

Algal Bloom Response - as needed

Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: SO-DIST

Requester: Cheryl A. Swanson

Field Report Prepared By: Danny Bager

Project ID: BLOOM-RESP

Collected By: DIST CLSampling Agency: FDAP South

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2-24-16</u> Time <u>1045</u>		☒ Eastern ☐ Central	Composite end Date <u>-</u> Time <u>-</u>		Bottle Group(s) (See pg 2)
Field ID <u>RQ-2016-02-22-25</u> <u>2/24/2016</u> <u>1813H</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>7.1 mg/L</u> <u>81%</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) <u>-</u>		
STORET # <u>Lake Verona - Algae</u> <u>Grab</u>		Temp (C) <u>21.5</u>	pH <u>6.4</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>144</u>		<u>A,B,C,D</u>
Latitude <u>-</u> ☐ dd ☐ dms		Salinity (ppt) <u>-</u>		Comments <u>Total Depth: 0.4m Secchi: 0.4m</u>				

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date <u>-</u> Time <u>-</u>		☐ Eastern ☐ Central	Composite end Date <u>-</u> Time <u>-</u>		Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #		Temp (C)	pH	Sample Depth	☐ ft ☐ m	Sp. Conductance (umho/cm)		
Latitude <u>-</u> ☐ dd ☐ dms		Salinity (ppt) <u>-</u>		Comments				

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Latitude <u>-</u> ☐ dd ☐ dms		Salinity (ppt) <u>-</u>		Comments				

Relinquished By: <u>Danny Bager</u>	Date/Time: <u>2-24-16/1335</u>	Shipping Method: <u>FedEx</u>	Received By: <u>ABP</u>	Date/Time: <u>02-25-16</u>	Relinquished By:	Date/Time:	Received By:	Date/Time:
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09:00

Group: A	Bottle Type:	PT-50ML	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
BLOOM-ID							
Group: B	Bottle Type:	BG-WD250	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
W-MCYST-AA							
Group: C	Bottle Type:	BP-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
CHLSUITE-W							
Group: C	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
W-NH3							
W-NO2NO3							
W-S-A-TP							
W-TKN							
Group: C	Bottle Type:	P-125ML	# of Bottles: 2	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	1
W-PO4-F							
Group: D	Bottle Type:	BP-1L	# of Bottles: 2	Preservative:	Lugols	Enter Number of Bottles Sent to Lab	1
DTY-QN-C							
PKD-QN-C							

Date of Request: 02-FEB-2016
 Created By: SWANSON_C On: 02-FEB-2016
 Modified By: WATTS_J On: 02-FEB-2016
 Customer: SO-DIST
 Project: BLOOM-RESP
 Division: Division of Environmental Assessment and Restoration
 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

Program Module Number:

Priority: 1
 Event Status: R
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 02-FEB-2016
 Biology Request Reviewed By: SWANSON_C On: 02-FEB-2016
 Sampling Kit Required: YES Ship on: 10-FEB-2016
 Sampling Kit Shipped: YES On: 08-FEB-2016
 Sampling Kit Packed By: LASHLEY_C
 Preservatives Needed: YES
 Date to Receive Samples: 22-FEB-2016
 Received By: SHAIK_A On: 25-FEB-2016

Send Final Report To:

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

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

Comments: Please include 1 case of sulfuric acid.

Analyze toxin upon receipt after consultation with Biology's Taxonomy Manager.

Bottle Group A - Priority 1
 For algal dominant taxon in water and scum sample, if applicable.

Bottle Group B - Priority 1
 For water column toxin testing, if applicable.

Bottle Group C - Priority 3
 For water column nutrients sampling.

Bottle Group D - Priority 12
 For full algal count for water and scum, if applicable.

There are two sets of bottles per Group in case one water column and one scum sample is needed. You do not need to fill both if a surface scum is not present.

