



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

PAGE \_\_\_\_ OF \_\_\_\_

Data Qualified?  
Yes / No

STORET Station Name: Popash Slough @ SR70

Date: 12/21/16  
(mm/dd/yyyy)

STORET Station ID: GISE0017

Latitude: \_\_\_\_\_  
(Decimal Degrees)

WBID: 3205C RQ - 2016-11-14-54

ORG ID: \_\_\_\_\_ Longitude: \_\_\_\_\_  
(Decimal Degrees)

Receiving Body of Water: \_\_\_\_\_ Field ID: \_\_\_\_\_ County: \_\_\_\_\_

| Sampling Team Members |  | WQ Measurements | Sample Collection                   | Documentation                       | Preservation | Preservation Check                  | Duplicate Collection | Blank Collection |
|-----------------------|--|-----------------|-------------------------------------|-------------------------------------|--------------|-------------------------------------|----------------------|------------------|
| <u>Sever</u>          |  |                 | <input checked="" type="checkbox"/> |                                     |              | <input checked="" type="checkbox"/> |                      |                  |
| <u>WJH</u>            |  |                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |              |                                     |                      |                  |

| Sampling Equipment                        |                                      |                               |
|-------------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn    | <input type="checkbox"/> Pole |
| <input type="checkbox"/> Carboy           | <input type="checkbox"/> Syringe     |                               |
| <input type="checkbox"/> Dipper           | <input type="checkbox"/> Other _____ |                               |
| Equipment ID _____                        |                                      |                               |

| Collection Method                                 |                                         |
|---------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Wading                   | <input type="checkbox"/> Via Boat       |
| <input type="checkbox"/> From Shore               | <input type="checkbox"/> Canoe/Kayak    |
| <input type="checkbox"/> Other (note below) _____ | <input type="checkbox"/> Electric Motor |
|                                                   | <input type="checkbox"/> Gasoline Motor |

Water Level: Dry / Low / Normal / High / Flooded Matrix: Fresh / Marine / DI

Meter ID# L4 GLS 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       | 11:10 | 0.2              | 0.4             | 5.7       | 66        | 6.9 | 2.0            | 0.3             | 3800               | 21.7       |
| CEN       |       |                  |                 |           |           |     |                |                 |                    |            |

Biological Samples Collected: None HA SCI LVS RDS 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 type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> | <u>6219120</u> | <u>2/17</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 type="checkbox"/> Ice                                                         |                |             |                             |
| Chlorophyll         | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                          | <input 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 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"/> 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<br><input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-LIHERB-AA <input type="checkbox"/> W-GLYPH | <input type="checkbox"/> Ice <input type="checkbox"/> Other _____                    |                |             |                             |

Place Preservative Sticker(s) Here  
(If Available)

|                               |                                    |
|-------------------------------|------------------------------------|
| Notes:                        | Place Label Here<br>(If Available) |
| Signature: <u>[Signature]</u> | Date: <u>12/29/16</u>              |

Field Parameters Entered into LIMS: [Signature] 2/1/2017 Field Parameters QC in LIMS: \_\_\_\_\_  
(Initials/Date) (Initials/Date)

Date Migrated to STORET: \_\_\_\_\_ Field Sheets Scanned/Saved: 4/13/17  
(Initials/Date) (Initials/Date)

V.S.H 77294

7/13/95

## DEP FORM FD 9000-25 Rapid Periphyton Survey Field Sheet

|                                  |  |  |  |  |                                  |  |                                  |  |                                       |  |
|----------------------------------|--|--|--|--|----------------------------------|--|----------------------------------|--|---------------------------------------|--|
| Site: <u>poplar @ sl70</u>       |  |  |  |  | County:                          |  | Date:                            |  | Investigators: <u>PAS-Sewell</u>      |  |
| Transect (m)                     |  |  |  |  | Transect (m)                     |  | Transect (m)                     |  | STORET Station Number: <u>4520017</u> |  |
| Point<br>1=right<br>9=left       |  |  |  |  | Point<br>1=right<br>9=left       |  | Point<br>1=right<br>9=left       |  | Point<br>1=right<br>9=left            |  |
| Algal Thickness Rank<br>(N-6, X) |  |  |  |  | Algal Thickness Rank<br>(N-6, X) |  | Algal Thickness Rank<br>(N-6, X) |  | Algal Thickness Rank<br>(N-6, X)      |  |
| Estimated                        |  |  |  |  | Estimated                        |  | Estimated                        |  | Estimated                             |  |
| Canopy Cover                     |  |  |  |  | Canopy Cover                     |  | Canopy Cover                     |  | Canopy Cover                          |  |

