**Program Module Number:**

Priority: 1  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 30-APR-2019  
 Biology Request Reviewed By: JASROTIA\_P On: 30-APR-2019  
 Sampling Kit Required: YES Ship on: 10-MAY-2019  
 Sampling Kit Shipped: YES On: 09-MAY-2019  
 Sampling Kit Packed By: KLUG\_K  
 Preservatives Needed: NO  
 Date to Receive Samples: 20-MAY-2019  
 Received By: SHAIK\_A On: 16-MAY-2019

**Send Final Report To:**

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

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

Comments: Unless peak algal bloom season, may analyze toxin after consultation with Biology's Taxonomy Manager.

Bottle Groups A/B/C - separate event, priority 1  
 Bottle Group 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 1  
 Water quality testing - nutrients and chlorophyll

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 3 Samples:**

Bottle Type: PT-50ML Number of Bottles: 3 Preserved With: ICE  
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

**Bottle Group B (Water) With 3 Samples:**

Bottle Type: BG-250ML-WDMTH Number of Bottles: 3 Preserved With: ICE  
 W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

**Bottle Group C (Water) With 3 Samples:**

Bottle Type: BP-1L Number of Bottles: 3 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: 3 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 3 Samples:**

|                      |                      |                                                                                          |
|----------------------|----------------------|------------------------------------------------------------------------------------------|
| Bottle Type: P-500ML | Number of Bottles: 3 | 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: 3 | 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 3 Samples:**

|                    |                      |                                                                       |
|--------------------|----------------------|-----------------------------------------------------------------------|
| Bottle Type: BP-1L | Number of Bottles: 3 | 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.