



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

PAGE 1 OF 2

Data Qualified?  
Yes / No

STORET Station Name: ANCLOTE RIVER @ STARKLEY

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

STORET Station ID: 655120109

Latitude: 28° 13' 30.12" N  
(Decimal Degrees)

WBID: 14401 RQ: 2016-10-24-74 ORG ID: 21FLTPA

Longitude: 82° 38' 32.24" W  
(Decimal Degrees)

Receiving Body of Water: COM

Field ID: 655120109

County: PIASCO

| Sampling Team Members |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check | Duplicate Collection | Blank Collection |
|-----------------------|--|-----------------|-------------------|---------------|--------------|--------------------|----------------------|------------------|
| <u>J. ALLEN</u>       |  | X               | X                 |               |              |                    |                      |                  |
| <u>S. LINDBERMAN</u>  |  |                 | X                 |               | X            | X                  | X                    | X                |
|                       |  |                 |                   |               |              |                    |                      |                  |
|                       |  |                 |                   |               |              |                    |                      |                  |

| Sampling Equipment                                   |                                             |                               |
|------------------------------------------------------|---------------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn           | <input type="checkbox"/> Pole |
| <input type="checkbox"/> Carboy                      | <input checked="" type="checkbox"/> Syringe |                               |
| <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Other              |                               |
| Equipment ID                                         |                                             |                               |
| Collection Method                                    |                                             |                               |
| <input checked="" type="checkbox"/> Wading           | Via Boat                                    |                               |
| <input checked="" 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 / High / Flooded

Matrix: Fresh Marine / DI

Meter ID# LIL JON

Photos: Yes / No

Tide Falling: Yes / No / NA

Field Sample

| 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       | <u>11:30</u> | <u>1.1</u>       | <u>1.1</u>      | <u>7.3</u><br><del>7.9</del> | <u>82</u><br><del>88</del> | <u>6.8</u> | <u>0.11</u>    | <u>1.1</u>      | <u>236</u>         | <u>21.1</u> |
| CEN       |              |                  |                 |                              |                            |            |                | <u>1.5"</u>     |                    |             |

Biological Samples Collected:

None HA SCI LVS RPS 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 checked="" type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> |           |            | <input checked="" type="checkbox"/> <2 |
| Metals                       | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                        | <input type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>                                     |           |            | <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                                                                    |           |            |                                        |
| Chlorophyll                  | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                         | <input checked="" type="checkbox"/> Ice                                                                    |           |            |                                        |
| BOD                          | <input type="checkbox"/> BOD-UNIN                                                                                                                                                                                      | <input type="checkbox"/> Ice                                                                               |           |            |                                        |
| Physical/Aggregate (Kit A/C) | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                        | <input checked="" type="checkbox"/> Ice                                                                    |           |            |                                        |
| Physical/Aggregate (Kit B/D) | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                                                                                                          | <input type="checkbox"/> Ice                                                                               |           |            |                                        |
| Macroinvertebrates           | <input type="checkbox"/> MI-FW-QUDC                                                                                                                                                                                    | <input type="checkbox"/> Formalin                                                                          |           |            |                                        |
| Microbiology                 | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enteroc <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<br><input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH | <input type="checkbox"/> Ice<br><input type="checkbox"/> Other                                             |           |            |                                        |
| <u>Flow</u>                  |                                                                                                                                                                                                                        | <u>0.17 m/s</u>                                                                                            |           |            |                                        |

