RQ-2016-05-16-75

Florida Department of Environmental Protection

Central Laboratory Sample Submittal Form

Event ID *

Request Number: ~~RQ-2015-06-15-50~~
Algal Bloom Response - As needed

Requester: ~~Elizabeth Miller~~ John Watts
Collected By: JM Reed (FWC)
Sampling Agency: FWC

Field Report Prepared By: Corey Anderson
Send Final Report To: Kirby Wolfe

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

Lab ID *	RQ-2015-06-15-50		(South Site)	☐ Comp ☒ Grab	Collection (comp begin or grab) Eastern Date 5/17/16 Time 13:40 Central		Composite end Date / Time / Eastern Central		Bottle Group(s)**	
	Time: Lake Istokpoga - Site 1	Field ID ▲ STORET ▼	Istok 1	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)		Storet Station Number NONE		ABC	
			pH	Sample Depth ☒ m ☐ ft 0.3		☐ Salinity (PPTh) ☐ Sp Conductance (umho/cm)		NPDES Number		
	Latitude N27.35988	☑ dd ☐ dms	Longitude W081.28499	☑ dd ☐ dms	Comments Total depth 3.0m					
Lab ID *	RQ-2015-06-15-50		(North ~~South~~ Site)	☐ Comp ☐ Grab	Collection (comp begin or grab) Eastern Date 5/17/16 Time 13:36 Central		Composite end Date / Time / Eastern Central		Bottle Group(s)**	
	Time Lake Istokpoga - Site 2	Field ID ▲ STORET ▼	Istok 2	Tot Res Chlorine (mg/L)	Diss Oxygen (mg/L)		Storet Station Number NONE		ABC	
			pH	Sample Depth ☒ m ☐ ft 0-3		☐ Salinity (PPTh) ☐ Sp Conductance (umho/cm)		NPDES Number		
	Latitude N27.42074	☑ dd ☐ dms	Longitude W081.26100	☑ dd ☐ dms	Comments Total depth 3.0 m					
Lab ID *	Location			☐ Comp ☐ Grab	Collection (comp begin or grab) Eastern Date / Time / Central		Composite end Date / Time / Eastern Central		Bottle Group(s)**	
	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 Date / Time / Central		Composite end Date / Time / Eastern Central		Bottle Group(s)**	
	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
Corey Anderson	5/17/16 1600	Fedex					SK	5-18-16 1013

* Shaded Areas for Lab use only.

** Please see reverse side for Bottle Group information.

last revised October 1, 2003

1 Cooler

Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab** 2
Group: A	Bottle Type: W-MCYST-AA	BG-WD250	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab** 2
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN	P-500ML	# of Bottles: 2	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab** 2
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 2	Preservative:	ICE-FLTR	**Enter Number of Bottles Sent to Lab** 2
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: 2	Preservative:	Lugols	**Enter Number of Bottles Sent to Lab** 2

RQ-2016-05-16-75

Date of Request: 16-MAY-2016
Created By: WATTS_J On: 16-MAY-2016
Modified By: WATTS_J On: 16-MAY-2016
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: A
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 16-MAY-2016
Biology Request Reviewed By: WATTS_J On: 16-MAY-2016
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 16-MAY-2016
Received By:

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

Comments: No perservatives needed

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 sets of bottles per suite in case you need one water column and one scum sample but you do not have to fill both if a surface scum is not present.

Bottle Group A (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: BG-WD250 Number of Bottles: 2 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: 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 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 B (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 C (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- 2016·05·16·75

Shipping Method: Fedex

Date/Time of Receipt: 5·18·16 / 10:31

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	1.6	12		✓			

*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: SK

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

Coolers Unpacked/Checked by: SK Date: 5-18-16 NCRs (Y/N)? N

Event ID: SO-DIST-2016-05-18-01 NCR # _____

00240

01000

FedEx Express Package US Airbill

FedEx Tracking Number 8100 1917 6708

MUR1

Form ID No. 0215 Recipient's Copy

1 From

Date 5/17/16

Sender's Name Corey Anderson Phone 239 344 5610

Company Florida DEP

Address 2600 Blairstone Rd

Dept/Floor/Suite/Room

City Tallahassee State FL ZIP 32399

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.

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.

City TALLAHASSEE State FL ZIP 32399

0123448864

8100 1917 6708

4 Express Package Service * To most locations.

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

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.
- [X] 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 [X] 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.

[X] 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. [X] Recipient [ ] Third Party [ ] Credit Card [ ] Cash/Check

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Total Packages 1 Total Weight ____ lbs. Credit Card Auth. ____

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

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