

RQ- <sup>19</sup>2020-06-10-63

# Login Checklist

Login Station ID: #4

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: 01/16/2020 @ 9:35

| Cooler Temperature* | Samples Frozen | * All Samples in Cooler Preserved with |          | Number of Sample Containers in Cooler | Evidence Tape |    |          |    | Tracking #<br>Damaged waybills only |
|---------------------|----------------|----------------------------------------|----------|---------------------------------------|---------------|----|----------|----|-------------------------------------|
|                     |                |                                        |          |                                       | Present?      |    | *Intact? |    |                                     |
|                     | YES            | HNO <sub>3</sub>                       | Formalin |                                       | Yes           | No | Yes      | No |                                     |
| 2.0°C               |                |                                        |          | 5                                     |               | x  |          |    | 47518780 4906                       |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |
|                     |                |                                        |          |                                       |               |    |          |    |                                     |

\*All samples received on ice unless otherwise noted. If the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX and microbiology), received without ice, or if Evidence Seal is damaged; identify the containers in the affected cooler(s) on back of this form. HNO<sub>3</sub> and Formalin preserved samples do **NOT** have a temperature requirement. **DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C) without login confirmation from customer for samples requiring ice preservation; An NCR still is required.**

\*\*Chain of Custody/ Field Sheet(s) Included? Yes ✓ No       

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes        No X

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

## CONTAINER CHECK

\*\*Evidence Tape on Bottles? Yes        No X If yes, is it intact? Yes        No         
 \*\*Caps on tight? Yes ✓ No        \*\*Containers intact? Yes ✓ No         
 \*\*Sufficient Sample Volume: Yes ✓ No       

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes        No X Init: Jylup  
 Chlorine detected? (One container checked per Field ID) Yes        No        Init:         
 If "YES", list affected Field IDs and Test IDs below.

| Field ID | List TestID(s) where Chlorine was Detected, an NCR is required. |
|----------|-----------------------------------------------------------------|
|          |                                                                 |
|          |                                                                 |
|          |                                                                 |
|          |                                                                 |

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

\*\*Acid Preserved Samples: pH ≤ 2.0? Yes ✓ No        NA        Init: Jylup  
 \*\*W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes        No        NA X Init: Jylup  
 Coolers Unpacked/Checked by: Jylup Date: 01/16/2020 NCRs (Y/N)? YES  
 Event ID: Lee County Bloom Response--As Needed  
WQAP-2020-01-16-01 (BLOOM-RESP) NCR # 8132  
 Date Received: 16-JAN-2020 09:35

## Login 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 |
|----------|-------------------|--------------|
|          |                   |              |
|          |                   |              |
|          |                   |              |

### Additional Comments:

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Infrared Thermometer ID:</b>   | IR TEMP GUN #4  EXP:11/05/2020 |
| <b>pH Test Strips 0 – 6 Lot #</b> | 213316AV   EXP:05/15/2020      |
| <b>pH Paper 0 – 3 Lot #</b>       | N/A                            |
| <b>pH Paper 0 – 13 Lot #</b>      | 215517   EXP: 06/01/2020       |
| <b>Chlorine Test Strips Lot #</b> | 8261   EXP: 07/30/2021         |

### ENCORE SAMPLES

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

Were Encore samples received? Yes \_\_\_\_\_ No X

Date and time placed in freezer \_\_\_\_\_

Were all samples placed in freezer within 48 hours of collection? Yes \_\_\_\_\_ If No \_\_\_\_\_

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: \_\_\_\_\_

# Florida Department of Environmental Protection

## Central Laboratory Submittal Form

Customer: WQAP

Requester: Amelia G. Rankin

Field Report Prepared By:

Project ID: BLOOM-RESP

Collected By:

Sue Davis

Sampling Agency:

