

Sampling Agency:

[illegible]

Date/Time

**Florida Department of Environmental Protection
Central Laboratory Submittal Form**

Request Number: RQ-2016-02-29-26

1348A, 1361B, 1382C

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By:

Field Report Prepared By:

Sampling Agency:

[illegible][illegible]



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

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February 2016

Data Qualified?
Yes / No

STORET Station Name: Tooke Lake Center

Date: 6/31/16
(mm/dd/yyyy)

STORET Station ID: G5SW0121

Latitude: 28° 34' 07.04" N
(Decimal Degrees)

WBID: 1382C RQ: 2016-02-29-20 ORG ID: 21FLTPA

Longitude: 82° 33' 08.59" W
(Decimal Degrees)

Receiving Body of Water: _____

Field ID: G58W0121

County: Hernando

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Duplicate Collection	Blank Collection
Stephen Clinger			X					
Ashley Salmon		X		X	X	X		

Sampling Equipment		
☒ 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 / High / Flooded

Matrix: Fresh / Marine / DI

Meter ID# Lil Sun

Photos: Yes / No

Tide Falling: Yes / No / NA

Time Zone	Time	Sample Depth (m)	Total Depth (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (ppt)	Secchi Disk (m)	Sp COND (umhos/cm)	Temp. (C°)
(EST)	1330	0.3	1.2	8.9	97	7.5	002	1.2	50	19.7
CEN								113"		

Biological Samples Collected: None HA SCI LVS RPS LVI Other

Parameter Suite	Parameter Methods	Preservation	Acid Lot#	Expiration	pH Check
Preserved Nutrients	☒ TKN / TP / Nox / NH3 / TOC ☐ Other	☒ Ice ☒ H2SO4			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☒ <2
Filtered Nutrients	☒ oP ☐ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
BOD	☐ BOD-UNFIB7 ☒ BOD-UNIN	☒ Ice			
Physical/Aggregate	☒ TSS / Turbidity / Alkalinity / Color ☐ Other <u>W-TSS, W-OT-IC, W-SP4-IC</u>	☒ Ice			
Macroinvertebrates	☐ MI-FW-QLDC	☐ Formalin			
Microbiology	☐ E Coli ☐ F Coli ☐ Entero ☐ QPCR	☐ Ice			
Periphyton	☐ ALGAE-ID	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PC-AA-SF ☐ W-IHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other			

Notes: _____

Place Label Here
(If Available)

Signature: _____ Date: 6/1/16

Field Parameters Entered into LIMS: _____ (Initials/Date) Field Parameters QC in LIMS: _____ (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: _____ (Initials/Date)

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Company

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City **Tampa 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** DataFlow@us.fedex.com

City **TALLAHASSEE** State **FL** ZIP **32399**

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Yes
As per attached Shipper's Declaration.

☐ Yes
Shipper's Declaration. Not required.

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611