Florida Department of Environmental Protection

Central Laboratory Sample Submittal Form

Event ID *

Request Number: RQ-2015-05-18-77
Algal Bloom Response - As needed

Requester: Elizabeth Miller
Field Report Prepared By: J. Neurohr
Collected By: Julie Neurohr
Send Final Report To: Kirby Wolfe
Sampling Agency: FDEP - South Dist

Customer: SO-DIST
Project ID: BLOOM-RESP
PMAS:

Lab ID *	Field	Value
	Location	Franklin lock and Dam
	Comp / Grab	☑ Grab
	Collection (comp begin or grab) Eastern/Central	Date 5-19-15 Time 14:55 (Eastern circled)
	Composite end Date / Time	
	Field ID	05195-1
	Tot Res Chlorine (mg/L)	—
	Diss Oxygen (mg/L)	7.36
	Storet Station Number	
	Bottle Group(s)**	A, B
	Matrix (include type e.g. Salt, Fresh, etc)	Fresh
	Temp (C)	30.69
	pH	8.11
	Sample Depth	0.2 ☑ m ☐ ft
	Salinity (PPTh) / Sp Conductance (umho/cm)	☑ Sp Conductance: 440
	NPDES Number	
	Latitude ☐ dd ☐ dms	
	Longitude ☐ dd ☐ dms	
	Comments	wind blown to edge of water, layer on surface

Lab ID *	Location	Comp / Grab	Collection (comp begin or grab) Eastern / Central: Date, Time	Composite end Eastern / Central: Date, Time	Bottle Group(s)**
		☐ Comp ☐ Grab			

Field ID: | Tot Res Chlorine (mg/L): | Diss Oxygen (mg/L): | Storet Station Number:
Matrix (include type e.g. Salt, Fresh, etc): | Temp (C): | pH: | Sample Depth ☐ m ☐ ft: | ☐ Salinity (PPTh) ☐ Sp Conductance (umho/cm): | NPDES Number:
Latitude ☐ dd ☐ dms: | Longitude ☐ dd ☐ dms: | Comments:

Lab ID *	Location	Comp / Grab	Collection (comp begin or grab) Eastern / Central: Date, Time	Composite end Eastern / Central: Date, Time	Bottle Group(s)**
		☐ Comp ☐ Grab			

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Matrix (include type e.g. Salt, Fresh, etc): | Temp (C): | pH: | Sample Depth ☐ m ☐ ft: | ☐ Salinity (PPTh) ☐ Sp Conductance (umho/cm): | NPDES Number:
Latitude ☐ dd ☐ dms: | Longitude ☐ dd ☐ dms: | Comments:

Lab ID *	Location	Comp / Grab	Collection (comp begin or grab) Eastern / Central: Date, Time	Composite end Eastern / Central: Date, Time	Bottle Group(s)**
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Field ID: | Tot Res Chlorine (mg/L): | Diss Oxygen (mg/L): | Storet Station Number:
Matrix (include type e.g. Salt, Fresh, etc): | Temp (C): | pH: | Sample Depth ☐ m ☐ ft: | ☐ Salinity (PPTh) ☐ Sp Conductance (umho/cm): | NPDES Number:
Latitude ☐ dd ☐ dms: | Longitude ☐ dd ☐ dms: | Comments:

Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
[signature]	05/19/15 16:00	FedEx					NVB	5/20/15/9:30

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
Group: A	Bottle Type: W-MCYST-AA	BG-WD250	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab**	0
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 1	Preservative:	ICE-FLTR	**Enter Number of Bottles Sent to Lab**	
Group: B	Bottle Type: BLOOM-ID	PT-50ML	# of Bottles: 2	Preservative:	**NONE**	**Enter Number of Bottles Sent to Lab**	2
Group: C	Bottle Type: DTY-QN-C PKD-QN-C	BP-1L	# of Bottles: 1	Preservative:	Lugols	**Enter Number of Bottles Sent to Lab**	

RQ-2015-05-18-77

Date of Request:	29-APR-2015
Created By:	MILLER_EB On: 29-APR-2015
Modified By:	WATTS_J On: 01-MAY-2015
Customer:	SO-DIST
Project:	BLOOM-RESP
Division:	
District:	South District
Sampling Event:	Algal Bloom Response - As needed

Send Coolers To:

Phone: 239-332-6975 SC 748-6975
FLDEP South District Office
2295 Victoria Ave. Suite 364
Fort Myers, FL 33901-3381
Attn: Kirby Wolfe

Send Final Report To:

FLDEP South District Office
2295 Victoria Ave. Suite 364
Fort Myers, FL 33901-3381
Attn: Kirby Wolfe

Program Module Number:	
Priority:	1
Event Status:	S
Criminal Investigation:	NO
Chemistry Request Reviewed By:	WATTS_J On: 01-MAY-2015
Biology Request Reviewed By:	MILLER_EB On: 29-APR-2015
Sampling Kit Required:	YES Ship on: 08-MAY-2015
Sampling Kit Shipped:	YES On: 07-MAY-2015
Sampling Kit Packed By:	LASHLEY_C
Date to Receive Samples:	18-MAY-2015
Received By:	

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

Comments: Analyze upon receipt

1 - vial of sulfuric acid

Suite A is for water column sampling. Suite B is for full algal count for water and scum if applic. Suite C is for algal dominant assess. of water and scum if applic. There are two tubes in case you need one water column and one scum BLOOM_ID but you do not have to fill both if a surface scum is not present.

