

# DEP Form FD 9000-3 Physical/Chemical Characterization Field Sheet

SAMPLE ID 77644 ORG ID 21FLWQSP LATITUDE N 29.8288  
 COUNTY Lafayette STORET # STEINCANALRD LONGITUDE W - 83.30847  
 DATE 5/2/17 TIME 1020AM SAMPLING AGENCY FDEP/DEAR/AEQA  
 SITE NAME STEINBATCHEE River @ Canal Rd.  
 FIELD ID/NAME STEINCANAL RECEIVING BODY OF WATER Gulf of Mexico

## RIPARIAN ZONE / STREAM FEATURES

|                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                                                                                                                                                              |  |  |  |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------|
| <b>PREDOMINANT LAND-USE IN WATERSHED</b> (specify relative percent in each category):<br>Forest/Natural <input type="checkbox"/> Silviculture <input type="checkbox"/> Field/Pasture <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industry <input type="checkbox"/> Other (Specify) <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                              |  |  |  | <b>Landscape Development Intensity Index (LDI)</b><br><u>1.1</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 checked="" type="checkbox"/> No evidence <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy                                      |  |  |  | <b>Typical Width (m) Depth (m)/Velocity (m/sec) Transect</b><br><u>7</u> m wide                                                                                                                              |  |  |  |                                                                  |
| <b>Width of Riparian Vegetation (m) on Each Buffer Side</b><br>Left Bank: <u>718</u> Right Bank: <u>718</u>                                                                                                                                                                                                                                                                                             |  |  |  | <b>Hydrologic Modification Score</b> (per FT 3101) <u>1-2</u>                                                                                                                                                |  |  |  |                                                                  |
| <b>High Water Mark:</b> <u>1.5</u> + <u>0.4</u> = <u>1.9</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 checked="" type="checkbox"/> Lightly Shaded (11-45%)<br><input type="checkbox"/> Heavily Shaded <input type="checkbox"/> Moderate Shaded (46-80%) |  |  |  |                                                                  |

## SEDIMENT / SUBSTRATE

|                                                                                                                                                                          |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/><br>Silt Smothering: None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/><br>Algae Smothering: None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## SUBSTRATE TYPE

Assessment Tool: ☒ SCI ☒ RPS ☒ LVS

|                        | % Coverage | INVERT<br># Times Sampled | PERI<br># Times Sampled |
|------------------------|------------|---------------------------|-------------------------|
| Woody Debris (Snags)   | <u>1%</u>  | <u>5</u>                  |                         |
| Undercut Banks / Roots | <u>1%</u>  | <u>5</u>                  |                         |
| Leaf Packs or Mat      | <u>4%</u>  |                           |                         |
| Aquatic Vegetation     |            |                           |                         |
| Rock or Shell Rubble   | <u>27%</u> | <u>5</u>                  |                         |
| Sand                   | <u>65</u>  | <u>5</u>                  |                         |
| Mud / Muck / Silt      | <u>5</u>   |                           |                         |
| Other                  |            |                           |                         |
| Other                  |            |                           |                         |

## WATER QUALITY

|           | Depth (M)   | Temp. (°C)  | pH (SU)     | D.O. (MG/L) | D.O. Sat (%) | Cond. (UMHO/CM) | Salinity (PPT) | SECCHI (M) |
|-----------|-------------|-------------|-------------|-------------|--------------|-----------------|----------------|------------|
| Top       | <u>0.3</u>  | <u>22.5</u> | <u>7.12</u> | <u>5.71</u> | <u>65.8</u>  | <u>197.5</u>    | <u>—</u>       | <u>0.5</u> |
| Mid       |             |             |             |             |              |                 |                |            |
| Bottom    |             |             |             |             |              |                 |                |            |
| Meter ID: | <u>1483</u> |             |             |             |              |                 |                | <u>0.8</u> |

**Water Odors** Normal ☒ Petroleum ☐  
 Sewage ☐ Chemical ☐ Other ☐

Water Sample Taken? ☒ Yes ☐ No  
 Sample Preserved? ☒ Yes ☐ No  
 Lot Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Algae Sample Taken? ☐ Yes ☒ No  
 Sample Preserved? ☐ Yes ☐ No  
 Lot Number: \_\_\_\_\_ Exp: \_\_\_\_\_

**Water Surface Oils** Normal ☒ Sheen ☐  
 Globbs ☐ Slick ☐ Other ☐

**Color** Tannic ☒ Green (Algae) ☐  
 Clear ☐ Other (Specify) ☐

**Clarity** Clear ☒ Slightly Turbid ☐  
 Turbid ☐ Opaque ☐

## ABUNDANCE

|                       | Not Obs.                            | Rare                                | Common                   | Abundant                            |
|-----------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Periphyton:           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fish:                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input 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"/>            |