Contains  
1:1  
Sulfuric Acid  
SA-6209120  
EXP-07/27/17  
Warning!  
See SDS

## QA/QC Sample Information

## Duplicate

| Time Zone: <u>EST</u> CEN    |                                                                                                                                             | Sample Depth (m): <u>0.3</u>                                                                               |           | Field ID: <u>G5SW0109</u> |                                         |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|---------------------------|-----------------------------------------|
| Time: <u>11:40</u>           |                                                                                                                                             | Total Depth (m): <u>1.1</u>                                                                                |           |                           |                                         |
| 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 checked="" type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> |           |                           | <input checked="" type="checkbox"/> < 2 |
| Metals                       | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                             | <input type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>                                     |           |                           | <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                                                                    |           |                           |                                         |
| Chlorophyll                  | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                              | <input checked="" type="checkbox"/> Ice                                                                    |           |                           |                                         |
| BOD                          | <input type="checkbox"/> BOD-UNIN                                                                                                           | <input type="checkbox"/> Ice                                                                               |           |                           |                                         |
| Physical/Aggregate (Kit A/C) | <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 (Kit B/D) | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                               |                                                                                                            |           |                           |                                         |
| Microbiology                 | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli                                                                             |                                                                                                            |           |                           |                                         |
| Pesticides                   | <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-AHERI<br><input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERE |                                                                                                            |           |                           |                                         |

RQ-2016-10-24-74  
Date: 10/27/17  
Time: Anclo R @ Starkey Duplicate

Field ID STORET  
G5SW0109

Contains 1:1 Sulfuric Acid  
SA-6209120  
EXP: 07/27/17  
Warning! See SDS

## Blank

| Time Zone: <u>EST</u> CEN                                                                                                                       |                                                                                                                                                 | Time: <u>1235</u>                                                                    |           | Field ID: _____ |                                         | Location: _____ |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------|-----------------|-----------------------------------------|-----------------|--|
| <input type="checkbox"/> Field Blank <input checked="" type="checkbox"/> Equipment Blank <input type="checkbox"/> Field Cleaned Equipment Blank |                                                                                                                                                 | Equipment ID: _____                                                                  |           |                 |                                         |                 |  |
| Parameter Suite                                                                                                                                 | Parameter Methods                                                                                                                               | Preservation                                                                         | Acid Lot# | Expiration      | pH Check                                |                 |  |
| Preserved Nutrients                                                                                                                             | <input type="checkbox"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP                                                                            | <input type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> |           |                 | <input checked="" type="checkbox"/> < 2 |                 |  |
| Metals                                                                                                                                          | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                 | <input type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>               |           |                 | <input type="checkbox"/> < 2            |                 |  |
| Filtered Nutrients                                                                                                                              | <input type="checkbox"/> W-PO4-F <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                         | <input type="checkbox"/> Ice                                                         |           |                 |                                         |                 |  |
| Chlorophyll                                                                                                                                     | <input type="checkbox"/> CHLSUITE-W                                                                                                             | <input type="checkbox"/> Ice                                                         |           |                 |                                         |                 |  |
| BOD                                                                                                                                             | <input type="checkbox"/> BOD-UNIN                                                                                                               | <input type="checkbox"/> Ice                                                         |           |                 |                                         |                 |  |
| Physical/Aggregate (Kit A/C)                                                                                                                    | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS                                            | <input type="checkbox"/> Ice                                                         |           |                 |                                         |                 |  |
| Physical/Aggregate (Kit B/D)                                                                                                                    | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                                   |                                                                                      |           |                 |                                         |                 |  |
| Microbiology                                                                                                                                    | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli                                                                                 |                                                                                      |           |                 |                                         |                 |  |
| Pesticides                                                                                                                                      | <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-AHERB-A<br><input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-A |                                                                                      |           |                 |                                         |                 |  |

RQ-2016-10-24-74  
Date: 10/27/17  
Time: \_\_\_\_\_

Field ID STORET  
FIELD BLANK  
BLANK

Contains 1:1 Sulfuric Acid  
SA-6209120  
EXP: 07/27/17  
Warning! See SDS

## Notes:

|                               |  |                       |  |
|-------------------------------|--|-----------------------|--|
| Signature: <u>[Signature]</u> |  | Date: <u>10-27-16</u> |  |
|-------------------------------|--|-----------------------|--|

Field Parameters Entered into LIMS:

SC 11/10/16  
(Initials/Date)

Field Parameters QC in LIMS:

SC 01-24-17 SE 11/11/17  
(Initials/Date)

Date Migrated to STORET:

(Initials/Date)

Field Sheets Scanned/Saved:

(Initials/Date)

