

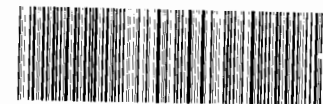


FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

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

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

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



21030152 Hague trib at 441

Data Qualified?  
Yes / No

Date: 03/22/2016  
(mm/dd/yyyy)

Latitude: 29.7709

(Decimal Degrees)

WBID: 3678 A RQ-2016-03-21-23 ORG ID: FL421

Longitude: 82.42967

(Decimal Degrees)

Receiving Body of Water: \_\_\_\_\_

Field ID: \_\_\_\_\_

County: Alachua

| Sampling Team Members |  |  |  |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|--|--|--|--|-----------------|-------------------|---------------|--------------|--------------------|
| B Davis               |  |  |  |  | X               | X                 |               |              |                    |
| J Pchiss              |  |  |  |  |                 | X                 | X             |              |                    |
|                       |  |  |  |  |                 |                   |               |              |                    |
|                       |  |  |  |  |                 |                   |               |              |                    |

| Sampling Equipment                                   |                                   |                               |
|------------------------------------------------------|-----------------------------------|-------------------------------|
| <input checked="" 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                | <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 / Normal / High / Flooded

Matrix: Fresh / Marine / DI

Meter ID# YSI#4

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 (umhos/cm) | Temp. (C°) |
|-----------|------|------------------|-----------------|-----------|-----------|------|----------------|-----------------|--------------------|------------|
| EST       | 1045 | 0.3              | 0.3             | 10.81     | 100.9     | 7.44 | 0.20           | LOB             | 410                | 12.30      |
| CEN       |      |                  |                 |           |           |      |                |                 |                    |            |

Biological Samples Collected: None HA SCI LVS RPS LVI Other

| Parameter Suite            | Parameter Methods                                                                                                                                                                                                                                       | Preservation                                                                      | Acid Lot# | Expiration | pH Check                    |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------|------------|-----------------------------|
| Preserved Nutrients        | <input checked="" type="checkbox"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP                                                                                                                                                                         | <input checked="" type="checkbox"/> Ice <input checked="" 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 checked="" type="checkbox"/> W-PO4-F <input type="checkbox"/> Field Filtered 0.45 um Filter                                                                                                                                                      | <input checked="" type="checkbox"/> Ice                                           |           |            |                             |
| Chlorophyll                | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Ice                                           |           |            |                             |
| BOD                        | <input checked="" type="checkbox"/> BOD UNIN                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Ice                                           |           |            |                             |
| Physical/Aggregate (Kit A) | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CHC / W-COLOR / W-SO4-IC / W-TDS                                                                                                                                           | <input checked="" 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 checked="" type="checkbox"/> W-PSNP-TQ <input checked="" type="checkbox"/> W-AHERB-AA <input type="checkbox"/> W-PYR-AA-R<br><input checked="" type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH | <input checked="" type="checkbox"/> Ice<br><input type="checkbox"/> Other         |           |            |                             |

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

Notes:

Place Label Here  
(If Available)

Signature: [Signature]

Date: 3/22/16

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)

# QA/QC Sample Information

RD-2016-03-21-23

**Duplicate**

| Time Zone: EST 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"/> Enteroc <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 <input type="checkbox"/> Other _____                    |                                                      |                 |                              |
|                     |                                                                                                                                                                                                                        |                                                                                      |                                                      |                 |                              |

**Blank**

| Time Zone: EST CEN                                                                                                                              |                                                                                                                                                                                                                                                                    | Time: <u>1055</u>                                                                    |                                                      | Field ID: <u>21050152</u> |                              | Location: <u>Hague Tril @ 441</u> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------|------------------------------|-----------------------------------|--|
| <input checked="" type="checkbox"/> Field Blank <input type="checkbox"/> Equipment Blank <input type="checkbox"/> Field Cleaned Equipment Blank |                                                                                                                                                                                                                                                                    | Equimnet ID: _____                                                                   |                                                      |                           |                              |                                   |  |
| 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"/> Enteroc <input type="checkbox"/> QPCR                                                                                                                                     | <input type="checkbox"/> Ice                                                         |                                                      |                           |                              |                                   |  |
| Pesticides                                                                                                                                      | <input checked="" type="checkbox"/> W-PSNP-TQ <input checked="" type="checkbox"/> W-AHERB-AA <input type="checkbox"/> W-PYR-AA-R<br><input checked="" type="checkbox"/> W-PC-AA-SF <input checked="" type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH | <input checked="" type="checkbox"/> Ice <input type="checkbox"/> Other _____         |                                                      |                           |                              |                                   |  |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                    |                                                                                      |                                                      |                           |                              |                                   |  |

**Notes:**

Place Label Here  
(If Available)

Signature: E. Va.

Date: 3/22/16

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

(Initials/Date)

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(Initials/Date)