FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

October 2016

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Data Qualified? Yes / No

STORET Station Name: Lake Van @ NW Corner of W Lobe **Date:** 11/9/16 (mm/dd/yyyy)

STORET Station ID: 64CE0100 **WBID:** 1503 **Latitude:** 28.1108588 (Decimal Degrees)

County: Polk **RQ -** 2016-10-24-70 **ORG ID:** 21FLCEN **Longitude:** -81.7766596 (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** 64CE0100

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Leif Bowman		✓		✓	✓
Katie Williams	✓		✓		

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# Betty/67 **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. (C⁰)
(EST)	1140	0.3	3.9	8.3	99	7.6	0.10	1.0	220	24.1
CEN		3.4		7.2	84	7.4	0.10		219	22.9

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 ☑ H_2SO_4	6209120	7/17	☑ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO_3			☐ <2
Filtered Nutrients	☑ W-PO4-F ☑ Field Filtered 0.45 µm Filter	☑ Ice			
Chlorophyll	☑ CHLSUITE-W	☑ Ice			
Physical/Aggregate (Fresh)	☑ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☑ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ 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			

Place Preservative Sticker(s) Here (If Available)

Notes:

Place Label Here (If Available)

Signature: KWilliams Date: 11/9/16

Field Parameters Entered into LIMS: KMW 11/15/16 (Initials/Date) Field Parameters QC in LIMS: _____ (Initials/Date)

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