



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

A-KIT

PAGE 1 OF 1

Data Qualified?
Yes / No

STORET Station Name: BLUEBIRD SPRING

Date: 6-8-17
(mm/dd/yyyy)

STORET Station ID: G5SW0028

Latitude: 28°47'19.18"N
(Decimal Degrees)

WBID: 134BA RQ-2016-06-06-35 ORG ID: 21FLTPA

Longitude: 82°34'47.08"W
(Decimal Degrees)

Receiving Body of Water: _____

Field ID: G5SW0028

County: CITRUS

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment		
<u>JUDY ASHTON</u> <u>STEPHAN CLINGERMAN</u>		☒	☒	☒	☒	☒	☒ Sample Container	☐ Van Dorn	☐ Pole
							☐ Carboy	☐ Syringe	
							☐ Dipper	☐ Other	
							Equipment ID		
							Collection Method		
							☒ Wading	☐ Via Boat	
							☐ From Shore	☐ Canoe/Kayak	
							☐ Other (note below)	☐ Electric Motor	
								☐ Gasoline Motor	

Water Level: Dry / Low / Normal / <u>High</u> / Flooded						Matrix: Fresh / <u>Marine</u> / DI			
Meter ID# <u>LILJON</u>			Photos: Yes / <u>No</u>			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	10:55	0.3	4.5	3.4	43	7.3	0.29		598	24.2
CEN		4.0		2.2	25	7.3	0.31		643	22.5

Biological Samples Collected: None HA SCI LVS RPS LVI Other _____

Parameter Suite	Parameter Methods	Preservation	Acid Lot#	Expiration	pH Check
Preserved Nutrients	☒ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☒ Ice ☒ H2SO4			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <2
Filtered Nutrients	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
BOD	☐ BOD-UNIN	☐ Ice			
Physical/Aggregate (Kit A)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-IC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice			
Physical/Aggregate (Kit B)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates	☐ MI-FW-QLDC	☐ Formalin			
Microbiology	☐ E Coli ☐ F Coli ☐ Enterococcus ☐ QPCR	☐ Ice			
Periphyton	☐ ALGAE-ID	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PC-AA-SF ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other			

Flow m/s _____ "J" Qualify Flow _____

Notes: <u>WATER LEVELS UP ARE TO TROPICAL STORM COLIN</u>	RQ-2016-06-06-35 Date: 06/08/16 Time: <u>10:55</u>	
	G5SW0028	

Signature: Judy S Date: 6-8-16

Field Parameters Entered into LIMS: _____ (Initials/Date) _____
Date Migrated to STORET: _____ (Initials/Date) _____
Field Parameters QC in LIMS: _____ (Initials/Date) _____
Field Sheets Scanned/Saved: _____ (Initials/Date) _____

Florida Department of Environmental Protection

Central Laboratory Submittal Form

RUN 5

last revised Apr 7, 2016

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: Judy Ashton

Project ID: SMP

Collected By: Judy Ashton, S. CLINCHMANSampling Agency: FDLP

Location <u>BLUE BIRD SPRING</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-8-16</u> Time <u>10:55</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID RQ-2016-06-06-35 Date: 06/08/16 Time: <u>10:55</u> G5SW0028 		Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen <u>3.4</u> mg/L <u>43</u> % sat	Total Res. Chlorine (mg/L)	A
STO Date: 06/08/16 Time: <u>10:55</u> G5SW0028 		Temp (C) <u>24.2</u>	pH <u>7.3</u>	Sample Depth <u>0.3</u> ft ☒ m	Sp. Conductance (umho/cm) <u>598</u>	
Latitude ☐ dd ☐ dms		Salinity (ppt) <u>0.29</u>	Comments			
Location <u>TOOKE LAKE (C)</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-8-16</u> Time <u>11:55</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2016-06-06-35 Date: 06/08/16 Time: <u>11:55</u> G5SW0121 		Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen <u>7.0</u> mg/L <u>93</u> % sat	Total Res. Chlorine (mg/L)	A
STORE Date: 06/08/16 Time: <u>11:55</u> G5SW0121 		Temp (C) <u>30.3</u>	pH <u>7.2</u>	Sample Depth <u>0.3</u> ft ☒ m	Sp. Conductance (umho/cm) <u>53</u>	
Latitude ☐ dd ☐ dms		Salinity (ppt) <u>0.02</u>	Comments			
Location <u>TOOKE LAKE (N)</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-8-16</u> Time <u>11:45</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2016-06-06-35 Date: 06/08/16 Time: <u>11:45</u> G5SW0122 		Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen <u>7.3</u> mg/L <u>96</u> % sat	Total Res. Chlorine (mg/L)	A
STORE Date: 06/08/16 Time: <u>11:45</u> G5SW0122 		Temp (C) <u>30.3</u>	pH <u>7.7</u>	Sample Depth <u>0.3</u> ft ☒ m	Sp. Conductance (umho/cm) <u>52</u>	
Latitude ☐ dd ☐ dms		Salinity (ppt) <u>0.02</u>	Comments			
Location <u>SKINNER LAKE (C)</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-8-16</u> Time <u>13:05</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2016-06-06-35 Date: 06/08/16 Time: <u>13:05</u> G5SW0043 		Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen <u>8.2</u> mg/L <u>108</u> % sat	Total Res. Chlorine (mg/L)	A
STORE Date: 06/08/16 Time: <u>13:05</u> G5SW0043 		Temp (C) <u>29.2</u>	pH <u>7.1</u>	Sample Depth <u>0.3</u> ft ☒ m	Sp. Conductance (umho/cm)	
Latitude ☐ dd ☐ dms		Salinity (ppt) <u>0.04</u>	Comments			

