

FedEx Tracking Number **8094 7802 6270**

1 From Please print and press hard.

Date **03/03/2016** Sender's FedEx Account Number

Sender's Name

FDP

Phone **(813) 470-5770**

Company

13051 N. Telecom Pkwy

Address

City **Temple Terrace**

State **FL**

ZIP **33637**

Dept./Floor/Suite/Room

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 P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the R.O.D. location address or for continuation of your shipping address.

City **TALLAHASSEE**

State **FL**

ZIP **32379**

0121555852



MUR3

Form ID No. **0215**

4 Express Package Service

*To most locations.

Next Business Day

☐ FedEx First Overnight

Earliest next business morning delivery to select locations. Priority shipments will be delivered on Monday unless Saturday delivery is selected.

☒ FedEx Priority Overnight

Next business morning. Priority 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 \$200.

☐ 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

Recipient must obtain a signature for delivery.

☐ Direct Signature

Signature required at delivery.

☐ Indirect Signature

If no one is available at recipient's address, someone at a neighboring address must 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, not required.

☐ Yes

Shipper's Declaration not required.

☐ Dry Ice

☐ Dry Ice 9 UN 1955

☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender

☐ Recipient

☐ Third Party

☐ Credit Card

☐ Cash/Check

FedEx Acct. No.

Card No.

Exp. Date

Bill to:

Total Packages **1**

Total Weight **50** lbs.

Total Declared Value*

611

*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 affect our liability.

Rev. Date 5/13 • Part 710134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SHW

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



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

PAGE 1 OF 1

February 2016

DO

Data-Qualified?
(Yes) / No

STORET Station Name: Taylor Lake Center

Date: 03/03/2016
(mm/dd/yyyy)

STORET Station ID: G5SW0047

Latitude: 27.9062 N
(Decimal Degrees)

WBID: 1U33A RQ: 2016-02-29-29

ORG ID: 21FUTPA

Longitude: 82.804 W
(Decimal Degrees)

Receiving Body of Water: -

Field ID: G5SW0047

County: Pinellas

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Duplicate Collection	Blank Collection
Stephen Clingerman		X	X					
Ashley Salmon			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# 1150N

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	1130	0.3	1.8	10.3	116	8.7	0.21	1.6	432	21.0
CEN		1.3		10.3	113	8.8	0.21		432	20.5

Biological Samples Collected: None 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 ☐ HNO2			☒ <2
Filtered Nutrients	☒ oP ☐ Field Filtered 0.45 um Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
BOD	☐ BOD-INHB ☒ BOD-UNIN	☒ Ice			
Physical/Aggregate <u>A</u>	☒ TSS / Turbidity / Alkalinity / Color <u>W-F, W-TDS, W-CI-IC, W-SO4-IC</u> ☐ Other	☒ 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-GVPH	☐ Ice ☐ Other			

Phys/Aggregate B ☐ ALKALINITY, W-F, W-TSS, TURBIDITY

Notes:

DO qualified

RQ-2016-02-29-29
Date: 03-03-2016
Time:

G5SW0047
6550047

Signature:

Stephen Clingerman

Date:

03/03/16

Field Parameters Entered into LIMS:

(Initials/Date)

Field Parameters QC in LIMS:

(Initials/Date)

Date Migrated to STORET:

(Initials/Date)

Field Sheets Scanned/Saved:

(Initials/Date)