FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
ESOC PILOT STUDY - SURFACE WATER FIELD SHEET
Watershed Monitoring Section
February 2017

STATION INFORMATION

Station Name: Ochlockonee Riv @CR12 Date: 03/13/2017 (MM/DD/YYYY)

Waterbody Name: Ochlockonee River 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: AH + JT

WATER CHARACTERISTICS

Total Water Depth: 2.5 (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 Sand

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)
14:01	1.0	17.1	104	80.5	7.8	7.2

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

Weather Conditions: Rainy, slight

Personnel/Visitors On Site: Tom Seal, Alicia Hogue, Jon Wood, Mike Eckles, Jessie Tolbert, Paul Blair

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
Paints, Solvents --- Yes (No)
Fragrances (e.g. perfume, deodorant) --- Yes (No)
Sunscreens --- Yes (No)
Caffeine --- (Yes) No
Oils, Tars, Fuels --- Yes (No)
Tobacco Smoke --- Yes (No)
Bug Sprays, Pesticides, Herbicides --- Yes (No)
Soap, Detergents, Anti-bacterial cleansers --- (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:

handsoap, moderate traffic

SP-OCHLCK

ESOC-PILOT OCHLOCKONEE RIVER AT LEON COUNTY ROAD 12

Place QA/QC Label Here
(if applicable)

Station Name: Ochlockonee River@CR12 Date: 03/13/2017

PASSIVE SAMPLING DEVICE INFORMATION

Device ID: _____

Device Deployment Date / Time: 03/13/2017 1401 (24 hr.) Device Deployed / Retrieved By:

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

Device Retrieval Date / Time: _____ (24 hr.) Device Depth: 0.75 (meters)
(complete for each deployment / observation / retrieval event)

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.) Collected by:

Time Containers Closed: _____ (24hr.)

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) Alicia Hogue, Paul Blair, Mike Eckles, Jon Woods, Jessie Tolbert

Sampler Signatures: Alicia D Hogue

OFFICE USE ONLY

Reviewed for completion by: **Date:**