



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

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

February 2016

Data Qualified?  
Yes / No

STORET Station Name: Sandy Creek @ Hwy 22

Date: 4/20/2016  
(mm/dd/yyyy)

STORET Station ID: G3TLHR0001

Latitude: 30.14095261  
(Decimal Degrees)

WBID: 1111 RQ - 2016-03-14-56

ORG ID: Z1FLTLHR

Longitude: -85.40709499  
(Decimal Degrees)

Receiving Body of Water: East Bay

Field ID: G3TLHR0001

County: Bay

| Sampling Team Members |  |  |  |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|--|--|--|--|-----------------|-------------------|---------------|--------------|--------------------|
| Chris Green           |  |  |  |  |                 |                   |               |              |                    |
| Colby Marshall        |  |  |  |  |                 |                   |               |              |                    |
|                       |  |  |  |  |                 |                   |               |              |                    |
|                       |  |  |  |  |                 |                   |               |              |                    |
|                       |  |  |  |  |                 |                   |               |              |                    |

| Sampling Equipment                                   |                                   |                               |
|------------------------------------------------------|-----------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn | <input type="checkbox"/> Pole |
| <input type="checkbox"/> Carboy                      | <input 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 / <u>High</u> / Flooded |      |                  |                         |           |           | Matrix: <u>Fresh</u> / Marine / DI |                |                 |                    |            |
|---------------------------------------------------------|------|------------------|-------------------------|-----------|-----------|------------------------------------|----------------|-----------------|--------------------|------------|
| Meter ID# <u>600XLM#12</u>                              |      |                  | Photos: <u>Yes</u> / No |           |           | Tide Falling: Yes / No / <u>NA</u> |                |                 |                    |            |
| 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°) |
| EST                                                     | 1230 | 0.2              | 0.4                     | 8.8       | 95        | 5.2                                |                | 0.4(s)          | 26                 | 18.8       |
| CEN                                                     |      |                  |                         |           |           |                                    |                |                 |                    |            |

| Biological Samples Collected: |                                                                                                                               | None | <u>HA</u>                                    | <u>SCI</u>                     | <u>LVS</u>                                           | <u>RPS</u>  | 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>9255259020</u>                                    | <u>9/16</u> | <input checked="" type="checkbox"/> <2 |       |
| Metals                        | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                               |      | <input type="checkbox"/> Ice                 | <input type="checkbox"/> HNO3  |                                                      |             | <input type="checkbox"/> <2            |       |
| Filtered Nutrients            | <input checked="" type="checkbox"/> W-PO4-F <input checked="" type="checkbox"/> Field Filtered 0.45 µm 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 checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS               |      | <input checked="" type="checkbox"/> Ice      |                                |                                                      |             |                                        |       |
| Physical/Aggregate (Marine)   | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                 |      | <input type="checkbox"/> Ice                 |                                |                                                      |             |                                        |       |
| Macroinvertebrates            | <input checked="" type="checkbox"/> MI-FW-QLDC                                                                                |      | <input checked="" 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"/> Ice                 |                                |                                                      |             |                                        |       |
|                               | <input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH                      |      | <input type="checkbox"/> Other               |                                |                                                      |             |                                        |       |

|        |                                    |
|--------|------------------------------------|
| Notes: | Place Label Here<br>(If Available) |
|--------|------------------------------------|

|                         |                        |
|-------------------------|------------------------|
| Signature: <u>CL 5-</u> | Date: <u>4-20-2016</u> |
|-------------------------|------------------------|

Field Parameters Entered into LIMS: \_\_\_\_\_ (Initials/Date) \_\_\_\_\_ Field Parameters QC in LIMS: \_\_\_\_\_ (Initials/Date) \_\_\_\_\_  
Date Migrated to STORET: \_\_\_\_\_ (Initials/Date) \_\_\_\_\_ Field Sheets Scanned/Saved: CL 5-4-2016 (Initials/Date)

Florida Department of Environmental Protection  
Central Laboratory Submittal Form

Customer: WQAP

Project ID: SMP

Requester: Chris Green

Collected By: C. Green / Colby Marshall

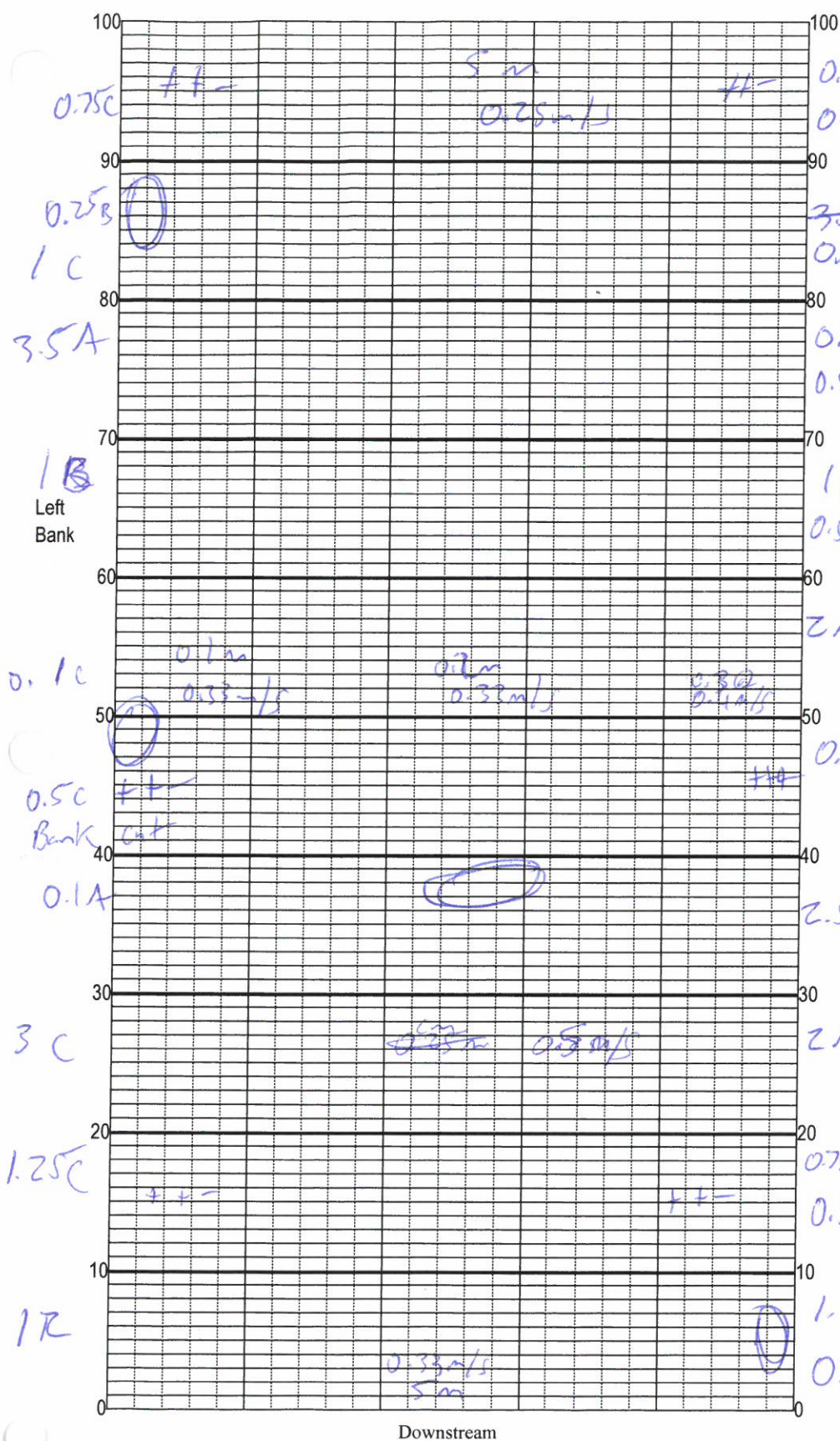
Field Report Prepared By: Chris Green

Sampling Agency:

8034

| Location             | Field ID   | STORET #   | Latitude                                                    | Longitude                                                   | Comp                                | Grab                     | Collection (comp begin or grab) | Date    | Time  | Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen | mg/L | % sat | Total Res. Chlorine | Sample Depth | pH | Sp. Conductance | umho/cm | ft | m | Composite end | Date | Time | Bottle Group(s) |
|----------------------|------------|------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------|--------------------------|---------------------------------|---------|-------|---------------------------------------|--------------|------|-------|---------------------|--------------|----|-----------------|---------|----|---|---------------|------|------|-----------------|
| Sandy Creek @ Hwy 22 | G3TLHR0001 | G3TLHR0001 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fresh                           | 4-20-16 | 12:30 | 8.8/95                                | 0.2          |      |       | 26                  |              |    |                 |         |    |   |               |      |      | A               |
| Sandy Creek @ Hwy 22 | G3TLHR0001 | G3TLHR0001 | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | <input type="checkbox"/> dd<br><input type="checkbox"/> dms | <input type="checkbox"/>            | <input type="checkbox"/> |                                 | 4-20-16 | 13:00 |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      | B               |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |
|                      |            |            |                                                             |                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |                                 |         |       |                                       |              |      |       |                     |              |    |                 |         |    |   |               |      |      |                 |

## DEP Form FD 9000-4 Stream/River Habitat Assessment Sketch Sheet



Location: Sandy Creek

Date: 4/20/16

Sampler: Marshall / Green

100 m: Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

0 m: Latitude \_\_\_\_\_

Longitude

|                                                             |   |
|-------------------------------------------------------------|---|
| Substrates: Code key, draw proportionate habitat abundance. | % |
|-------------------------------------------------------------|---|

**A** Snags 2.1

B Roots/undercut banks 0.4

C Leaf Packs (or mats) 2.3

☐ Aquatic Macrophytes

rock 0.2

[illegible]

total # observed = 5

Average width  $5\text{ m}$

Average depth 0.4 m

\_\_\_\_\_

Velocity measured at 20 meter mark.

WQ & chemistry taken at 0 meter mark.

Habitat Smothering: slight sand

Note areas (on map) where sand or silt is smothering substrates, limiting habitability.

Bank Stability: ++  
Note areas (on map) with unstable, eroding

Riparian Buffer Width: 313 v7

Note areas (on map) where natural vegetation is altered or eliminated.

Plants observed / other notes:

plants observed / other notes.

steep bank  
mostly covered  
rock from  
old bridge

Length of grid represents 100 m of stream (not linear meters).  
(Horizontal scale is double vertical scale, draw proportionately).

DEP Form FD 9000-3 Physical/Chemical Characterization Field Sheet

SAMPLE ID G3TLHR0001 ORG ID 21FLTU42 LATITUDE 30.14095261  
 COUNTY Bay STORET # G3TLHR0001 LONGITUDE -85.40709  
 ATE 4/20/16 TIME 12:00 PM 13:00 SAMPLING AGENCY 8034  
 SITE NAME Sandy Creek @ Hwy 22  
 FIELD ID/NAME G3TLHR0001 RECEIVING BODY OF WATER East Bay

RIPARIAN ZONE / STREAM FEATURES

|                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                                                                              |  |                                                                                                                                                                                        |  |                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|
| <b>PREDOMINANT LAND-USE IN WATERSHED</b> (specify relative percent in each category):<br>Forest/Natural <u>10</u> Silviculture <u>70</u> Field/Pasture <u>20</u> Agricultural <u>  </u> Residential <u>  </u> Commercial <u>  </u> Industry <u>  </u> Other (Specify) <u>  </u>                                                                                    |  |  |  |                                                                                                                                                                                                              |  |                                                                                                                                                                                        |  | <b>Landscape Development Intensity Index (LDI)</b><br><u>  </u> |  |
| Local Watershed Erosion (select one): <input type="checkbox"/> None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy<br>Local Watershed NPS Pollution: <input checked="" type="checkbox"/> No evidence <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |  |  |  |                                                                                                                                                                                                              |  | <b>Typical Width (m) Depth (m)/Velocity (m/sec) Transect</b><br><u>5</u> m wide<br><u>3.3</u> m/s <u>4</u> m/s <u>3.3</u> m/s<br><u>0.2</u> m deep <u>0.4</u> m deep <u>0.5</u> m deep |  |                                                                 |  |
| <b>Width of Riparian Vegetation (m) on Each Buffer Side</b><br>Left Bank: <u>&gt;18</u> Right Bank: <u>&gt;18</u>                                                                                                                                                                                                                                                  |  |  |  | <b>Hydrologic Modification Score</b> (per FT 3101) <u>  </u>                                                                                                                                                 |  |                                                                                                                                                                                        |  |                                                                 |  |
| <b>High Water Mark:</b> <u>4m</u> + <u>0.4</u> = <u>4.4</u><br>(m) (above present water level) (present depth) (above bed)                                                                                                                                                                                                                                         |  |  |  | <b>Artificially Impounded</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                         |  |                                                                                                                                                                                        |  |                                                                 |  |
| <b>Artificially</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Mostly recovered, more sinuous<br><b>Channelized:</b> <input type="checkbox"/> Some recovery <input type="checkbox"/> Recent, severe                                                                                                                                           |  |  |  | <b>Canopy Cover %</b> <input type="checkbox"/> Open <input type="checkbox"/> Lightly Shaded (11-45%)<br><input checked="" type="checkbox"/> Heavily Shaded <input type="checkbox"/> Moderate Shaded (46-80%) |  |                                                                                                                                                                                        |  |                                                                 |  |

