



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2015

PAGE 1 OF 1

DO

Data Qualified?
Yes / No

STORET Station Name: G1SW0001 Lake Harvey

Date: 02/04/2010
(mm/dd/yyyy)

STORET Station ID: G1SW0002

Latitude: 28.163765717 N
(Decimal Degrees)

WBID: 1463D RQ: 2010-02-01-79

ORG ID: 21FLTPA

Longitude: -82.48614375 W
(Decimal Degrees)

Receiving Body of Water: _____

Field ID: G1SW0001

County: Hillsborough

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Duplicate Collection	Blank Collection	Sampling Equipment		
Judy Ashton		X							☒ Sample Container	☐ Van Dorn	☐ Pole
Stephen Clinger			X		X	X			☐ Carboy	☒ Syringe	
Ashley Salmieron				X					☐ 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>L1 Jon</u>									Photos: <u>Yes</u> / No		
									Tide Falling: Yes / No / <u>NA</u>		

Field Sample

Time Zone	Time	Total Depth (m)	Sample Depth	Temp (°C)	DO (mg/L)	DO (%SAT)	COND (umhos/cm)	Salinity (ppt)	pH	Secchi Disk (m)
<u>EST</u>	<u>0900</u>	<u>3.2</u>	<u>2.7</u>	<u>15.0</u>	<u>5.9</u>	<u>60</u>	<u>142</u>	<u>0.07</u>	<u>6.5</u>	<u>1.5</u>
<u>CEN</u>	<u>0900</u>		<u>0.3</u>	<u>21.1</u>	<u>6.4</u>	<u>71</u>	<u>139</u>	<u>0.06</u>	<u>6.5</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	☒ 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-INHB	☒ BOD-UNIN	☒ Ice				
Physical/Aggregate	☒ TSS / Turbidity / Alkalinity / Color	☐ Other	☒ Ice				
Macroinvertebrates	☐ MI-FW-QLDC		☐ Formalin				
Microbiology	☐ E Coli	☐ F Coli	☐ Enterococcus	☐ QPCR	☐ Ice		
Periphyton	☐ ALGAE-ID		☐ Ice				
Pesticides	☐ W-PSNP-TQ	☐ W-AHERB-AA	☐ W-PYR-AA-R	☐ Ice			
	☐ W-PSCL-TQA	☐ W-UHERB-AA	☐ W-GLYPH	☐ Other			

Contains
1:1
Sulfuric Acid
SA-5259020
EXP: 09/16/16
Warning!
See MSDS

Event ID *

Central Laboratory Sample Submittal Form

WB|Ds 1345A-1345B-1348-9038

RD-2016-02-01-79

Requester:

~~Sarah Ernst~~ *Jane Borman*

Field Report Prepared By:

Customer: SW-DIST

Customer: SW-L
Project ID: SMP

Collected By:

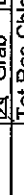
J. Ashton, S. Cunniff, M. A. Spruss, and

Stephen Clingerman

PMA:

Sampling Agency:

FD-302

Lab ID *	Location		RQ-2016-02-01-79 Date: 02/04/16 Time:		dd dms dd dms Longitudé		dd dms Latitúde	
 G1SW0001 			Temp. 21.1 °C		pH 6.5		Comments	
☐ Comp ☒ Grab			Collection (comp begin or grab)		Sample Depth ☒ m ☐ ft		Total Res Chlorine (mg/L)	
Date 2/4/16 Time 0400			Diss Oxygen (mg/L) 0.4 mg / 71%		Salinity (PPT) ☒		NPDES Number	
Eastern Central			Date 2/4/16 Time 0400		Sp Conductance (umho/cm) 0.00 / #44		Eastern Central	
Bottle Group(s) ** A			Station Number 61SW0001		Station Number 61SW0001		Station Number 61SW0001	

Lab ID *	Location		 G1SW0027 		☐ dd ☐ dms Longitude		☐ dd ☐ dms		Latitude	
	RQ-2016-02-01-79 Date: 02/04/16 Time:		Temp: 21.3 °C pH 7.3		☐ Comp ☒ Grab		Collection (comp begin or grab)		Eastern	
					Date 2/4/16 Time 1040		Date Time		Central	
					Total Res Chlorine (mg/L)		Diss Oxygen (mg/L) 10.3 mg		Storet Station Number G1 SW 0027	
					Sample Depth ☒ m ☐ ft 0.3		Salinity (PPT) ☒ 0.12 ☒ 258		NPDES Number	
					Comments		Sp Conductance (umho/cm)		Bottle Group(s) A	

