

FDEP FORM FD 9000-3: PHYSICAL/CHEMICAL CHARACTERIZATION FIELD SHEET

SAMPLE ID 76514 ORG ID 21FLCEN LATITUDE 29.1916  
 COUNTY Marion STORET # 20030920 LONGITUDE -81.6557  
 DATE 7/6/16 TIME 1100 SAMPLING AGENCY FDEP CE-ROC  
 SITE NAME Mormon Branch upstream of SR 19  
 FIELD ID/NAME G2CE0052 RECEIVING BODY OF WATER \_\_\_\_\_

**RIPARIAN ZONE / STREAM FEATURES**

|                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                              |  |  |  |                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------|
| <b>PREDOMINANT LAND-USE IN WATERSHED</b> (specify relative percent in each category):<br>Forest/Natural <u>80</u> Silviculture <u>0</u> Field/Pasture <u>0</u> Agricultural <u>0</u> Residential <u>0</u> Commercial <u>0</u> Industry <u>0</u> Other (Specify) <u>Road</u> <u>20</u>                                                                              |  |  |                                                                                                                                                                                                              |  |  |  | <b>Landscape Development Intensity Index (LDI)</b><br><u>0</u>                                                          |
| Local Watershed Erosion (select one): <input checked="" type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy<br>Local Watershed NPS Pollution: <input type="checkbox"/> No evidence <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy |  |  |                                                                                                                                                                                                              |  |  |  | <b>Typical Width (m) Depth (m)/Velocity (m/sec) Transect</b><br><u>4</u> m wide<br><u>0.25</u> m/s<br><u>0.3</u> m deep |
| <b>Width of Riparian Vegetation (m) on Each Buffer Side</b><br>Left Bank: <u>718</u> Right Bank: <u>10</u>                                                                                                                                                                                                                                                         |  |  | <b>Hydrologic Modification Score</b> (per FT 3101) <u>3</u>                                                                                                                                                  |  |  |  |                                                                                                                         |
| <b>High Water Mark:</b> <u>0.4</u> + <u>0.3</u> = <u>0.7</u><br>(m) (above present water level) (present depth) (above bed)                                                                                                                                                                                                                                        |  |  | <b>Artificially Impounded</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                         |  |  |  |                                                                                                                         |
| <b>Artificially</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Mostly recovered, more sinuous<br><b>Channelized:</b> <input type="checkbox"/> Some recovery <input type="checkbox"/> Recent, severe                                                                                                                                           |  |  | <b>Canopy Cover %</b> <input type="checkbox"/> Open <input type="checkbox"/> Lightly Shaded (11-45%)<br><input checked="" type="checkbox"/> Heavily Shaded <input type="checkbox"/> Moderate Shaded (46-80%) |  |  |  |                                                                                                                         |

