



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

PAGE 1 OF 1

Data Qualified?  
Yes / No

STORET Station Name: Jerry Branch

Date: 04/06/2016  
(mm/dd/yyyy)

STORET Station ID: 35441

Latitude: 28°16.89'N  
(Decimal Degrees)

WBID: 1550 RQ- 2016-04-04-76

ORG ID: 21FLTPA

Longitude: -82°45'14.77"W  
(Decimal Degrees)

Receiving Body of Water:

Field ID: G5SW0117

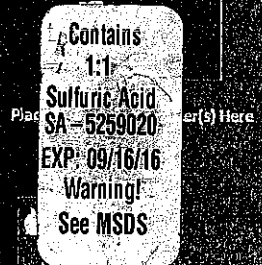
County: PINELLAS

| Sampling Team Members  |  |  |  |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|------------------------|--|--|--|--|-----------------|-------------------|---------------|--------------|--------------------|
| STEPHEN CUNGERMAN      |  |  |  |  | X               | X                 | X             | X            | X                  |
| EDGAR GUERRON OREJUELA |  |  |  |  |                 | 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 type="checkbox"/> Wading                      | <input type="checkbox"/> Canoe/Kayak                            |
| <input checked="" type="checkbox"/> From Shore       | <input type="checkbox"/> Electric Motor                         |
| <input type="checkbox"/> Other (note below)          | <input type="checkbox"/> Gasoline Motor                         |

| Water Level: Dry / Low / <u>Normal</u> / High / Flooded |             |                  |                         |            | Matrix: <u>Fresh</u> / Marine / DI |                                    |                |                 |                    |             |
|---------------------------------------------------------|-------------|------------------|-------------------------|------------|------------------------------------|------------------------------------|----------------|-----------------|--------------------|-------------|
| Meter ID# <u>LIL JON</u>                                |             |                  | Photos: Yes / <u>NO</u> |            |                                    | Tide Falling: Yes / No / <u>NA</u> |                |                 |                    |             |
| 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°)  |
| <u>EST</u>                                              | <u>1120</u> | <u>0.3</u>       | <u>0.3</u>              | <u>3.7</u> | <u>41</u>                          | <u>7.38</u><br><u>4</u>            | <u>0.16</u>    | <u>0.3"5"</u>   | <u>372</u>         | <u>21.9</u> |
| CEN                                                     |             |                  |                         |            |                                    |                                    |                |                 |                    |             |

| Biological Samples Collected: <u>None</u> 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"/> H2SO4 |           |            | <input checked="" type="checkbox"/> <2 |  |
| Metals                                                             | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                        |  |  |  | <input type="checkbox"/> Ice <input type="checkbox"/> HNO2                        |           |            | <input type="checkbox"/> <2            |  |
| Filtered Nutrients                                                 | <input checked="" type="checkbox"/> W-PO4-F <input 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 checked="" type="checkbox"/> BOD-UNIN                                                                                                                                                                           |  |  |  | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |  |
| Physical/Aggregate (Kit A)                                         | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                        |  |  |  | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |  |
| Physical/Aggregate (Kit B)                                         | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                                                                                                          |  |  |  | <input type="checkbox"/> Ice                                                      |           |            |                                        |  |
| Macroinvertebrates                                                 | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                    |  |  |  | <input type="checkbox"/> Formalin                                                 |           |            |                                        |  |
| Microbiology                                                       | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enter <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 <input type="checkbox"/> Other                       |           |            |                                        |  |



|                                                |  |                                                          |  |
|------------------------------------------------|--|----------------------------------------------------------|--|
| Notes:<br><u>Flow - 125</u><br><u>0.08 m/s</u> |  | RQ-2016-04-04-76<br>Date: 04/06/16<br>Time:<br><br>35441 |  |
|------------------------------------------------|--|----------------------------------------------------------|--|

|                                |                         |
|--------------------------------|-------------------------|
| Signature: <u>Stephen C...</u> | Date: <u>04/06/2016</u> |
|--------------------------------|-------------------------|

|                                                                           |                                    |
|---------------------------------------------------------------------------|------------------------------------|
| Field Parameters Entered into LIMS: <u>Stephen C...</u> <u>04/06/2016</u> | Field Parameters QC in LIMS: _____ |
| Date Migrated to STORET: _____                                            | Field Sheets Scanned/Saved: _____  |

# FedEx® Package Express US Airbill

FedEx Tracking Number 8092 3436 1069

1 From Please print and press hard.

Date 04/06/2016 Sender's FedEx Account Number

Sender's Name FDEP

Company Phone (813) 470-5770

Address 13051 N. Telecom Pkwy

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

We cannot deliver to P.O. boxes or F.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

0120775907



FedEx at your fingertips. Good call.  
Go to fedex.com/mobilesolutions

MUR3

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

Second business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☒ FedEx Priority Overnight

Next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight

Next business day delivery. Not available 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

☐ 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 the delivery address must sign for delivery. Fee applies.