Request Number: 2016-10-24-74

Florida Department of Environmental Protection  
Central Laboratory Submittal FormPage 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                                                    | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 10-27-2016 Time 1000 | Eastern<br>Central                                                                    | Composite end<br>Date Time    | Bottle<br>Group(s)<br>(See pg 2) |
| Field ID | RQ-2016-10-24-74<br>Date: 10/27/16<br>Time: Lake Hiawatha        | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen 7.2<br>86                                       | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine (mg/L)    | A                                |
| STORET # | Field ID<br>STORET<br>24040057                                   | Temp (C) 24.4                                                             | pH 7.2                                                       | Sample Depth 0.3                                                                      | Sp. Conductance (umho/cm) 125 |                                  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms      | Salinity (ppt) 0.06                                                       | Comments                                                     |                                                                                       |                               |                                  |
| Location |                                                                  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date Time                 | Eastern<br>Central                                                                    | Composite end<br>Date Time    | Bottle<br>Group(s)               |
| Field ID | RQ-2016-10-24-74<br>Date: 10/27/16<br>Time: Anclote River        | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen                                                 | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine (mg/L)    |                                  |
| STORET # | Field ID<br>STORET<br>24040071                                   | Temp (C)                                                                  | pH                                                           | Sample Depth                                                                          | Sp. Conductance (umho/cm)     |                                  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms      | Salinity (ppt)                                                            | Comments                                                     |                                                                                       |                               |                                  |
| Location | ANCLOTE RIVER @ STARKEY                                          | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date 10-27-2016 Time      | Eastern<br>Central                                                                    | Composite end<br>Date Time    | Bottle<br>Group(s)               |
| Field ID | RQ-2016-10-24-74<br>Date: 10/26/16<br>Time: Anclote R. @ Starkey | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen 7.3<br>82                                       | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat | Total Res. Chlorine (mg/L)    | A                                |
| STORET # | Field ID<br>STORET<br>65500109                                   | Temp (C) 21.1                                                             | pH 6.8                                                       | Sample Depth 0.3                                                                      | Sp. Conductance (umho/cm) 236 |                                  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms      | Salinity (ppt) 0.11                                                       | Comments                                                     |                                                                                       |                               |                                  |
| Location |                                                                  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab | Collection (comp begin or grab)<br>Date Time                 | Eastern<br>Central                                                                    | Composite end<br>Date Time    | Bottle<br>Group(s)               |
| Field ID | RQ-2016-10-24-74<br>Date: 10/27/17<br>Time: Anclote R @ Starkey  | Matrix (type, e.g., Salt, Fresh, etc)                                     | Diss. Oxygen                                                 | <input type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat            | Total Res. Chlorine (mg/L)    |                                  |
| STORET # | Field ID<br>STORET<br>65500109                                   | Temp (C)                                                                  | pH                                                           | Sample Depth                                                                          | Sp. Conductance (umho/cm)     |                                  |
| Latitude | <input type="checkbox"/> dd<br><input type="checkbox"/> dms      | Salinity (ppt)                                                            | Comments                                                     |                                                                                       |                               |                                  |

|                    |               |                 |              |           |                  |           |              |           |
|--------------------|---------------|-----------------|--------------|-----------|------------------|-----------|--------------|-----------|
| Relinquished By:   | Date/Time     | Shipping Method | Received By: | Date/Time | Relinquished By: | Date/Time | Received By: | Date/Time |
| <u>[Signature]</u> | 10/24/16 1800 | FedEx           |              |           |                  |           |              |           |