SEDIMENT / SUBSTRATE

| <b>Sediment Oils</b><br><input checked="" type="checkbox"/> Absent <input type="checkbox"/> Slight<br><input type="checkbox"/> Moderate <input type="checkbox"/> Profuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                     | <b>Sediment Odors</b><br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum<br><input type="checkbox"/> Chemical <input type="checkbox"/> Anaerobic<br><input type="checkbox"/> Other (Specify): <u>  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |              | <b>Smothering of Substrates</b><br>Sand Smothering: None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/><br>Silt Smothering: None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/><br>Algae Smothering: None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|------------|-----------|-----------|--|-----------------------------------------|---------|--|--|--|--|--|--|--|--|
| <b>SUBSTRATE TYPE</b><br>Assessment Tool: <input checked="" type="checkbox"/> SCI <input checked="" type="checkbox"/> RPS <input checked="" type="checkbox"/> LVS<br><input type="checkbox"/> LCI <input type="checkbox"/> BioRecon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                     | <b>WATER QUALITY</b> <table border="1"> <thead> <tr> <th></th> <th>Depth (M)</th> <th>Temp. (°C)</th> <th>pH (SU)</th> <th>D.O. (MG/L)</th> <th>D.O. Sat (%)</th> <th>Cond. (UMHO/CM)</th> <th>Salinity (PPT)</th> <th>SECCHI (M)</th> </tr> </thead> <tbody> <tr> <td>Top:</td> <td><u>4m</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><u>0.4</u></td> </tr> <tr> <td>Mid:</td> <td><u>0.4</u></td> <td><u>18.8</u></td> <td><u>5.2</u></td> <td><u>8.8</u></td> <td><u>95</u></td> <td><u>26</u></td> <td></td> <td><input checked="" type="checkbox"/> VOB</td> </tr> <tr> <td>Bottom:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     | Depth (M)                | Temp. (°C)               | pH (SU)                  | D.O. (MG/L) | D.O. Sat (%)             | Cond. (UMHO/CM)          | Salinity (PPT)                      | SECCHI (M)               | Top:            | <u>4m</u>                |                                     |                          |                          |                       |                                     |                          | <u>0.4</u>               | Mid:                     | <u>0.4</u>                                                                                                                                                                                              | <u>18.8</u> | <u>5.2</u> | <u>8.8</u> | <u>95</u> | <u>26</u> |  | <input checked="" type="checkbox"/> VOB | Bottom: |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Depth (M)                           | Temp. (°C)                          | pH (SU)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D.O. (MG/L)              | D.O. Sat (%) | Cond. (UMHO/CM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Salinity (PPT) | SECCHI (M)                              |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| Top:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>4m</u>                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | <u>0.4</u>                              |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| Mid:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>0.4</u>                          | <u>18.8</u>                         | <u>5.2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>8.8</u>               | <u>95</u>    | <u>26</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | <input checked="" type="checkbox"/> VOB |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| Bottom:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| Woody Debris (Snags) <u>2.1</u> <u>5</u> <u>  </u><br>Undercut Banks / Roots <u>0.5</u> <u>0.47</u> <u>5</u> <u>  </u><br>Leaf Packs or Mat ..... <u>2.3</u> <u>5</u> <u>  </u><br>Aquatic Vegetation ..... <u>  </u> <u>  </u> <u>  </u><br>Rock or Shell Rubble.. <u>0.2</u> <u>  </u> <u>  </u><br>Sand..... <u>94.7</u> <u>95</u> <u>  </u><br>Mud / Muck / Silt ..... <u>  </u> <u>  </u> <u>  </u><br>Other ..... <u>  </u> <u>  </u> <u>  </u><br>Other ..... <u>  </u> <u>  </u> <u>  </u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                     | <b>Meter ID:</b> <u>600 XLm #12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              | <b>Water Odors</b> Normal <input checked="" type="checkbox"/> Petroleum <input type="checkbox"/><br>Sewage <input type="checkbox"/> Chemical <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     | <b>Water Surface Oils</b> Normal <input checked="" type="checkbox"/> Sheen <input type="checkbox"/><br>Globs <input type="checkbox"/> Slick <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              | <b>Color</b> Tannic <input type="checkbox"/> Green (Algae) <input type="checkbox"/><br>Clear <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                     |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     | <b>Water Sample Taken?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Sample Preserved?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: _____ Exp: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |              | <b>Clarity</b> Clear <input checked="" type="checkbox"/> Slightly Turbid <input type="checkbox"/><br>Turbid <input type="checkbox"/> Opaque <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                          |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     | <b>Algae Sample Taken?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Sample Preserved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Lot Number: _____ Exp: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| <b>ABUNDANCE</b> <table border="1"> <thead> <tr> <th></th> <th>Not Obs.</th> <th>Rare</th> <th>Common</th> <th>Abundant</th> </tr> </thead> <tbody> <tr> <td>Periphyton:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fish:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Aquatic Plants:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Iron/Sulfur Bacteria:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Not Obs.                 | Rare         | Common                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Abundant       | Periphyton:                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fish:       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Aquatic Plants: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Iron/Sulfur Bacteria: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>System Type:</b> Stream <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Wetland <input type="checkbox"/> Estuary <input type="checkbox"/> Other (Specify) <input type="checkbox"/> |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Not Obs.                            | Rare                                | Common                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Abundant                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| Periphyton:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| Fish:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| Aquatic Plants:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| Iron/Sulfur Bacteria:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |
| <b>AMBIENT FIELD CONDITIONS / NOTES:</b><br><u>Rock was not productive major (bridge rubble)</u><br><input checked="" type="checkbox"/> The antecedent hydrologic conditions have been met to my best knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                         |                                     |                          |                          |                          |             |                          |                          |                                     |                          |                 |                          |                                     |                          |                          |                       |                                     |                          |                          |                          |                                                                                                                                                                                                         |             |            |            |           |           |  |                                         |         |  |  |  |  |  |  |  |  |

SAMPLING TEAM Chris Green / Colby Marshall SIGNATURE: Chris Green DATE: 4-20-2016

**DEP Form FD 9000-5 Stream/River Habitat Assessment Field Sheet**

|                              |                    |                                          |                                  |                                          |
|------------------------------|--------------------|------------------------------------------|----------------------------------|------------------------------------------|
| SAMPLING AGENCY: <u>8034</u> |                    | STORET STATION NUMBER: <u>G3TLHR0001</u> | DATE (MM/DD/YY): <u>4/20/16</u>  | RECEIVING BODY OF WATER: <u>East Bay</u> |
| REMARKS:                     | COUNTY: <u>Bay</u> | LOCATION: <u>Sandy Creek @ Hwy 22</u>    | FIELD ID/NAME: <u>G3TLHR0001</u> |                                          |

| Habitat Parameter                                                                                                     | Optimal                                                                                                                                                                                                                   | Suboptimal                                                                                                                                                              | Marginal                                                                                                                                          | Poor                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Primary Habitat Components                                                                                            | Four or more major productive habitats present (snags, tree roots, aquatic vegetation, leaf packs (partially decayed), rock)                                                                                              | Three major productive habitats present. Adequate habitat. Some substrates may be new fall (fresh leaves or snags)                                                      | Two major productive habitats present. Less than desirable habitat, frequently disturbed or removed                                               | One or less major productive habitat. Lack of habitat is obvious, substrates unstable or smothered                                 |
| Substrate Diversity <u>14</u>                                                                                         | 20 19 18 17 16                                                                                                                                                                                                            | 15 <u>14</u> 13 12 11                                                                                                                                                   | 10 9 8 7 6                                                                                                                                        | 5 4 3 2 1                                                                                                                          |
| Substrate Availability <u>5</u>                                                                                       | Greater than 30% major productive habitat present at site<br>20 19 18 17 16                                                                                                                                               | 16% to 30% major productive habitat, by aerial extent<br>15 14 13 12 11                                                                                                 | 6% to 15% major productive habitat<br>10 9 8 7 6                                                                                                  | Less than 5% major productive habitat<br><u>5</u> 4 3 2 1                                                                          |
| Water Velocity <u>20</u>                                                                                              | Max. observed at typical transect: > 0.25 m/sec. But < 1 m/sec<br>≥0.33 0.31 0.29 0.27 >0.25<br><u>20</u> 19 18 17 16                                                                                                     | Max. observed at typical transect: >0.1 to 0.25 m/sec<br>0.25 0.21 0.17 0.13 >0.1<br>15 14 13 12 11                                                                     | Max. observed at typical transect: 0.05 to 0.1 m/sec<br>0.1 0.09 0.07 0.06 0.05<br>10 9 8 7 6                                                     | Max. observed at typical transect: <0.05 m/sec; or spate occurring: > 1 m/sec<br><0.05 0.04 0.03 0.01 <0.01<br>5 4 3 2 1           |
| Habitat Smothering <u>18</u><br>-----<br>Primary Score <u>57</u>                                                      | Adequate number of stable pools (1-2 per 12 times width) and <25% of habitats affected by sand, silt, or algae.<br>20 19 <u>18</u> 17 16                                                                                  | Adequate number of stable pools (1-2 per 12 times width) and >25% of habitats affected by sand, silt, or algae.<br>15 14 13 12 11                                       | Does not have required number of stable pools (1-2 per 12 x width) and/or has shallow pools (<2 x prevailing depth).<br>10 9 8 7 6                | Stable pools are absent. Most habitats affected by sand, silt, or algae accumulation.<br>5 4 3 2 1                                 |
| Secondary Habitat Components                                                                                          | Expected sinuosity given the stream width. No evidence of dredging or artificial straightening. No spoil banks.                                                                                                           | Good sinuosity within old channelized area. Evidence of dredging in the past (>25 yrs) but mostly recovered.                                                            | Straightened with trapezoidal cross section, but has a small degree of sinuosity developed within channelized area.                               | Straightened or engineered by dredging, has trapezoidal or box cut cross section, lacks required pools. May have spoil banks.      |
| Artificial Channelization <u>18</u>                                                                                   | 20 19 <u>18</u> 17 16                                                                                                                                                                                                     | 15 14 13 12 11                                                                                                                                                          | 10 9 8 7 6                                                                                                                                        | 5 4 3 2 1                                                                                                                          |
| Bank Stability<br>Right Bank <u>8</u><br>Left Bank <u>8</u>                                                           | Bankfull > 60% of bank height. Slope of bank ≤ 60° from bankfull to top of bank. Bankfull is within or above the root zone with few raw, eroded areas.<br>10 9                                                            | Only meets 2 of the 3 requirements for optimal bank stability.<br>8 7 6                                                                                                 | Only meets 1 of the 3 requirements for optimal bank stability.<br>5 4                                                                             | Bankfull < 60% of bank height. Slope of bank > 60°. Bankfull is below the root zone with raw, eroded areas.<br>3 2 1               |
| Riparian Buffer Zone Width<br>Right Bank <u>10</u><br>Left Bank <u>10</u>                                             | Width of vegetation greater than 18 m<br>10 9                                                                                                                                                                             | Width of vegetation >12 to 18m<br>8 7 6                                                                                                                                 | Width of vegetation 6 to 12 m. human activities close to system<br>5 4                                                                            | Less than 6 m of buffer zone due to intensive human activities<br>3 2 1                                                            |
| Riparian Zone Vegetation Quality<br>Right Bank <u>10</u><br>Left Bank <u>10</u><br>-----<br>Secondary Score <u>74</u> | Over 80% of riparian surfaces consist of normal, expected plant community for given sunlight & habitat conditions (e.g., native plants; tree, shrub, and forbs represented, if appropriate). Minimal disturbance.<br>10 9 | >50% to 80% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Some disruption in community observed.<br>8 7 6 | 25% to 50% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Disruption obvious.<br>5 4 | Less than 25% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions).<br>3 2 1 |

131 **TOTAL SCORE**

|                        |                             |                        |
|------------------------|-----------------------------|------------------------|
| Date: <u>4-20-2016</u> | Analyst: <u>Chris Green</u> | Signature: <u>CK-3</u> |
|------------------------|-----------------------------|------------------------|

# DEP FORM FD 9000-25 Rapid Periphyton Survey Field Sheet

| Site: <u>Sandy Creek</u> |                            |                                  |           |              | County: <u>Bay</u> |                            | Date: <u>4/20/16</u>             |           | Investigators: <u>Mandall/Green</u> |  |
|--------------------------|----------------------------|----------------------------------|-----------|--------------|--------------------|----------------------------|----------------------------------|-----------|-------------------------------------|--|
| Transect (m)             | Point<br>1=right<br>9=left | Algal Thickness Rank<br>(N-6, X) | Estimated | Canopy Cover | Transect (m)       | Point<br>1=right<br>9=left | Algal Thickness Rank<br>(N-6, X) | Estimated | Canopy Cover                        |  |
| 0                        | 1                          |                                  |           |              | 60                 | 1                          |                                  |           |                                     |  |
|                          | 2                          |                                  |           |              |                    | 2                          |                                  |           |                                     |  |
|                          | 3                          |                                  |           |              |                    | 3                          |                                  |           |                                     |  |
|                          | 4                          |                                  |           |              |                    | 4                          |                                  |           |                                     |  |
|                          | 5                          |                                  |           | 89           |                    | 5                          |                                  |           | 90                                  |  |
|                          | 6                          |                                  |           |              |                    | 6                          |                                  |           |                                     |  |
|                          | 7                          |                                  |           |              |                    | 7                          |                                  |           |                                     |  |
|                          | 8                          |                                  |           |              |                    | 8                          |                                  |           |                                     |  |
|                          | 9                          |                                  |           |              |                    | 9                          |                                  |           |                                     |  |
| 10                       | 1                          |                                  |           |              | 70                 | 1                          |                                  |           |                                     |  |
|                          | 2                          |                                  |           |              |                    | 2                          |                                  |           |                                     |  |
|                          | 3                          |                                  |           |              |                    | 3                          |                                  |           |                                     |  |
|                          | 4                          |                                  |           |              |                    | 4                          |                                  |           |                                     |  |
|                          | 5                          |                                  |           | 87           |                    | 5                          |                                  |           | 92                                  |  |
|                          | 6                          |                                  |           |              |                    | 6                          |                                  |           |                                     |  |
|                          | 7                          |                                  |           |              |                    | 7                          |                                  |           |                                     |  |
|                          | 8                          |                                  |           |              |                    | 8                          |                                  |           |                                     |  |
|                          | 9                          |                                  |           |              |                    | 9                          |                                  |           |                                     |  |
| 20                       | 1                          |                                  |           |              | 80                 | 1                          |                                  |           |                                     |  |
|                          | 2                          |                                  |           |              |                    | 2                          |                                  |           |                                     |  |
|                          | 3                          |                                  |           |              |                    | 3                          |                                  |           |                                     |  |
|                          | 4                          |                                  |           |              |                    | 4                          |                                  |           |                                     |  |
|                          | 5                          |                                  |           | 93           |                    | 5                          |                                  |           | 89                                  |  |
|                          | 6                          |                                  |           |              |                    | 6                          |                                  |           |                                     |  |
|                          | 7                          |                                  |           |              |                    | 7                          |                                  |           |                                     |  |
