



# 2017 Water Quality Monitoring

## Phosphorus Sample Shipping Guide

# Example Phosphorus Lab Slip (Front)

State of Wisconsin Department of Natural Resources and Laboratory of Hygiene		<b>Test Request – Inorganic Surface Water &amp; Microbiology</b> Form 4800-024 (R 8/15)		Page 1 of 2
<b>Billing and Reporting</b>				
Account Number 342442	Field Number (Bottle Label ID) 10047916-5-2017	Report to Address (Non-DNR only) 1845 N Farwell Ave., Suite #100		
Report to Name Craig Helker	City Milwaukee	State WI	ZIP 53202	
	Report to Email (Non-DNR only) zac@milwaukeekeeper.org			
<b>Date and Time of Sample Collection</b>				
Date (mm/dd/yyyy)	Time (24-hr clock)	End Date (mm/dd/yyyy)	End Time	
<b>Sample Type</b>				
Sample Type: (select one)				
<input checked="" type="radio"/> SU Surface Water	<input type="radio"/> NP Storm Water	<input type="radio"/> EF Effluent (Treated Wastewater)		
<input type="radio"/> D Public Drinking Water	<input type="radio"/> MW Monitoring Well	<input type="radio"/> PO Private Well		
<input type="radio"/> SL Sludge	<input type="radio"/> SO Soil	<input type="radio"/> TI Tissue		
<b>Who collected the sample</b>				
Collected By Name Kelly Ostrenga		Telephone (414) 287-0209	Email zac@milwaukeekeeper.org	
<b>Where the sample was collected</b>				
Station ID (STORET #) 10047916	Sample Address or Location Description Crestwood Creek at Marne Avenue			
County 41 - Milwaukee	Waterbody ID (WBID) 19450	Point / Outfall (or SWIMS Fieldwork Seq No)		
<b>Sample Details</b>				
Sample Description / Device Description River Sample collected by Milwaukee Riverkeeper's Water Action Volunteer (WAV) n				
Enforcement? <input type="radio"/> Yes <input type="radio"/> No	If Field QC Sample (select one): <input type="radio"/> Duplicate <input type="radio"/> Blank <input type="radio"/>		D	
If yes, include chain of custody form.				
Is Sample Disinfected? <input type="radio"/> Yes <input type="radio"/> No	Grant or Project Number RP29917	Or Top and Bottom of Sample Interval: - <input type="radio"/> ft <input type="radio"/> m <input type="radio"/> in <input type="radio"/> cm		
<b>Analyses Requested</b>				
If field filtered, indicate by checking the box on this sheet and noting on the lid of the sample bottle.				
<b>Plastic Quart Bottle (No chemical preservation)</b>				
<input type="checkbox"/> Sample field filtered? (Check box if yes)				
<input type="checkbox"/> Alkalinity, pH, Conductivity	<input type="checkbox"/> Color			
<input type="checkbox"/> BODs Dissolved	<input type="checkbox"/> Fluoride			
<input type="checkbox"/> BODs Total (900 ml needed)	<input type="checkbox"/> MBAs Screening			
<input type="checkbox"/> CBODs Total (carbonaceous)	<input type="checkbox"/> pH only (non compliance)			
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate			
<input type="checkbox"/> Chlorophyll A (if Field Filtered, give ml _____ filtered)	<input type="checkbox"/> Turbidity			
<b>Solids</b>				
<input type="checkbox"/> Suspended Sediment	<input type="checkbox"/> % Sand, Silt, Clay			
<input type="checkbox"/> Total Dissolved Solids	<input type="checkbox"/> Total Suspended Solids (500 ml needed)			
<input type="checkbox"/> Total Solids	<input type="checkbox"/> Total Vol. Susp. Solids (includes Total Susp. Solids)			
<input type="checkbox"/> Total Volatile Solids (includes total solids)				
<b>60 ml Bottle (No chemical preservation)</b>				
<input type="checkbox"/> Sample field filtered? (Check box if yes)				
<input type="checkbox"/> Orthophosphate	<input type="checkbox"/> NO <sub>2</sub> +NO <sub>3</sub> as Nitrogen (drinking water)			
<input type="checkbox"/> Silica	<input type="checkbox"/> Nitrite (NO <sub>2</sub> ) as Nitrogen			
<b>250 ml Glass Amber (Acidify w/Sulfuric Acid)</b>				
<input type="checkbox"/> TOC	<input type="checkbox"/> DOC			
<b>250 ml Metals Bottle (Acidify w/ Nitric Acid)</b>				
<input type="checkbox"/> Sample field filtered? (Check box if yes)				
<input type="checkbox"/> Low Level Metals. Note: Clean sampling with special bottles				
<input type="checkbox"/> TCLP (Toxicity Characteristic Leaching Procedure - use mason jar)				
Total recoverable metals will be run unless otherwise instructed.				
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Copper	<input type="checkbox"/> Selenium		
<input type="checkbox"/> Antimony	<input type="checkbox"/> Hardness-as CaCO <sub>3</sub>	<input type="checkbox"/> Silver		
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Iron	<input type="checkbox"/> Sodium		
<input type="checkbox"/> Barium	<input type="checkbox"/> Lead	<input type="checkbox"/> Strontium		
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Thallium		
<input type="checkbox"/> Boron	<input type="checkbox"/> Manganese	<input type="checkbox"/> Titanium		
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Vanadium		
<input type="checkbox"/> Calcium	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Zinc		
<input type="checkbox"/> Chromium, Total	<input type="checkbox"/> Nickel			
<input type="checkbox"/> Cobalt	<input type="checkbox"/> Potassium			
<b>250 ml Nutrients Bottle (Acidify w/ Sulfuric Acid)</b>				
<input type="checkbox"/> Sample field filtered? (Check box if yes)				
<input checked="" type="checkbox"/> Tot.-Phosphorus	<input type="checkbox"/> NO <sub>2</sub> + NO <sub>3</sub> as Nitrogen	<input type="checkbox"/> Total Kjeldahl-N		
<input type="checkbox"/> Ammonia-N	<input type="checkbox"/> COD	<input type="checkbox"/> Total Nitrogen		
<input type="checkbox"/> Tot. Dis. Phosphorus (filter, then acid preserve in 60 ml bottle)				
<b>250 ml Round Bacteria Bottle</b>				
<input type="checkbox"/> E. coli by MPN, non-potable	For lab use:			
<input type="checkbox"/> Enterococci by MPN, non-potable	<input type="checkbox"/> Iced	Sample Temp	°C	
Please enclose this form in the mailer along with the sample and send to the State Lab of Hygiene. Additional parameters or instructions to laboratory:				

Fill in the Date and Time of Sample Collection from your datasheet

Label your sample bottle with the Field Number and Sample Address or Location Description

\*\*\*This season samples will not have a Point/Outfall number. Please leave this section blank here on your datasheet.\*\*\*

# Example Phosphorus Lab Slip (Back)

342443 10047916-5-2017

## Test Request – Inorganic Surface Water & Microbiology

Form 4800-024 (R 8/15)

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### Field Parameters - Optional

Only fill out if directed by your project coordinator.

Temperature - Sample (°C)	<input type="text"/>	Gage Height (ft)	<input type="text"/>
Temperature - Ambient Air (°C)	<input type="text"/>	Flow (cfs)	<input type="text"/>
DO (mg/l)	<input type="text"/>	Flow (MGD)	<input type="text"/>
% Saturation	<input type="text"/>	Depth to Groundwater <input type="text"/>	<input type="text"/>
pH (su)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secchi Depth (feet or meters) <input type="text"/>	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Secchi Depth Hit Bottom? <input type="text"/>	<input type="text"/>	Transparency Tube (cm)	<input type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nitrates (mg/l)	<input type="text"/>
Cloud Cover (%)	<input type="text"/>		
Cond (µS/CM@25°C)	<input type="text"/>		

### Tips

See Chapter 4 "Lab Slips" of the Field Procedures Manual (see <http://intranet.dnr.state.wi.us/int/es/science/ls/Forms/Instructions.htm>) for further instructions and definitions.

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to <http://intranet/int/es/science/ls/Account.htm> or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

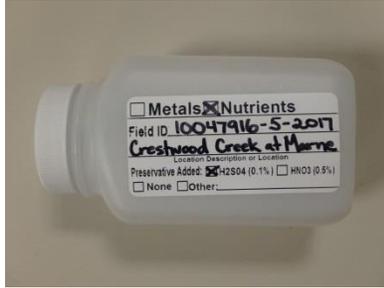
The **Lake Grant or Project Number field** should include the Lake Planning Grant Number or the Project Number.

**Sample Depth** – If you sample in a lake, this is required.

**Field Parameters** – If you do fill this out, the data will go into SWIMS automatically. Please do not re-enter. Also, you must QA the data once it arrives in SWIMS.

# How to Ship Your Phosphorus Samples

## Step 1: Label Sample Bottles



Place an X before Nutrients.

Label your sample bottles with its corresponding **Field Number (Bottle Label ID)** and **Sample Address or Location Description from your Lab Slip.** (Given the space constraints, fit as much as you can on the label.)

Place an X before H<sub>2</sub>SO<sub>4</sub> (0.1%) This indicates you added the sulfuric acid preservative

## Step 2: Fill out Lab Slip

Under the **Date and Time of Sample Collection** section, fill in the Date, Time, End Date, and End Time.

TEST REQUEST - inorganic Surfa	
Department of Natural Resources Infectious Disease Laboratory of Hygiene Form 4800-024 (R 8/15)	
<b>Billing and Reporting</b>	
Account Number	Field Number (Bottle Label ID)
142443	10047916-5-2017
DNR User ID	Report To Name
HELKEC	Craig Helker
Date Results Needed (mm/dd/yyyy)	
<b>Date and Time of Sample Collection</b>	
Date (mm/dd/yyyy)	Time (24-hr clock)
05/15/2017	10:10
End Date (mm/dd/yyyy)	End Time
05/15/2017	15:15
<b>Sample Type</b>	
Sample Type (select one)	
<input checked="" type="radio"/> SJ Surface Water	<input type="radio"/> NP Storm Water
<input type="radio"/> PD Public Drinking Water	<input type="radio"/> MW Monitoring Well
<input type="radio"/> SL Sludge	<input type="radio"/> PO Private Well
<input type="radio"/> SO Soil	<input type="radio"/> T Tissue
<b>Who collected the sample</b>	
Collected By Name	Telephone
Kelly Chongka	(414) 287-0209
	Email
	kac@milwaukee.gov
<b>Where the sample was collected</b>	
Station ID (STORET #)	Sample Address or Location Description
10047916	Creshead Creek at Mame Avenue
County	Watershed ID (WBI)
41 - Milwaukee	19450
	Point / Outlet (or DWM)
<b>Sample Details</b>	

## Step 3: Prepare Shipping Box



If you have one, line your Styrofoam cooler with plastic shopping bag or garbage bag. This step is optional, but recommended.



Place ice in two gallon Ziploc bags. Not much ice is needed.

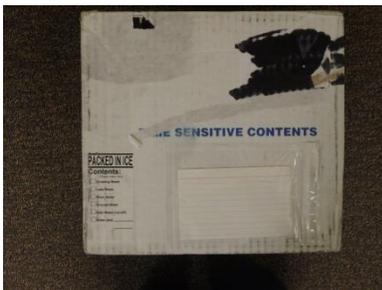


#### Step 4: Affix UPS Shipping Label

Seal your box with tape. Print, cut, and affix your UPS Shipping Label to the top of your box.



#### Step 5: Check the Return Address Index Card



Make sure that your return address index card is turned to not show your address. The State Lab of Hygiene staff will flip it over when shipping the empty box back to your address.