

# Login Checklist

RQ- 2020- 09 - 21 - 38

Login Station ID: # 3

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 10-01-2020 / 09:55

| *Cooler Temperature | Samples Frozen? | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Waybill Tracking # |
|---------------------|-----------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|--------------------|
|                     |                 |                                        |          |                                       | Present?      |    | *Intact? |    |                    |
|                     | YES             | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                    |
| 1.8C                |                 |                                        |          | 2                                     |               | x  |          |    | 9293 8006 5408     |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |
|                     |                 |                                        |          |                                       |               |    |          |    |                    |

## COOLER CHECK

\*All samples received on ice unless otherwise noted. HNO3 and Formalin preserved samples do NOT have a temperature requirement.

- If the temperature of a cooler exceeds 6.0 oC (above 10.0 oC for W-1-4-DIOX and microbiology) or received without ice, identify affected samples in an NCR. NCR# \_\_\_\_\_
- DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C for W-1-4-DIOX) without login confirmation from customer for samples requiring ice preservation; identify affected samples in an NCR. NCR# \_\_\_\_\_
- If cooler or samples are received with a damaged Evidence Seal; identify the affected samples in an NCR. NCR# \_\_\_\_\_
- If coolers or samples are received late; identify the affected samples in an NCR. 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 \_\_\_\_\_ NA X

Evidence Tape intact? Yes \_\_\_\_\_ No \_\_\_\_\_

If Criminal, photographs taken?

Yes \_\_\_\_\_ No \_\_\_\_\_

Containers intact? Yes X No \_\_\_\_\_

Caps on tight?

Yes X No \_\_\_\_\_

Sufficient Sample Volume:

Yes X No \_\_\_\_\_

If NO is checked above, generate an NCR listing affected sample IDs in its appropriate category. NCR# \_\_\_\_\_

CHLORINE CHECK REQUIRED? (Blue dot on container)

Yes \_\_\_\_\_ No X Init: ABS

Chlorine detected? (One container checked per Field ID)

Yes \_\_\_\_\_ No \_\_\_\_\_ Init: \_\_\_\_\_

If chlorine is detected, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

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

\*\*Acid Preserved Samples: pH< 2.0?

Yes X No \_\_\_\_\_ NA X Init: ABS

\*\*W-1-4-DIOX (Green dot on container) preserved to pH<4.0?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA X Init: ABS

If samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

Coolers Unpacked/Checked by: ABS

Date: 10-01-2020

Event contains NCRs (Y/N)? N

Event ID:

WQAP - 2020 - 10 - 01 - 0

## Login Checklist

Login Preservation Equipment

Lot # & Exp: Date

Additional Comments:

|                          |                         |
|--------------------------|-------------------------|
| Infrared Thermometer ID: | IRTG # 3 EXP:11/05/2020 |
| pH Test Strips 0 – 6     | 213316 BV EXP:05/15/21  |
| pH Paper 0 – 3           | XX XX XX XX             |
| pH Paper 0 – 13          | 231019 EXP:11/01/2020   |
| Chlorine Test Strips     | 9080 / 2022 / 01        |

### ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes \_\_\_\_\_ Init: ABS

Date and time placed in freezer \_\_\_\_\_

Were all samples placed in freezer within 48 hours of collection? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, were samples shipped on dry ice? Yes \_\_\_\_\_ No \_\_\_\_\_

If S-VOC-MS samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# \_\_\_\_\_

**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 - NW ROC

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: WQAP

Requester: Michael King

Field Report Prepared By: Tanya Linzy

Project ID: BLOOM-RESP

Collected By: Tanya Linzy

Sampling Agency: Santa Rosa County

|                                                              |                                                                        |                                                                           |                                                                        |                                                                                 |                             |                               |  |                                  |
|--------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|-------------------------------|--|----------------------------------|
| Location<br>Maplewood Drive Conveyance Creek                 |                                                                        | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 9.29.20 Time 14:55             |                                                                                 | Eastern<br>X Central        | Composite end<br>Date Time    |  | Bottle<br>Group(s)<br>(See pg 2) |
| Field ID<br>Direct Runoff upstream of Laurel Drive NWHAB0006 |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)<br>Brackish                         |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                             | Total Res. Chlorine<br>(mg/L) |  |                                  |
| WIN/STORET #                                                 |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth 0.1m        | Sp. Conductance<br>(umho/cm)  |  |                                  |
| Latitude<br>30.378967                                        | <input checked="" type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br>-87.086383                                                   | <input checked="" type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                               | Comments<br>Sample - 001255 |                               |  |                                  |
| 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<br>Group(s)               |
| Field ID                                                     |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                             | Total Res. Chlorine<br>(mg/L) |  |                                  |
| WIN/STORET #                                                 |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth             | Sp. Conductance<br>(umho/cm)  |  |                                  |
| Latitude                                                     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Salinity<br>(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<br>Group(s)               |
| Field ID                                                     |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                             | Total Res. Chlorine<br>(mg/L) |  |                                  |
| WIN/STORET #                                                 |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth             | Sp. Conductance<br>(umho/cm)  |  |                                  |
| Latitude                                                     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Salinity<br>(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<br>Group(s)               |
| Field ID                                                     |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                             | Total Res. Chlorine<br>(mg/L) |  |                                  |
| WIN/STORET #                                                 |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth             | Sp. Conductance<br>(umho/cm)  |  |                                  |
| Latitude                                                     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Salinity<br>(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<br>Group(s)               |
| Field ID                                                     |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                             | Total Res. Chlorine<br>(mg/L) |  |                                  |
| WIN/STORET #                                                 |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth             | Sp. Conductance<br>(umho/cm)  |  |                                  |
| Latitude                                                     | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Salinity<br>(ppt)                                                               | Comments                    |                               |  |                                  |

