



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: LAKE HIAWATHA

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

STORET Station ID: 24040057

Latitude: 28.170111 N
(Decimal Degrees)

WBID: 1464V RQ-2016-10-24-74 ORG ID: 21FLTPA

Longitude: 82.574833 W
(Decimal Degrees)

Receiving Body of Water:

Field ID: G1SW0017

County: HILLS

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. AZHON					X		X	X	X
E. CLINGMAN						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# LIL JON

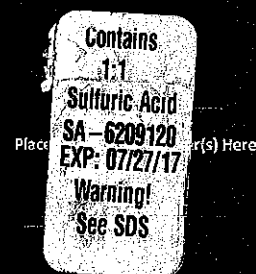
Photos: Yes / No

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 (umhos/cm)	Temp. (C°)
EST	10:00	0.3	5.7	7.2	86	7.2	0.06	1.4	125	24.4
CEN		5.2		7.5	90	6.1	0.06		126	24.4

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 ☐ HNO2			☐ <2
Filtered Nutrients	☒ W-PO4-F ☒ Field Filtered 0.45 um Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
BOD	☐ BOD-UNIN	☐ Ice			
Physical/Aggregate (Kit A)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-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 ☐ Enteroc ☐ 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" Quality Flow

Notes:

RQ-2016-10-24-74
Date: 10/27/16
Time:
Lake Hiawatha

G1SW0017
Field ID
STORET
24040057

Signature: [Signature]

Date: 10-27-16

Field Parameters Entered into LIMS: SC 11/18/16
(Initials/Date)

Field Parameters QC in LIMS: SC 01-04-17 SE 11/17/17
(Initials/Date)

Date Migrated to STORET: [Blank]
(Initials/Date)

Field Sheets Scanned/Saved: [Blank]
(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 10-27-2016 Time 1000		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)
Field ID RQ-2016-10-24-74 Date: 10/27/16 Time: _____	G1SW0017 Field ID STORET Lake Hiawatha	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 7.2 86	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)		A
STORET #		Temp (C) 24.4	pH 7.2	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 125		
Latitude		☐ dd ☐ dms	Salinity (ppt) 0.06		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: _____	G5SW0110 Field ID STORET Anclote River	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 10-27-2016 Time _____		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID RQ-2016-10-24-74 Date: 10/26/16 Time: _____	G5SW0109 Field ID STORET Anclote R. @ Starkey	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 7.3 82	☒ mg/L ☒ % sat	Total Res. Chlorine (mg/L)		A
STORET #		Temp (C) 21.1	pH 6.8	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 236		
Latitude		☐ dd ☐ dms	Salinity (ppt) 0.11		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: _____	G5SW0109 Field ID STORET Anclote R @ Starkey	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:	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

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

3 To

Recipient's Name

SAMPLE RECEIVING

Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD

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

Dept./Floor/Suite/Room

Address

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

City TALLAHASSEE State FL ZIP 32397-6542

0124452242



Ship it. Track it. Pay for it. All online.
Go to fedex.com

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.

2 Day 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, S, UN 1845 x kg

☐ 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

Total Weight

Total Declared Value*

1 50 lbs. \$.00

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

3 To

Recipient's Name

SAMPLE RECEIVING

Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD

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Dept./Floor/Suite/Room

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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