



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

PAGE 1 OF 1

Data Qualified?  
Yes / No

STORET Station Name: PASADENA LAKE

Date: 08-09-2016  
(mm/dd/yyyy)

STORET Station ID: GSSW0119

Latitude: 27° 46' 30.13" N  
(Decimal Degrees)

WBID: 1668C

RQ: 2016-08-08-25

ORG ID: Z1FLTPA

Longitude: -82° 43' 27.84" W  
(Decimal Degrees)

Receiving Body of Water:

Field ID: GSSW0119

County: PINELLAS

| Sampling Team Members                                   |  |  |  |  |  |  | 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 checked="" type="checkbox"/> Via Boat       |                               |
|                                                         |  |  |  |  |  |  | <input type="checkbox"/> From Shore                  | <input checked="" type="checkbox"/> Canoe/Kayak    |                               |
|                                                         |  |  |  |  |  |  | <input type="checkbox"/> Other (note below)          | <input checked="" type="checkbox"/> Electric Motor |                               |
|                                                         |  |  |  |  |  |  |                                                      | <input type="checkbox"/> Gasoline Motor            |                               |
| Water Level: Dry / Low / <u>Normal</u> / High / Flooded |  |  |  |  |  |  | Matrix: <u>Fresh</u> / Marine / DI                   |                                                    |                               |
| Meter ID# LIL JON                                       |  |  |  |  |  |  | Photos: Yes / <u>No</u>                              |                                                    |                               |
|                                                         |  |  |  |  |  |  | Tide Falling: Yes / No / <u>NA</u>                   |                                                    |                               |

Field Sample

| 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       | 1025 | 0.3              | 1.6             | 5.6       | 72        | 7.3 | 0.14           | 0.3             | 288                | 27.9     |
| CEN       |      | 1.1              |                 | 5.9       | 75        | 7.3 | 0.14           |                 | 282                | 27.9     |

| 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"/> TKN / TP / Nox / NH3 / TOC                                                                | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H2SO4 | 73488                                             | 12-7-16    | <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"/> oP <input checked="" type="checkbox"/> Field Filtered 0.45 µm Filter                      |                                | <input checked="" type="checkbox"/> Ice                                           | Place Preservative Sticker(s) Here (if available) |            |                                        |
| Chlorophyll                                                        | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                |                                | <input checked="" type="checkbox"/> Ice                                           |                                                   |            |                                        |
| BOD                                                                | <input type="checkbox"/> BOD-INHB <input type="checkbox"/> BOD-UNIN                                                           |                                | <input type="checkbox"/> Ice                                                      |                                                   |            |                                        |
| Physical/Aggregate                                                 | <input checked="" type="checkbox"/> TSS / Turbidity / Alkalinity / Color                                                      | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Ice                                           |                                                   |            |                                        |
| Macroinvertebrates                                                 | <input type="checkbox"/> MI-PW-QLDC                                                                                           |                                | <input type="checkbox"/> Formalin                                                 |                                                   |            |                                        |
| Microbiology                                                       | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <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                    |                                | <input type="checkbox"/> Ice                                                      |                                                   |            |                                        |
|                                                                    | <input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH                      |                                | <input type="checkbox"/> Other                                                    |                                                   |            |                                        |

## QA/QC Sample Information

## Duplicate

| Time Zone: <u>EST</u> CEN |                                                                                                                                                                                                                        | Sample Depth (m): <u>0.3</u>                                                                               |                                                | Field ID: <u>G5SW0119</u> |                             |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|-----------------------------|
| Time: <u>1030</u>         |                                                                                                                                                                                                                        | Total Depth (m): <u>1.6</u>                                                                                |                                                |                           |                             |
| Parameter Suite           | Parameter Methods                                                                                                                                                                                                      | Preservation                                                                                               | Acid Lot#                                      | Expiration                | pH Check                    |
| Preserved Nutrients       | <input checked="" type="checkbox"/> TKN / TP / Nox / NH3 / TOC <input type="checkbox"/> Other _____                                                                                                                    | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> | <u>73488</u>                                   | <u>12-7-16</u>            | <input type="checkbox"/> <2 |
| Metals                    | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                        | <input type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>                                     |                                                |                           | <input type="checkbox"/> <2 |
| Filtered Nutrients        | <input checked="" type="checkbox"/> oP <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                          | <input checked="" type="checkbox"/> Ice                                                                    | Place Preservative Sticker(s) Here (Available) |                           |                             |
| Chlorophyll               | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                         | <input checked="" type="checkbox"/> Ice                                                                    |                                                |                           |                             |
| BOD                       | <input type="checkbox"/> BOD-INHB <input type="checkbox"/> BOD-UNIN                                                                                                                                                    | <input type="checkbox"/> Ice                                                                               |                                                |                           |                             |
| Physical/Aggregate        | <input checked="" type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                          | <input checked="" type="checkbox"/> Ice                                                                    |                                                |                           |                             |
| Microbiology              | <input type="checkbox"/> E Coll <input type="checkbox"/> F Coll <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                          | <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 _____                                          |                                                |                           |                             |

## Blank

| Time Zone: <u>EST</u> CEN                                                                                                                       |                                                                                                                                                                                                                        | Time: <u>1350</u>                                                                                          |                                                | Field ID: _____ |                                        | Location: <u>FIELD</u> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|----------------------------------------|------------------------|--|
| <input checked="" type="checkbox"/> Field Blank <input type="checkbox"/> Equipment Blank <input type="checkbox"/> Field Cleaned Equipment Blank |                                                                                                                                                                                                                        | Equipment ID: _____                                                                                        |                                                |                 |                                        |                        |  |
| Parameter Suite                                                                                                                                 | Parameter Methods                                                                                                                                                                                                      | Preservation                                                                                               | Acid Lot#                                      | Expiration      | pH Check                               |                        |  |
| Preserved Nutrients                                                                                                                             | <input checked="" type="checkbox"/> TKN / TP / Nox / NH3 / TOC <input type="checkbox"/> Other _____                                                                                                                    | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> | <u>73488</u>                                   | <u>12-7-16</u>  | <input checked="" type="checkbox"/> <2 |                        |  |
| Metals                                                                                                                                          | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                        | <input type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>                                     |                                                |                 | <input type="checkbox"/> <2            |                        |  |
| Filtered Nutrients                                                                                                                              | <input checked="" type="checkbox"/> oP <input checked="" type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                               | <input checked="" type="checkbox"/> Ice                                                                    | Place Preservative Sticker(s) Here (Available) |                 |                                        |                        |  |
| Chlorophyll                                                                                                                                     | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                         | <input checked="" type="checkbox"/> Ice                                                                    |                                                |                 |                                        |                        |  |
| BOD                                                                                                                                             | <input type="checkbox"/> BOD-INHB <input type="checkbox"/> BOD-UNIN                                                                                                                                                    | <input type="checkbox"/> Ice                                                                               |                                                |                 |                                        |                        |  |
| Physical/Aggregate                                                                                                                              | <input checked="" type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                          | <input checked="" type="checkbox"/> Ice                                                                    |                                                |                 |                                        |                        |  |
| Microbiology                                                                                                                                    | <input type="checkbox"/> E Coll <input type="checkbox"/> F Coll <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                          | <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 _____                                          |                                                |                 |                                        |                        |  |

RQ: 2016-08-08-25 G5SW0119

Date: 08-09-2016

Time: \_\_\_\_\_

Field ID: **DUPLICATE**

RQ: 2016-08-08-25 G5SW0119

Date: 08-09-2016

Time: \_\_\_\_\_

Field ID: **G5SW0119**

RQ: 2016-08-08-25 BLANK

Date: 08-09-2016

Time: \_\_\_\_\_

Field ID: **BLANK**

## Notes:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

08-09-2016

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)



Package  
US Airbill

FedEx  
Tracking  
Number

8103 9283 4182

1 From Please print and press hard.

Date 08-09-2016 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 TOWER 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 PO, boxes or P.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

0124031825



Shipping online - just got easier.  
Go to fedex.com/lite

1003

Form  
ID No. 0215

4 Express Package Service

\* To most locations.

Packages up to 150 lbs.  
For packages over 150 lbs., use the  
FedEx Express Freight 18 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 AM  
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 afternoon.  
Saturday delivery NOT available.

5 Packaging

\* Declared value limit \$200.

☐ FedEx Envelope\* ☐ FedEx Pak\* ☐ FedEx Box ☒ Other Tube

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 AM, 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 not at recipient's address,  
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  
Shipment is dangerous.  
Shipment is flammable, corrosive,  
or otherwise regulated.

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

Sender ☐ Recipient ☒ Third Party ☐ Credit Card ☐ Cash/Check

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

FedEx Acct. No. in Section 1, within bill.

Card No. 4490-2262-9

Total Packages Total Weight Total Declared Value

1 50 lbs. \$ .00

Your liability is limited to \$100 unless you declare a higher value. See back for details. Providing 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.

Rev. Date 5/15 • Part 1 (3134) • ©1994-2015 FedEx • PRINTED IN U.S.A. SHM

Florida Department of Environmental Protection  
Central Laboratory Submittal Form