**System Type:** Stream ☒ Lake ☐ Wetland ☐ Estuary ☐ Other (Specify) ☐

## AMBIENT FIELD CONDITIONS / NOTES:

NA-6253070 exp 9/9/17; SA-6302030 exp 10/28/17  
 Nitric Acid NA-6253070 EXP: 09/09/17 Warning! See SDS  
 Sulfuric Acid SA-6302030 EXP: 10/28/17 Warning! See SDS  
 I qualify conductivity conditions have been met to my best knowledge.

## SAMPLING TEAM

J Jackson, A O'Neal, S Panel  
 J Storms

SURE:

DATE:

5/2/17

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

|                                    |                          |                                              |                                   |                                     |
|------------------------------------|--------------------------|----------------------------------------------|-----------------------------------|-------------------------------------|
| SAMPLING AGENCY: <u>FDEP/AEQAS</u> |                          | STORET STATION NUMBER: <u>STEIN CANAL RD</u> | DATE (MM/DD/YY): <u>05/02/17</u>  | RECEIVING BODY OF WATER: <u>GOM</u> |
| REMARKS:                           | COUNTY: <u>Lafayette</u> | LOCATION: <u>STEIN CANAL</u>                 | FIELD ID/NAME: <u>STEIN CANAL</u> |                                     |

| 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 <u>B</u>                                             | 20 19 18 17 16                                                                                                                                                                                                    | 15 14 13 12 11                                                                                                                                                 | 10 9 8 7 6                                                                                                                                 | 5 4 3 2 1                                                                                                                     |
| Substrate Availability <u>17</u>                                         | 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 <u>20</u>                                                 | 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 <u>18</u><br>Primary Score <u>68</u>                  | 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 <u>20</u>                                      | 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 <u>10</u><br>Left Bank <u>9</u>                               | 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 <u>10</u><br>Left Bank <u>10</u>                              | 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 <u>10</u><br>Left Bank <u>10</u><br>Secondary Score <u>79</u> | 10 9                                                                                                                                                                                                              | 8 7 6                                                                                                                                                          | 5 4                                                                                                                                        | 3 2 1                                                                                                                         |

147 TOTAL SCORE

|                       |                                    |                                 |
|-----------------------|------------------------------------|---------------------------------|
| Date: <u>5/2/2017</u> | Analyst: <u>J Jackson A O'Neal</u> | Signature: <u>Ashley O'Neal</u> |
|-----------------------|------------------------------------|---------------------------------|

