



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

PAGE ____ OF ____

February 2016

Data Qualified?

Yes / No

STORET Station Name: Seaside Lake Station Collier County Seaside Lake Rd Date: 09/22/16
(mm/dd/yyyy)

STORET Station ID: 21020131 Latitude: _____
(Decimal Degrees)

WBID: 3499 RQ: 2016-09-19-47 ORG ID: _____ Longitude: _____
(Decimal Degrees)

Receiving Body of Water: _____ Field ID: _____ County: _____

Sampling Team Members						WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>N. Friedrichs</u>										
<u>P. O'Connor</u>										

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# _____ 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	<u>0955</u>									
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			
BOD	☐ BOD-UNIN	☐ Ice			
Physical/Aggregate (Kit A)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Kit B)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates	☐ MI-FW-QLDC	☐ Formalin			
Microbiology	☐ E Coli ☐ F Coli ☐ Enterococcus ☐ 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 _____			

Place Preservative Sticker(s) Here
(If Available)

Notes: <u>Broken, No Flow</u>	Place Label Here (If Available)
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Signature: _____ Date: _____

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

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