

Algal Bloom Response - As needed

## Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Kirby Wolfe

Field Report Prepared By:

Celli Ford

Project ID: BLOOM-RESP

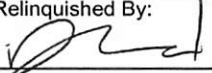
Collected By:

Celli Ford

Sampling Agency:

Highlands County

|                                                                         |                                                                          |                                                                           |                                                                           |                                                                                 |                                                                                          |                                           |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|
| Location<br><u>Little Lake Jackson (WBIID1860)</u>                      |                                                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date <u>12/12/16</u> Time <u>13:15</u> | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central | Composite end<br>Date _____ Time _____                                                   | Bottle Group(s)<br>(See pg 2)             |
| Field ID<br><u>East dock - HAB monitoring</u>                           |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)<br><u>Fresh</u>                     |                                                                           | Diss. Oxygen<br><u>Probe failed test</u>                                        | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat                          | Total Res. Chlorine<br>(mg/L) <u>NA</u>   |
| STORET #                                                                |                                                                          | Temp (C)<br><u>23.25</u>                                                  | pH<br><u>9.24</u>                                                         | Sample Depth<br><u>0.5</u>                                                      | <input checked="" type="checkbox"/> ft<br><input type="checkbox"/> m                     | Sp. Conductance<br>(umho/cm) <u>noted</u> |
| Latitude<br><u>27°28.136</u>                                            | <input type="checkbox"/> dd<br><input type="checkbox"/> dms              | Longitude<br><u>81°27.540</u>                                             | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               | Salinity (ppt)<br><u>NA</u>                                                     | Comments<br><u>appears to be an active bloom will return &amp; collect field samples</u> |                                           |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                  | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central            | Composite end<br>Date _____ Time _____                                                   | Bottle Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                           | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)                                                            |                                           |
| STORET #                                                                |                                                                          | Temp (C)                                                                  | pH                                                                        | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm)                                                             |                                           |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)<br><input type="checkbox"/> ppt                            | Comments                                                                  |                                                                                 |                                                                                          |                                           |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                  | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central            | Composite end<br>Date _____ Time _____                                                   | Bottle Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                           | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)                                                            |                                           |
| STORET #                                                                |                                                                          | Temp (C)                                                                  | pH                                                                        | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm)                                                             |                                           |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)<br><input type="checkbox"/> ppt                            | Comments                                                                  |                                                                                 |                                                                                          |                                           |
| Location                                                                |                                                                          | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            | Collection (comp begin or grab)<br>Date _____ Time _____                  | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central            | Composite end<br>Date _____ Time _____                                                   | Bottle Group(s)                           |
| Field ID                                                                |                                                                          | Matrix (type, e.g., Salt, Fresh, etc)                                     |                                                                           | Diss. Oxygen<br><input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat | Total Res. Chlorine<br>(mg/L)                                                            |                                           |
| STORET #                                                                |                                                                          | Temp (C)                                                                  | pH                                                                        | Sample Depth<br><input type="checkbox"/> ft<br><input type="checkbox"/> m       | Sp. Conductance<br>(umho/cm)                                                             |                                           |
| Latitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Longitude<br><input type="checkbox"/> dd<br><input type="checkbox"/> dms | Salinity (ppt)<br><input type="checkbox"/> ppt                            | Comments                                                                  |                                                                                 |                                                                                          |                                           |

|                                                                                                        |                                    |                 |                            |                            |                                   |
|--------------------------------------------------------------------------------------------------------|------------------------------------|-----------------|----------------------------|----------------------------|-----------------------------------|
| Relinquished By:<br> | Date/Time<br><u>12/12/16/15:05</u> | Shipping Method | Number of Coolers Shipped: | Received By:<br><u>MUB</u> | Date/Time<br><u>12/13/16/4:20</u> |
|--------------------------------------------------------------------------------------------------------|------------------------------------|-----------------|----------------------------|----------------------------|-----------------------------------|

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

Date of Request: 14-JUL-2016  
 Created By: WOLFE\_K On: 14-JUL-2016  
 Modified By: MATTHEWS\_D On: 19-JUL-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

Program Module Number:  
 Priority: 1  
 Event Status: S  
 Criminal Investigation: NO  
 Chemistry Request Reviewed By: WATTS\_J On: 15-JUL-2016  
 Biology Request Reviewed By: MATTHEWS\_D On: 19-JUL-2016  
 Sampling Kit Required: YES Ship on: 19-JUL-2016  
 Sampling Kit Shipped: YES On: 20-JUL-2016  
 Sampling Kit Packed By: BOWDEN\_M  
 Preservatives Needed: NO  
 Date to Receive Samples: 25-JUL-2016  
 Received By:

**Send Final Report To:**

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

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- 2016-07-25-93

Shipping Method: Fed EX

Date/Time of Receipt: 12/13/16 1620

| 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 |                                                       |
| B1ve      | 1.02                | 5                               |               | ✓  |          |    | 8103 9283 1540                                        |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |
|           |                     |                                 |               |    |          |    |                                                       |

\*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:     

\*\*W-1-4-DIOX (Green dot on container) preserved to pH < 4.0? Yes      No      NA ✓ Init: FKW

Coolers Unpacked/Checked by: FKW Date: 12/13/16 NCRs (Y/N)? N

Event ID: WQAP-2016-12-13-02  
WQAP-2016-12-13-03 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:**