Lee County

|                                            |                                                             |                                                                           |                                                                           |                                 |                                                                                        |                                                                      |                                         |                                                 |
|--------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|
| Location<br><i>Franklin Locks Upstream</i> |                                                             | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <i>1/14/2020</i> Time <i>0854</i> |                                 | Eastern<br>Central                                                                     | Composite end<br>Date _____ Time _____                               |                                         | Bottle<br>Group(s)<br>(See pg 2)<br><i>A, B</i> |
| Field ID                                   |                                                             | Matrix (type, e.g., Salt, Fresh, etc)<br><i>Fresh</i>                     |                                                                           | Diss. Oxygen<br><i>7.2</i>      | <input checked="" type="checkbox"/> mg/L<br><input type="checkbox"/> % sat             | Total Res. Chlorine<br>(mg/L) <i>—</i>                               |                                         |                                                 |
| WIN/STORET #                               |                                                             | Temp<br>(C) <i>21.9</i>                                                   | pH<br><i>8.3</i>                                                          |                                 | Sample<br>Depth <i>0.3</i>                                                             | <input type="checkbox"/> ft<br><input checked="" type="checkbox"/> m | Sp. Conductance<br>(umho/cm) <i>531</i> |                                                 |
| Latitude<br><i>26.72101</i>                | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><i>-81.69341</i>                                             | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity<br>(ppt) <i>&lt; 1</i> | Comments <i>speeds visible surface/water column, streaks, wind driven accumulation</i> |                                                                      |                                         |                                                 |
| Location                                   |                                                             | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                  |                                 | Eastern<br>Central                                                                     | Composite end<br>Date _____ Time _____                               |                                         | Bottle<br>Group(s)                              |
| Field ID                                   |                                                             | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                           | Diss. Oxygen                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                        | Total Res. Chlorine<br>(mg/L)                                        |                                         |                                                 |
| WIN/STORET #                               |                                                             | Temp<br>(C)                                                               | pH                                                                        |                                 | Sample<br>Depth                                                                        | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)            |                                                 |
| Latitude                                   | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity<br>(ppt)               | Comments                                                                               |                                                                      |                                         |                                                 |
| Location                                   |                                                             | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                  |                                 | Eastern<br>Central                                                                     | Composite end<br>Date _____ Time _____                               |                                         | Bottle<br>Group(s)                              |
| Field ID                                   |                                                             | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                           | Diss. Oxygen                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                        | Total Res. Chlorine<br>(mg/L)                                        |                                         |                                                 |
| WIN/STORET #                               |                                                             | Temp<br>(C)                                                               | pH                                                                        |                                 | Sample<br>Depth                                                                        | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)            |                                                 |
| Latitude                                   | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity<br>(ppt)               | Comments                                                                               |                                                                      |                                         |                                                 |
| Location                                   |                                                             | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                  |                                 | Eastern<br>Central                                                                     | Composite end<br>Date _____ Time _____                               |                                         | Bottle<br>Group(s)                              |
| Field ID                                   |                                                             | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                           | Diss. Oxygen                    | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                        | Total Res. Chlorine<br>(mg/L)                                        |                                         |                                                 |
| WIN/STORET #                               |                                                             | Temp<br>(C)                                                               | pH                                                                        |                                 | Sample<br>Depth                                                                        | <input type="checkbox"/> ft<br><input type="checkbox"/> m            | Sp. Conductance<br>(umho/cm)            |                                                 |
| Latitude                                   | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude                                                                 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity<br>(ppt)               | Comments                                                                               |                                                                      |                                         |                                                 |

|                                      |                                      |                                 |                                        |                                |                                     |
|--------------------------------------|--------------------------------------|---------------------------------|----------------------------------------|--------------------------------|-------------------------------------|
| Relinquished By:<br><i>Sue Davis</i> | Date/Time<br><i>1/14/2020 @ 1430</i> | Shipping Method<br><i>Fedex</i> | Number of Coolers Shipped:<br><i>1</i> | Received By:<br><i>Jylu R.</i> | Date/Time<br><i>01/16/20 @ 9:35</i> |
|--------------------------------------|--------------------------------------|---------------------------------|----------------------------------------|--------------------------------|-------------------------------------|



Date of Request: 07-JUN-2019  
 Created By: RANKIN\_A On: 07-JUN-2019  
 Modified By: JASROTIA\_P On: 10-JUN-2019  
 Customer: WQAP  
 Project: BLOOM-RESP  
 Division:  
 District:  
 Sampling Event: Lee County Bloom Response--As Needed

**Send Coolers To:**

Phone: 239-533-8600  
 Lee County Environmental Lab  
 60-2 Danley Drive  
 Fort Meyers, FL 33907  
 Attn: Sue Davis

**Send Final Report To:**

60-2 Danley Drive  
  
 Fort Meyers, FL 33907  
 Attn: Sue Davis

Program Module Number:

Priority: 1

Event Status: R

Criminal Investigation: NO

Chemistry Request Reviewed By: WATTS\_J On: 10-JUN-2019

Biology Request Reviewed By: JASROTIA\_P On: 10-JUN-2019

Sampling Kit Required: YES Ship on: 10-JUN-2019

Sampling Kit Shipped: YES On: 10-JUN-2019

Sampling Kit Packed By: SHAIK\_A

Preservatives Needed: NO

Date to Receive Samples: 13-JUN-2019

Received By: AYRES\_J On: 08-JAN-2020

Report Type: Final Only

FTP Data: NO

QC Report: YES

Date Log: NO

Authorization Log: NO

Comments: Please send 1 kit per 24 qt cooler.

Please print two copies of algal job labels at login.

There are multiple bottles per Group in case multiple sample targets or sample locations are needed. All bottles do not have to be filled at one time and can be spread among different sampling days and weeks. Samplers should use professional judgement to collect samples representative of waterbody conditions.

**Bottle Group A (Biological) With 3 Samples:**

Bottle Type: PT-50ML Number of Bottles: 3 Preserved With: ICE  
 BLOOM-ID Template: DEFAULT (SOP-AB05) Assessment of dominant algal taxa in bloom or mat sample

**Bottle Group B (Water) With 3 Samples:**

Bottle Type: BP-1L Number of Bottles: 3 Preserved With: ICE  
 CHLSUITE-W Template: DEFAULT (SM 10200 H (mod.)) Phytoplankton chlorophyll-a corrected, uncorrected, and phaeophytin by spectrophotometry

Bottle Type: BG-250ML-WDMTH Number of Bottles: 3 Preserved With: ICE  
 W-MCYST-AA Template: (EPA 8321B) Microcystins in water matrices by HPLC/MS/MS

Bottle Type: P-500ML Number of Bottles: 3 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: 3 Preserved With: FILTER-ICE  
 W-PO4-F Template: DEFAULT (EPA 365.1 Rev. 2.0) Ortho-phosphate, dissolved, in filtered, aqueous matrices as mg P/L

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