|                          | 8                          |                                  |           |              |                    | 8                          |                                  |           |                                     |  |
|                          | 9                          |                                  |           |              |                    | 9                          |                                  |           |                                     |  |
| 30                       | 1                          |                                  |           |              | 90                 | 1                          |                                  |           |                                     |  |
|                          | 2                          |                                  |           |              |                    | 2                          |                                  |           |                                     |  |
|                          | 3                          |                                  |           |              |                    | 3                          |                                  |           |                                     |  |
|                          | 4                          |                                  |           |              |                    | 4                          |                                  |           |                                     |  |
|                          | 5                          |                                  |           | 83           |                    | 5                          |                                  |           | 86                                  |  |
|                          | 6                          |                                  |           |              |                    | 6                          |                                  |           |                                     |  |
|                          | 7                          |                                  |           |              |                    | 7                          |                                  |           |                                     |  |
|                          | 8                          |                                  |           |              |                    | 8                          |                                  |           |                                     |  |
|                          | 9                          |                                  |           |              |                    | 9                          |                                  |           |                                     |  |
| 40                       | 1                          |                                  |           |              | 100                | 1                          |                                  |           |                                     |  |
|                          | 2                          |                                  |           |              |                    | 2                          |                                  |           |                                     |  |
|                          | 3                          |                                  |           |              |                    | 3                          |                                  |           |                                     |  |
|                          | 4                          |                                  |           |              |                    | 4                          |                                  |           |                                     |  |
|                          | 5                          |                                  |           | 87           |                    | 5                          |                                  |           | 99                                  |  |
|                          | 6                          |                                  |           |              |                    | 6                          |                                  |           |                                     |  |
|                          | 7                          |                                  |           |              |                    | 7                          |                                  |           |                                     |  |
|                          | 8                          |                                  |           |              |                    | 8                          |                                  |           |                                     |  |
|                          | 9                          |                                  |           |              |                    | 9                          |                                  |           |                                     |  |
| 50                       | 1                          |                                  |           |              |                    | 1                          |                                  |           |                                     |  |
|                          | 2                          |                                  |           |              |                    | 2                          |                                  |           |                                     |  |
|                          | 3                          |                                  |           |              |                    | 3                          |                                  |           |                                     |  |
|                          | 4                          |                                  |           |              |                    | 4                          |                                  |           |                                     |  |
|                          | 5                          |                                  |           | 89           |                    | 5                          |                                  |           |                                     |  |
|                          | 6                          |                                  |           |              |                    | 6                          |                                  |           |                                     |  |
|                          | 7                          |                                  |           |              |                    | 7                          |                                  |           |                                     |  |
|                          | 8                          |                                  |           |              |                    | 8                          |                                  |           |                                     |  |
|                          | 9                          |                                  |           |              |                    | 9                          |                                  |           |                                     |  |