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

|                                  |   |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |
|----------------------------------|---|--|---|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------|---|------------------------------------------------|----------------------------------------------|--|
| Site: <u>STEIN CANAL</u>         |   |  |   |    | County: <u>Lafayette</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | Date: <u>5/2/17</u> |   | Investigators: <u>J Jackson AO'Neal SParek</u> |                                              |  |
| Transect (m)                     |   |  |   |    | Transect (m)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |                     |   |                                                | STORET Station Number: <u>STEIN CANAL RD</u> |  |
| Point<br>1=right<br>9=left       |   |  |   |    | Point<br>1=right<br>9=left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                     |   |                                                |                                              |  |
| Algal Thickness Rank<br>(N-6, X) |   |  |   |    | Algal Thickness Rank<br>(N-6, X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                     |   |                                                |                                              |  |
| Estimated                        |   |  |   |    | Estimated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                     |   |                                                |                                              |  |
| Canopy Cover                     |   |  |   |    | Canopy Cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |                     |   |                                                |                                              |  |
| 0                                | 1 |  |   |    | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 |                     |   |                                                |                                              |  |
|                                  | 2 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 |                     |   |                                                |                                              |  |
|                                  | 3 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 |                     |   |                                                |                                              |  |
|                                  | 4 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 |                     |   |                                                |                                              |  |
|                                  | 5 |  | X | 24 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 |                     | X | 92                                             |                                              |  |
|                                  | 6 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6 |                     |   |                                                |                                              |  |
|                                  | 7 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 |                     |   |                                                |                                              |  |
|                                  | 8 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8 |                     |   |                                                |                                              |  |
|                                  | 9 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 |                     |   |                                                |                                              |  |
| 10                               | 1 |  |   |    | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 |                     |   |                                                |                                              |  |
|                                  | 2 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 |                     |   |                                                |                                              |  |
|                                  | 3 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 |                     |   |                                                |                                              |  |
|                                  | 4 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 |                     |   |                                                |                                              |  |
|                                  | 5 |  | X | 8  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 |                     |   | 92                                             |                                              |  |
|                                  | 6 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6 |                     |   |                                                |                                              |  |
|                                  | 7 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 |                     |   |                                                |                                              |  |
|                                  | 8 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8 |                     |   |                                                |                                              |  |
|                                  | 9 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 |                     |   |                                                |                                              |  |
| 20                               | 1 |  |   |    | 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 |                     |   |                                                |                                              |  |
|                                  | 2 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 |                     |   |                                                |                                              |  |
|                                  | 3 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 |                     |   |                                                |                                              |  |
|                                  | 4 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 |                     |   |                                                |                                              |  |
|                                  | 5 |  | X | 30 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 |                     |   | 68                                             |                                              |  |
|                                  | 6 |  | X |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6 |                     |   |                                                |                                              |  |
|                                  | 7 |  | X |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 |                     |   |                                                |                                              |  |
|                                  | 8 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8 |                     |   |                                                |                                              |  |
|                                  | 9 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 |                     |   |                                                |                                              |  |
| 30                               | 1 |  |   |    | 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 |                     |   |                                                |                                              |  |
|                                  | 2 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 |                     |   |                                                |                                              |  |
|                                  | 3 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 |                     |   |                                                |                                              |  |
|                                  | 4 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 |                     |   |                                                |                                              |  |
|                                  | 5 |  |   | 11 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 |                     |   | 94                                             |                                              |  |
|                                  | 6 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6 |                     |   |                                                |                                              |  |
|                                  | 7 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 |                     |   |                                                |                                              |  |
|                                  | 8 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8 |                     |   |                                                |                                              |  |
|                                  | 9 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 |                     |   |                                                |                                              |  |
| 40                               | 1 |  |   |    | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 |                     |   |                                                |                                              |  |
|                                  | 2 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 |                     |   |                                                |                                              |  |
|                                  | 3 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 |                     |   |                                                |                                              |  |
|                                  | 4 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 |                     |   |                                                |                                              |  |
|                                  | 5 |  |   | 21 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 |                     | X | 42                                             |                                              |  |
|                                  | 6 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6 |                     |   |                                                |                                              |  |
|                                  | 7 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 |                     |   |                                                |                                              |  |
|                                  | 8 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8 |                     |   |                                                |                                              |  |
|                                  | 9 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 |                     |   |                                                |                                              |  |
| 50                               | 1 |  |   |    | <p>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.</p> <p>Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.</p> <p>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.</p> <p>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 &gt;20%.</p> |   |                     |   |                                                |                                              |  |
|                                  | 2 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |
|                                  | 3 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |
|                                  | 4 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |
|                                  | 5 |  |   | 0  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |
|                                  | 6 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |
|                                  | 7 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |
|                                  | 8 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |
|                                  | 9 |  |   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                     |   |                                                |                                              |  |

|              |     |
|--------------|-----|
| Secchi depth | 0.5 |
| Estimated?   | ✓   |

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

|                                                      |   |
|------------------------------------------------------|---|
| Check accompanying data collected at same site/date. |   |
| Algal mat sample                                     |   |
| Linear Veg Survey                                    |   |
| Habitat Assessment                                   |   |
| SCI/Biorecon                                         | ✓ |
| Water sample                                         |   |
| RQ- 2017-05-01-64                                    |   |