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: SEJ

Project ID: SMP

Collected By: SECJASampling Agency: FDEP - JFLTPA

| Location               | Field ID                  | STORET # | Latitude | Matrix (type, e.g., Salt, Fresh, etc) | Temp (C) | Salinity (ppt) | Collection (comp begin or grab) | Date | Time | Diss. Oxygen | % sat | Total Res. Chlorine | Sp. Conductance | Bottle Group(s) |
|------------------------|---------------------------|----------|----------|---------------------------------------|----------|----------------|---------------------------------|------|------|--------------|-------|---------------------|-----------------|-----------------|
| PASADENA LAKE          | RQ-2016-08-08-25          | G5SW0119 |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        | Date: 08-09-2016          |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        | Time: Field ID: G5SW0119  |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        |                           |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
| PINECLAS PARK DITCH #5 | RQ-2016-08-08-25          | G5SW0118 |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        | Date: 08-09-2016          |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        | Time: Field ID: G5SW0118  |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        |                           |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
| TAYLOR LAKE            | RQ-2016-08-08-25          | G5SW0047 |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        | Date: 08-09-2016          |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        | Time: Field ID: G5SW0047  |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        |                           |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
| DUPLICATE TAYLOR LAKE  | RQ-2016-08-08-25          | G5SW0119 |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        | Date: 08-09-2016          |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        | Time: Field ID: DUPLICATE |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |
|                        |                           |          |          |                                       |          |                |                                 |      |      |              |       |                     |                 |                 |

| Refinishing By: | Date/Time       | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time |
|-----------------|-----------------|-----------------|----------------------------|--------------|-----------|
| <u>SEJ</u>      | 08-09-2016 1800 | FedEx           | 1                          | <u>SEJ</u>   |           |

**Requester:** Judy Ashton

Field Report Prepared By:

Collected By: SEC, JA

**Sampling Agency:**

|          |  |                              |  |                                       |  |                 |  |                          |  |                 |  |
|----------|--|------------------------------|--|---------------------------------------|--|-----------------|--|--------------------------|--|-----------------|--|
| Location |  | BLANK                        |  | Collection (comp begin or grab)       |  | Eastern Central |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  | RQ-2016-08-08-25             |  | Date 08-08-2016                       |  | Time 1350       |  | Date                     |  | (See pg 2)      |  |
| STORET # |  | BLANK                        |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen    |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Field ID: BLANK              |  | Temp (C)                              |  | pH              |  | ft Sp. Conductance       |  |                 |  |
|          |  |                              |  | Salinity (ppt)                        |  | Comments        |  | umho/cm                  |  | A               |  |
|          |  |                              |  | <input type="checkbox"/> dms          |  |                 |  |                          |  |                 |  |
| Location |  |                              |  | Collection (comp begin or grab)       |  | Eastern Central |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                              |  | Date                                  |  | Time            |  | Date                     |  | Time            |  |
| STORET # |  |                              |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen    |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                    |  | Temp (C)                              |  | pH              |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | Salinity (ppt)                        |  | Comments        |  | umho/cm                  |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | <input type="checkbox"/> dms          |  |                 |  |                          |  |                 |  |
| Location |  |                              |  | Collection (comp begin or grab)       |  | Eastern Central |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                              |  | Date                                  |  | Time            |  | Date                     |  | Time            |  |
| STORET # |  |                              |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen    |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                    |  | Temp (C)                              |  | pH              |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | Salinity (ppt)                        |  | Comments        |  | umho/cm                  |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | <input type="checkbox"/> dms          |  |                 |  |                          |  |                 |  |
| Location |  |                              |  | Collection (comp begin or grab)       |  | Eastern Central |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                              |  | Date                                  |  | Time            |  | Date                     |  | Time            |  |
| STORET # |  |                              |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen    |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                    |  | Temp (C)                              |  | pH              |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | Salinity (ppt)                        |  | Comments        |  | umho/cm                  |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | <input type="checkbox"/> dms          |  |                 |  |                          |  |                 |  |
| Location |  |                              |  | Collection (comp begin or grab)       |  | Eastern Central |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                              |  | Date                                  |  | Time            |  | Date                     |  | Time            |  |
| STORET # |  |                              |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen    |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                    |  | Temp (C)                              |  | pH              |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | Salinity (ppt)                        |  | Comments        |  | umho/cm                  |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | <input type="checkbox"/> dms          |  |                 |  |                          |  |                 |  |
| Location |  |                              |  | Collection (comp begin or grab)       |  | Eastern Central |  | Composite end            |  | Bottle Group(s) |  |
| Field ID |  |                              |  | Date                                  |  | Time            |  | Date                     |  | Time            |  |
| STORET # |  |                              |  | Matrix (type, e.g., Salt, Fresh, etc) |  | Diss. Oxygen    |  | mg/L Total Res. Chlorine |  |                 |  |
| Latitude |  | Longitude                    |  | Temp (C)                              |  | pH              |  | ft Sp. Conductance       |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | Salinity (ppt)                        |  | Comments        |  | umho/cm                  |  |                 |  |
|          |  | <input type="checkbox"/> dms |  | <input type="checkbox"/> dms          |  |                 |  |                          |  |                 |  |

|                                                                                                           |                              |                          |                                     |              |           |
|-----------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|-------------------------------------|--------------|-----------|
| Relinquished By:<br> | Date/Time<br>08-09-2010 1800 | Shipping Method<br>FedEx | Number of Coolers Shipped:<br>200 1 | Received By: | Date/Time |
|-----------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|-------------------------------------|--------------|-----------|