Bottle Group A (Biological) With 2 Samples:

Bottle Type: PT-50ML Number of Bottles: 2 Preserved With: ICE
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Bottle Group B (Water) With 2 Samples:

Bottle Type: BG-WD250 Number of Bottles: 2 Preserved With: ICE
 W-MCYST-AA Template: DEFAULT (DEP SOP LC-001-2 (based on EPA 8321B)) Microcystins in water matrices by HPLC/MS/MS

Bottle Group C (Water) With 2 Samples:

Bottle Type: BP-1L Number of Bottles: 2 Preserved With: ICE
 CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry

Bottle Type: P-500ML Number of Bottles: 2 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 Group C (Water) With 2 Samples:

Bottle Type: P-125ML Number of Bottles: 2 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

Bottle Group D (Water) With 2 Samples:

Bottle Type: BP-1L Number of Bottles: 2 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- 2016-02-22-25

Shipping Method: FedEx

Date/Time of Receipt: 02-25-16/9:00

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	
BLUE	1.6c	6		✓			

*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-PC-AA-SF		
W-AHERB-AA (-AHB-AA-R)			W-PCL-SQ (-R)		
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)			W-TR-TQ		
W-PCB-R					

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

**Acid Preserved Samples: pH ≤ 2.0? Yes ✓ No NA Init: AB

**W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes No NA ✓ Init:

Coolers Unpacked/Checked by: AB Date: 2-25-16 NCRs (Y/N)?

Event ID: Algal Bloom Response - as needed
SO-DIST-2016-02-25-01 (BLOOM-RESP)
 Date Received: 25-FEB-2016 09:00
 NCR #

Log-in Checklist

Samples with Incorrect pH Preservation or presence of Chlorine

Field ID	Bottle Test ID(s)	pH / Cl	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:

00510

01000

07164

fedex.com 1800.GoFedEx 1800.463.3339

05809015

FedEx
ExpressPackage
US AirbillFedEx
Tracking
Number

8094 7802 8802

Form
ID No. 0215

4 Express Package Service

* To most locations.

Packages up to 150 lbs.
For packages over 100 lbs., use the
FedEx Express Freight US Airbill.

1 From

Date 2-24-16

Sender's
NameDarryl R. (G)
FDEP South

Phone

414 4769404

Company

Address

2295 Victoria Ave, Suite 366

Dept./Floor/Suite/Room

City

Fort Myers

State

FL ZIP 33901

2 Your Internal Billing Reference

3 To

Recipient's
Name

SAMPLE RECEIVING

Phone 850 245-8085

Company

FLORIDA DEP/CHEMISTRY SECTION

Address

2600 BLAIRSTONE RD

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City

TALLAHASSEE

State

FL ZIP 32399

Hold Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.☐Hold Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.☐

0121555852



8094 7802 8802

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless Saturday Delivery is selected.☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be
delivered on Monday unless Saturday Delivery
is selected.☐ FedEx Standard Overnight
Next business afternoon.*
Saturday Delivery NOT available.

2 or 3 Business Days

☐ FedEx 2Day A.M.
Second business morning.*
Saturday Delivery NOT available.☐ FedEx 2Day
Second business afternoon.* Thursday shipments
will be delivered on Monday unless Saturday
Delivery is selected.☐ FedEx Express Saver
Third business day.*
Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

☐ FedEx Envelope*☐ FedEx Pak*☐ FedEx
Box☐ FedEx
Tube☒ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.☐ No Signature Required
Package may be left without
obtaining a signature for delivery.☐ Direct Signature
Someone at recipient's address
may sign for delivery.☐ Indirect Signature
If no one is available at recipient's
address, someone at a neighboring
address may sign for delivery. For
residential deliveries only.

Does this shipment contain dangerous goods?

One box must be checked.

☒ No☐ Yes
As per attached
Shipper's Declaration.☐ Yes
Shipper's Declaration
not required.☐ Dry Ice
Dry Ice, 9 UN 1845 _____ x _____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide

☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip.
Acct. No. ☐☐ Sender
Acct. No. in Section
1 will be billed.☒ Recipient☐ Third Party☐ Credit Card☐ Cash/Check

Total Packages

Total Weight

Credit Card Auth.

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

fedex.com 1800.GoFedEx 1800.463.3339

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