| 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: STEINCANAL                                                                                                                                                                                                                                                                                                                                                       |  |            |       |       |       | Date: 5/24/17 |       |       |       |       |        | County: Lafayette          |                           |  |            |       |       | Storet Number: |       |       |       |       |       |        |                            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-------|-------|-------|---------------|-------|-------|-------|-------|--------|----------------------------|---------------------------|--|------------|-------|-------|----------------|-------|-------|-------|-------|-------|--------|----------------------------|--|--|
| Analyst:                                                                                                                                                                                                                                                                                                                                                                    |  |            |       |       |       |               |       |       |       |       |        | Signature:                 |                           |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                   |  |            |       |       |       |               |       |       |       |       |        |                            |                           |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| 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 |                            |  |  |
| Alternanthera philoxeroides                                                                                                                                                                                                                                                                                                                                                 |  |            |       |       |       |               |       |       |       |       |        |                            | Micranthemum glomeratum   |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Bacopa caroliniana                                                                                                                                                                                                                                                                                                                                                          |  |            |       |       |       |               |       |       |       |       |        |                            | Micranthemum umbrosum     |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Bacopa monnieri                                                                                                                                                                                                                                                                                                                                                             |  |            |       |       |       |               |       |       |       |       |        |                            | Myriophyllum aquaticum    |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Bidens mitis                                                                                                                                                                                                                                                                                                                                                                |  |            |       |       |       |               |       |       |       |       |        |                            | Najas guadelupensis       |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Boehmeria cylindrica                                                                                                                                                                                                                                                                                                                                                        |  |            |       |       |       |               |       |       |       |       |        |                            | Nuphar luteum             |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Centella asiatica                                                                                                                                                                                                                                                                                                                                                           |  |            |       |       |       |               |       |       |       |       |        |                            | Orontium aquaticum        |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Ceratophyllum demersum                                                                                                                                                                                                                                                                                                                                                      |  |            |       |       |       |               |       |       |       |       |        |                            | Panicum hemitomon         |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Chara                                                                                                                                                                                                                                                                                                                                                                       |  |            |       |       |       |               |       |       |       |       |        |                            | Panicum repens            |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Cicuta maculata                                                                                                                                                                                                                                                                                                                                                             |  |            |       |       |       |               |       |       |       |       |        |                            | Panicum rigidulum         |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Cladium jamaicense                                                                                                                                                                                                                                                                                                                                                          |  |            |       |       |       |               |       |       |       |       |        |                            | Pistia stratioides        |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Colocasia esculenta                                                                                                                                                                                                                                                                                                                                                         |  |            |       |       |       |               |       |       |       |       |        |                            | Polygonum glabra          |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Commelina diffusa                                                                                                                                                                                                                                                                                                                                                           |  |            |       |       |       |               |       |       |       |       |        |                            | Polygonum hydropiperoides |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Commelina virginica                                                                                                                                                                                                                                                                                                                                                         |  |            |       |       |       |               |       |       |       |       |        |                            | Polygonum punctatum       |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Crinum americanum                                                                                                                                                                                                                                                                                                                                                           |  |            |       |       |       |               |       |       |       |       |        |                            | Pontedaria cordata        |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Diodia virginiana                                                                                                                                                                                                                                                                                                                                                           |  |            |       |       |       |               |       |       |       |       |        |                            | Potamogeton illinoensis   |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Eichhornia crassipes                                                                                                                                                                                                                                                                                                                                                        |  |            |       |       |       |               |       |       |       |       |        |                            | Ruellia simplex           |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Eleocharis (wispy viviparous)                                                                                                                                                                                                                                                                                                                                               |  |            |       |       |       |               |       |       |       |       |        |                            | Sacciolepis striata       |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Hydrilla verticillata                                                                                                                                                                                                                                                                                                                                                       |  |            |       |       |       |               |       |       |       |       |        |                            | Sagittaria kurziana       |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Hydrocotyle                                                                                                                                                                                                                                                                                                                                                                 |  |            |       |       |       |               |       |       |       |       |        |                            | Sagittaria lancifolia     |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Hygrophila polysperma                                                                                                                                                                                                                                                                                                                                                       |  |            |       |       |       |               |       |       |       |       |        |                            | Sagittaria latifolia      |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Hymenocallis                                                                                                                                                                                                                                                                                                                                                                |  |            |       |       |       |               |       |       |       |       |        |                            | Salvinia minima           |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Lachnanthes caroliniana                                                                                                                                                                                                                                                                                                                                                     |  |            |       |       |       |               |       |       |       |       |        |                            | Samolus parviflora        |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Landoltia punctata                                                                                                                                                                                                                                                                                                                                                          |  |            |       |       |       |               |       |       |       |       |        |                            | Saururus cernuus          |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Lemna                                                                                                                                                                                                                                                                                                                                                                       |  |            |       |       |       |               |       |       |       |       |        |                            | Sparganium americanum     |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Limnophila sessiflora                                                                                                                                                                                                                                                                                                                                                       |  |            |       |       |       |               |       |       |       |       |        |                            | Typha                     |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Ludwigia leptocarpa                                                                                                                                                                                                                                                                                                                                                         |  |            |       |       |       |               |       |       |       |       |        |                            | Vallisneria americana     |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Ludwigia palustris                                                                                                                                                                                                                                                                                                                                                          |  |            |       |       |       |               |       |       |       |       |        |                            | Zizania aquatica          |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Ludwigia peruviana                                                                                                                                                                                                                                                                                                                                                          |  |            |       |       |       |               |       |       |       |       |        |                            |                           |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |
| Ludwigia repens                                                                                                                                                                                                                                                                                                                                                             |  |            |       |       |       | </            |       |       |       |       |        |                            |                           |  |            |       |       |                |       |       |       |       |       |        |                            |  |  |