Relinquished By: <u>Judy Ashton</u>	Date/Time <u>6-8-16 5:00</u>	Shipping Method <u>FPS LP</u>	Number of Coolers Shipped: <u>1 & 2</u>	Received By:	Date/Time
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Florida Department of Environmental Protection

Central Laboratory Submittal Form

RUN 5

last revised Apr 7, 2016

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By:

Judy Ashton

Project ID: SMP

Collected By:

Judy Ashton, STEPHEN CUMMINGS

Sampling Agency:

FALP

Location <u>BLACK SPRING</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-8-16</u> Time <u>10:15</u>	Eastern ☒ Composite end Central Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID RQ-2016-06-06-36 Date: 06/08/16 Time: <u>08</u>	 G1SW0049	Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen <u>8.2</u> ☒ mg/L <u>103</u> ☒ % sat	Total Res. Chlorine (mg/L)
STORE		Temp (C) <u>26.4</u>	pH <u>7.8</u>	Sample Depth <u>0.3</u> ☐ ft ☒ m	Sp. Conductance (umho/cm) <u>4840</u>
Latitude	☐ dd ☐ dms	Salinity (ppt) <u>2.58</u>	Comments		

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	Eastern ☐ Composite end Central Date _____ Time _____	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	Eastern ☐ Composite end Central Date _____ Time _____	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	Eastern ☐ Composite end Central Date _____ Time _____	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments

Relinquished By: <u>Judy Ashton</u>	Date/Time <u>6-8-16 5:00</u>	Shipping Method <u>FALP</u>	Number of Coolers Shipped: <u>2 of 2</u>	Received By:	Date/Time
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FedEx Express **Package US Airbill**

FedEx
Tracking
Number

8100 1917 5414

Form
ID No.

0215

MUR 1

Send to

1 From Please print and press hard.

Date 06/08/2016

Sender's FedEx
Account Number

Sender's
Name

FDEP

Phone (813) 470-5770

Company

Address

13051 N Telecom Pkwy

Dept./Floor/Suite/Room

City

Temple Terrace

State

FL

ZIP

33637

2 Your Internal Billing Reference

First 24 characters will appear on invoice.

3 To

Recipient's
Name

SAMPLE RECEIVING

Phone (850) 245-8085

Company

FLORIDA DEP/CHEMISTRY SECTION

Address

2600 BLAIRSTONE RD

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Room/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City

TALLAHASSEE

State

FL

ZIP

32399

0123448864



Leave the packing to the pros at FedEx Office.
Go to fedex.com/office

4 Express Package Service

* To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day
Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Express Saver
Third business day.* Saturday Delivery NOT available.

5 Packaging

* Declared value limit \$500.

- ☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 Special Handling and Delivery Signature Options

Fees may apply. See the FedEx Service Guide.

- ☐ Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- ☐ No Signature Required
Packages may be left without obtaining a signature for delivery.
- ☐ Direct Signature
Someone at recipient's address may sign for delivery.
- ☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

- One box must be checked.
- ☐ No ☐ Yes
As per attached Shipper's Declaration.
- ☐ Yes
Shipper's Declaration not required.
- ☐ Dry Ice
Dry Ice, 5, UN 1845 _____ x _____ kg
- Restrictions apply for dangerous goods — see the current FedEx Service Guide.
- ☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

- Sender:
☐ Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
- FedEx Acct. No. 4490-2262-7 Exp. Date

Total Packages Total Weight Total Declared Value†

1 50 lbs. \$ 0.00

†Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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