Suite A (Water) With 1 Samples:

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

Bottle Type: BG-WD250 Number of Bottles: 1 Preserved With: ICE
- W-MCYST-AA Template: (DEP SOP LC-038-1 (based on EPA 8321B)) Microcystins in water matrices by HPLC/MS/MS

Bottle Type: P-500ML Number of Bottles: 1 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: 1 Preserved With: ICE-FLTR
- W-PO4-F Template: DEFAULT (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

Suite B (Biological) With 2 Samples:

Bottle Type: PT-50ML Number of Bottles: 2 Preserved With: **NONE**
- BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Suite C (Water) With 1 Samples:

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

Log-in Checklist

RQ- 2015-05-18-77

Shipping Method: UPS

Date/Time of Receipt: 5/20/15 /930A

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape				Tracking # (fill out only if waybill copy is damaged)
			Present?		*Intact?		
			Yes	No	Yes	No	
RED	0.7	4		✓			

*If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX), or if Evidence Seal is damaged, identify the containers in the affected cooler(s) on back of this form.

****Note:** If "No" is checked in any of the fields below, fill out the back of this form with additional details (Field ID, Test IDs, etc.) and generate an **NCR**.

**Chain Of Custody/ Field Sheet(s) Included? Yes ✓ No____

CONTAINER CHECK

****Evidence Tape on Bottles?** Yes____ No ✓ **If yes, is it intact?** Yes____ No____

**Caps on tight? Yes ✓ No____ **Containers intact? Yes ✓ No____

**Sufficient Sample Volume: Yes ✓ No____

CHLORINE CHECK (Blue dot on container)

Check the Box marked "Yes" or "No" for the Presence of Chlorine. If Cl detected, an NCR is required.					
Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PCB-R		
W-AHERB-AA (-AHB-AA-R)			W-PC-AA-SF		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PESTNP-R		
W-ENDO-AA			W-PSCL-TQ		
W-GLYPH			W-PSNP-TQ		
W-NP-AA-SF			W-PST-CL-R		
W-PAH (-R)					

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

**Acid Preserved Samples: pH ≤ 2.0 ? Yes____ No____ NA ✓ Init: MW

**W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes____ No____ NA ✓ Init: MW

Coolers Unpacked/Checked by: MB **Date:** 5/20/15 **NCRs (Y/N)?** ____

Event ID: SO-DIST-2015-05-20-01 **NCR #** 5407

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

ENCORE SAMPLES

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

Were Encore samples received? Yes____ No__✓__

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_____

FOR CLEAN LAB USE ONLY – Methyl Mercury Preservation Check:

Samples Preserved within 48 hours? Yes_____ No_____

Date and time samples preserved: _____

Additional Comments:

UPS Next Day Air®
UPS Worldwide Express®

Shipping Document

See instructions on back. Visit UPS.com® or call 1-800-PICK-UPS® (800-742-5877) for additional information and Tariff/Terms and Conditions.

TRACKING NUMBER J458 645 9174

1 SHIPMENT FROM

SHIPPER'S UPS ACCOUNT NO. 1YR217

REFERENCE NUMBER ~~Julie Neurohr~~ N/A

NAME Julie Neurohr TELEPHONE 239 344-5608

COMPANY FL dept. of Environmental Protection

STREET ADDRESS 2295 Victoria Ave #364

CITY AND STATE Fort Myers, Fl ZIP CODE 33902

2 EXTREMELY URGENT DELIVERY TO

NAME Sampling Receiving TELEPHONE 850 245-8085

COMPANY FDEP / Chemistry Section

STREET ADDRESS 2600 Blairstone Rd. DEPT./FLR. Residential Delivery ☐

CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL) Tallahassee Fl ZIP CODE 32399-6542

3 WEIGHT

LTR	PAK	WEIGHT	DIMENSIONAL WEIGHT If Applicable	LARGE PACKAGE
☐	☐	40		☒

4 SHIPPER RELEASE ☐

CHARGES

5 TYPE OF SERVICE

☒ NEXT DAY AIR ☐ EXPRESS (INT'L) $

FOR INTERNATIONAL SHIPMENTS $ CUSTOMS VALUE ☐ DOCUMENTS ONLY

6 OPTIONAL SERVICES

☐ SATURDAY PICKUP See Instructions. ☐ SATURDAY DELIVERY See instructions. $

☐ DECLARED VALUE FOR CARRIAGE For declared value over $100, see instructions. $ AMOUNT $

☐ C.O.D. If C.O.D. enter amount to be collected and attach completed UPS C.O.D. tag to package. $ AMOUNT $

7 ADDITIONAL HANDLING CHARGE ☐ An Additional Handling Charge applies for certain items. See instructions. $

TOTAL CHARGES $

8 METHOD OF PAYMENT

BILL SHIPPER'S ACCOUNT NUMBER IN SECTION 1 ☒ | BILL RECEIVER ☐ | BILL THIRD PARTY ☐ (DOMESTIC ONLY, RECORD ACCOUNT NO. IN SECTION 9) | CREDIT CARD ☐ American Express, Diner's Club, MasterCard, Visa | CHECK ☐

9 RECEIVER'S/THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO. EXPIRATION DATE

THIRD PARTY'S COMPANY NAME

STREET ADDRESS

CITY AND STATE ZIP CODE

Shipper authorizes UPS to act as forwarding agent for export control and customs purposes. Shipper certifies that these commodities, technology or software, if exported from the United States, were exported in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited.

10 SHIPPER'S SIGNATURE X [signature]

DATE OF SHIPMENT 5/19/15

All shipments are subject to the terms contained in the UPS Tariff/Terms and Conditions of Service, which are available at UPS.com and local UPS offices.

010191120CS 6/14 RRD

SHIPPER'S COPY