|              |            |
|--------------|------------|
| Secchi depth | <u>0.5</u> |
| Estimated?   | <u>Y</u>   |

|                       |           |
|-----------------------|-----------|
| # points ranked 4-6   | <u>0</u>  |
| total points assessed | <u>99</u> |
| % points ranked 4-6   | <u>0</u>  |

|                                                      |          |
|------------------------------------------------------|----------|
| Check accompanying data collected at same site/date. |          |
| Algal mat sample                                     |          |
| Linear Veg Survey                                    | <u>Y</u> |
| Habitat Assessment                                   | <u>Y</u> |
| SCI/Biorecon                                         |          |
| Water sample                                         | <u>Y</u> |
| RQ- <u>2016-11-14-54</u>                             |          |

| Algal Thickness Rank |                                         |
|----------------------|-----------------------------------------|
| N                    | rough, no algae, slimy, algae up to 1mm |
| 3                    | >1mm - 6mm                              |
| 4                    | >6mm - 20mm                             |
| 5                    | >20mm - 10 cm                           |
| 6                    | >10 cm                                  |

|    |   |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |          |          |  |
|----|---|----------|----------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|----------|--|
| 0  | 1 | <u>Y</u> | <u>X</u> |  | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 | <u>Y</u> | <u>Y</u> |  |
|    | 2 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 |          |          |  |
|    | 3 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3 |          |          |  |
|    | 4 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 |          |          |  |
|    | 5 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 |          |          |  |
|    | 6 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 |          |          |  |
|    | 7 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 |          |          |  |
|    | 8 | <u>Y</u> | <u>X</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 | <u>Y</u> | <u>Y</u> |  |
|    | 9 | <u>Y</u> | <u>X</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9 | <u>Y</u> | <u>Y</u> |  |
| 10 | 1 | <u>Y</u> | <u>X</u> |  | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 | <u>Y</u> | <u>Y</u> |  |
|    | 2 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 |          |          |  |
|    | 3 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3 |          |          |  |
|    | 4 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 |          |          |  |
|    | 5 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 |          |          |  |
|    | 6 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 |          |          |  |
|    | 7 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 |          |          |  |
|    | 8 | <u>Y</u> | <u>Y</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 | <u>Y</u> | <u>Y</u> |  |
|    | 9 | <u>Y</u> | <u>Y</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9 | <u>Y</u> | <u>Y</u> |  |
| 20 | 1 | <u>N</u> | <u>X</u> |  | 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 | <u>Y</u> | <u>X</u> |  |
|    | 2 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 |          |          |  |
|    | 3 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3 |          |          |  |
|    | 4 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 |          |          |  |
|    | 5 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 |          |          |  |
|    | 6 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 |          |          |  |
|    | 7 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 |          |          |  |
|    | 8 |          | <u>X</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 | <u>Y</u> | <u>Y</u> |  |
|    | 9 | <u>Y</u> | <u>X</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9 | <u>Y</u> | <u>Y</u> |  |
| 30 | 1 | <u>Y</u> | <u>X</u> |  | 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 | <u>Y</u> | <u>X</u> |  |
|    | 2 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 |          |          |  |
|    | 3 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3 |          |          |  |
|    | 4 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 |          |          |  |
|    | 5 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 |          |          |  |
|    | 6 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 |          |          |  |
|    | 7 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 |          |          |  |
|    | 8 | <u>Y</u> | <u>X</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 | <u>Y</u> | <u>Y</u> |  |
|    | 9 | <u>Y</u> | <u>X</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9 | <u>Y</u> | <u>Y</u> |  |
| 40 | 1 | <u>Y</u> | <u>X</u> |  | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 | <u>Y</u> | <u>Y</u> |  |
|    | 2 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 |          |          |  |
|    | 3 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3 |          |          |  |
|    | 4 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 |          |          |  |
|    | 5 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 |          |          |  |
|    | 6 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 |          |          |  |
|    | 7 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 |          |          |  |
|    | 8 |          | <u>Y</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 | <u>Y</u> | <u>Y</u> |  |
|    | 9 | <u>Y</u> | <u>Y</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9 | <u>Y</u> | <u>Y</u> |  |
| 50 | 1 | <u>Y</u> | <u>Y</u> |  | Record "N" and check "Estimated" for points deeper than the Secchi depth; algae are presumed absent. Check "Estimated" if thickness estimated for deep points which can be seen but not reached.<br>Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.<br>Record canopy cover as the number of small densiometer quadrants (out of 96) that HAVE canopy cover. Measure facing upstream at point 4, 5, or 6.<br>Collect algal mat sample following DEP SOP FS 7240 if the percentage of total sampled points with a thickness rank of 4, 5, or 6 is >20%. | 1 | <u>Y</u> | <u>Y</u> |  |
|    | 2 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 |          |          |  |
|    | 3 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3 |          |          |  |
|    | 4 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 |          |          |  |
|    | 5 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 |          |          |  |
|    | 6 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 |          |          |  |
|    | 7 |          |          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 |          |          |  |
|    | 8 |          | <u>X</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 | <u>Y</u> | <u>Y</u> |  |
|    | 9 | <u>Y</u> | <u>Y</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9 | <u>Y</u> | <u>Y</u> |  |

# DEP Form FD 9000-3 Physical/Chemical Characterization Field Sheet

SAMPLE ID GISE0017 ORG ID 21FWP3 LATITUDE \_\_\_\_\_  
 COUNTY Okeechobee STORET # GISE0017 LONGITUDE \_\_\_\_\_  
 DATE 10/29/16 TIME 11:10 SAMPLING AGENCY SE ROC  
 SITE NAME Brushy Slough @ SR-70  
 FIELD ID/NAME GISE0017 RECEIVING BODY OF WATER L-48 canal

## RIPARIAN ZONE / STREAM FEATURES

|                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                                                                                                                                                              |  |  |  |                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PREDOMINANT LAND-USE IN WATERSHED</b> (specify relative percent in each category):<br>Forest/Natural <input type="checkbox"/> Silviculture <input type="checkbox"/> Field/Pasture <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industry <input type="checkbox"/> Other (Specify) <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                              |  |  |  | <b>Landscape Development Intensity Index (LDI)</b><br><input type="checkbox"/>                                                                                                                                                                                                     |
| Local Watershed Erosion (select one): <input type="checkbox"/> None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy<br>Local Watershed NPS Pollution: <input type="checkbox"/> No evidence <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy                                      |  |  |  |                                                                                                                                                                                                              |  |  |  | <b>Typical Width (m) Depth (m)/Velocity (m/sec) Transect</b><br><input type="checkbox"/> m wide <u>3.0</u> m wide<br><input type="checkbox"/> m/s <u>0.0</u> m/s <input type="checkbox"/> m/s<br><input type="checkbox"/> m deep <u>0.4</u> m deep <input type="checkbox"/> m deep |
| <b>Width of Riparian Vegetation (m) on Each Buffer Side</b><br>Left Bank: <u>16</u> Right Bank: <u>18</u>                                                                                                                                                                                                                                                                                               |  |  |  | <b>Hydrologic Modification Score</b> (per FT 3101) <input type="checkbox"/>                                                                                                                                  |  |  |  |                                                                                                                                                                                                                                                                                    |
| <b>High Water Mark:</b> <u>0.5</u> + <u>0.4</u> = <u>0.9</u><br>(m) (above present water level) (present depth) (above bed)                                                                                                                                                                                                                                                                             |  |  |  | <b>Artificially Impounded</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                    |
| <b>Artificially</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Mostly recovered, more sinuous<br><b>Channelized:</b> <input type="checkbox"/> Some recovery <input type="checkbox"/> Recent, severe                                                                                                                                                                                |  |  |  | <b>Canopy Cover %</b> <input type="checkbox"/> Open <input type="checkbox"/> Lightly Shaded (11-45%)<br><input checked="" type="checkbox"/> Heavily Shaded <input type="checkbox"/> Moderate Shaded (46-80%) |  |  |  |                                                                                                                                                                                                                                                                                    |