**SEDIMENT / SUBSTRATE**

Sediment Type: Sand

| <b>Sediment Oils</b><br><input checked="" type="checkbox"/> Absent <input type="checkbox"/> Slight<br><input type="checkbox"/> Moderate <input type="checkbox"/> Profuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     | <b>Sediment Odors</b><br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum<br><input type="checkbox"/> Chemical <input type="checkbox"/> Anaerobic<br><input type="checkbox"/> Other (Specify): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              | <b>Smothering of Substrates</b><br>Sand Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/><br>Silt Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/><br>Algae Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/> |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|-----------------------------------------|---------|--|--|--|--|--|--|--|--|
| <b>SUBSTRATE TYPE</b><br>Assessment Tool: <input checked="" type="checkbox"/> SCI <input checked="" type="checkbox"/> RPS <input type="checkbox"/> LVS<br><input type="checkbox"/> LCI <input type="checkbox"/> BioRecon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     | <b>WATER QUALITY</b> <table border="1"> <thead> <tr> <th></th> <th>Depth (M) <u>max</u></th> <th>Temp. (°C)</th> <th>pH (SU)</th> <th>D.O. (MG/L)</th> <th>D.O. Sat (%)</th> <th>Cond. (UMHO/CM)</th> <th>Salinity (PPT)</th> <th>SECCHI (M)</th> </tr> </thead> <tbody> <tr> <td>Top:</td> <td><u>0.3</u></td> <td><u>23.2</u></td> <td><u>5.7</u></td> <td><u>7.7</u></td> <td><u>90</u></td> <td><u>237</u></td> <td><u>0.11</u></td> <td><u>0.3</u></td> </tr> <tr> <td>Mid:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> VOB</td> </tr> <tr> <td>Bottom:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                     |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                          | Depth (M) <u>max</u>     | Temp. (°C)               | pH (SU)                             | D.O. (MG/L) | D.O. Sat (%)             | Cond. (UMHO/CM)          | Salinity (PPT)                      | SECCHI (M)               | Top:            | <u>0.3</u>               | <u>23.2</u>                         | <u>5.7</u>               | <u>7.7</u>               | <u>90</u>             | <u>237</u>                          | <u>0.11</u>              | <u>0.3</u>               | Mid:                     |                                                                                                                                                                                                              |  |  |  |  |  |  | <input checked="" type="checkbox"/> VOB | Bottom: |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Depth (M) <u>max</u>                | Temp. (°C)                          | pH (SU)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D.O. (MG/L)                         | D.O. Sat (%) | Cond. (UMHO/CM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Salinity (PPT) | SECCHI (M)                              |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| Top:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>0.3</u>                          | <u>23.2</u>                         | <u>5.7</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>7.7</u>                          | <u>90</u>    | <u>237</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>0.11</u>    | <u>0.3</u>                              |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| Mid:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | <input checked="" type="checkbox"/> VOB |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| Bottom:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| Woody Debris (Snags) <u>1.2</u> <u>5</u><br>Undercut Banks / Roots <u>0.5</u> <u>5</u><br>Leaf Packs or Mat ..... <u>0.6</u> <u>5</u><br>Aquatic Vegetation ..... <u>0.1</u> <u>2</u><br>Rock or Shell Rubble.....<br>Sand..... <u>3</u><br>Mud / Muck / Silt .....<br>Other .....<br>Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                     | <b>Water Odors</b> Normal <input checked="" type="checkbox"/> Petroleum <input type="checkbox"/><br>Sewage <input type="checkbox"/> Chemical <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |              | <b>Water Surface Oils</b> Normal <input checked="" type="checkbox"/> Sheen <input type="checkbox"/><br>Globbs <input type="checkbox"/> Slick <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     | Water Sample Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Sample Preserved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: <u>5259020</u> Exp: <u>9/16/16</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |              | <b>Color</b> Tannic <input type="checkbox"/> Green (Algae) <input type="checkbox"/><br>Clear <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                     |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     | Algae Sample Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Sample Preserved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: <u>N/A</u> Exp: <u>N/A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |              | <b>Clarity</b> Clear <input checked="" type="checkbox"/> Slightly Turbid <input type="checkbox"/><br>Turbid <input type="checkbox"/> Opaque <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                          |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| <b>ABUNDANCE</b> <table border="1"> <thead> <tr> <th></th> <th>Not Obs.</th> <th>Rare</th> <th>Common</th> <th>Abundant</th> </tr> </thead> <tbody> <tr> <td>Periphyton:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Fish:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Aquatic Plants:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Iron/Sulfur Bacteria:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Not Obs.                            | Rare         | Common                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Abundant       | Periphyton:                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fish:       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Aquatic Plants: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Iron/Sulfur Bacteria: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>System Type:</b> Stream <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Wetland <input type="checkbox"/> Estuary <input type="checkbox"/> Other(Specify) <input type="checkbox"/> _____ |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Not Obs.                            | Rare                                | Common                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Abundant                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| Periphyton:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| Fish:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| Aquatic Plants:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| Iron/Sulfur Bacteria:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |
| <b>AMBIENT FIELD CONDITIONS / NOTES:</b><br><u>90's clear</u><br><input checked="" type="checkbox"/> The antecedent hydrologic conditions have been met to my best knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                          |                          |                          |                                     |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                              |  |  |  |  |  |  |                                         |         |  |  |  |  |  |  |  |  |

