Cyanobacteria Bloom Response Field Data Sheet (2019-12-16 v4)

Email scanned submittal forms to lab.receiving@FloridaDEP.gov

RQ- 2019-12-02-58		Collected By:	Kirby Wolfe
Customer:	FDEP	Field Report Prepared By:	Kirby Wolfe
Project ID:		Sampling Agency:	
Location: ~~Boundary Bay~~ Imperial River Boundary Bay Outflow		Comments:	
Field ID: SD081020 ALG1		Coordinates:	26.340327 99, -81.823779 48
		Collection Equip:	Bottle
WIN ID:		High Tide Time:	Low Tide Time:
Matrix: Fresh	Grab	Tide: ☐ Rising ☐ Falling ☐ Slack ☐ N/A	

Water Quality

Date	Time ☐ EST ☐ CEN	D.O. (%)	D.O. (mg/L)	Temp (°C)	pH (SU)	Sample Depth (m)	Total Depth (m)	Secchi Disk (m)	Sp. Cond. (µmho/cm)	Salinity (PPTh)
8/11/20	1045	25.0	1.80	30.69	7.67	0.3	0.5	0.5 RvB	2526	1.29

Bloom Observations

Algal Bloom Observed?	☑ Yes	☐ No			
Water Surface	☑ Clear	☐ Scum	☐ Globs	☐ Slick	
Water Clarity	☐ Clear	☑ Slightly Turbid	☐ Turbid	☐ Opaque	
Bloom Color	☑ Green	☐ Red	☐ Brown	☐ Other: _____	☐ N/A
Algae Distribution	☑ Suspended in water column		☐ On surface	☐ Other: _____	☐ N/A
Water Odors	☑ Normal	☐ Sewage	☐ Petroleum	☐ Chemical	☐ Other: _____

Parameter Suite	Parameter Methods	Preservation	pH Check	#Bottles Sent to Lab	Bottle Group
Bloom ID (PT-50mL)	☑ BLOOM-ID	☑ Ice			
Chlorophyll (BP-1L)	☑ CHLSUITE-W	☑ Ice			
Toxins (BG-WD250)	☑ W-MCYST-AA	☑ Ice			
Preserved Nutrients (500mL HDPE)	☑ W-NH3 / W-NO2NO3 / W-TKN / W-S-A-TP	☑ Ice ☐ H2SO4	☑ <2		
	Acid Lot: SA9301030 [redacted]	Exp: 10/28/20			
Filtered Nutrients (P125mL)	☑ W-PO4-F	☑ Field Filtered 0.45um Filter; Filter Lot #	☑ Ice		
Quantitative Algae	☑ DTY-QN-C / PKD-QN-C	☑ Ice	Lugols? Y / (N)		

Relinquished By:	Date/Time	Number of Coolers Shipped	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: YSI Pro Plus/c RQ-2014-12-02-58 Project: Algae

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 6/8/20

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro-meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	Kirby Mike	8/10/20	8:15	23.14	760	8.6	8.55	100.0	12.6		P / F	L / F
ICV		8/10/24	8:17	23.14	760	8.6	8.55	100.0	12.6		P / F	L / F
CCV		8/10/20	1330	27.83	760	7.93	7.93	101.1	12.6	1.12525	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. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	Kirby Mike	8/10/20	8:21	20D697K	5/22	1000	1000	P / F	L / F
ICV	"	8/10/24	8:25	1006706	5/22	100	104	P / F	L / F
CCV	"	8/10/20	1332	1002AX6	2/22	10,000	10,275	P / F	L / F
CCV								P / F	L / F

Conductivity Acceptance criteria ± 5%

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	Kirby Mike	8/10/20	8:30	200388	2/22	7.00	24.63	7.00	-54.1	P / F	L / F
Calibr.	"	8/10/24	8:36	200052	2/22	4.00	24.59	4.00	173.5	P / F	L / F
Calibr.	"	8/10/24	8:40	197602	1/22	10.0	24.42	10.01	-224.3	P / F	L / F
ICV	"	8/10/24	849	200052	2/22	4.00	25.22	3.95	116.9	P / F	L / F
CCV	Kirby Mike	8/10/24	1340	197602	01/22	10.0	23.66	9.99	-222.6	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 10 170.33, slope from 4 to 7 167.6 (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: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / 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: