



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

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Data Qualified?
Yes / No

STORET Station Name: 9/26/2016
WBID 6019



STORET ID
G5SD0073

Date: _____
(mm/dd/yyyy)

STORET Station ID: Indian Key Fill at
SW End



Latitude: _____
(Decimal Degrees)

County: Monroe RQ - _____

Longitude: _____
(Decimal Degrees)

Receiving Body of Water: Atlantic Ocean Field ID: _____

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Ben Patwater			✓		✓	✓
Chase Conley		✓		✓		

Sampling Equipment		
☒ Sample Container	☐ Van Dorn	☐ Pole
☐ Carboy	☒ Syringe	
☐ Dipper	☐ Other	
Equipment ID _____		

Collection Method	
☐ Wading	☒ Via Boat
☐ From Shore	☐ Canoe/Kayak
☐ Other (note below)	☒ Electric Motor
	☒ Gasoline Motor

Water Level: Dry / Low / Normal / High / Flooded Matrix: Fresh / Marine / DI
Meter ID# A 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. (C°)
<u>EST</u>	<u>1400</u>	<u>0.3</u>	<u>1.4</u>	<u>5.9</u>	<u>83</u>	<u>7.6</u>		<u>1.45</u>	<u>53464</u>	<u>29.4</u>
CEN										

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 ☒ H2SO4			☒ <2
Metals	☒ W-ICPMS ☒ W-ICP	☒ Ice ☒ HNO3			☒ <2
Filtered Nutrients	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
BOD	☐ BOD-UNIN	☐ Ice			
Physical/Aggregate (Fresh)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-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 ☐ Enterococcus ☐ 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			

Notes: _____

Place Label Here
(If Available)

Signature: Ben Patwater Date: 9/26/2016

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)