**SAMPLING TEAM**

Mike Linger, Katie Williams, Leif Roman

**SIGNATURE:**

[Signature]

**DATE:**

7/6/16

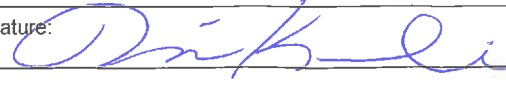
DEP Form FD 9000-5 Stream/River Habitat Assessment Field Sheet

|                                          |                          |                                                     |                                     |                                   |
|------------------------------------------|--------------------------|-----------------------------------------------------|-------------------------------------|-----------------------------------|
| SAMPLING AGENCY:<br><b>FDEP - CE ROC</b> |                          | STORET STATION NUMBER:<br><b>20030920</b>           | DATE (MM/DD/YY):<br><b>07/06/16</b> | RECEIVING BODY OF WATER:          |
| REMARKS:                                 | COUNTY:<br><b>MARION</b> | LOCATION:<br><b>Mormon Branch Upstream of SR 19</b> |                                     | FIELD ID/NAME:<br><b>G2CE0052</b> |

| Habitat Parameter                                                                      | Optimal                                                                                                                                                                                                           | Suboptimal                                                                                                                                                     | Marginal                                                                                                                                   | Poor                                                                                                                          |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Primary Habitat Components                                                             | Four or more major productive habitats present (snags, tree roots, aquatic vegetation, leaf packs (partially decayed), rock)                                                                                      | Three major productive habitats present. Adequate habitat. Some substrates may be new fall (fresh leaves or snags)                                             | Two major productive habitats present. Less than desirable habitat, frequently disturbed or removed                                        | One or less major productive habitat. Lack of habitat is obvious, substrates unstable or smothered                            |
| Substrate Diversity <b>13</b>                                                          | 20 19 18 17 16                                                                                                                                                                                                    | 15 14 13 12 11                                                                                                                                                 | 10 9 8 7 6                                                                                                                                 | 5 4 3 2 1                                                                                                                     |
| Substrate Availability <b>7</b>                                                        | Greater than 30% major productive habitat present at site<br>20 19 18 17 16                                                                                                                                       | 16% to 30% major productive habitat, by aerial extent<br>15 14 13 12 11                                                                                        | 6% to 15% major productive habitat<br>10 9 8 7 6                                                                                           | Less than 5% major productive habitat<br>5 4 3 2 1                                                                            |
| Water Velocity <b>15</b>                                                               | Max. observed at typical transect: > 0.25 m/sec. But < 1 m/sec<br>≥0.33 0.31 0.29 0.27 >0.25<br>20 19 18 17 16                                                                                                    | Max. observed at typical transect: >0.1 to 0.25 m/sec<br>0.25 0.21 0.17 0.13 >0.1<br>15 14 13 12 11                                                            | Max. observed at typical transect: 0.05 to 0.1 m/sec<br>0.1 0.09 0.07 0.06 0.05<br>10 9 8 7 6                                              | Max. observed at typical transect: <0.05 m/sec; or spate occurring: > 1 m/sec<br><0.05 0.04 0.03 0.01 <0.01<br>5 4 3 2 1      |
| Habitat Smothering <b>14</b><br>.....<br>Primary Score <b>49</b>                       | Adequate number of stable pools (1-2 per 12 times width) and <25% of habitats affected by sand, silt, or algae.<br>20 19 18 17 16                                                                                 | Adequate number of stable pools (1-2 per 12 times width) and >25% of habitats affected by sand, silt, or algae.<br>15 14 13 12 11                              | Does not have required number of stable pools (1-2 per 12 x width) and/or has shallow pools (<2 x prevailing depth).<br>10 9 8 7 6         | Stable pools are absent. Most habitats affected by sand, silt, or algae accumulation.<br>5 4 3 2 1                            |