|                                 |                             |                           |                                 |                  |                       |
|---------------------------------|-----------------------------|---------------------------|---------------------------------|------------------|-----------------------|
| Relinquished By:<br>Tanya Linzy | Date/Time<br>9.30.20/ 15:45 | Shipping Method<br>Fed Ex | Number of Coolers Shipped:<br>1 | Received By:<br> | Date/Time<br>10/15/20 |
|---------------------------------|-----------------------------|---------------------------|---------------------------------|------------------|-----------------------|

09:55

|            |              |                    |                 |               |               |                                              |
|------------|--------------|--------------------|-----------------|---------------|---------------|----------------------------------------------|
| Group: A   | Bottle Type: | PT-50ML            | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____    |
| BLOOM-ID   |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | BP-1L              | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____    |
| CHLSUITE-W |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | BP-1L              | # of Bottles: 4 | Preservative: | Lugols        | Enter Number of Bottles Sent to Lab _____    |
| DTY-QN-C   |              |                    |                 |               |               |                                              |
| PKD-QN-C   |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | BG-250ML-WDMT<br>H | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____    |
| W-MCYST-AA |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | P-500ML            | # of Bottles: 4 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab <u>1</u> |
| W-NH3      |              |                    |                 |               |               |                                              |
| W-NO2NO3   |              |                    |                 |               |               |                                              |
| W-S-A-TP   |              |                    |                 |               |               |                                              |
| W-TKN      |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | P-125ML            | # of Bottles: 4 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab _____    |
| W-PO4-F    |              |                    |                 |               |               |                                              |

- 00/522

Algal Bloom Response - NW ROC

## Central Laboratory Submittal Form

last revised Jan 25, 2018

Customer: WQAP

Requester: Michael King

Field Report Prepared By: Tanya Linzy

Project ID: BLOOM-RESP

Collected By: Tanya Linzy

Sampling Agency: Santa Rosa County

|                                                                        |                                                                        |                                                                           |                                                                        |                                                                                 |                                                        |                                                           |                              |                                  |
|------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|------------------------------|----------------------------------|
| Location<br>Drainage into Santa Rosa Sound                             |                                                                        | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 9.29.20 Time 15:24             |                                                                                 | Eastern<br><input checked="" type="checkbox"/> Central | Composite end<br>Date Time                                |                              | Bottle<br>Group(s)<br>(See pg 2) |
| Field ID<br>NWHAB0005<br>Laurel Street and Bay Street drainage culvert |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)<br>Brackish                         |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                                                        | Total Res. Chlorine<br>(mg/L)                             |                              |                                  |
| WIN/STORET #                                                           |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth 0.1m                                   | <input type="checkbox"/> ft<br><input type="checkbox"/> m | Sp. Conductance<br>(umho/cm) |                                  |
| Latitude<br>30.37596840                                                | <input checked="" type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br>-87.08696362                                                 | <input checked="" type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity<br>(ppt)                                                               | Comments<br>Sample -001266                             |                                                           |                              |                                  |
| Location                                                               |                                                                        | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time                           |                                                                                 | Eastern<br><input type="checkbox"/> Central            | Composite end<br>Date Time                                |                              | Bottle<br>Group(s)               |
| Field ID                                                               |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                                                        | Total Res. Chlorine<br>(mg/L)                             |                              |                                  |
| WIN/STORET #                                                           |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth                                        | <input type="checkbox"/> ft<br><input type="checkbox"/> m | Sp. Conductance<br>(umho/cm) |                                  |
| Latitude                                                               | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Salinity<br>(ppt)                                                               | Comments                                               |                                                           |                              |                                  |
| Location                                                               |                                                                        | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time                           |                                                                                 | Eastern<br><input type="checkbox"/> Central            | Composite end<br>Date Time                                |                              | Bottle<br>Group(s)               |
| Field ID                                                               |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                                                        | Total Res. Chlorine<br>(mg/L)                             |                              |                                  |
| WIN/STORET #                                                           |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth                                        | <input type="checkbox"/> ft<br><input type="checkbox"/> m | Sp. Conductance<br>(umho/cm) |                                  |
| Latitude                                                               | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Salinity<br>(ppt)                                                               | Comments                                               |                                                           |                              |                                  |
| Location                                                               |                                                                        | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time                           |                                                                                 | Eastern<br><input type="checkbox"/> Central            | Composite end<br>Date Time                                |                              | Bottle<br>Group(s)               |
| Field ID                                                               |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                                                        | Total Res. Chlorine<br>(mg/L)                             |                              |                                  |
| WIN/STORET #                                                           |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth                                        | <input type="checkbox"/> ft<br><input type="checkbox"/> m | Sp. Conductance<br>(umho/cm) |                                  |
| Latitude                                                               | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Salinity<br>(ppt)                                                               | Comments                                               |                                                           |                              |                                  |
| Location                                                               |                                                                        | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date Time                           |                                                                                 | Eastern<br><input type="checkbox"/> Central            | Composite end<br>Date Time                                |                              | Bottle<br>Group(s)               |
| Field ID                                                               |                                                                        | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                        | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |                                                        | Total Res. Chlorine<br>(mg/L)                             |                              |                                  |
| WIN/STORET #                                                           |                                                                        | Temp<br>(C)                                                               | pH                                                                     |                                                                                 | Sample<br>Depth                                        | <input type="checkbox"/> ft<br><input type="checkbox"/> m | Sp. Conductance<br>(umho/cm) |                                  |
| Latitude                                                               | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms            | Salinity<br>(ppt)                                                               | Comments                                               |                                                           |                              |                                  |

