



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

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

Data Qualified?

Yes / No

June 2016

STORET Station Name: Blue Springs (Lake County) @ Weir Date: 9/1/16  
(G1CE0024) (mm/dd/yyyy)  
STORET Station ID: 20020459 WBID: 28382 Latitude: 28.74860942  
County: Lake RQ: 2016-08-29-43 ORG ID: 2IFLEN Longitude: -81.82775015  
(Decimal Degrees)  
Receiving Body of Water: LK. Hams Field ID: G1CE0024 (Decimal Degrees)

| Sampling Team Members                                              |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |           | WQ Measurements                     | Sample Collection                                                      | Documentation                       | Preservation                        | Preservation Check                  | Sampling Equipment                                   |                                             |                               |  |  |
|--------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|-------------------------------------|------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------|---------------------------------------------|-------------------------------|--|--|
| <u>Terry Jordan</u><br><u>Kate Williams</u>                        |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <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                      | 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 / <u>Normal</u> / High / Flooded            |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |           |                                     |                                                                        |                                     |                                     |                                     | Matrix: <u>Fresh</u> / Marine / DI                   |                                             |                               |  |  |
| Meter ID# <u>Betty</u> Photos: Yes / <u>No</u>                     |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |           |                                     |                                                                        |                                     |                                     |                                     | Tide Falling: Yes / No / <u>NA</u>                   |                                             |                               |  |  |
| 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                                                                | 1000 | 0.3                                                                                                                                                                                                                                                                                                                                                                         | 1.4             | 1.9       | 23                                  | 7.5                                                                    | 0.13                                | 1.4(s)                              | 283                                 | 23.9                                                 |                                             |                               |  |  |
| CEN                                                                |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |           |                                     |                                                                        |                                     |                                     |                                     |                                                      |                                             |                               |  |  |
| 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"/> W-NH3 / <input checked="" type="checkbox"/> W-NO2NO3 / <input checked="" type="checkbox"/> W-TKN / <input checked="" type="checkbox"/> W-TOC / <input checked="" type="checkbox"/> W-S-A-TP                                                                                                                                             |                 |           |                                     | <input checked="" type="checkbox"/> Ice <input type="checkbox"/> H2SO4 |                                     |                                     |                                     | <input checked="" 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 checked="" type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                                                                                                                                                               |                 |           |                                     | <input checked="" type="checkbox"/> Ice                                |                                     |                                     |                                     |                                                      |                                             |                               |  |  |
| Chlorophyll                                                        |      | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                                                                                                                                                                              |                 |           |                                     | <input checked="" type="checkbox"/> Ice                                |                                     |                                     |                                     |                                                      |                                             |                               |  |  |
| BOD                                                                |      | <input type="checkbox"/> BOD-UNIN                                                                                                                                                                                                                                                                                                                                           |                 |           |                                     | <input type="checkbox"/> Ice                                           |                                     |                                     |                                     |                                                      |                                             |                               |  |  |
| Physical/Aggregate (Fresh)                                         |      | <input checked="" type="checkbox"/> Alkalinity / <input checked="" type="checkbox"/> W-F / <input checked="" type="checkbox"/> W-TSS / <input checked="" type="checkbox"/> TURBIDITY / <input checked="" type="checkbox"/> W-CI-IC / <input checked="" type="checkbox"/> W-COLOR / <input checked="" type="checkbox"/> W-SO4-IC / <input checked="" type="checkbox"/> W-TDS |                 |           |                                     | <input checked="" type="checkbox"/> Ice                                |                                     |                                     |                                     |                                                      |                                             |                               |  |  |
| Physical/Aggregate (Marine)                                        |      | <input type="checkbox"/> Alkalinity / <input type="checkbox"/> W-F / <input type="checkbox"/> W-TSS / <input type="checkbox"/> 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 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            |                                     |                                     |                                     |                                                      |                                             |                               |  |  |

Contains  
1:1  
Sulfuric Acid  
SA-6168040  
EXP: 06/16/17  
Warning!  
See SDS

Active Sticker(s) Here  
(Available)

Notes: Flow for rivers/streams: \_\_\_\_\_ m/s

Debbie Velez, 7 Lonesome Pine Tr.  
352-267-9491  
352-324-0133 \* samples did not make it to lab

Signature: Kurt Hams enter as YSL only Date: 9/1/16

RQ-2016-08-29-43  
Blue Springs (Lake Co.) @ Weir  
Date: 9/1/2016  
Time: \_\_\_\_\_

G1CE0024  
Field ID ↑  
STORET ↓  
20020459

Field Parameters Entered into LIMS: kmw 4/25/17 T.Sheet Updated: ☐ Field Parameters QC in LIMS: 7/12 5/13/17 T.Sheet Updated: ☐  
Date Migrated to STORET: kmw 4/25/17 T.Sheet Updated: ☐ Field Sheets Scanned/Saved: \_\_\_\_\_ T.Sheet Updated: ☐