



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

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

February 2016

Data Qualified?  
Yes / No

STORET Station Name: Lady Lake N. Lobe South of Center Date: 2/29/16  
(mm/dd/yyyy)

STORET Station ID: G4CE0097 Latitude: 28.92066714  
(Decimal Degrees)

WBID: 1342A RQ: 2016-02-29-45 ORG ID: 2IFLLEN Longitude: -81.89346199  
(Decimal Degrees)

Receiving Body of Water: \_\_\_\_\_ Field ID: G4CE0097 County: Lake

| Sampling Team Members                                   |  | WQ Measurements    | Sample Collection | Documentation | Preservation | Preservation Check | Duplicate Collection | Blank Collection | Sampling Equipment                                   |                                                    |                               |
|---------------------------------------------------------|--|--------------------|-------------------|---------------|--------------|--------------------|----------------------|------------------|------------------------------------------------------|----------------------------------------------------|-------------------------------|
| <u>Mike Brennan</u><br><u>Katie Williams</u>            |  |                    |                   |               |              |                    |                      |                  | <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn                  | <input type="checkbox"/> Pole |
|                                                         |  |                    |                   |               |              |                    |                      |                  | <input type="checkbox"/> Carboy                      | <input checked="" 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 type="checkbox"/> From Shore                  | <input type="checkbox"/> Canoe/Kayak               |                               |
|                                                         |  |                    |                   |               |              |                    |                      |                  | <input type="checkbox"/> Other (note below)          | <input type="checkbox"/> Electric Motor            |                               |
|                                                         |  |                    |                   |               |              |                    |                      |                  |                                                      | <input checked="" type="checkbox"/> Gasoline Motor |                               |
| Water Level: Dry / Low / <u>Normal</u> / High / Flooded |  |                    |                   |               |              |                    |                      |                  | Matrix: <u>Fresh</u> / Marine / DI                   |                                                    |                               |
| Meter ID# <u>Betty Boop</u> Photos: <u>Yes</u> / No     |  |                    |                   |               |              |                    |                      |                  | Tide Falling: Yes / No / <u>NA</u>                   |                                                    |                               |

| Field Sample |             |                  |                 |            |           |            |                |                 |                    |             |
|--------------|-------------|------------------|-----------------|------------|-----------|------------|----------------|-----------------|--------------------|-------------|
| 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>1225</u> | <u>03</u>        | <u>2.5</u>      | <u>8.8</u> | <u>94</u> | <u>5.9</u> | <u>0.02</u>    | <u>2.5(4)</u>   | <u>54</u>          | <u>19.5</u> |
| <u>CEN</u>   |             | <u>2.0</u>       |                 | <u>8.9</u> | <u>96</u> | <u>5.1</u> | <u>0.02</u>    |                 | <u>54</u>          | <u>19.0</u> |

| 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 checked="" type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> | <u>5259020</u>                                       | <u>9/16</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 checked="" 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 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                    |                                                                   | <input type="checkbox"/> Ice                                                                               |                                                      |             |                                        |
|                                                                          | <input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH                      |                                                                   | <input type="checkbox"/> Other _____                                                                       |                                                      |             |                                        |
|                                                                          |                                                                                                                               |                                                                   |                                                                                                            |                                                      |             |                                        |

## QA/QC Sample Information

## 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"/> 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: EST CEN                                                                                                                   |                                                                                                                                                                                                                        | Time: _____                                                                          |                                                      | Field ID: _____ |                              | Location: _____ |  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|------------------------------|-----------------|--|
| <input 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"/> 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:

RQ-2016-02-29-45

Date: 02/29/16

Time: 1225

G4CE0097



Field ID ↑

STORET ↓



G4CE0097

Signature: *Kulltams*

Date: 2/29/16

Field Parameters Entered into LIMS: MKL 3/1/16

Field Parameters QC in LIMS: 7R 3-2-16

Date Migrated to STORET: 7R 4/14/16

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

(Initials/Date)

(Initials/Date)

(Initials/Date)

(Initials/Date)