



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

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February 2016

Data Qualified?
Yes / No

STORET Station Name: Canal near Kankakee Trail Pump Station

Date: 10/19/2016

STORET Station ID:

Latitude: 29° 26' 24.84" N

WBID: RQ - 2016-10-17-78

ORG ID:

Longitude: 81° 13' 58.82" W

Receiving Body of Water:

Field ID: Kankakee

County: Flagler

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Natalie Ayala				X		
Michael Cinger			X		X	

Sampling Equipment		
☒ Sample Container	☐ Van Dorn	☐ Pole
☐ Carboy	☐ Syringe	
☐ Dipper	☐ Other	
Equipment ID		

Collection Method	
☐ Wading	☐ Via Boat
☒ From Shore	☐ Canoe/Kayak
☐ Other (note below)	☐ Electric Motor
	☐ Gasoline Motor

Water Level: Dry / Low / Normal / High / Flooded						Matrix: Fresh / Marine / DI					
Meter ID# N/A			Photos: Yes / No			Tide Falling: Yes / No / NA					
Time Zone	Time	Sample Depth (m)	Total Depth (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (ppt)	Secchi Disk (m)	Sp COND (µmhos/cm)	Temp. (C°)	
EST	1521	0.1									
CEN											

Biological Samples Collected: None HA SCI LVS RPS LVI Other						
Parameter Suite	Parameter Methods		Preservation	Acid Lot#	Expiration	pH Check
Preserved Nutrients	☐ W-NH3 / ☐ W-NO2NO3 / ☐ W-TKN / ☐ W-TOC / ☐ W-S-A-TP		☐ Ice ☐ H2SO4			☐ <2
Metals	☐ W-ICPMS ☐ W-ICP		☐ Ice ☐ HNO2			☐ <2
Filtered Nutrients	☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter		☐ Ice			
Chlorophyll	☐ CHLSUITE-W		☐ Ice			
Physical/Aggregate (Kit A/C)	☐ Alkalinity / ☐ W-F / ☐ W-TSS / ☐ TURBIDITY / ☐ W-CHC / ☐ W-COLOR / ☐ W-SO4-IC / ☐ W-TDS		☐ Ice			
Physical/Aggregate (Kit B/D)	☐ Alkalinity / ☐ W-F / ☐ W-TSS / ☐ TURBIDITY		☐ Ice			
Macroinvertebrates	☐ MI-FW-QLDC		☐ Formalin			
Microbiology	☐ E Coli ☒ F Coli ☐ Entero ☐ QPCR		☒ Ice			
Periphyton	☐ ALGAE-ID		☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PC-AA-SF ☐ W-UHERB-AA ☐ W-GLYPH		☐ Ice ☐ Other			

Notes: Sampler Submitted to PACE Lab. Limepilot; amount of overflow may not have reached canal but sampled as precaution. Signs present.	Place Label Here (If Available)
Signature: [Signature]	Date: 10/19/2016

Field Parameters Entered into LIMS: _____ (Initials/Date) _____
Date Migrated to STORET: _____ (Initials/Date) _____
Field Parameters QC in LIMS: _____ (Initials/Date) _____
Field Sheets Scanned/Saved: _____ (Initials/Date) _____