



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

June 2016

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

Data Qualified?

Yes / No

STORET Station Name: CINCO BAYOU 1 MI W OF BRID CEN

Date: 11/01/2016

(mm/dd/yyyy)

STORET Station ID: 32010BE6

WBID: 843

Latitude: 30.42774756

(Decimal Degrees)

County: Okaloosa

RQ - 2016-10-24-19

ORG ID: 21FLPNS

Longitude: -86.60833338

(Decimal Degrees)

Receiving Body of Water: CHOCTAWHATCHEE BAY

Field ID: G3NW0088

| Sampling Team Members                                              |             |                                                                                                                                                                                                                        |                 | WQ Measurements                     | Sample Collection                   | Documentation                                                          | Preservation                        | Preservation Check                                   | Sampling Equipment                                   |                                             |                               |  |
|--------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|------------------------------------------------------|---------------------------------------------|-------------------------------|--|
| <u>MK</u><br><u>NIM</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                      | <input checked="" 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 checked="" type="checkbox"/> Gasoline Motor   |                                             |                               |  |
| Water Level: Dry / Low / <u>Normal</u> / High / Flooded            |             |                                                                                                                                                                                                                        |                 |                                     |                                     |                                                                        |                                     |                                                      | Matrix: Fresh / <u>Marine</u> / DI                   |                                             |                               |  |
| Meter ID# <u>132237</u>                                            |             |                                                                                                                                                                                                                        |                 | Photos: Yes / <u>No</u>             |                                     |                                                                        |                                     | Tide Falling: Yes / <u>No</u> / NA                   |                                                      |                                             |                               |  |
| Time Zone                                                          | Time        | Sample Depth (m)                                                                                                                                                                                                       | Total Depth (m) | DO (mg/L)                           | DO (%SAT)                           | pH                                                                     | Salinity (ppt)                      | Secchi Disk (m)                                      | Sp COND (umhos/cm)                                   | Temp. (C°)                                  |                               |  |
| EST                                                                |             | <u>0.2</u>                                                                                                                                                                                                             |                 | <u>7.5</u>                          | <u>100</u>                          | <u>7.9</u>                                                             | <u>23.1</u>                         |                                                      |                                                      | <u>23.7</u>                                 |                               |  |
| <u>CEN</u>                                                         | <u>1010</u> | <u>6.0</u>                                                                                                                                                                                                             | <u>6.5</u>      | <u>4.9</u>                          | <u>71</u>                           | <u>7.9</u>                                                             | <u>31.5</u>                         | <u>4.2</u>                                           | <u>48272</u>                                         | <u>25.2</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"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP                                                                                                                                        |                 |                                     |                                     | <input checked="" type="checkbox"/> Ice <input type="checkbox"/> H2SO4 |                                     | <u>6209120</u>                                       | <u>7/20/17</u>                                       | <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 um Filter                                                                                                          |                 |                                     |                                     | <input checked="" type="checkbox"/> Ice                                |                                     | Place Preservative Sticker(s) Here<br>(If Available) |                                                      |                                             |                               |  |
| 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 type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                                   |                 |                                     |                                     | <input type="checkbox"/> Ice                                           |                                     |                                                      |                                                      |                                             |                               |  |
| Physical/Aggregate (Marine)                                        |             | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                                                                                               |                 |                                     |                                     | <input checked="" type="checkbox"/> Ice                                |                                     |                                                      |                                                      |                                             |                               |  |
| Macroinvertebrates                                                 |             | <input type="checkbox"/> MI-PW-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            |                                     |                                                      |                                                      |                                             |                               |  |

Notes:

Location: CINCO BAYOU

G3NW0088

West of Cinco Bridge

RQ-2016-10-24-19(WBID 843)

Date:

Time: CST

Field ID ↑

STORET ↓

32010BE6

Signature: [Signature]

Date: 11/1/16

Field Parameters Entered into LIMS:

(Initials/Date)

Field Parameters QC in LIMS:

Date Migrated to STORET:

(Initials/Date)

Field Sheets Scanned/Saved:

(Initials/Date) 11/10/16  
(Initials/Date)