

FDEP South Regional Operations Center

PO Box 2549
Fort Myers, Florida 33902
(239) 344-5600

RQ#: _____

Project ID: BMAP Caloosa Creeks (GRAB)

SAMPLING DATE: _____

Meter ID: _____ Secchi ID: _____

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Field ID Location/Name STORET # Collection date	PARAMETER	TIME	Secchi 1 decimal	Total Depth	Sample Depth	TEMP 2 decimal	COND whole #	SAL 2 decimal	%SAT DO 1 decimal	DO 2 decimal	PH 2 decimal	Matrix
	UNIT	hr:min	meters	meters	meters	°C	µS/cm	PPT	%	mg/L	su	F/M
Field/WIN ID: Location: G #: Collection Date:												
		Bottom if >1.5										
Field Conditions: Water Level: Low Normal High Tide level: LS R HS F N/A pH ☒ Sample collected by:												
Field/WIN ID: Location: G #: Collection Date:												
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Field Conditions: Water Level: Low Normal High Tide level: LS R HS F N/A pH ☒ Sample collected by:												

Sampling Device: Container ☐ **Collection Method:** Shore ☐ Bridge ☐

H2S04 Lot# _____ Exp _____

Sampled by {Team Names} and Initials

Tide Times: High Low N/A

Analyte Kit: BOD-UNIN CHLSUITE-W ALKALINITY W-COLOR

HNO3 Lot# _____ Exp _____

W-DOC W-F W-NH3 W-NO2NO3 W-PO4-F

W-S-A-TP W-TKN W-TOC W-TSS ALL SAMPLES ON ICE

LIMS Upload (initials/date) _____

WIN Upload (initials/date) _____