FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
ESOC PILOT STUDY - SURFACE WATER FIELD SHEET
Watershed Monitoring Section

February 2017

STATION INFORMATION

Station Name : _____ Date: _____ (MM/DD/YYYY)

Waterbody Name: _____ All Times Are: ETZ or CTZ (circle one)

Type of Visit: (circle one) Passive Sampling Device Deployment | Midway Through Deployment Period | Passive Sampling Device Retrieval

Field Sheet Completed by: _____

WATER CHARACTERISTICS

Total Water Depth: _____(meters) (Average of 2 measurements) Secchi Depth: _____(meters) (from SHADED side) Stage: _____ (feet) (if applicable)

Stream/River/Canal Flow: (Circle One, if applicable) No Flow Flow within Banks Flow Above Banks

Stream/River/Canal Water Velocity: _____ (meters/second)

Water Level: (Circle One) Low Normal High

Water Conditions: (circle all that apply) Clear Murky High Suspended Solids Surface Film Algal Growth Other _____

Bottom Conditions: (circle all that apply) (may be assessed during site reconnaissance) Gravel/Shell Rubble Smooth Sediment Woody Debris *Organic Muck *(very fine-grained flocculent organic material) Other_____

FIELD MEASUREMENTS (collect at same depth as passive sampling device)

Meter ID#				Read by:	
Time (24 hr.)	Depth Collected (meters)	Temperature (°C)	Specific Conductance (µmhos/cm)	D.O. (%)	D.O. (mg/L)	pH (SU)

Photos Taken? Yes No Fuel Powered Equipment Used? (e.g. boat motor) Yes No

Weather Conditions: _____

Personnel/Visitors On Site: _____

_____

Have any personnel on site contacted or consumed any of the following substances on the day of sampling activities?

Fumes containing engine exhaust --- Yes No
Oils, Tars, Fuels --- Yes No
Paints, Solvents --- Yes No
Tobacco Smoke --- Yes No
Fragrances (e.g. perfume, deodorant) --- Yes No
Bug Sprays, Pesticides, Herbicides --- Yes No
Sunscreens --- Yes No
Soap, Detergents, Anti-bacterial cleansers --- Yes No
Caffeine --- Yes No
Animal or Human Urine or Excrement --- Yes No
Prescription / Over-the-counter Medications, Hormonal Substances (human or veterinary) --- Yes No

If "yes" was selected for any items above, describe substances contacted/consumed and list type, brand, and active ingredient:

_____

_____

_____

_____

_____

_____

_____

Place Site Label Here
(if collecting samples)

Place QA/QC Label Here
(if applicable)

Station Name : _____ Date: _____

PASSIVE SAMPLING DEVICE INFORMATION

Device ID: _____

Device Deployment Date / Time: _____(24 hr.) Device Deployed / Retrieved By:

Date / Time of Observation: _____(24 hr.)
(if observation conducted midway through deployment period)

Device Depth: _____(meters)
(complete for each deployment / observation / retrieval event)

Device Retrieval Date / Time: _____(24 hr.)

Device Condition: (circle all that apply) Submerged Exposed Above Water Damaged Moved Buried
(complete for each deployment / observation / retrieval event)
Other _____

Photos taken of sampling device in water? (circle one) Yes No

WHOLE WATER SAMPLE COLLECTION INFORMATION ☐ N/A (No samples collected)

Note: *Water sample collection time must match field measurement collection time.*

Water Sample Collected By:

Water Sample Collection Device: (Circle One) Direct Grab with Sample Bottles Van Dorn ____ # of grabs Dipper Other _____
Equipment ID (if applicable): _____

PRESERVATION INFORMATION ☐ N/A (No samples collected)

Were all appropriate samples (including QA/QC blanks) preserved within 15 minutes in wet ice (≤ 6°C)? Yes No

(Please describe any variations to this preservation protocol in the comments section.)

Preserved by:

QA/QC SAMPLE INFORMATION ☐ N/A (No QAQC samples collected)

Whole Water QA/QC Sample: (Circle One) N/A Field Blank Equipment Blank (Field-cleaned) (Lab-cleaned)
Time:_____ (24 hr.)
Equipment ID (if applicable): _____
Collected by:

POCIS and SPMD QA/QC Sample: (Circle One) N/A Field Blank

Time Containers Opened: _____(24hr.)

Time Containers Closed: _____(24hr.)

Collected by:

Comments: Include information such as: any variations from normal preservation protocols, any problems experienced with collecting samples, additional sites conditions not documented above, description of any photos taken, any qualifiers needed (ex. "J" for failed calibration verification, etc.), etc.

Sampler Names: (PLEASE PRINT) _____

Sampler Signatures: _____

OFFICE USE ONLY

Reviewed for completion by: **Date:**