Lab ID *	Location		 G1SW0028  24030084		☐ dd ☐ dms ☐ dd ☐ dms		☐ dd ☐ dms ☐ dd ☐ dms	
	RQ-2016-02-01-79 Date: 02/04/16 Time:							
	Latitude		Longitude					
	Comments		Temp: 20.9 °C		pH 7.9		Sample Depth ☒ m ☐ ft	
	Comp		Collection (comp begin or grab)		Composite end		Eastern	
	☐ Grab		Date 2/4/16 Time 1000		Date		Central	
	Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number		NPDES Number	
	0.3		12.0 mg 1332		84030084		A	
	Salinity (PPT)		Sp Conductance (umho/cm)		NPDES Number		A	
	☒ m ☐ ft		0.149 7.9		84030084		A	

Lab ID *											Bottle Group(s)**
Location			☐ Comp ☐ Grab		Collection (comp begin or grab) Date Time		Composite end. Date Time		Eastern Central		
Field ID			Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number				
Matrix (include type e.g. Salt, Fresh, etc)			pH		Sample Depth ☐ m ☐ ft		☐ Salinity (PPT) ☐ Sp Conductance (umho/cm)		NPDES Number		
Latitude	☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Comments				

Relinquished By: <i>Judy Ashton</i>	Date/Time <i>2-4-76 5:00</i>	Shipping Method: <i>Fed Ex</i>	Received By:	Date/Time	Received By:	Date/Time
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* Shaded Areas for Lab use only.

*** Please see reverse side for Bottle Group information.

last revised October 1, 2003

Group: A	Bottle Type: P-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab
BOD-UNIN					
Group: A	Bottle Type: BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab
CHLSUITE-W					
Group: A	Bottle Type: P-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab
TURBIDITY					
W-ALK					
W-CL-IC					
W-COLOR					
W-F					
W-SO4-IC					
W-TDS					
W-TSS					
Group: A	Bottle Type: P-500ML	# of Bottles: 4	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: 4	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab
W-PO4-F					

FedEx Package
Express US Airbill

Safe Tracking Number 8092 3436 2775

1 From Please print and press hard.

Date 02-04-2016 Sender's FedEx Account Number

Sender's Name

Phone 813, 470-5700

Company FDEP

Address 13051 N Telecom Pkwy

Dept./Room/Room

City Temple Terrace State FL ZIP 33637

2 Your Internal Billing Reference

First 2 characters will appear on invoice.

3 To Recipient's Name Phone 850, 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD

City TALLAHASSEE State FL ZIP 32399-6542

Address Use this line for the HO/D location address or for continuation of your shipping address.

City TALLAHASSEE

State FL ZIP 32399-6542

0120775907

Form ID No. 0215

4 Express Package Service

NOTE: Service order has changed. Please select carefully. Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express freight US airbill.

☐ FedEx First Overnight

☐ FedEx Next Business Morning Delivery to select business addresses only. Delivery not guaranteed on Monday unless SAT/POD delivery is selected.

☒ FedEx Priority Overnight

Next business morning. *Friday shipments will be delivered on Monday unless SAT/POD delivery is selected.

☐ FedEx Standard Overnight

Second business day. *Saturday delivery NOT available.

☐ FedEx 2Day AM

Second business morning. *Saturday delivery NOT available.

☐ FedEx 2Day

Second business afternoon. *Thursday shipments will be delivered on Monday unless SAT/POD delivery is selected.

☐ FedEx Express Saver

Third business day. *Saturday delivery NOT available.

☐ FedEx Envelope*

☐ FedEx Pak*

☐ FedEx Box

☐ FedEx Tube

☒ Other

5 Packaging *Declared value limit \$500.

☐ No Signature Required

☐ Signature Required

☐ Signature Required (Signature required for delivery.)

☐ Signature Required (Signature required for delivery.)

☐ Signature Required (Signature required for delivery.)

☐ Signature Required (Signature required for delivery.)

☐ Signature Required (Signature required for delivery.)

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery

*Not available for FedEx Standard Overnight, FedEx 2Day AM, or FedEx Express Saver.

☐ No Signature Required

☐ Signature Required

☐ Signature Required (Signature required for delivery.)

☐ Signature Required (Signature required for delivery.)

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☐ Signature Required (Signature required for delivery.)

☐ Signature Required (Signature required for delivery.)

7 Payment Bill to:

Sender's Bill to: Enter FedEx Acct. No. or Credit Card No. below.

☐ Recipient's Bill to: Recipient

☐ Third Party

☐ Credit Card

☐ Cash/Check

☐ Other

☐ Other

Total Packages 1

Total Weight 50 lbs.

Total Declared Value \$

Total Insured Value \$

Total Uninsured Value \$

Total Value \$

MUR3

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.