

APPENDIX E

Algae Submission Form/ Chain of Custody

ALGAE SAMPLE SUBMISSION FORM (Reproduce as needed for each sample)

Send this form with samples to:

Kansas Department of Health and Environment, Bureau of Water
Watershed Planning, Monitoring, and Assessment / Attn: Algae
1000 SW Jackson St., Ste. 420 (Curtis State Office Building)
Topeka, KS 66612

IMPORTANT: Use cubetainers with no preservatives, and leave some airspace.
Submit one cubetainer and form per site sampled.
Ship ASAP in cooler using blue ice or a small amount of ice and mark REFRIGERATE ON ARRIVAL
Samples should arrive cold but never freeze; freezing can destroy some specimens.
If submitting aquatic plants, use a ziplock bag with only a tiny amount of water in the bag.

Type of water body:

- Public Lake/Pond
 Private Lake/Pond
 Stream/River
 PWS – raw water
 PWS – finished water
 Other: _____

Type/s of problem under investigation:

- HAB Report
 Taste/Odor Incident
 Livestock/Pet health incident
 Human health incident
 Fish kill
 Other: _____

Waterbody Name, Waterbody Number, and Site ID if applicable (Example: Central Park Lake, LM0609-AA)
If this is a sampler-determined location rather than an established site, please label sites as XA, XB, XC, and so on.

_____/_____
Sample coordinates (Lat/Lon) Additional Site Info (e.g. dock, beach, shoreline)

Collector Name Date and Time

Sampling method: Pole sampler (standard method) or Other: _____

Additional algal samples collected at this water body today? NO or YES

Photos taken at this site? NO or YES
In-situ measurements taken at this site? NO or YES (please include units with measurements)
Temp: _____ pH: _____ DO: _____
Cond: _____ Secchi: _____ Other: _____
Complete cyanotoxin panel (MC, CYL, ANA, SAX) collected and sent to KHEL? NO or YES
Other samples collected and sent to KHEL? NO or YES -- Analytes: _____
**If toxin or chemistry samples are sent to KHEL, please notify Tony Stahl and Elizabeth Smith as well as KHEL.*

CONTINUED ON BACK

If this is raw or finished water collected in response to a Taste/Odor Incident for a PWS, please check appropriate boxes:

Odor (raw or finished):

- Earthy/musty Marshy/septic
 Chlorinous Fishy/aquarium
 Grassy/Woody Fragrant/flowery
 Medicinal Hydrocarbon/chemical

Taste (finished):

- Sour/acidic Bitter
 Salty Sweet
 Other: _____
 Mouthfeel: _____

"Mouthfeel" covers a number of characteristics of sensation such as powdery, metallic, burning, etc.

Also supply information about the water treatment plant:

If this is **not** a taste/odor incident (i.e., is a bloom report, fish kill, health investigation, etc.) please record any other potentially relevant information related to the incident here. This can include field conditions, site appearance, water level, recent and current weather, other agencies present, etc.

Site sketch:

Chain of custody:

Date/time: _____ Relinquished by: _____ Received by: _____

Date/time: _____ Relinquished by: _____ Received by: _____

Date/time: _____ Relinquished by: _____ Received by: _____

Ice packs still at least partially frozen? NO or YES

Also send results to: _____

Chain of Custody



064267

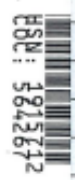
Workorder ID: Junction City Walmart Pond HC
 Submitter: Joshua Cullum
 Phone: JC Walmart Pond
 Lab Site: MAIN

Client: BOW Watershed Planning
 Contact: Tony Shahi
 Phone: 785-298-5578
 Reason:

Kansas Health & Environmental
 6310 SE Dwight Street
 Topeka, KS 66620
 Phone (785) 286-1620
 Fax (785) 559-6205



Pos	Sample ID, Collection Site	Matrix	Collector	Collected		Containers			Notes
				Date	Time	40MLAG (10X DIL)	40MLBRO (NONE)	CUBE (NONE)	
1	HAB Response JC Walmart Pond	W	Joshua Cullum	08/13/2021	08:10	1	1	1	11°C



Transfers	Released By	Date/Time	Received By	Date/Time
1	Joshua Cullum	8/13/21 9:45	[Signature]	8/13/21 9:45
2				
3				
4				
5				



Example of Laboratory Algae Submission/Chain of Custody form – completed