SITE NAME: STEIN CANAL DATE: 5/2/17 TIME 1020 (military) EST CST DEPTH: 0.3 ft (m) FIELD ID: \_\_\_\_\_

| SAMPLING TEAM MEMBERS | WQ MEASUREMENTS | DOCUMENTATION | SAMPLE COLLECTION | PRESERVATION | PRESERVATION CHECK |
|-----------------------|-----------------|---------------|-------------------|--------------|--------------------|
| SARAH PANEK           | /               | /             |                   |              |                    |
| JOY JACKSON           |                 |               |                   |              |                    |
| ASHLEY ONEAL          |                 |               |                   |              |                    |
| JASON STORRS          |                 |               |                   |              |                    |

| SAMPLING EQUIPMENT                                   |                                             |
|------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Tubing type: _____ |
| <input type="checkbox"/> Pole                        | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Pump ID#: _____             | <input type="checkbox"/> Other: _____       |
| WATER QUALITY MEASUREMENTS                           |                                             |
| Instrument ID: <u>1483</u>                           |                                             |
| COLLECTION MODE                                      |                                             |
| <input checked="" type="checkbox"/> Wading           | <input type="checkbox"/> Via Boat           |
| <input type="checkbox"/> Diving                      | <input type="checkbox"/> Canoe              |
| <input type="checkbox"/> From Shore                  | <input type="checkbox"/> Electric Motor     |
| <input type="checkbox"/> Other: _____                | <input type="checkbox"/> Gasoline Motor     |