| Secondary Habitat Components                                                           | Expected sinuosity given the stream width. No evidence of dredging or artificial straightening. No spoil banks.                                                                                                   | Good sinuosity within old channelized area. Evidence of dredging in the past (>25 yrs) but mostly recovered.                                                   | Straightened with trapezoidal cross section, but has a small degree of sinuosity developed within channelized area.                        | Straightened or engineered by dredging, has trapezoidal or box cut cross section, lacks required pools. May have spoil banks. |
| Artificial Channelization <b>20 18 46</b>                                              | 20 19 18 17 16                                                                                                                                                                                                    | 15 14 13 12 11                                                                                                                                                 | 10 9 8 7 6                                                                                                                                 | 5 4 3 2 1                                                                                                                     |
| Bank Stability                                                                         | Bankfull > 60% of bank height. Slope of bank ≤ 60° from bankfull to top of bank. Bankfull is within or above the root zone with few raw, eroded areas.                                                            | Only meets 2 of the 3 requirements for optimal bank stability.                                                                                                 | Only meets 1 of the 3 requirements for optimal bank stability.                                                                             | Bankfull < 60% of bank height. Slope of bank > 60°. Bankfull is below the root zone with raw, eroded areas.                   |
| Right Bank <b>10</b><br>Left Bank <b>10</b>                                            | 10 9                                                                                                                                                                                                              | 8 7 6                                                                                                                                                          | 5 4                                                                                                                                        | 3 2 1                                                                                                                         |
| Riparian Buffer Zone Width                                                             | Width of vegetation greater than 18 m                                                                                                                                                                             | Width of vegetation >12 to 18m                                                                                                                                 | Width of vegetation 6 to 12 m. human activities close to system                                                                            | Less than 6 m of buffer zone due to intensive human activities                                                                |
| Right Bank <b>10 8</b><br>Left Bank <b>46 10</b>                                       | 10 9                                                                                                                                                                                                              | 8 7 6                                                                                                                                                          | 5 4                                                                                                                                        | 3 2 1                                                                                                                         |
| Riparian Zone Vegetation Quality                                                       | Over 80% of riparian surfaces consist of normal, expected plant community for given sunlight & habitat conditions (e.g., native plants; tree, shrub, and forbs represented, if appropriate). Minimal disturbance. | >50% to 80% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Some disruption in community observed. | 25% to 50% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Disruption obvious. | Less than 25% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions).     |
| Right Bank <b>10 9</b><br>Left Bank <b>46 10</b><br>.....<br>Secondary Score <b>75</b> | 10 9                                                                                                                                                                                                              | 8 7 6                                                                                                                                                          | 5 4                                                                                                                                        | 3 2 1                                                                                                                         |

