



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2016

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Data Qualified?  
Yes / No

STORET Station Name: Clear Creek @ CR 749 Date: 01/26/2016  
(mm/dd/yyyy)  
STORET Station ID: 64NW0359 Latitude: 30.57387  
(Decimal Degrees)  
WBID: 531 RQ: 2016-01-25-63 ORG ID: 21FLPAK Longitude: 87.26128  
(Decimal Degrees)  
Receiving Body of Water: Escambia River Field ID: 64NW0359 County: Escambia

| Sampling Team Members                                   |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check | Duplicate Collection | Blank Collection | Sampling Equipment                                   |                                             |                               |
|---------------------------------------------------------|--|-----------------|-------------------|---------------|--------------|--------------------|----------------------|------------------|------------------------------------------------------|---------------------------------------------|-------------------------------|
| <u>NM</u>                                               |  | <u>XX</u>       | <u>XX</u>         | <u>XX</u>     | <u>XX</u>    | <u>XX</u>          | <u>XX</u>            | <u>XX</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 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 / <u>Normal</u> / High / Flooded |  |                 |                   |               |              |                    |                      |                  | Matrix: <u>Fresh</u> / Marine / DI                   |                                             |                               |
| Meter ID# <u>113529</u> Photos: Yes / <u>No</u>         |  |                 |                   |               |              |                    |                      |                  | Tide Falling: Yes / No / <u>NA</u>                   |                                             |                               |

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        |             |                 |              |             |            |             |                 |                |            |                 |
| <u>CEN</u> | <u>1140</u> | <u>0.4</u>      | <u>0.2</u>   | <u>11.6</u> | <u>9.1</u> | <u>84.0</u> | <u>66</u>       | <u>0.0</u>     | <u>6.9</u> | <u>VDB</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>5259026</u> | <u>9/16/16</u> | <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 checked="" type="checkbox"/> oP <input checked="" type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                            |    | <input type="checkbox"/> Ice                                |                                                                    |                |                |                              |
| Chlorophyll                               | <input type="checkbox"/> CHLSUITE-W                                                                                                                                                                                 |    | <input type="checkbox"/> Ice                                |                                                                    |                |                |                              |
| BOD                                       | <input type="checkbox"/> BOD-INHB <input checked="" 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                                |                                                                    |                |                |                              |
| 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="border: 1px solid black; padding: 5px; text-align: center;">           Place Preservative Sticker(s) Here<br/> <small>(If Available)</small> </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: | Location: Clear creek<br>CR 749 North<br>RQ-2016-01-25-63<br>Date:<br>Time: CST | <b>G4NW0359</b><br><br><b>Field ID ↑</b><br><b>STORET ↓</b><br><br><b>G4NV0359</b> |
|        | Signature: <i>[Signature]</i>                                                   | Date: <i>11/26/16</i>                                                              |

|                                                           |                                                    |
|-----------------------------------------------------------|----------------------------------------------------|
| 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)  |