



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2016

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

Data Qualified?  
Yes / No

STORET Station Name: Lake Earl Center

Date: 3/1/16  
(mm/dd/yyyy)

STORET Station ID: G3NW0090

Latitude: 30.4202791

(Decimal Degrees)

WBID: 874A RQ - RQ-2016-02-08-13

ORG ID: 21FLPNS

Longitude: -86.59142101

(Decimal Degrees)

Receiving Body of Water: Choctawhatchee Bay

Field ID: G3NW0090

County: Okaloosa

| Sampling Team Members |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check | Duplicate Collection | Blank Collection |
|-----------------------|--|-----------------|-------------------|---------------|--------------|--------------------|----------------------|------------------|
| Michael King          |  | ✓               |                   | ✓             |              |                    |                      |                  |
| Rick Abad             |  |                 | ✓                 |               | ✓            | ✓                  |                      |                  |
|                       |  |                 |                   |               |              |                    |                      |                  |
|                       |  |                 |                   |               |              |                    |                      |                  |

| Sampling Equipment                                   |                                                    |                               |
|------------------------------------------------------|----------------------------------------------------|-------------------------------|
| <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 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 / No                | Tide Falling: Yes / <u>No</u> / 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       | 1050 | 1.8             | 0.3          | 19.9      | 9.4       | 110       | 18931           | 11.3           | 7.3 | 1.1             |
| CEN       |      |                 | 1.3          | 20.6      | 6.6       | 82        | 30810           | 19.2           | 7.3 |                 |

| Biological Samples Collected: None 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> |           |            | <input checked="" 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 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"/> Enteroc <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<br><input type="checkbox"/> Other                                             |           |            |                                         |
|                                                             |                                                                                                                                                                                                                        |  |                                                                   |                                                                                                            |           |            |                                         |

Place Preservative Sticker(s) Here  
(If Available)

## QA/QC Sample Information

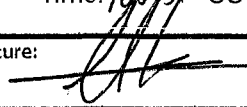
## Duplicate

| 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                                                         | Place Preservative Sticker(s) Here<br>(If Available) |                 |                              |
| 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 type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                                     | <input type="checkbox"/> Ice                                                         |                                                      |                 |                              |
| Microbiology        | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                          | <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 _____                    |                                                      |                 |                              |

## Blank

| Time Zone: EST CEN                                                                                                                   |                                                                                                                                                                                                                        | Time: _____                                                                          |                                                      | Field ID: _____ |                              | Location: _____ |  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|------------------------------|-----------------|--|
| <input type="checkbox"/> Field Blank <input type="checkbox"/> Equipment Blank <input type="checkbox"/> Field Cleaned Equipment Blank |                                                                                                                                                                                                                        | Equipmet ID: _____                                                                   |                                                      |                 |                              |                 |  |
| 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                                                         | Place Preservative Sticker(s) Here<br>(If Available) |                 |                              |                 |  |
| 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 type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                                     | <input type="checkbox"/> Ice                                                         |                                                      |                 |                              |                 |  |
| Microbiology                                                                                                                         | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                          | <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

|                                                                                                                                                                                                                         |  |                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--|
| <b>G3NW0090DUPLICATE</b><br>Location: Lake Earl Center<br>RQ-2016-02-08-13 (WBID 874A)<br>Date: 3/1<br>Time: 1055 CST<br>Signature:  |  | <b>G3NW0090</b><br>Location: Lake Earl Center<br>RQ-2016-02-08-13 (WBID 874A)<br>Date: 3/1<br>Time: 1050 CST<br>Date: 3/1/16 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--|

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)