**124**

**TOTAL SCORE**

|                     |                                                  |                                                                                                  |
|---------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Date: <b>7/6/16</b> | Analyst: <b>Mike Linger</b><br><b>Leif Roman</b> | Signature:  |
|---------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------|

# DEP FORM FD 9000-25 Rapid Periphyton Survey Field Sheet

Site: Mormon Branch upstream of SR19 County: Marion Date: 7/6/2016 Investigators: Mike Linger

STORET Station Number: 20030920

| Transect (m) | Point<br>1=right<br>9=left | Algal Thickness Rank<br>(N-6, X) | Estimated | Canopy Cover | Transect (m)                                                                                                                                                                                     | Point<br>1=right<br>9=left | Algal Thickness Rank<br>(N-6, X) | Estimated | Canopy Cover |
|--------------|----------------------------|----------------------------------|-----------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-----------|--------------|
| 0            | 1                          | 3                                | N         | 92           | 60                                                                                                                                                                                               | 1                          | 3                                | N         | 92           |
|              | 2                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 3                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 4                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 5                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 6                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 7                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 8                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 9                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
| 10           | 1                          | N                                |           | 88           | 70                                                                                                                                                                                               | 1                          | N                                |           | 72           |
|              | 2                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 3                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 4                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 5                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 6                          | 5                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 7                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 8                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 9                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
| 20           | 1                          | N                                |           | 84           | 80                                                                                                                                                                                               | 1                          | 5                                |           | 76           |
|              | 2                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 3                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 4                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 5                          | 5                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 6                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 7                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 8                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 9                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
| 30           | 1                          | N                                |           | 84           | 90                                                                                                                                                                                               | 1                          | N                                |           | 92           |
|              | 2                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 3                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 4                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 5                          | 2                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 6                          | 2                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 7                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 8                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 9                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
| 40           | 1                          | 5                                |           | 76           | 100                                                                                                                                                                                              | 1                          | N                                |           | 88           |
|              | 2                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 3                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 4                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 5                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 6                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 7                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 8                          | 5                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 9                          | 4                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
| 50           | 1                          | N                                |           | 72           | Record "N" and check "Estimated" for points deeper than the Secchi depth; algae are presumed absent. Check "Estimated" if thickness estimated for deep points which can be seen but not reached. |                            |                                  |           |              |
|              | 2                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 3                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 4                          | 5                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 5                          | 5                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 6                          | 5                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 7                          | N                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 8                          | 3                                |           |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              | 9                          | 5                                | N         |              |                                                                                                                                                                                                  |                            |                                  |           |              |
|              |                            |                                  |           |              | Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.                                                                |                            |                                  |           |              |
|              |                            |                                  |           |              | Record canopy cover as the number of small densiometer quadrants (out of 96) that HAVE canopy cover. Measure facing upstream at point 4, 5, or 6.                                                |                            |                                  |           |              |
|              |                            |                                  |           |              | Collect algal mat sample following DEP SOP FS 7240 if the percentage of total sampled points with a thickness rank of 4, 5, or 6 is >20%.                                                        |                            |                                  |           |              |

Secchi depth 0.3  
Estimated?

# points ranked 4-6 33  
total points assessed 99  
% points ranked 4-6 33

Check accompanying data collected at same site/date.  
Algal mat sample /  
Linear Veg Survey /  
Habitat Assessment /  
SCI/Biorecon /  
Water sample /  
RQ-2016-06-06-47

Algal Thickness Rank

|   |                                         |
|---|-----------------------------------------|
| N | rough, no algae, slimy, algae up to 1mm |
| 3 | >1mm - 6mm                              |
| 4 | >6mm - 20mm                             |
| 5 | >20mm - 10 cm                           |
| 6 | >10 cm                                  |

