

Algal Bloom Response - As needed

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By:

Project ID: BLOOM-RESP

Collected By:

Sampling Agency:

Location <u>Caloosahatchee</u>		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>10/3/2016</u> Time <u>12:20pm</u>		Eastern Central		Composite end Date <u>10/3/2016</u> Time <u>12:25</u>		Bottle Group(s) (See pg 2)	
Field ID <u>Bloom 100316</u>		Matrix (type, e.g., Salt, Fresh, etc) <u>Fresh</u>		Diss. Oxygen		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		<u>AB</u> <u>CD</u>	
STORET #		Temp (C) <u>29.6</u>		pH <u>7.34</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m			
Latitude <u>26.721117</u>		☒ dd ☐ dms		Longitude <u>-81.692757</u>		☒ 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			
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			
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			
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			
Latitude		☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt)		Comments	

Relinquished By: <u>Roxanne Murphy</u>	Date/Time <u>8:1400</u>	Shipping Method <u>Fedex</u>	Number of Coolers Shipped: <u>1</u>	Received By: <u>MRB</u>	Date/Time <u>10/4/16/10:10</u>
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Date of Request: 24-JUN-2016
 Created By: WOLFE_K On: 24-JUN-2016
 Modified By: WATTS_J On: 29-JUN-2016
 Customer: WQAP
 Project: BLOOM-RESP
 Division: Division of Environmental Assessment and Restoration
 District: SROC
 Sampling Event: Algal Bloom Response - As needed

Send Coolers To:

Phone: 850-245-8416
 2295 Victoria AVE
 Suite 364
 Fort Myers, FL 33901
 Attn: Kirby Wolfe

Send Final Report To:

2295 Victoria AVE
 Suite 364
 Fort Myers, FL 33901
 Attn: Kirby Wolfe

Program Module Number:
 Priority: 3
 Event Status: R
 Criminal Investigation: NO
 Chemistry Request Reviewed By: WATTS_J On: 29-JUN-2016
 Biology Request Reviewed By: WATTS_J On: 29-JUN-2016
 Sampling Kit Required: YES Ship on: 05-JUL-2016
 Sampling Kit Shipped: YES On: 05-JUL-2016
 Sampling Kit Packed By: SHAIK_A
 Preservatives Needed: NO
 Date to Receive Samples: 11-JUL-2016
 Received By: BOWDEN_M On: 22-JUL-2016

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/D - separate event, C - priority 3, D - priority 12

Bottle Group A - Priority 1
 For algal dominant taxon.

Bottle Group B - Priority 1
 For toxin testing.

Bottle Group C - Priority 3
 Water quality testing

Bottle Group D - Priority 12
 For 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.

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 (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

Bottle Group C (Water) With 2 Samples:

Bottle Type: P-500ML	Number of Bottles: 2	Preserved With: ICE And H2SO4
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 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- 2016-07-11-54

Shipping Method: FedEx

Date/Time of Receipt: 10-4-16/10:10

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	Yes	No		
Blue	1.6	6					8104 12616920

*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: MB Date: 10-4-16

NCRs (Y/N)? N

Event ID: WQAP-2016-09-10-04-02

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: