FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

PAGE ____ OF ____

Data Qualified? Yes / No

19010127Unnamed Str@CR121

STORET Station Name: ____ Date: 3-2-2016 (mm/dd/yyyy)

STORET Station ID: ____ Latitude: ____ (Decimal Degrees)

WBID: 2178 RQ - 2016- 02-29-16 ORG ID: 21FLA Longitude: ____ (Decimal Degrees)

Receiving Body of Water: St Mary's Field ID: ____ County: Nassau

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Duplicate Collection	Blank Collection
- Brian Davis		X				X	
- Amy Kalmbacher	X		X	X			
-							
-							

Sampling Equipment

☐ Sample Container ☐ Van Dorn ☑ Pole
☐ Carboy ☐ Syringe
☐ Dipper ☐ Other ____
Equipment ID ____

Collection Method

☐ Wading
☑ From Shore
☐ Other (note below)

Via Boat
☐ Canoe/Kayak
☐ Electric Motor
☐ Gasoline Motor

Water Level: Dry / Low / (Normal) / High / Flooded

Matrix: (Fresh) / Marine / DI

Meter ID# 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	0945	0.1	0.1	4.09	40.2	7.2 AK 6.11	0.03	0.15	66	14.62
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_2SO_4			☐ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO_3			☐ <2
Filtered Nutrients	☐ oP ☐ Field Filtered 0.45 µm Filter	☐ Ice			
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 ☐ W-PC-AA-SF ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other ____			

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

Notes:

Place Label Here (If Available)

Signature: Amy Kalmbacher Date: 3-2-2016

Field Parameters Entered into LIMS: ____ (Initials/Date) Field Parameters QC in LIMS: ____ (Initials/Date)

Date Migrated to STORET: ____ (Initials/Date) Field Sheets Scanned/Saved: ____ (Initials/Date)