



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

A-KIT

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Data Qualified?
Yes / No

STORET Station Name: GREEN LAKE N

Date: 10/18/2016
(mm/dd/yyyy)

STORET Station ID: G5SW0107

Latitude: 28°19'0.38"N
(Decimal Degrees)

WBID: 1423 B RQ- 2016-10-17-30

ORG ID: 21FLTPA

Longitude: 82°30'13.63"W
(Decimal Degrees)

Receiving Body of Water: _____

Field ID: G5SW0107

County: PASCO

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Stephen Cimmerman						X		X	X
Judy Ashton					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 / <u>Normal</u> / High / Flooded						Matrix: <u>Fresh</u> / Marine / DI				
Meter ID# <u>6150N</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 (umhos/cm)	Temp. (C°)
<u>EST</u>	<u>1145</u>	<u>0.3</u>	<u>2.2</u>	<u>3.4</u>	<u>41</u>	<u>6.2</u>	<u>0.04</u>	<u>0.3</u>	<u>97</u>	<u>25.9</u>
<u>CEN</u>		<u>2.1</u>		<u>4.0</u>	<u>49</u>	<u>6.2</u>	<u>0.04</u>		<u>97</u>	<u>25.5</u>

Biological Samples Collected: <u>None</u> HA SCI LVS RPS LVI Other									
Parameter Suite	Parameter Methods				Preservation	Acid Lot#	Expiration	pH Check	
Preserved Nutrients	☒ 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 um Filter				☒ Ice				
Chlorophyll	☒ CHLSUITE-W				☒ Ice				
BOD	☐ BOD-UNIN				☐ Ice				
Physical/Aggregate (KR A)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CHIC / W-COLOR / W-SO4-IC / W-TDS				☒ Ice				
Physical/Aggregate (KR B)	☐ Alkalinity / W-F / W-TSS / TURBIDITY				☐ Ice				
Macroinvertebrates	☐ MI-FW-QLDC				☐ Formalin				
Microbiology	☐ E Coli ☐ F Coll ☐ Entero ☐ 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:	RQ-2016-10-17-30	Field ID: <u>G5SW0107</u>
	Date: <u>10/18/2016</u>	Time: _____
	STORET: <u>G5SW0107</u>	

Signature: <u>[Signature]</u>	Date: <u>10/18/2016</u>
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Field Parameters Entered into LIMS: <u>SC 11/18/16</u> (Initials/Date)	Field Parameters QC in LIMS: <u>SC 01-04-17 SE 1/11/17</u> (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)	Field Sheets Scanned/Saved: _____ (Initials/Date)

Requester: Judy Ashton

Field Report Prepared By:

Collected By: J. Stinson S. Campbell

Sampling Agency:

21 FLTPA

Location	Field ID	STORET #	Latitude	Location	Field ID	STORET #	Latitude	Location	Field ID	STORET #	Latitude
GREEN LAKE S	RQ-2016-10-17-30			GREEN LAKE S	RQ-2016-10-17-30			GREEN LAKE S	RQ-2016-10-17-30		
Date: 10/18/2016	Field ID: G5SW0039	Time: 280552708245456		Date: 10/18/2016	Field ID: G5SW0108	Time: G5SW0108		Date: 10/18/2016	Field ID: G5SW0107	Time: G5SW0107	
Temp (C) 26.0	pH 7.2	Sample Depth 0.3	ft 0.3	Temp (C) 26.0	pH 6.0	Sample Depth 0.3	ft 0.3	Temp (C) 26.0	pH 6.0	Sample Depth 0.3	ft 0.3
Salinity (ppt) 0.4	Comments			Salinity (ppt) 0.4	Comments			Salinity (ppt) 0.4	Comments		
Comp Grab	Collection Date 10-18-16	Time 9:55	Eastern Central	Comp Grab	Collection Date 10-18-16	Time 11:45	Eastern Central	Comp Grab	Collection Date 10-18-16	Time 12:30	Eastern Central
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 4.2	% sat 77	Total Res. Chlorine 7	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 4.8	% sat 59	Total Res. Chlorine 7	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 3.4	% sat 41	Total Res. Chlorine 7
Sp. Conductance (umho/cm) 748				Sp. Conductance (umho/cm) 99				Sp. Conductance (umho/cm) 97			
Bottle Group(s) A				Bottle Group(s) A				Bottle Group(s) A			
Field ID	STORET #	Latitude	Location	Field ID	STORET #	Latitude	Location	Field ID	STORET #	Latitude	Location
RQ-2016-10-17-30			GREEN LAKE S	RQ-2016-10-17-30			GREEN LAKE S	RQ-2016-10-17-30			GREEN LAKE S
Date: 10/18/2016	Field ID: G5SW0039	Time: 280552708245456		Date: 10/18/2016	Field ID: G5SW0108	Time: G5SW0108		Date: 10/18/2016	Field ID: G5SW0107	Time: G5SW0107	
Temp (C) 26.0	pH 7.2	Sample Depth 0.3	ft 0.3	Temp (C) 26.0	pH 6.0	Sample Depth 0.3	ft 0.3	Temp (C) 26.0	pH 6.0	Sample Depth 0.3	ft 0.3
Salinity (ppt) 0.4	Comments			Salinity (ppt) 0.4	Comments			Salinity (ppt) 0.4	Comments		
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Sp. Conductance (umho/cm) 748				Sp. Conductance (umho/cm) 99				Sp. Conductance (umho/cm) 97			
Bottle Group(s) A				Bottle Group(s) A				Bottle Group(s) A			

Group: A	Bottle Type: ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	P-500ML	# of Bottles: 5	Preservative: ICE And H2SO4		Enter Number of Bottles Sent to Lab	4
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 5	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	4

Package
US AirbillFedEx
Tracking
Number

8104 1261 7238

MR 4

From Please print and press hard.

Date 10/18/2016 Sender's FedEx
Account NumberSender's
Name EDEP Phone 813 1470-5700

Company

Address 13051 N. TELECOM PKWY Dept./Floor/Suite/Room

City TEMPLE TERRACE State FL ZIP 33637

Your Internal Billing Reference

First 24 characters will appear on invoice.

To

Recipient's
Name SAMPLE RECEIVING Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2400 BLAIRSTONE RD Hold Weekday
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.

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

Dept./Floor/Suite/Room

Address Hold Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

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

City TALLAHASSEE State FL ZIP 32309-6542

0124452242

Form
ID No. 0215

4 Express Package Service

* To most locations.

Packages up to 150 lbs.

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

NON-BUSINESS DAYS

☐ 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.

2-3 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
Package 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, 9, 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. 4470-2262-7 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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