| Parameter Suite                | Parameter(s)/Method                                                                                                                                                                                                                                                                                                                                                                                                                                 | Matrix Code* | Preservation**                                                                                                                                     | Preservative Lot # | pH Check                               | # Bottles *** |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------|---------------|
| Preserved Nutrients            | <input checked="" type="checkbox"/> TKN <input checked="" type="checkbox"/> TP <input checked="" type="checkbox"/> NOx <input checked="" type="checkbox"/> NH3 <input checked="" type="checkbox"/> TOC <input type="checkbox"/> Total N<br><input type="checkbox"/> Other: _____                                                                                                                                                                    | S W          | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>                                         | 6302030            | <input checked="" type="checkbox"/> <2 | 1             |
| Filtered Nutrients             | <input type="checkbox"/> OP <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                   | W            | <input type="checkbox"/> Ice <input type="checkbox"/> .45 um Filter                                                                                |                    |                                        |               |
| Unpreserved Nutrients          | <input type="checkbox"/> NO <sub>2</sub> <input type="checkbox"/> NO <sub>3</sub> <input type="checkbox"/> SO <sub>4</sub> <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                    | W            | <input type="checkbox"/> Ice                                                                                                                       |                    |                                        |               |
| Physical/Aggregate Properties  | <input checked="" type="checkbox"/> TDS <input checked="" type="checkbox"/> TSS <input type="checkbox"/> TS <input checked="" type="checkbox"/> Turbidity <input checked="" type="checkbox"/> Alk <input checked="" type="checkbox"/> Color<br><input type="checkbox"/> Other: _____                                                                                                                                                                | S W          | <input checked="" type="checkbox"/> Ice                                                                                                            |                    |                                        | 1             |
| Chlorophyll                    | <input checked="" type="checkbox"/> CHL-PPTN-W                                                                                                                                                                                                                                                                                                                                                                                                      | S W          | <input checked="" type="checkbox"/> Ice                                                                                                            |                    |                                        |               |
| BOD                            | <input type="checkbox"/> BOD-INHB <input type="checkbox"/> BOD-UNIN                                                                                                                                                                                                                                                                                                                                                                                 | W            | <input type="checkbox"/> Ice                                                                                                                       |                    |                                        |               |
| Microbiology                   | MF: <input type="checkbox"/> E coli <input type="checkbox"/> T Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <input type="checkbox"/> F Strep                                                                                                                                                                                                                                                                                | W            | <input type="checkbox"/> Ice                                                                                                                       |                    |                                        |               |
| Macroinvertebrates             | <input checked="" type="checkbox"/> MI-FW-QLDC <input type="checkbox"/> MI-FW-QLBR <input type="checkbox"/> MI-FW-QNNC<br><input type="checkbox"/> MI-MN-QNNC                                                                                                                                                                                                                                                                                       | S W          | <input checked="" type="checkbox"/> Formalin                                                                                                       |                    |                                        | 3             |
| Phytoplankton                  | <input type="checkbox"/> PKD-QN-C <input type="checkbox"/> DTY-QN-C                                                                                                                                                                                                                                                                                                                                                                                 | W            | <input type="checkbox"/> Lugol's                                                                                                                   |                    |                                        |               |
| Periphyton                     | <input type="checkbox"/> PRN-QL-C <input type="checkbox"/> DTM-QL-C <input type="checkbox"/> PRN-QN-C <input type="checkbox"/> DTM-QN-C                                                                                                                                                                                                                                                                                                             | W            | <input type="checkbox"/> Formalin                                                                                                                  |                    |                                        |               |
| AGP                            | <input type="checkbox"/> AA-AGP <input type="checkbox"/> AA-LIM-NUT                                                                                                                                                                                                                                                                                                                                                                                 | W            | <input type="checkbox"/> Ice                                                                                                                       |                    |                                        |               |
| Metals                         | <input checked="" type="checkbox"/> W-ICP <input type="checkbox"/> W-FIAS <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP-Tr                                                                                                                                                                                                                                                                                                        | S W          | <input checked="" type="checkbox"/> HNO <sub>3</sub>                                                                                               | NA-62535           | <input checked="" type="checkbox"/> <2 | 1             |
| Filtered Metals                | <input type="checkbox"/> W-ICP-F <input type="checkbox"/> W-FIAS-F <input type="checkbox"/> W-ICPMS-F <input type="checkbox"/> W-ICP-Tr-F                                                                                                                                                                                                                                                                                                           | W            | <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> .45 um Filter                                                                   |                    | <input type="checkbox"/> <2            |               |
| Mercury                        | <input type="checkbox"/> W-HG-AF                                                                                                                                                                                                                                                                                                                                                                                                                    | W            |                                                                                                                                                    |                    |                                        |               |
| BaseNeutral / Acid Extractable | <input type="checkbox"/> W-BNA <input type="checkbox"/> W-AE <input type="checkbox"/> W-BN <input type="checkbox"/> W-PAH<br><input type="checkbox"/> W-FL-PRO <input type="checkbox"/> W <input type="checkbox"/> Other: _____                                                                                                                                                                                                                     | W            | <input type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub>                                                               |                    | <input type="checkbox"/> <2            |               |
| Pesticides                     | <input type="checkbox"/> W-PEST-CL <input type="checkbox"/> W-PCB <input type="checkbox"/> W-PEST-NP <input type="checkbox"/> W-PSCL-PCB<br><input type="checkbox"/> W-NP-AA-SF <input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-PSHRB-NP<br><input type="checkbox"/> W-SLFN-UREA <input type="checkbox"/> W-SULFN-LC <input type="checkbox"/> Other: _____<br><input type="checkbox"/> W-ACIDHERB<br><input type="checkbox"/> W-CARB | W            | <input type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub><br><input type="checkbox"/> Ice <input type="checkbox"/> MCAA |                    |                                        |               |
| Purgeables                     | <input type="checkbox"/> W-VOC-MS<br><input type="checkbox"/> W-VOC-MS-A                                                                                                                                                                                                                                                                                                                                                                            | W            | <input type="checkbox"/> Ice <input type="checkbox"/> HCl                                                                                          |                    |                                        |               |
| Bioassay                       | Specify Test: _____                                                                                                                                                                                                                                                                                                                                                                                                                                 | W            | <input type="checkbox"/> Ice                                                                                                                       |                    |                                        |               |
| OTHER                          | W-SUC-AA-R, W-AHERB-AA-S<br>W-UHERB-AA                                                                                                                                                                                                                                                                                                                                                                                                              | S W          | <input type="checkbox"/> Other: ice                                                                                                                |                    |                                        | 1             |

 Notes: Bromide, Chloride, Fluoride, Sulfate ions  
also in phys/agg
QPCR - HF183 - 1 Bottle

Use one line for each set of sample (as supplied by the laboratory) containers. Use separate sheet for field or laboratory duplicate or blank or different water depth

^Enter "S" for surface if collected at a depth less than or equal to 1 foot

\*Matrix Codes (Insert prefix): SW = Surface Water GW = Groundwater DW = Drinking Water WW = Wastewater O = Other: \_\_\_\_\_

\*\*PRESERVATIVES: 1 ml added unless otherwise noted

\*\*\*Enter number of containers supplied by the laboratory for the test (e.g., 3 for volatile organics, etc.)