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

Request Number: 55

**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: S. Clingerman / J. Ashton

Sampling Agency: 21 FLTPA

|                                                         |  |                                                                           |  |                                                              |  |                                                                 |  |                                                           |  |                               |  |
|---------------------------------------------------------|--|---------------------------------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------------|--|-----------------------------------------------------------|--|-------------------------------|--|
| Location                                                |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 10-27-2016 Time 1235 |  | Eastern<br>Central                                              |  | Composite end<br>Date Time                                |  | Bottle Group(s)<br>(See pg 2) |  |
| Field ID<br>RQ-2016-10-24-74<br>Date: 10/27/17<br>Time: |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                             |  | A                             |  |
| STORET #                                                |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                    |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                               |  |
| Latitude                                                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt)                                               |  | Comments                                                        |  |                                                           |  |                               |  |
| Location                                                |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date Time                 |  | Eastern<br>Central                                              |  | Composite end<br>Date Time                                |  | Bottle Group(s)               |  |
| Field ID                                                |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                             |  |                               |  |
| STORET #                                                |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                    |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                               |  |
| Latitude                                                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt)                                               |  | Comments                                                        |  |                                                           |  |                               |  |
| Location                                                |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                 |  | Eastern<br>Central                                              |  | Composite end<br>Date Time                                |  | Bottle Group(s)               |  |
| Field ID                                                |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                             |  |                               |  |
| STORET #                                                |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                    |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                               |  |
| Latitude                                                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt)                                               |  | Comments                                                        |  |                                                           |  |                               |  |
| Location                                                |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                 |  | Eastern<br>Central                                              |  | Composite end<br>Date Time                                |  | Bottle Group(s)               |  |
| Field ID                                                |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                             |  |                               |  |
| STORET #                                                |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                    |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                               |  |
| Latitude                                                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt)                                               |  | Comments                                                        |  |                                                           |  |                               |  |
| Location                                                |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date Time                 |  | Eastern<br>Central                                              |  | Composite end<br>Date Time                                |  | Bottle Group(s)               |  |
| Field ID                                                |  | Matrix (type, e.g., Salt, Fresh, etc)                                     |  | Diss. Oxygen                                                 |  | <input type="checkbox"/> mg/L<br><input type="checkbox"/> % sat |  | Total Res. Chlorine<br>(mg/L)                             |  |                               |  |
| STORET #                                                |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                    |  | <input type="checkbox"/> ft<br><input type="checkbox"/> m |  |                               |  |
| Latitude                                                |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt)                                               |  | Comments                                                        |  |                                                           |  |                               |  |

|                    |               |                 |              |           |                  |           |              |           |
|--------------------|---------------|-----------------|--------------|-----------|------------------|-----------|--------------|-----------|
| Relinquished By:   | Date/Time     | Shipping Method | Received By: | Date/Time | Relinquished By: | Date/Time | Received By: | Date/Time |
| <i>[Signature]</i> | 10/27/16 1800 | FedEx           |              |           |                  |           |              |           |

|                     |                      |                 |                             |                                     |   |
|---------------------|----------------------|-----------------|-----------------------------|-------------------------------------|---|
| 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 |   |
| <del>BOD-UNIN</del> |                      |                 |                             |                                     |   |
| 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



**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2-Day Business Day                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> FedEx First Overnight<br>Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.<br><input checked="" type="checkbox"/> FedEx Priority Overnight<br>Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.<br><input type="checkbox"/> FedEx Standard Overnight<br>Next business afternoon.* Saturday Delivery NOT available. | <input type="checkbox"/> FedEx 2Day A.M.<br>Second business morning.* Saturday Delivery NOT available.<br><input type="checkbox"/> FedEx 2Day<br>Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.<br><input type="checkbox"/> FedEx Express Saver<br>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?**

☒ 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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**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



**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2-Day Business Day                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> FedEx First Overnight<br>Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.<br><input checked="" type="checkbox"/> FedEx Priority Overnight<br>Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.<br><input type="checkbox"/> FedEx Standard Overnight<br>Next business afternoon.* Saturday Delivery NOT available. | <input type="checkbox"/> FedEx 2Day A.M.<br>Second business morning.* Saturday Delivery NOT available.<br><input type="checkbox"/> FedEx 2Day<br>Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.<br><input type="checkbox"/> FedEx Express Saver<br>Third business day.* Saturday Delivery NOT available. |

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 ☐ Cash/Check

FedEx Acct. No. 4490-2262-7 Exp. Date \_\_\_\_\_

Total Packages 1 Total Weight 50 lbs. Total Declared Value\* \$ \_\_\_\_\_

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