



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2016

PAGE 1 OF 3

Data Qualified?  
Yes / No

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

RQ-2016-02-08-60

2/8/2016



SD020816-1

Field ID

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

Arbuckle Branch @  
Arbuckle Creek Rd.



STORET  
26010519

Date: \_\_\_\_\_

(mm/dd/yyyy)

(Decimal Degrees)

WBID: 1761C RQ- \_\_\_\_\_

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

Arbuckle Creek

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

County: \_\_\_\_\_

(Decimal Degrees)

Highlands

| Sampling Team Members |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check | Duplicate Collection | Blank Collection |
|-----------------------|--|-----------------|-------------------|---------------|--------------|--------------------|----------------------|------------------|
| Cory Anderson         |  |                 |                   |               |              |                    |                      |                  |
| Denny Berger          |  |                 |                   |               |              |                    |                      |                  |
|                       |  |                 |                   |               |              |                    |                      |                  |
|                       |  |                 |                   |               |              |                    |                      |                  |
|                       |  |                 |                   |               |              |                    |                      |                  |

| Sampling Equipment                          |                                             |                                          |
|---------------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Sample Container   | <input type="checkbox"/> Van Dorn           | <input checked="" 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 checked="" 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 type="checkbox"/> Gasoline Motor     |                                          |

|                                                  |                             |
|--------------------------------------------------|-----------------------------|
| Water Level: Dry / Low / Normal / High / Flooded | Matrix: Fresh / Marine / DI |
| Meter ID# A                                      | Photos: Yes / No            |
|                                                  | Tide Falling: Yes / No / NA |

Field Sample

| Time Zone | Time | Total Depth (m) | Sample Depth | Temp (°C) | DO (mg/L) | DO (%SAT) | COND (µmhos/cm) | Salinity (ppt) | pH  | Secchi Disk (m) |
|-----------|------|-----------------|--------------|-----------|-----------|-----------|-----------------|----------------|-----|-----------------|
| EST       | 1040 | 0.7             | 0.3          | 11.9      | 8.5       | 79        | 106             | -              | 4.9 | 0.4             |
| 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"/> 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> | 5259020   | 9/16/16    | < 2      |
| Metals                                                             | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                     |  | <input type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>                                     |           |            | < 2      |
| Filtered Nutrients                                                 | <input checked="" type="checkbox"/> oP <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-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"/> W-PSCL-TQA <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH |  | <input type="checkbox"/> Ice <input type="checkbox"/> Other                                                |           |            |          |

Place Preservative Sticker(s) Here (if Available)

## QA/QC Sample Information

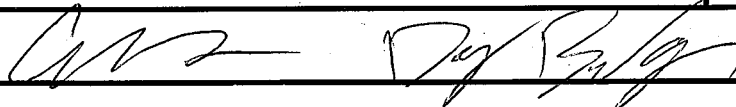
Duplicate

| 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                                                         | <div style="background-color: black; color: white; text-align: center; padding: 10px;">           Place Preservative Sticker(s) Here<br/>           (If Available)         </div> |                 |                              |
| 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 checked="" type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                          | <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-PSCL-TQA <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH | <input type="checkbox"/> Ice<br><input type="checkbox"/> Other _____                 |                                                                                                                                                                                   |                 |                              |

Field Blank

Equipment Blank Equipment ID#

|                    |             |                 |                 |
|--------------------|-------------|-----------------|-----------------|
| Time Zone: EST CEN | Time: _____ | Field ID: _____ | Location: _____ |
|--------------------|-------------|-----------------|-----------------|

|                                                                                                |                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Notes:                                                                                         | <div style="background-color: black; color: white; text-align: center; padding: 10px;">           Place Label Here<br/>           (If Available)         </div> |
|                                                                                                |                                                                                                                                                                 |
| Signature:  | Date: 2/8/2016                                                                                                                                                  |

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)