## DEP Bureau of Laboratories Water Sample Collection Record

(Use with FDEP SOP-001/01 Form FD 9000-3 Physical/Chemical Characterization Field Sheet)

Florida Department of Environmental Protection  
Central Laboratory Submittal Form

Customer: BSSP  
Project ID: SCIREF

Requester: Sarah Panek  
Collected By: FDEP/AEQAS

Field Report Prepared By: Sarah Panek  
Sampling Agency: FDEP/DEAR/AEQAS

|          |  |                               |  |                                         |  |                                          |  |                                          |  |                                         |  |                                           |  |                                             |  |                                        |  |                           |  |       |  |                 |  |
|----------|--|-------------------------------|--|-----------------------------------------|--|------------------------------------------|--|------------------------------------------|--|-----------------------------------------|--|-------------------------------------------|--|---------------------------------------------|--|----------------------------------------|--|---------------------------|--|-------|--|-----------------|--|
| Location |  | Stanhatchee River @ Canal Rd. |  | <input type="checkbox"/> Comp           |  | Collection (comp begin or grab)          |  | <input checked="" type="checkbox"/> Grab |  | Date 5/2/17                             |  | Time 1020                                 |  | <input checked="" type="checkbox"/> Eastern |  | Composite end                          |  | Date                      |  | Time  |  | Bottle Group(s) |  |
| Field ID |  | STEIN CANAL                   |  | Matrix (type, e.g., Salt, Fresh, etc)   |  | Fresh                                    |  | Diss. Oxygen                             |  | 5.71                                    |  | <input checked="" type="checkbox"/> % sat |  | Total Res. Chlorine                         |  | (See pg 2)                             |  |                           |  |       |  |                 |  |
| STORET # |  | 57EN/CANAL RD                 |  | Temp (C)                                |  | 22.5                                     |  | pH                                       |  | 7.12                                    |  | Sample Depth                              |  | 0.3                                         |  | <input checked="" type="checkbox"/> ft |  | Sp. Conductance (umho/cm) |  | 197.5 |  | A, B            |  |
| Latitude |  | 29.8288                       |  | <input checked="" type="checkbox"/> dms |  | Longitude                                |  | -83.30847                                |  | <input checked="" type="checkbox"/> dms |  | Salinity (ppt)                            |  |                                             |  | Comments                               |  |                           |  |       |  |                 |  |
| Location |  | Rocky Cr. @ Woods Cr. Rd.     |  | <input type="checkbox"/> Comp           |  | <input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)          |  | Date 5/2/17                             |  | Time 1315                                 |  | <input checked="" type="checkbox"/> Eastern |  | Composite end                          |  | Date                      |  | Time  |  | Bottle Group(s) |  |
| Field ID |  | Rocky Wds Wds RD              |  | Matrix (type, e.g., Salt, Fresh, etc)   |  | Fresh                                    |  | Diss. Oxygen                             |  | 5.29                                    |  | <input checked="" type="checkbox"/> % sat |  | Total Res. Chlorine                         |  | (mg/L)                                 |  |                           |  |       |  | A, B            |  |
| STORET # |  | TAY15 ROCO1                   |  | Temp (C)                                |  | 21.1                                     |  | pH                                       |  | 7.4                                     |  | Sample Depth                              |  | 0.1                                         |  | <input checked="" type="checkbox"/> ft |  | Sp. Conductance (umho/cm) |  | 180.2 |  |                 |  |
| Latitude |  | 30.12828                      |  | <input checked="" type="checkbox"/> dms |  | Longitude                                |  | -83.64534                                |  | <input checked="" type="checkbox"/> dms |  | Salinity (ppt)                            |  |                                             |  | Comments                               |  |                           |  |       |  |                 |  |
| Location |  |                               |  | <input type="checkbox"/> Comp           |  | <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)          |  | Date                                    |  | Time                                      |  | <input type="checkbox"/> Eastern            |  | Composite end                          |  | Date                      |  | Time  |  | Bottle Group(s) |  |
| Field ID |  |                               |  | Matrix (type, e.g., Salt, Fresh, etc)   |  |                                          |  | Diss. Oxygen                             |  |                                         |  | <input type="checkbox"/> % sat            |  | Total Res. Chlorine                         |  | (mg/L)                                 |  |                           |  |       |  |                 |  |
| STORET # |  |                               |  | Temp (C)                                |  |                                          |  | pH                                       |  |                                         |  | Sample Depth                              |  |                                             |  | <input type="checkbox"/> ft            |  | Sp. Conductance (umho/cm) |  |       |  |                 |  |
| Latitude |  |                               |  | <input type="checkbox"/> dms            |  | Longitude                                |  |                                          |  | <input type="checkbox"/> dms            |  | Salinity (ppt)                            |  |                                             |  | Comments                               |  |                           |  |       |  |                 |  |
| Location |  |                               |  | <input type="checkbox"/> Comp           |  | <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)          |  | Date                                    |  | Time                                      |  | <input type="checkbox"/> Eastern            |  | Composite end                          |  | Date                      |  | Time  |  | Bottle Group(s) |  |