Record "N" and check "Estimated" for points deeper than the Secchi depth; algae are presumed absent. Check "Estimated" if thickness estimated for deep points which can be seen but not reached.

Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.

Record canopy cover as the number of small densiometer quadrants (out of 96) that HAVE canopy cover. Measure facing upstream at point 4, 5, or 6.

Collect algal mat sample following DEP SOP FS 7240 if the percentage of total sampled points with a thickness rank of 4, 5, or 6 is >20%.

Secchi depth 0.4  
Estimated?

# points ranked 4-6 0  
total points assessed 99  
% points ranked 4-6

Check accompanying data collected at same site/date.  
Algal mat sample  
Linear Veg Survey ☒  
Habitat Assessment ☒  
SCI/Biorecon ☒  
Water sample ☒  
RQ-2016-03-14-56

| Algal Thickness Rank |                                         |
|----------------------|-----------------------------------------|
| N                    | rough, no algae, slimy, algae up to 1mm |
| 3                    | >1mm - 6mm                              |
| 4                    | >6mm - 20mm                             |
| 5                    | >20mm - 10 cm                           |
| 6                    | >10 cm                                  |

DEP FORM FD 9000-32: LINEAR VEGETATION SURVEY FIELD SHEET

|                                 |                        |             |                        |
|---------------------------------|------------------------|-------------|------------------------|
| Waterbody: Sandy Creek          | Date: 4/20/16          | County: Bay | Storet Number: 6374200 |
| Analyst: M. Smith               | Signature: [Signature] |             |                        |
| Comments: LVS < 2m <sup>2</sup> |                        |             |                        |

Instructions: Note taxa growing in the water with a checkmark if present, "D" if dominant, and "C" if codominant (dominance only if 1 m<sup>2</sup> of taxa present). Note in the boxes below if no dominant are selected, and note total macrophyte abundance rank for each section. Only the most common taxa are listed, so use blank spaces for additional taxa names.

[illegible]