



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: D16 VIRGINIA LAKE NORTH

Date: 10-20-16
(mm/dd/yyyy)

STORET Station ID: 65SW0113

Latitude: 28°12'26.35"N
(Decimal Degrees)

WBID: 1456B RQ: 2016-10-17-28 ORG ID: 21FLTPA

Longitude: 82°28'17.88"W
(Decimal Degrees)

Receiving Body of Water: _____ Field ID: 65SW0113

County: ALCO

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
JUDY ASHTON						X		X	X
STEPHEN CHILDERMAN					X		X		

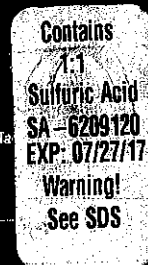
Sampling Equipment		
☒ Sample Container	☐ Van Dorn	☐ Pole
☐ Carboy	☒ Syringe	
☐ Dipper	☐ Other	
Equipment ID		
Collection Method		
☐ Wading	Via Boat	
☐ From Shore	☒ Canoe/Kayak	
☐ Other (note below)	☒ Electric Motor	
	☐ Gasoline Motor	

Water Level: Dry / Low / Normal / High / Flooded Matrix: Fresh Marine / DI
Meter ID# L1610N 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 (µmhos/cm)	Temp. (C°)
EST	1115	0.3	3.5	7.7	97	7.1	0.08	1.3	162	26.8
CEN		3.0		7.2	89	7.0	0.08		162	26.4

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-CHC / 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 ☐ 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-2016-10-17-28
	Date: 10/20/2016 Field ID: <u>65SW0113</u>
	Time: _____
	STORET: <u>65SW0113</u>

Signature: _____ Date: 10-20-16

Field Parameters Entered into LIMS: SC 11/18/16 Field Parameters QC in LIMS: SC 01-04-17 SE 11/11/17

Date Migrated to STORET: _____ Field Sheets Scanned/Saved: _____

Request Number: 2016-10-17-28
Run 10

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Customer: SW-DIST
Project ID: SMP

Requester: Judy Ashton
Collected By: J. Ashton, S. Cunniff

Field Report Prepared By: Judy Ashton
Sampling Agency: FALP 21 PLTPA

Station	LAKE THOMAS	Collection (comp begin or grab)	Composite end	Bottle Group(s)
ID	RQ-2016-10-17-28	Date 10-20-16 Time 9:45	Date	(See pg 2)
ORET #	24040132	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 7.5 mg/L Total Res. Chlorine 93 % sat	
Time		Temp (C) 26.3 pH 6.1	Sample Depth 0.3 ft	
STORET:		Salinity (ppt) 0.05	Sp. Conductance 103 umho/cm	A

Station	LAKE THOMAS	Collection (comp begin or grab)	Composite end	Bottle Group(s)
ID	RQ-2016-10-17-28	Date 10-20-16 Time 10:30	Date	(See pg 2)
ORET #	24040112	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 7.3 mg/L Total Res. Chlorine 90 % sat	
Time		Temp (C) 26.4 pH 6.1	Sample Depth 0.3 ft	
STORET:		Salinity (ppt) 0.05	Sp. Conductance 102 umho/cm	A

Station	VIENNA LAKE N.	Collection (comp begin or grab)	Composite end	Bottle Group(s)
ID	RQ-2016-10-17-28	Date 10/20/2016 Time 10:30	Date	(See pg 2)
ORET #	24040115	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 7.3 mg/L Total Res. Chlorine 90 % sat	
Time		Temp (C) 26.4 pH 7.0	Sample Depth 0.3 ft	
STORET:		Salinity (ppt) 0.08	Sp. Conductance 171 umho/cm	A

Station	VIENNA LAKE S	Collection (comp begin or grab)	Composite end	Bottle Group(s)
ID	RQ-2016-10-17-28	Date 10/20/2016 Time 10:40	Date	(See pg 2)
ORET #	24040116	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 6.8 mg/L Total Res. Chlorine 88 % sat	
Time		Temp (C) 26.5 pH 6.9	Sample Depth 0.3 ft	
STORET:		Salinity (ppt) 0.08	Sp. Conductance 170 umho/cm	A