|                                 |                             |                           |                                 |                             |                                |
|---------------------------------|-----------------------------|---------------------------|---------------------------------|-----------------------------|--------------------------------|
| Relinquished By:<br>Tanya Linzy | Date/Time<br>9.30.20/ 15:45 | Shipping Method<br>Fed Ex | Number of Coolers Shipped:<br>1 | Received By:<br>[Signature] | Date/Time<br>10.01.20<br>09:55 |
|---------------------------------|-----------------------------|---------------------------|---------------------------------|-----------------------------|--------------------------------|

|            |              |                    |                 |               |               |                                              |
|------------|--------------|--------------------|-----------------|---------------|---------------|----------------------------------------------|
| Group: A   | Bottle Type: | PT-50ML            | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____    |
| BLOOM-ID   |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | BP-1L              | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____    |
| CHLSUITE-W |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | BP-1L              | # of Bottles: 4 | Preservative: | Lugols        | Enter Number of Bottles Sent to Lab _____    |
| DTY-QN-C   |              |                    |                 |               |               |                                              |
| PKD-QN-C   |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | BG-250ML-WDMT<br>H | # of Bottles: 4 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab _____    |
| W-MCYST-AA |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | P-500ML            | # of Bottles: 4 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab <u>1</u> |
| W-NH3      |              |                    |                 |               |               |                                              |
| W-NO2NO3   |              |                    |                 |               |               |                                              |
| W-S-A-TP   |              |                    |                 |               |               |                                              |
| W-TKN      |              |                    |                 |               |               |                                              |
| Group: B   | Bottle Type: | P-125ML            | # of Bottles: 4 | Preservative: | FILTER-ICE    | Enter Number of Bottles Sent to Lab _____    |
| W-PO4-F    |              |                    |                 |               |               |                                              |

-001579

Date of Request: 31-AUG-2020  
 Created By: KING\_M On: 31-AUG-2020  
 Modified By: JASROTIA\_P On: 01-SEP-2020  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division: Division of Environmental Assessment and Restoration  
 District: Northwest  
 Event Description: Algal Bloom Response - NW ROC

**Send Coolers To:**

Phone: 850-595-0605  
 160 W Government St  
 Suite 208  
 Pensacola, FL 325602  
 Attn: Michael King  
 Cooler Ship Email: michael.king@dep.state.fl.us

Priority: 1  
 Event Status: R  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 01-SEP-2020  
 Biology Request Reviewed By: JASROTIA\_P On: 01-SEP-2020  
 Sampling Kit Required: YES Ship on: 11-SEP-2020  
 Sampling Kit Shipped: YES On: 10-SEP-2020  
 Sampling Kit Packed By: REYNOLDS\_T  
 Preservatives Needed: NO  
 Date to Receive Samples: 21-SEP-2020  
 Logged In By: SHAIK\_A On: 01-OCT-2020

**Send Final Report To:**

2600 Blair Stone Rd  
 MS #6511  
 Tallahassee, FL 32399-2400  
 Attn: Nia Wellendorf  
 Report Notification Email:  
 michael.king@dep.state.fl.us;cheryl.bunch@dep.state.fl.us;alicia.hogue@dep.state.fl.us;

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

Bottle Group A - Priority 1  
 For algal dominant taxon.

Bottle Group B - Priority 1  
 For toxin testing, nutrients, chlorophyll, 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.

Please print two copies of algal job labels at login

**Bottle Group A (Biological) With 4 Samples:**

Bottle Type: PT-50ML Number of Bottles: 4 Preserved With: ICE  
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

**Bottle Group B (Water) With 4 Samples:**

Bottle Type: BP-1L Number of Bottles: 4 Preserved With: ICE  
 CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry

Bottle Type: BP-1L Number of Bottles: 4 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.

Bottle Type: BG-250ML-WDMTH Number of Bottles: 4 Preserved With: ICE  
 W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

Bottle Type: P-500ML Number of Bottles: 4 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: 4 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

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