☐ Indirect Signature

If no one is available at recipient's address, someone at a neighboring address may sign for delivery. Fee applies. Residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

☐ No

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

☐ Yes

## 7 Payment Bill to:

Sender

Bill to:

Recipient

Third Party

Credit Card

Cash/Check

FedEx Acct. No.

Credit Card No.

4470-2262-5

Total Packages

1

Total Weight

50

Total Declared Value

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

Your liability is limited to USD 100 unless you declare a higher value. See back for details. By using this Airbill you agree to the conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

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Request Number: **RQ-2016-04-04-76**  
**2016-04-04-76**

**Florida Department of Environmental Protection**  
**Central Laboratory Submittal Form**

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: S. CLINGERMAN

Collected By: S. CLINGERMAN / E. GUERRA-DEJUELA

Sampling Agency: FDEP-SwRoc

|          |  |                                                                           |  |                                                              |  |                                                                                       |  |                               |  |                               |  |
|----------|--|---------------------------------------------------------------------------|--|--------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|-------------------------------|--|-------------------------------|--|
| Location |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 04/06/2016 Time 1120 |  | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central       |  | Composite end<br>Date         |  | Bottle Group(s)<br>(See pg 2) |  |
| Field ID |  | Matrix (type, e.g., Salt, Fresh, etc)<br>FRESH                            |  | Diss. Oxygen 3.7                                             |  | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat |  | Total Res. Chlorine           |  | Time                          |  |
| STORET # |  | Temp (C) 21.9                                                             |  | pH 7.4                                                       |  | Sample Depth 0.3                                                                      |  | Sp. Conductance (umho/cm) 332 |  | A                             |  |
| Latitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt) 0.16                                          |  | Comments                                                                              |  |                               |  |                               |  |
| Location |  | <input type="checkbox"/> Comp<br><input checked="" type="checkbox"/> Grab |  | Collection (comp begin or grab)<br>Date 04/06/2016 Time 1225 |  | <input checked="" type="checkbox"/> Eastern<br><input type="checkbox"/> Central       |  | Composite end<br>Date         |  | Bottle Group(s)               |  |
| Field ID |  | Matrix (type, e.g., Salt, Fresh, etc)<br>FRESH                            |  | Diss. Oxygen 7.8                                             |  | <input checked="" type="checkbox"/> mg/L<br><input checked="" type="checkbox"/> % sat |  | Total Res. Chlorine           |  | A                             |  |
| STORET # |  | Temp (C) 24.5                                                             |  | pH 6.9                                                       |  | Sample Depth 0.3                                                                      |  | Sp. Conductance (umho/cm) 127 |  |                               |  |
| Latitude |  | <input type="checkbox"/> dd<br><input type="checkbox"/> dms               |  | Salinity (ppt) 0.16                                          |  | Comments                                                                              |  |                               |  |                               |  |
| Location |  | <input type="checkbox"/> Comp<br><input type="checkbox"/> Grab            |  | Collection (comp begin or grab)<br>Date                      |  | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central                  |  | Composite end<br>Date         |  | 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           |  |                               |  |
| STORET # |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                                          |  | Sp. Conductance (umho/cm)     |  |                               |  |
| 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                      |  | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central                  |  | Composite end<br>Date         |  | 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           |  |                               |  |
| STORET # |  | Temp (C)                                                                  |  | pH                                                           |  | Sample Depth                                                                          |  | Sp. Conductance (umho/cm)     |  |                               |  |
| 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                      |  | <input type="checkbox"/> Eastern<br><input type="checkbox"/> Central                  |  | Composite end<br>Date         |  | 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           |  |                               |  |
| STORET # |  | 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: 04/06/16 1700 | Shipping Method: FedEx | Received By: | Date/Time: 04/06/16 1700 |
|------------------|--------------------------|------------------------|--------------|--------------------------|

|          |              |         |                 |               |               |                                     |   |
|----------|--------------|---------|-----------------|---------------|---------------|-------------------------------------|---|
| Group: A | Bottle Type: | P-1L    | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 2 |
|          | ALKALINITY   |         |                 |               |               |                                     |   |
|          | TURBIDITY    |         |                 |               |               |                                     |   |
|          | W-CL-IC      |         |                 |               |               |                                     |   |
|          | W-COLOR      |         |                 |               |               |                                     |   |
|          | W-F          |         |                 |               |               |                                     |   |
|          | W-SO4-IC     |         |                 |               |               |                                     |   |
|          | W-TDS        |         |                 |               |               |                                     |   |
|          | W-TSS        |         |                 |               |               |                                     |   |
| Group: A | Bottle Type: | P-1L    | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 2 |
|          | BOD-UNIN     |         |                 |               |               |                                     |   |
| Group: A | Bottle Type: | BP-1L   | # of Bottles: 1 | Preservative: | ICE           | Enter Number of Bottles Sent to Lab | 2 |
|          | CHLSUITE-W   |         |                 |               |               |                                     |   |
| Group: A | Bottle Type: | P-500ML | # of Bottles: 1 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab | 2 |
|          | 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 | 2 |
|          | W-PO4-F      |         |                 |               |               |                                     |   |