



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

PAGE \_\_\_\_ OF \_\_\_\_



19020069 UNNMTRIB TO LIL MILLS

Data Qualified?  
Yes / No

STORET Station Name: \_\_\_\_\_

STORET Station ID: \_\_\_\_\_

Date: 4-4-16  
(mm/dd/yyyy)

Latitude: 30.58835  
(Decimal Degrees)

WBID: 2156 RQ - 2016- 04-04-24 ORG ID: 21FLA

Longitude: 81.83018  
(Decimal Degrees)

Receiving Body of Water: Nassau Mills CL Field ID: \_\_\_\_\_

County: NASSAU

| Sampling Team Members |  |  |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check | Duplicate Collection | Blank Collection |
|-----------------------|--|--|--|-----------------|-------------------|---------------|--------------|--------------------|----------------------|------------------|
| - B Davis             |  |  |  | X               |                   | X             |              |                    |                      |                  |
| - P O'Connor          |  |  |  |                 | X                 | X             |              |                    |                      |                  |
| -                     |  |  |  |                 |                   |               |              |                    |                      |                  |
| -                     |  |  |  |                 |                   |               |              |                    |                      |                  |

| Sampling Equipment                        |                                                                            |
|-------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn <input checked="" type="checkbox"/> Pole |
| <input type="checkbox"/> Carboy           | <input type="checkbox"/> Syringe                                           |
| <input type="checkbox"/> Dipper           | <input type="checkbox"/> Other _____                                       |
| Equipment ID _____                        |                                                                            |

| Collection Method                                 |                                         |
|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Wading                   | <input type="checkbox"/> Via Boat       |
| <input checked="" type="checkbox"/> From Shore    | <input type="checkbox"/> Canoe/Kayak    |
| <input type="checkbox"/> Other (note below) _____ | <input type="checkbox"/> Electric Motor |
|                                                   | <input type="checkbox"/> Gasoline Motor |

| Water Level: Dry / Low / <u>Normal</u> / High / Flooded |             |                  |                 |             |             | Matrix: <u>Fresh</u> / Marine / DI |                |                 |                    |              |  |
|---------------------------------------------------------|-------------|------------------|-----------------|-------------|-------------|------------------------------------|----------------|-----------------|--------------------|--------------|--|
| Meter ID# <u>YSI556</u> Photos: Yes / <u>No</u>         |             |                  |                 |             |             | Tide Falling: Yes / No / <u>NA</u> |                |                 |                    |              |  |
| 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°)   |  |
| <u>EST</u>                                              | <u>1215</u> | <u>0.3</u>       | <u>0.5</u>      | <u>5.22</u> | <u>53.5</u> | <u>7.51</u>                        | <u>0.10</u>    | <u>0.3</u>      | <u>200</u>         | <u>16.57</u> |  |
| CEN                                                     |             |                  |                 |             |             |                                    |                |                 |                    |              |  |

| Biological Samples Collected: <u>None</u> HA SCI LVS RPS LVI Other _____ |                                                                                                                                                                                                                        |  |  |  |                                                                                                 |  |           |            |                                        |  |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------|--|-----------|------------|----------------------------------------|--|
| Parameter Suite                                                          | Parameter Methods                                                                                                                                                                                                      |  |  |  | Preservation                                                                                    |  | Acid Lot# | Expiration | pH Check                               |  |
| Preserved Nutrients                                                      | <input checked="" type="checkbox"/> TKN / TP / Nox / NH3 / TOC <input type="checkbox"/> Other _____                                                                                                                    |  |  |  | <input checked="" type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> |  |           |            | <input checked="" type="checkbox"/> <2 |  |
| Metals                                                                   | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                        |  |  |  | <input type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>                          |  |           |            | <input type="checkbox"/> <2            |  |
| Filtered Nutrients                                                       | <input checked="" type="checkbox"/> oP <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                          |  |  |  | <input checked="" type="checkbox"/> Ice                                                         |  |           |            |                                        |  |
| Chlorophyll                                                              | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                         |  |  |  | <input checked="" type="checkbox"/> Ice                                                         |  |           |            |                                        |  |
| BOD                                                                      | <input type="checkbox"/> BOD-INHB <input checked="" type="checkbox"/> BOD-UNIN                                                                                                                                         |  |  |  | <input checked="" type="checkbox"/> Ice                                                         |  |           |            |                                        |  |
| Physical/Aggregate                                                       | <input checked="" type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                          |  |  |  | <input checked="" type="checkbox"/> Ice                                                         |  |           |            |                                        |  |
| Macroinvertebrates                                                       | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                    |  |  |  | <input type="checkbox"/> Formalin                                                               |  |           |            |                                        |  |
| Microbiology                                                             | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                          |  |  |  | <input type="checkbox"/> Ice                                                                    |  |           |            |                                        |  |
| Periphyton                                                               | <input type="checkbox"/> ALGAE-ID                                                                                                                                                                                      |  |  |  | <input type="checkbox"/> Ice                                                                    |  |           |            |                                        |  |
| Pesticides                                                               | <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-AHERB-AA <input type="checkbox"/> W-PYR-AA-R<br><input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH |  |  |  | <input type="checkbox"/> Ice <input type="checkbox"/> Other _____                               |  |           |            |                                        |  |

Contains  
1:1  
Sulfuric Acid  
SA-5259020  
EXP: 09/16/16  
Warning!  
See MSDS

|                            |                                    |
|----------------------------|------------------------------------|
| Notes:                     | Place Label Here<br>(If Available) |
| Signature: <u>B. Davis</u> | Date: <u>4-4-16</u>                |

Field Parameters Entered into LIMS: \_\_\_\_\_ (Initials/Date) Field Parameters QC in LIMS: \_\_\_\_\_  
Date Migrated to STORET: \_\_\_\_\_ (Initials/Date) Field Sheets Scanned/Saved: NF 4/21/16 (Initials/Date)