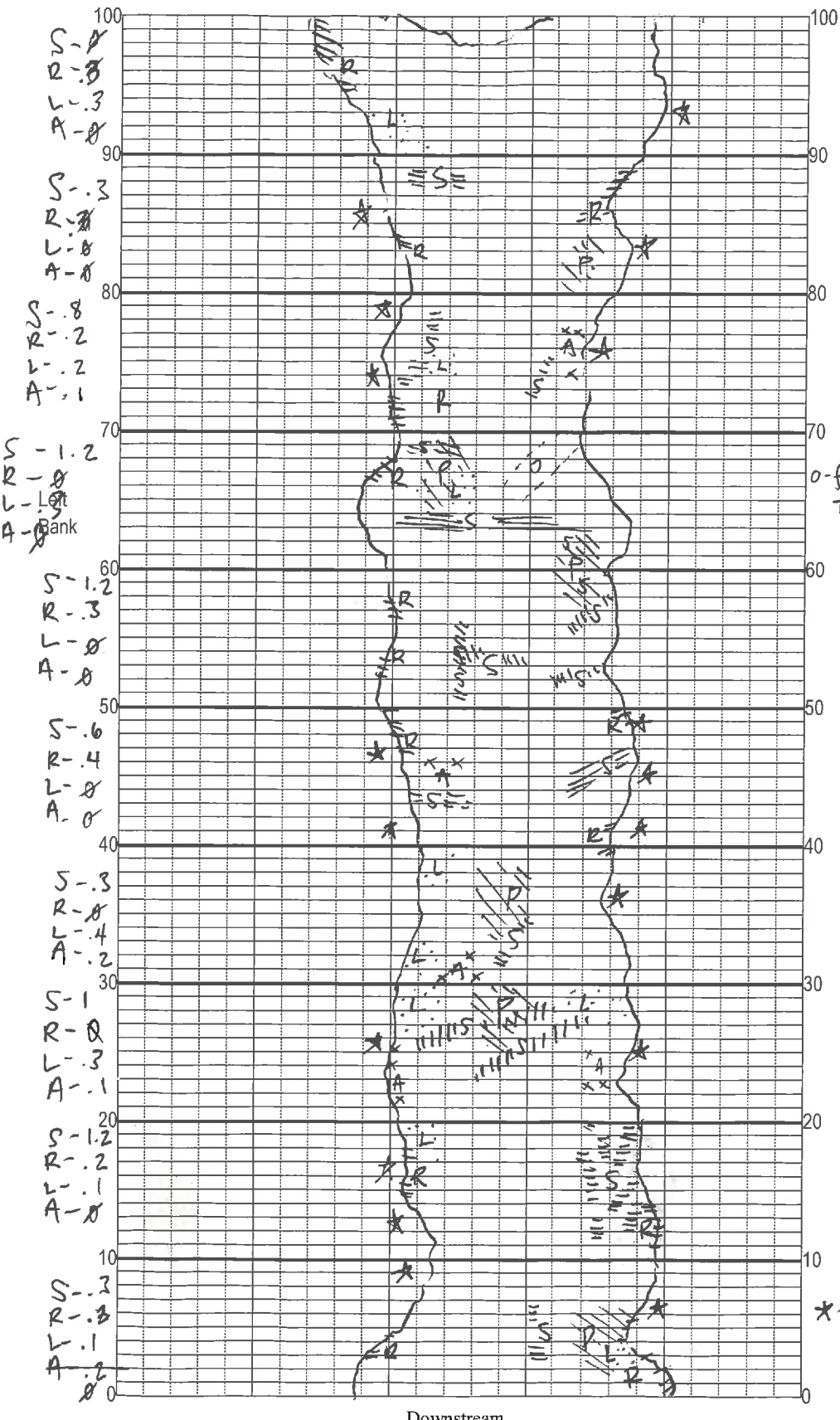
|                                            |                     |                               |                                |
|--------------------------------------------|---------------------|-------------------------------|--------------------------------|
| Waterbody: <u>Marmion Branch upstream</u>  | Date: <u>7/6/16</u> | County: <u>Marion</u>         | Storet Number: <u>20030920</u> |
| Analyst: <u>Mike Lingo</u> of <u>SR 19</u> |                     | Signature: <u>[Signature]</u> |                                |

Comments: No LVS conducted,  $< 2 \text{ m}^2$  veg.

Instructions: Note taxa growing in the water with a checkmark if present, "D" if dominant, and "C" if codominant (dominance only if 1 m<sup>2</sup> of taxa present). Note in the boxes below if no dominant are selected, and note total macrophyte abundance rank for each section. Only the most common taxa are listed, so use blank spaces for additional taxa names.

