



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2016

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Data Qualified?
Yes / No

STORET Station Name: _____



19020069 Trib.to Little Mill US1

Date: 2/10/16
(mm/dd/yyyy)

STORET Station ID: _____

Latitude: 30.588611
(Decimal Degrees)

WBID: 2156 RQ: 2016-02-08-48 ORG ID: 21FLA

Longitude: 81.830278
(Decimal Degrees)

Receiving Body of Water: Little Mills Creek Field ID: _____

County: NASSAU

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Duplicate Collection	Blank Collection
J Parrish		✓		✓	✓	✓		
P O'Connor			✓					

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# YSI 950

Photos: Yes / No

Tide Falling: Yes / No / NA

Field Sample

Time Zone	Time	Total Depth (m)	Sample Depth	Temp (°C)	DO (mg/L)	DO (%SAT)	COND (µmhos/cm)	Salinity (ppt)	pH	Secchi Disk (m)
EST	1200	0.5	0.3	8.0	7.1	60	357	0.17	7.42	0.4
CEN										

Biological Samples Collected:		None	HA	SCI	LVS	RPS	LVI	Other _____
Parameter Suite	Parameter Methods		Preservation		Acid Lot#	Expiration	pH Check	
Preserved Nutrients	☒ TKN / TP / Nox / NH3 / TOC	☐ Other _____	☒ Ice	☒ H ₂ SO ₄	SA5259020	9/16/16	☒ < 2	
Metals	☐ W-ICPMS ☐ W-ICP		☐ Ice	☐ HNO ₃			☐ < 2	
Filtered Nutrients	☒ OP ☐ Field Filtered 0.45 µm Filter		☒ Ice				Place Preservative Sticker(s) Here (if Available)	
Chlorophyll	☒ CHLSUITE-W		☒ Ice					
BOD	☐ BOD-INHB ☒ BOD-UNIN		☒ Ice					
Physical/Aggregate	☒ TSS / Turbidity / Alkalinity / Color ☐ Other _____		☒ 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		☐ Ice					
	☐ W-PC-AA-SF ☐ W-UHERB-AA ☐ W-GLYPH		☐ Other _____					

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