Request Number: RQ-2016-06-27-07

Algal Bloom Response - As needed

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Project ID: BLOOM-RESP

Requester: Kirby Wolfe

Collected By: Corey Anderson, Ben Paswater

Field Report Prepared By: Corey Anderson

Sampling Agency: 21FLFTM

Location: Alva Boat Ramp on Caloosahatchee	☐ Comp ☐ Grab	Collection (comp begin or grab) Date 7-7-16 Time 1115 (Eastern / Central)	Composite end Date Time	Bottle Group(s) (See pg 2): A, B, C, D						
Field ID: Alva	Matrix (type, e.g., Salt, Fresh, etc): Fresh	Diss. Oxygen: 4.1 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)							
STORET #: —	Temp (C): 31.5	pH: 7.2	Sample Depth: 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm): 346						
Latitude: N 26.71322 ☒ dd ☐ dms	Longitude: W 81.60648 ☒ dd ☐ dms	Salinity (ppt):	Comments:							
Location: Cape Coral Yacht Club	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-7-16 Time 1310 (Eastern / Central)	Composite end Date Time	Bottle Group(s): A, B, C, D						
Field ID: Cape Coral	Matrix (type, e.g., Salt, Fresh, etc): Fresh	Diss. Oxygen: 5.7 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)							
STORET #: —	Temp (C): 33.4	pH: 7.8	Sample Depth: 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm): 2348						
Latitude: 26.54262 ☒ dd ☐ dms	Longitude: 81.95236 ☒ 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:							
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
Corey Anderson	7-7-16 ~~1200~~ 1400	Fedex	1		7-8-16 11:45

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

RQ-2016-06-27-07

Date of Request: 03-JUN-2016
Created By: WOLFE_K On: 03-JUN-2016
Modified By: MATTHEWS_D On: 17-JUN-2016
Customer: WQAP
Project: BLOOM-RESP
Division: Division of Environmental Assessment and Restoration
District:
Sampling Event: Algal Bloom Response - As needed

Send Coolers To:

Phone: 239-332-6975
FLDEP South District Office
2295 Victoria Ave. Suite 364
Fort Meyers, FL 33901-3381
Attn: Kirby Wolfe

Send Final Report To:

2600 Blair Stone Rd
MS #3560
Tallahassee, FL 32399-2400
Attn: Julie Espy

Program Module Number:
Priority: 1
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By: WATTS_J On: 17-JUN-2016
Biology Request Reviewed By: MATTHEWS_D On: 17-JUN-2016
Sampling Kit Required: YES Ship on: 21-JUN-2016
Sampling Kit Shipped: YES On: 21-JUN-2016
Sampling Kit Packed By: SHAIK_A
Preservatives Needed: YES
Date to Receive Samples: 27-JUN-2016
Received By: SHAIK_A On: 08-JUL-2016

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

Comments: 2 vials of sulfuric acid

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
For 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

Bottle Group C (Water) With 2 Samples:

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 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- 2016-06-27-07

Shipping Method: Fed Exp Date/Time of Receipt: 07-08-16 / 11:45

Cooler ID	Cooler Temperature*	No. Sample Containers in Cooler	Evidence Tape Present? Yes	Evidence Tape Present? No	*Intact? Yes	*Intact? No	Tracking # (fill out only if waybill copy is damaged)
Red	1.4C	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: ADP

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

Coolers Unpacked/Checked by: ADP Date: 7-8-16 NCRs (Y/N)? N

Event ID: Algal Bloom Response - As needed WQAP-2016-07-08-02 (BLOOM-RESP) Date Received: 08-JUL-2016 11:45 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:

00740

01000

FedEx Express® Package US Airbill

FedEx Tracking Number 8099 4719 9548

1 From

Date 7-7-16

Sender's Name Corey Anderson Phone 239 3445610

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.

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.

0122645602

8099 4719 9548

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.

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [X] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

Obtain recip. Acct. No. [ ]

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.

611

Rev. Date 5/15 ■ Part #

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