| Field ID |  |                               |  | Matrix (type, e.g., Salt, Fresh, etc)   |  |                                          |  | Diss. Oxygen                             |  |                                         |  | <input type="checkbox"/> % sat            |  | Total Res. Chlorine                         |  | (mg/L)                                 |  |                           |  |       |  |                 |  |
| STORET # |  |                               |  | Temp (C)                                |  |                                          |  | pH                                       |  |                                         |  | Sample Depth                              |  |                                             |  | <input type="checkbox"/> ft            |  | Sp. Conductance (umho/cm) |  |       |  |                 |  |
| Latitude |  |                               |  | <input type="checkbox"/> dms            |  | Longitude                                |  |                                          |  | <input type="checkbox"/> dms            |  | Salinity (ppt)                            |  |                                             |  | Comments                               |  |                           |  |       |  |                 |  |
| Location |  |                               |  | <input type="checkbox"/> Comp           |  | <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)          |  | Date                                    |  | Time                                      |  | <input type="checkbox"/> Eastern            |  | Composite end                          |  | Date                      |  | Time  |  | Bottle Group(s) |  |
| Field ID |  |                               |  | Matrix (type, e.g., Salt, Fresh, etc)   |  |                                          |  | Diss. Oxygen                             |  |                                         |  | <input type="checkbox"/> % sat            |  | Total Res. Chlorine                         |  | (mg/L)                                 |  |                           |  |       |  |                 |  |
| STORET # |  |                               |  | Temp (C)                                |  |                                          |  | pH                                       |  |                                         |  | Sample Depth                              |  |                                             |  | <input type="checkbox"/> ft            |  | Sp. Conductance (umho/cm) |  |       |  |                 |  |
| Latitude |  |                               |  | <input type="checkbox"/> dms            |  | Longitude                                |  |                                          |  | <input type="checkbox"/> dms            |  | Salinity (ppt)                            |  |                                             |  | Comments                               |  |                           |  |       |  |                 |  |
| Location |  |                               |  | <input type="checkbox"/> Comp           |  | <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)          |  | Date                                    |  | Time                                      |  | <input type="checkbox"/> Eastern            |  | Composite end                          |  | Date                      |  | Time  |  | Bottle Group(s) |  |
| Field ID |  |                               |  | Matrix (type, e.g., Salt, Fresh, etc)   |  |                                          |  | Diss. Oxygen                             |  |                                         |  | <input type="checkbox"/> % sat            |  | Total Res. Chlorine                         |  | (mg/L)                                 |  |                           |  |       |  |                 |  |
| STORET # |  |                               |  | Temp (C)                                |  |                                          |  | pH                                       |  |                                         |  | Sample Depth                              |  |                                             |  | <input type="checkbox"/> ft            |  | Sp. Conductance (umho/cm) |  |       |  |                 |  |
| Latitude |  |                               |  | <input type="checkbox"/> dms            |  | Longitude                                |  |                                          |  | <input type="checkbox"/> dms            |  | Salinity (ppt)                            |  |                                             |  | Comments                               |  |                           |  |       |  |                 |  |
| Location |  |                               |  | <input type="checkbox"/> Comp           |  | <input type="checkbox"/> Grab            |  | Collection (comp begin or grab)          |  | Date                                    |  | Time                                      |  | <input type="checkbox"/> Eastern            |  | Composite end                          |  | Date                      |  | Time  |  | Bottle Group(s) |  |
| Field ID |  |                               |  | Matrix (type, e.g., Salt, Fresh, etc)   |  |                                          |  | Diss. Oxygen                             |  |                                         |  | <input type="checkbox"/> % sat            |  | Total Res. Chlorine                         |  | (mg/L)                                 |  |                           |  |       |  |                 |  |
| STORET # |  |                               |  | Temp (C)                                |  |                                          |  | pH                                       |  |                                         |  | Sample Depth                              |  |                                             |  | <input type="checkbox"/> ft            |  | Sp. Conductance (umho/cm) |  |       |  |                 |  |
| Latitude |  |                               |  | <input type="checkbox"/> dms            |  | Longitude                                |  |                                          |  | <input type="checkbox"/> dms            |  | Salinity (ppt)                            |  |                                             |  | Comments                               |  |                           |  |       |  |                 |  |

Refinished By:

Date/Time

Shipping Method

Number of Coolers Shipped:

Received By:

Date/Time

Refinished By: Andrew Dreal May 3, 2017 9:18

Shipping Method: hand delivery

Received By: Tyler Reynolds 6/10/17 9:18