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

STATION INFORMATION

Station Name: Ochlockonee River @ SR 12 Date: 3/28/2017 (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: Jon Woods

WATER CHARACTERISTICS

Total Water Depth: 3.3 (meters) (Average of 2 measurements) Secchi Depth: 1.7 (meters) (from SHADED side) Stage: N/A (feet) (if applicable)

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

Stream/River/Canal Water Velocity: 0.125 (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# YSI 6920 14157 Read by: Jon Woods

Time (24 hr.)	Depth Collected (meters)	Temperature (°C)	Specific Conductance (µmhos/cm)	D.O. (%)	D.O. (mg/L)	pH (SU)
950	0.3	20.7	119	77	6.9	7.4

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

Weather Conditions: P. Cloudy

Personnel/Visitors On Site: Jon Woods, 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:

fumes from Vehicle exhaust
Dove Deodorant
Diet Pepsi
liquid Hand soap

Place Site Label Here (if collecting samples)

Place QA/QC Label Here (if applicable)

Station Name : Ochlockonee River @ SR 12 Date: 3/28/17

PASSIVE SAMPLING DEVICE INFORMATION

Device ID: _____

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

Date / Time of Observation: 3/28/17 950 (24 hr.)
(if observation conducted midway through deployment period)

Device Depth: 0.5 (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.) 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) Jon Woods
Paul Blair

Sampler Signatures:

OFFICE USE ONLY

Reviewed for completion by: **Date:**