



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

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

February 2016

Data Qualified?

Yes ☒ No ☐

STORET Station Name: UN-NAMED trib to Little Mills @ US

Date: 09/15/16  
(mm/dd/yyyy)

STORET Station ID: 1902007069 NF

Latitude: \_\_\_\_\_  
(Decimal Degrees)

WBID: 2156 RQ- \_\_\_\_\_

ORG ID: \_\_\_\_\_ Longitude: \_\_\_\_\_  
(Decimal Degrees)

Receiving Body of Water: MILLS CR

Field ID: G4NE0261

County: NASSAU

| Sampling Team Members |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|--|-----------------|-------------------|---------------|--------------|--------------------|
| PO'Connor             |  |                 |                   |               |              |                    |
| Alicia Watson         |  |                 |                   |               |              |                    |
|                       |  |                 |                   |               |              |                    |
|                       |  |                 |                   |               |              |                    |
|                       |  |                 |                   |               |              |                    |

| Sampling Equipment                          |                                         |                               |
|---------------------------------------------|-----------------------------------------|-------------------------------|
| <input type="checkbox"/> Sample Container   | <input type="checkbox"/> Van Dorn       | <input 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 From        | <input type="checkbox"/> Via Boat       |                               |
| <input type="checkbox"/> 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 / Normal / High / Flooded

Meter ID# \_\_\_\_\_ Photos: Yes / No

Matrix: Fresh / Marine / DI

Tide Falling: Yes / No / NA

| Time | Time | Sample Depth | Total Depth | DO     | DO     | pH | Salinity | Secchi Disk(m) | Sp COND    | Temp. (C°) |
|------|------|--------------|-------------|--------|--------|----|----------|----------------|------------|------------|
| Zon  |      | (m)          | (m)         | (mg/L) | (%SAT) |    | (ppt)    |                | (µmhos/cm) |            |
| EST  |      |              |             |        |        |    |          |                |            |            |
| CEN  |      |              |             |        |        |    |          |                |            |            |

Biological Samples Collected: None HA SCI LVS RPS LVI Other \_\_\_\_\_

| Parameter Suite            | Parameter Methods                                                                                                                                                                                                      | Preservation                                                      | Acid Lot# | Expiration | pH Check                    |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------|------------|-----------------------------|
| Preserved Nutrients        | <input type="checkbox"/> W-NH3 / <input type="checkbox"/> W-NO2NO3 / <input type="checkbox"/> W-TKN / <input type="checkbox"/> W-TOC / <input type="checkbox"/> W-S-A-TP                                               | <input type="checkbox"/> Ice <input type="checkbox"/> H2SO4       |           |            | <input type="checkbox"/> <2 |
| Metals                     | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                        | <input type="checkbox"/> Ice <input type="checkbox"/> HNO2        |           |            | <input type="checkbox"/> <2 |
| Filtered Nutrients         | <input type="checkbox"/> W-PO4-F <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                                | <input type="checkbox"/> Ice                                      |           |            |                             |
| Chlorophyll                | <input type="checkbox"/> CHLSUITE-W                                                                                                                                                                                    | <input type="checkbox"/> Ice                                      |           |            |                             |
| BOD                        | <input type="checkbox"/> BOD-UNIN                                                                                                                                                                                      | <input type="checkbox"/> Ice                                      |           |            |                             |
| Physical/Aggregate (Kit A) | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                                   | <input type="checkbox"/> Ice                                      |           |            |                             |
| Physical/Aggregate (Kit B) | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                                                                                                          | <input 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 _____ |           |            |                             |

Place Preservative Sticker(s) Here  
(If Available)

Notes:

11  
Dry Broken

Field ID



G4NE0260 09152016

Unnamed trib to  
Little Mills Crk at US 1

storet ID



19020069

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Field Parameters Entered into LIMS: \_\_\_\_\_  
(Initials/Date)

Field Parameters QC in LIMS: \_\_\_\_\_  
(Initials/Date)

