FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

Data Qualified? Yes / No

STORET Station Name: KLOSERMAN CANAL N. Date: 12-14-16 (mm/dd/yyyy)

STORET Station ID: 280652.708245456 Latitude: 28.11466 N (Decimal Degrees)

WBID: 1508A RQ - 2016-12-12-39 ORG ID: 21FLTPA Longitude: 82.76268 (Decimal Degrees)

Receiving Body of Water: _____ Field ID: G5SW0039 County: HILLSBOROUGH

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
S. KLINGERMAN		X		X	X
J. ASHTON	X		X		

Sampling Equipment

- [X] Sample Container
- [ ] Carboy
- [ ] Dipper
- [ ] Van Dorn
- [X] Syringe
- [ ] Other _____
- [ ] Pole

Equipment ID _____

Collection Method

- [X] Wading
- [ ] From Shore
- [ ] Other (note below)

Via Boat
- [ ] Canoe/Kayak
- [ ] Electric Motor
- [ ] Gasoline Motor

Water Level: Dry / Low / Normal / High / Flooded

Matrix: Fresh / Marine / DI

Meter ID# BUSTA 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	10:15	0.3	0.7	5.2	63	7.2	12.4	0.7 "S"	20432	21.7
CEN										

Biological Samples Collected: None HA SCI LVS RPS LVI Other _____

Parameter Suite	Parameter Methods	Preservation	Acid Lot#	Expiration	pH Check
Preserved Nutrients	[X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[X] Ice [X] H_2SO_4			[X] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[X] W-PO4-F [X] Field Filtered 0.45 µm Filter	[X] Ice			
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
BOD	[ ] BOD-UNIN	[ ] Ice			
Physical/Aggregate (Kit A)	[X] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[X] 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-2016-12-12-39
Date: 12/14/16
Time:
KLOSTERMAN N

G5SW0039
Field ID
STORET
280652708245456

Signature: _____ Date: 12-14-16

Field Parameters Entered into LIMS: SC 01-09-17 (Initials/Date) Field Parameters QC in LIMS: SE 1/12/17 (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: _____ (Initials/Date)

Request Number: RQ- 2016-12-12-39

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: J. Ashton, S. Clingerman

Field Report Prepared By: S. CLINGERMAN

Sampling Agency: 21FLTPA - SWROC

Location	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 12/14/16 Time 10:15	(Eastern) Central	Composite end Date Time	Bottle Group(s) (See pg 2) A
Field ID RQ-2016-12-12-39 Date: 12/14/16 G5SW0039 Field ID STORET	Matrix (type, e.g., Salt, Fresh, etc) FRESH	Diss. Oxygen 5.2 ☒ mg/L 63 ☒ % sat		Total Res. Chlorine (mg/L)	
STORET # Time: KLOSTERMAN N	Temp (C) 21.7	pH 7.2	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 20432	
Latitude ☐ dd ☐ dms	Salinity (ppt) 12.4	Comments			
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	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 Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	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 Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			
Location	☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	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 Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments			

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
[signature]	12/14/16 1800	FedEx	2 (1,1)		

Group: A	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab** 1
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS					

Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab** 1
	CHLSUITE-W					

Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab** 1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC					

Group: A	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	ICE-FLTR	**Enter Number of Bottles Sent to Lab** 1
	W-PO4-F					

MUR4

FedEx Express **Package US Airbill**

FedEx Tracking Number 8104 1262 0392

Form ID No. 0215

Sender's Copy

From *Please print and press hard.*

Date 12-14-2016 Sender's FedEx Account Number

Sender's Name FDEP Phone (813) 470-5700

Company

Address 13051 N. TELECOM PKWY Dept./Floor/Suite/Room

City TEMPLE TERRACE State FL ZIP 33637

Your Internal Billing Reference
First 24 characters will appear on invoice.

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.

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.

City TALLAHASSEE State FL ZIP 32399-6542

0124452242

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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 or 3 Business Days

- ☐ **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. / Credit Card No. 4490-2262-9 Exp. Date

Total Packages	Total Weight	Total Declared Value†
1	50 lbs.	$ _____ .00

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