| HERBACEOUS SPECIES                   |  | Meter Mark |       |       |       |       |       |       |       |       |        | Specimen collected (check) | HERBACEOUS SPECIES               |  | Meter Mark |       |       |       |       |       |       |       |       |        | Specimen collected (check) |
|--------------------------------------|--|------------|-------|-------|-------|-------|-------|-------|-------|-------|--------|----------------------------|----------------------------------|--|------------|-------|-------|-------|-------|-------|-------|-------|-------|--------|----------------------------|
|                                      |  | 0-10       | 10-20 | 20-30 | 30-40 | 40-50 | 50-60 | 60-70 | 70-80 | 80-90 | 90-100 |                            |                                  |  | 0-10       | 10-20 | 20-30 | 30-40 | 40-50 | 50-60 | 60-70 | 70-80 | 80-90 | 90-100 |                            |
| <i>Alternanthera philoxeroides</i>   |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Micranthemum glomeratum</i>   |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Bacopa caroliniana</i>            |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Micranthemum umbrosum</i>     |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Bacopa monnieri</i>               |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Myriophyllum aquaticum</i>    |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Bidens mitis</i>                  |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Najas guadelupensis</i>       |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Boehmeria cylindrica</i>          |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Nuphar luteum</i>             |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Centella asiatica</i>             |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Orontium aquaticum</i>        |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Cephalanthus occidentalis</i>     |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Panicum hemitomon</i>         |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Ceratophyllum demersum</i>        |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Panicum repens</i>            |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Chara</i>                         |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Panicum rigidulum</i>         |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Cicuta maculata</i>               |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Pistia stratioides</i>        |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Cladium jamaicense</i>            |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Polygonum glabra</i>          |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Colocasia esculenta</i>           |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Polygonum hydropiperoides</i> |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Crinum americanum</i>             |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Polygonum punctatum</i>       |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Diodia virginiana</i>             |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Pontederia cordata</i>        |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Eichhornia crassipes</i>          |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Potamogeton illinoensis</i>   |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Eleocharis (wispy viviparous)</i> |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Ruellia simplex</i>           |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Hydrilla verticillata</i>         |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Sacciolepis striata</i>       |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Hydrocotyle</i>                   |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Sagittaria kurziana</i>       |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Hygrophila polysperma</i>         |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Sagittaria lancifolia</i>     |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Hymenocallis</i>                  |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Sagittaria latifolia</i>      |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Itea virginica</i>                |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Salix caroliniana</i>         |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Lachnanthes caroliniana</i>       |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Salvinia minima</i>           |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Landoltia punctata</i>            |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Samolus parviflora</i>        |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Lemna</i>                         |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Saururus cernuus</i>          |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Limnophila sessiflora</i>         |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Typha</i>                     |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Ludwigia leptocarpa</i>           |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Vallisneria americana</i>     |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Ludwigia palustris</i>            |  |            |       |       |       |       |       |       |       |       |        |                            | <i>Zizania aquatica</i>          |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Ludwigia peruviana</i>            |  |            |       |       |       |       |       |       |       |       |        |                            |                                  |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Ludwigia repens</i>               |  |            |       |       |       |       |       |       |       |       |        |                            |                                  |  |            |       |       |       |       |       |       |       |       |        |                            |
| <i>Luziola fluitans</i>              |  |            |       |       |       |       |       |       |       |       |        |                            |                                  |  |            |       |       |       |       |       |       |       |       |        |                            |

DEP Form FD 9000-4 Stream/River Habitat Assessment Sketch Sheet



Length of grid represents 100 m of stream (not linear meters).  
(Horizontal scale is double vertical scale, draw proportionately).

Location: Alamogordo Branch  
Date: 07/06/2016  
Sampler: Mike Linger, Katie Williams

100 m: Latitude 29.192374  
Longitude -81.656373  
0 m: Latitude 29.191523  
Longitude -81.656024

| Substrates: Code key, draw proportionate habitat abundance.  | %          |
|--------------------------------------------------------------|------------|
| Snags                                                        | <u>1.2</u> |
| Roots/undercut banks                                         | <u>0.5</u> |
| Leaf Packs (or mats)                                         | <u>0.6</u> |
| Aquatic Macrophytes                                          | <u>0.1</u> |
| Undercutting                                                 | <u>/</u>   |
| Pools                                                        | <u>/</u>   |
| total # observed = <u>6</u><br># range expected = <u>2-4</u> |            |

Average width 34 m  
Average depth 3 m

Velocity measured at 50 meter mark.

WQ & chemistry taken at 15 meter mark.

Habitat Smothering:  
Note areas (on map) where sand or silt is smothering substrates, limiting habitability.

Bank Stability:  
Note areas (on map) with unstable, eroding banks.

Riparian Buffer Width:  
Note areas (on map) where natural vegetation is altered or eliminated.

Plants observed / other notes:  
- florida water cross  
- Sarurus  
- Pontederia  
\* under cut

S - 6.9  
R - 2.0  
L - 2.5  
A - 0.4  
] 11.4 / 400 m<sup>2</sup>