

Central Laboratory Submittal Form

Customer: WQAP

Project ID: BLOOM-RESP

Requester: Kirby Wolfe

Collected By:

Sue Davis

Field Report Prepared By:

Sampling Agency:

Lee County

Location <u>Alva Boat Ramp</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>08/04/2016</u> Time <u>1010</u>	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Field ID		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>3.90</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) <u>—</u>
STORET #		Temp (C) <u>30.5</u>	pH <u>7.27</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>425</u>
Latitude <u>26.71372</u>	☐ dd ☐ dms	Longitude <u>-81.60599</u>	☐ dd ☐ dms	Salinity (ppt) <u>0.2</u>	Comments <u>Very light algae</u>	
Location <u>Franklin Locks Upstream</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>08/04/2016</u> Time <u>1050</u>	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen <u>3.48</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) <u>—</u>
STORET #		Temp (C) <u>30.57</u>	pH <u>7.26</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>435</u>
Latitude <u>26.72117</u>	☐ dd ☐ dms	Longitude <u>-81.69328</u>	☐ dd ☐ dms	Salinity (ppt)	Comments <u>Very light algae</u>	
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	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	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments	
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	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	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments	

Relinquished By:

Date/Time

Shipping Method

Number of Coolers Shipped:

Received By:

Date/Time

Sue Davis

8/4/2016

1

SK

8-5-16/10:15

Group: A	Bottle Type:	PT-50ML	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
BLOOM-ID							
Group: B	Bottle Type:	BG-WD250	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
W-MCYST-AA							
Group: C	Bottle Type:	BP-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	<u>2</u>
CHLSUITE-W							

Date of Request: 26-JUL-2016
Created By: WOLFE_K On: 26-JUL-2016
Modified By: MATTHEWS_D On: 27-JUL-2016
Customer: WQAP
Project: BLOOM-RESP
Division: Division of Environmental Assessment and Restoration
District:
Sampling Event: Lee County Algae Sampling

Send Coolers To:

Phone: (239) 533-8600
Lee County Environmental Lab
60-2 Danley Dr.
Ft Myers, FL 33907
Attn: Sue Davis

Send Final Report To:

2600 Blair Stone Rd
MS #3560
Tallahassee, FL 32399-2400
Attn: Cheryl Swanson

Program Module Number:

Priority: 3
Event Status: S
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 26-JUL-2016
Biology Request Reviewed By: MATTHEWS_D On: 27-JUL-2016
Sampling Kit Required: YES Ship on: 29-JUL-2016
Sampling Kit Shipped: YES On: 29-JUL-2016
Sampling Kit Packed By: LASHLEY_C
Preservatives Needed: NO
Date to Receive Samples: 01-AUG-2016
Received By:

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

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

Bottle Groups A/B - separate event, priority 1
Bottle Groups C- separate event, priority 3

Bottle Group A - Priority 1
For algal dominant taxon.
Bottle Group B - Priority 1
For toxin testing.
Bottle Group C - Priority 3
For Phytoplankton

There are 6 sets of 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 (water column only or combo of water column and scum). All sets of bottles do not have to be filled at one time.

Bottle Group A (Biological) With 6 Samples:

Bottle Type: PT-50ML Number of Bottles: 6 Preserved With: ICE
BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

Bottle Group B (Water) With 6 Samples:

Bottle Type: BG-WD250 Number of Bottles: 6 Preserved With: ICE
W-MCYST-AA Template: DEFAULT (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

Bottle Group C (Water) With 6 Samples:

Bottle Type: BP-1L Number of Bottles: 6 Preserved With: ICE
CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, phaeophytin and ratio by spectrophotometry

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

RQ- 2016-08-01-44

Log-in Checklist

Shipping Method: FedexDate/Time of Receipt: 8-5-16 / 10:15

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			
<u>Aed</u>	<u>0.1</u>	<u>6</u>		☒		

*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 $\leq$ 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: 8-5-16 NCRs (Y/N)? ☒

Event ID: WQAP-2016-08-05-01 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 – Total Mercury Preservation Check (W-HG-AF; W-HG-AF-F):

Samples preserved within 48 hours? Yes _____ No _____

Date and time samples preserved: _____

Additional Comments:

00863

01000

22564

fedex.com 1800.GoFedEx 1800.463.3339

05625046

FedEx Package
Express US Airbill
FedEx
Tracking
Number

8085 0983 4770

1 From

Date

8/4/2016

Sender's
Name

Sue Davis

Phone

Company

Lee County Environmental Lab

Address

60-2 Danley Dr.

Dept./Floor/Suite/Room

City

Fort Myers

State

FL

ZIP

33907

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

Dept./Floor/Suite/Room

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

Address

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

City

TALLAHASSEE

State

FL

ZIP

32399-6542

0119899133



8085 0983 4770

MUR1

Form
ID No.

0215

Recipient's Copy

4 Express Package Service

*To most locations.

NOTE: Service order has changed. Please select carefully.

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.
- ☒ 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

- ☐ 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. Fee applies.
- ☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.
- 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
- ☐ Cargo Aircraft Only
- Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to:

- Enter FedEx Acct. No. or Credit Card No. below.
- ☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
- Total Packages 1 Total Weight 40 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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fedex.com 1800.GoFedEx 1800.463.3339