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time
Sgt	10/20 1800	Red Ex		

Group: A	Bottle Type: P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab
ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS					
Group: A	Bottle Type: P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab
BOD-UNIN					
Group: A	Bottle Type: BP-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab
CHLSUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 6	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab
W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC					
Group: A	Bottle Type: P-125ML	# of Bottles: 6	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab
W-PO4-F					

ANALYSIS

Request Number: 2016-10-17-28

Run to

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: J. Ashton / S. Cingerman

Field Report Prepared By: Stephen Cingerman

Sampling Agency: 21FLTPA / DEP

3 of 3

Page 4 of 2

last revised Nov 10, 2015

Station		BIG VIENNA LAKE NORTH		Collection (comp begin or grab)		Eastern		Composite end		Bottle Group(s)	
ID		RQ-2016-10-17-28		Date 10-20-2016		Time 11:15		Date		Time	
ORET #		G5SW0113		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 7.7		mg/L Total Res. Chlorine		A	
Time		G5SW0113		Temp (C) 26.8		pH 7.1		Sample Depth 0.3		Sp. Conductance 162	
STORET:		G5SW0113		Salinity (ppt) 0.08		Comments					
Station		BIG VIENNA LAKE S		Collection (comp begin or grab)		Eastern		Composite end		Bottle Group(s)	
ID		RQ-2016-10-17-28		Date 10-20-2016		Time 11:00		Date		Time	
ORET #		G5SW0114		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 8.0		mg/L Total Res. Chlorine		A	
Time		G5SW0114		Temp (C) 26.9		pH 7.0		Sample Depth 0.3		Sp. Conductance 162	
STORET:		G5SW0114		Salinity (ppt) 0.08		Comments					
Station				Collection (comp begin or grab)		Eastern		Composite end		Bottle Group(s)	
ID				Date		Time		Date		Time	
ORET #				Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		mg/L Total Res. Chlorine			
Time				Temp (C)		pH		Sample Depth		Sp. Conductance	
STORET:				Salinity (ppt)		Comments					
Station				Collection (comp begin or grab)		Eastern		Composite end		Bottle Group(s)	
ID				Date		Time		Date		Time	
ORET #				Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		mg/L Total Res. Chlorine			
Time				Temp (C)		pH		Sample Depth		Sp. Conductance	
STORET:				Salinity (ppt)		Comments					

Published By: [Signature]	Date/Time: 10-20 1800	Shipping Method: Fed Ex	Received By: [Signature]	Date/Time: 10-20 1800	Relinquished By: [Signature]	Date/Time: 10-20 1800	Received By: [Signature]	Date/Time: 10-20 1800
---------------------------	-----------------------	-------------------------	--------------------------	-----------------------	------------------------------	-----------------------	--------------------------	-----------------------

Group: A	Bottle Type: P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab
ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS					
Group: A	Bottle Type: P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab
BOD-UNIN					
Group: A	Bottle Type: BP-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab
CHL.SUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 6	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab
W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC					
Group: A	Bottle Type: P-125ML	# of Bottles: 6	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab
W-PO4-F					

1 From Please print and press hard.

Date **10/20/2016** Sender's FedEx Account Number _____
 Sender's Name _____ Phone **(813) 470-5700**
 Company **FDEP**
 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** 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 **32399-6542**

Hold Weekday
 FedEx location address
 REQUIRED. NOT available for
 FedEx First Overnight.
 Hold Saturday
 FedEx location address
 REQUIRED. Available ONLY for
 FedEx Priority Overnight and
 FedEx 2Day to select locations.



Leave the packing to the pros at FedEx Office
 Call 1-800-FedEx-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.

2nd Business Day
☐ 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. **4490-2262-9** Exp. Date _____
 Total Packages **1** Total Weight **30** 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.

Rev. Date 5/15 • Part #183134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

611

MUR 4

1 From Please print and press hard.

Date **10-20-2016** Sender's FedEx Account Number _____
 Sender's Name _____ Phone **(813) 470-5700**
 Company **FDEP**
 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** 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 **32399-6542**

Hold Weekday
 FedEx location address
 REQUIRED. NOT available for
 FedEx First Overnight.
 Hold Saturday
 FedEx location address
 REQUIRED. Available ONLY for
 FedEx Priority Overnight and
 FedEx 2Day to select locations.

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.

2nd Business Day
☐ 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. **4490-2262-9** Exp. Date _____
 Total Packages **1** Total Weight **30** 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.

Rev. Date 5/15 • Part #183134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

67