Date Migrated to STORET: \_\_\_\_\_

Field Sheets Scanned/Saved: \_\_\_\_\_

## QA/QC Sample Information

## Duplicate

| Time Zone: <u>EST</u> CEN |                                                                                                                                                                                                                        | Sample Depth (m): _____                                                              |                                                      | Field ID: _____ |                              |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|------------------------------|
| Time: _____               |                                                                                                                                                                                                                        | Total Depth (m): _____                                                               |                                                      |                 |                              |
| Parameter Suite           | Parameter Methods                                                                                                                                                                                                      | Preservation                                                                         | Acid Lot#                                            | Expiration      | pH Check                     |
| Preserved Nutrients       | <input type="checkbox"/> TKN / TP / Nox / NH3 / TOC <input type="checkbox"/> Other _____                                                                                                                               | <input type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> |                                                      |                 | <input 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 type="checkbox"/> oP <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                                     | <input type="checkbox"/> Ice                                                         | Place Preservative Sticker(s) Here<br>(If Available) |                 |                              |
| Chlorophyll               | <input type="checkbox"/> CHLSUITE-W                                                                                                                                                                                    | <input type="checkbox"/> Ice                                                         |                                                      |                 |                              |
| BOD                       | <input type="checkbox"/> BOD-INHB <input type="checkbox"/> BOD-UNIN                                                                                                                                                    | <input type="checkbox"/> Ice                                                         |                                                      |                 |                              |
| Physical/Aggregate        | <input type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                                     | <input type="checkbox"/> Ice                                                         |                                                      |                 |                              |
| Microbiology              | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                          | <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<br><input type="checkbox"/> Other _____                 |                                                      |                 |                              |
|                           |                                                                                                                                                                                                                        |                                                                                      |                                                      |                 |                              |

## Blank

| Time Zone: <u>EST</u> CEN                                                                                                                       |                                                                                                                                                                                                                        | Time: <u>1215</u>                                                                    |                                                      | Field ID: _____ |                                         | Location: _____ |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|-----------------------------------------|-----------------|--|
| <input checked="" type="checkbox"/> Field Blank <input type="checkbox"/> Equipment Blank <input type="checkbox"/> Field Cleaned Equipment Blank |                                                                                                                                                                                                                        | Equimnet ID: <u># 2 Ortho kit, DI Carboy #2</u>                                      |                                                      |                 |                                         |                 |  |
| 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 type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> | <u>5259020</u>                                       | <u>9/14/14</u>  | <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 checked="" type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                               | <input type="checkbox"/> Ice                                                         | Place Preservative Sticker(s) Here<br>(If Available) |                 |                                         |                 |  |
| Chlorophyll                                                                                                                                     | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                         | <input checked="" type="checkbox"/> Ice                                              |                                                      |                 |                                         |                 |  |
| BOD                                                                                                                                             | <input type="checkbox"/> BOD-INHB <input type="checkbox"/> BOD-UNIN                                                                                                                                                    | <input type="checkbox"/> Ice                                                         |                                                      |                 |                                         |                 |  |
| Physical/Aggregate                                                                                                                              | <input checked="" type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                          | <input checked="" type="checkbox"/> Ice                                              |                                                      |                 |                                         |                 |  |
| Microbiology                                                                                                                                    | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                          | <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<br><input type="checkbox"/> Other _____                 |                                                      |                 |                                         |                 |  |
|                                                                                                                                                 |                                                                                                                                                                                                                        |                                                                                      |                                                      |                 |                                         |                 |  |

## Notes:

DI water  
Ortho filter #2

field ID

Date:  
Time:

FIELD BLANK

Signature: RafaelsonDate: 09

Field Parameters Entered into LIMS: \_\_\_\_\_

(Initials/Date)

Field Parameters QC in LIMS: \_\_\_\_\_

Date Migrated to STORET: \_\_\_\_\_

(Initials/Date)

Field Sheets Scanned/Saved: NF 9/24/14

(Initials/Date)