



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: ANCLOTE RIVER

Date: 10-27-16
(mm/dd/yyyy)

STORET Station ID: 24040071

Latitude: 28.2147222 N
(Decimal Degrees)

WBID: 1440A RQ-2016-10-24-74 ORG ID: 21FLTPA

Longitude: 82.6658333 W
(Decimal Degrees)

Receiving Body of Water: Can

Field ID: G5SW0110

County: MANCO

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. ASHTON		X	X			
S. CHINORMAN			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# 11C J01 Photos: Yes / No Tide Falling: No / NA

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	0.9	0.9	6.8	76	6.8	0.14	0.9	290	21.2
CEN								"S"		

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 ☐ HNO2			☐ <2
Filtered Nutrients	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUTE-W	☒ Ice			
BOD	☐ BOD-UNIN	☐ Ice			
Physical/Aggregate (Kit A)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-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 ☐ Enteric ☐ 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			

Contains
Sulfuric Acid
SA-6209120
EXP: 07/27/17
Warning!
See SDS

Flow m/s: 0.17 m/s "J" Quality Flow

Notes:

RQ-2016-10-24-74
Date: 10/27/16
Time: Anclo River

G5SW0110
Field ID
STORET
24040071

Signature: [Signature] Date: 10-27-16

Field Parameters Entered into LIMS: SC 11/18/16 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)
Field Parameters QC in LIMS: SC 01-04-17 (Initials/Date)
Field Sheets Scanned/Saved: _____ (Initials/Date)

Request Number: 2016-10-24-74

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Page 1 of 2
 last revised Nov 10, 2015

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: S. Clingerman

Project ID: SMP

Collected By: J. Ashton / S. ClingermanSampling Agency: FLTPA

Location LAKE HIAWATHA		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>10-27-2016</u> Time <u>1000</u>		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)
Field ID RQ-2016-10-24-74 Date: 10/27/16 Time: _____ Lake Hiawatha	G1SW0017 Field ID STORET 24840057	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>7.2</u> <u>86</u>	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)		A
STORET #		Temp (C) <u>24.4</u>	pH <u>7.2</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>125</u>		
Latitude		☐ dd ☐ dms	Salinity (ppt) <u>0.06</u>		Comments			
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date _____ Time _____		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID RQ-2016-10-24-74 Date: 10/27/16 Time: _____ Anclote River	G5SW0110 Field ID STORET 24840071	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	Salinity (ppt)		Comments			
Location ANCLOTE RIVER @ STARKEY		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>10-27-2016</u> Time _____		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID RQ-2016-10-24-74 Date: 10/26/16 Time: _____ Anclote R. @ Starkey	G5SW0109 Field ID STORET 65500109	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>7.3</u> <u>82</u>	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)		A
STORET #		Temp (C) <u>21.1</u>	pH <u>6.8</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>236</u>		
Latitude		☐ dd ☐ dms	Salinity (ppt) <u>0.11</u>		Comments			
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date _____ Time _____		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID RQ-2016-10-24-74 Date: 10/27/17 Time: _____ Anclote R @ Starkey	G5SW0109 Field ID STORET 65500109	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	Salinity (ppt)		Comments			

Relinquished By: <u>[Signature]</u>	Date/Time <u>10/24/16 1800</u>	Shipping Method <u>FedEx</u>	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
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Group: A Bottle Type: P-1L # of Bottles: 7 Preservative: ICE Enter Number of Bottles Sent to Lab 5

ALKALINITY
TURBIDITY
W-F
W-TSS

Group: A Bottle Type: P-1L # of Bottles: 7 Preservative: ICE Enter Number of Bottles Sent to Lab 5

BOD-UNIN

Group: A Bottle Type: BP-1L # of Bottles: 7 Preservative: ICE Enter Number of Bottles Sent to Lab 5

CHLSUITE-W

Group: A Bottle Type: P-500ML # of Bottles: 7 Preservative: ICE And H2SO4 Enter Number of Bottles Sent to Lab 5

W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group: A Bottle Type: P-125ML # of Bottles: 7 Preservative: ICE-FLTR Enter Number of Bottles Sent to Lab 5

W-PO4-F

1 From Please print and press hard.

Date 10-27-2016 Sender's FedEx Account Number _____
 Sender's Name _____ Phone (813) 470-5100
 Company FDEP
 Address 13051 N Telecom Pkwy Dept./Floor/Suite/Room _____
 City Temple Terrace State FL ZIP 33637

2 Your Internal Billing Reference

To Recipient's
 Name SAMPLE RECEIVING Phone (850) 245-8085
 Company FLORIDA DEP/CHEMISTRY SECTION
 Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room _____
 We cannot deliver to P.O. boxes or P.O. ZIP codes.
 Address _____
 Use this line for the HOLD location address or for continuation of your shipping address.
 City TALLAHASSEE State FL ZIP 32397-6542

0124452242



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

Next Business Day	2-Day 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.	☐ 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, S, 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 1 Total Weight 50 lbs. Total Declared Value* \$ _____

Your 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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MUR4

1 From Please print and press hard.

Date 10-27-2016 Sender's FedEx Account Number _____
 Sender's Name _____ Phone (813) 470-5100
 Company FDEP
 Address 13051 N Telecom Pkwy Dept./Floor/Suite/Room _____
 City Temple Terrace State FL ZIP 33637

2 Your Internal Billing Reference

To Recipient's
 Name SAMPLE RECEIVING Phone (850) 245-8085
 Company FLORIDA DEP/CHEMISTRY SECTION
 Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room _____
 We cannot deliver to P.O. boxes or P.O. ZIP codes.
 Address _____
 Use this line for the HOLD location address or for continuation of your shipping address.
 City TALLAHASSEE State FL ZIP 32397-6542

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