## SEDIMENT / SUBSTRATE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Sediment Oils</b><br><input checked="" type="checkbox"/> Absent <input type="checkbox"/> Slight<br><input type="checkbox"/> Moderate <input type="checkbox"/> Profuse                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Sediment Odors</b><br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum<br><input type="checkbox"/> Chemical <input type="checkbox"/> Anaerobic<br><input type="checkbox"/> Other (Specify): _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Smothering of Substrates</b><br>Sand Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/><br>Silt Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/><br>Algae Smothering: None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> |  |
| <b>SUBSTRATE TYPE</b><br>Assessment Tool: <input type="checkbox"/> SCI <input checked="" type="checkbox"/> RPS <input checked="" type="checkbox"/> LVS<br><input type="checkbox"/> LCI <input type="checkbox"/> BioRecon<br>% Coverage <input type="checkbox"/> INVERT # Times Sampled <input type="checkbox"/> PERI # Times Sampled                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                   | <b>WATER QUALITY</b><br>Depth (M) Temp. (°C) pH (SU) D.O. (MG/L) D.O. Sat (%) Cond. (UMHO/CM) Salinity (PPT) SECCHI (M)<br>Top: <u>6.2</u> <u>21.7</u> <u>6.9</u> <u>5.7</u> <u>66</u> <u>3800</u> <u>2.0</u> <u>0.3</u><br>Mid: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VOB<br>Bottom: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TOTAL DEPTH <u>0.4</u><br>Meter ID: <u>1.1 GVS</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Woody Debris (Snags) <u>5</u><br>Undercut Banks / Roots <u>1</u><br>Leaf Packs or Mat .....<br>Aquatic Vegetation .....<br>Rock or Shell Rubble..<br>Sand.....<br>Mud / Muck / Silt .....<br>Other .....<br>Other .....                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                   | <b>Water Odors</b> Normal <input checked="" type="checkbox"/> Petroleum <input type="checkbox"/><br>Sewage <input type="checkbox"/> Chemical <input type="checkbox"/> Other <input type="checkbox"/><br>Water Sample Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Sample Preserved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: _____ Exp: _____<br>Algae Sample Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Sample Preserved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Lot Number: _____ Exp: _____                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>ABUNDANCE</b><br>Not Obs. Rare Common Abundant<br>Periphyton: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Fish: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/><br>Aquatic Plants: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Iron/Sulfur Bacteria: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                   | <b>Water Surface Oils</b> Normal <input type="checkbox"/> Sheen <input checked="" type="checkbox"/><br>Globbs <input type="checkbox"/> Slick <input type="checkbox"/> Other <input type="checkbox"/><br><b>Color</b> Tannic <input checked="" type="checkbox"/> Green (Algae) <input type="checkbox"/><br>Clear <input type="checkbox"/> Other (Specify) <input type="checkbox"/><br><b>Clarity</b> Clear <input type="checkbox"/> Slightly Turbid <input type="checkbox"/><br>Turbid <input checked="" type="checkbox"/> Opaque <input type="checkbox"/>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>System Type:</b> Stream <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Wetland <input type="checkbox"/> Estuary <input type="checkbox"/> Other(Specify) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                   | <b>AMBIENT FIELD CONDITIONS / NOTES:</b><br><input checked="" type="checkbox"/> The antecedent hydrologic conditions have been met to my best knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

SAMPLING TEAM

Sewell / PATS

SIGNATURE:

Matt Sullivan

DATE:

10/29/16

- 10154

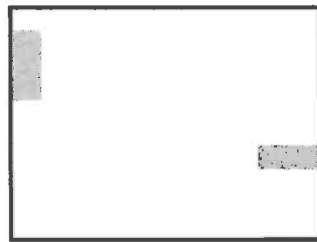
less 2m  
pa



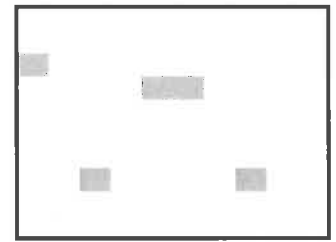
# FDEP FORM FD 9000-32 LINEAR VEGETATION SURVEY FIELD SHEET

Percent Cover Categories for macrophytes in a 10 m segment of a stream 5 m wide

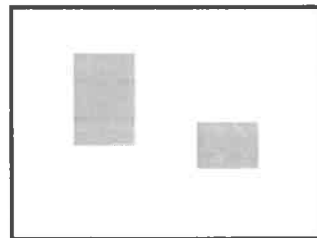
5% Macrophyte Coverage



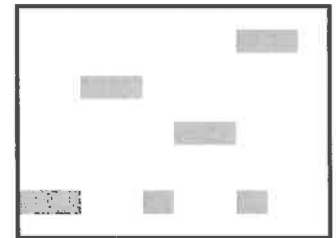
5% Macrophyte Coverage



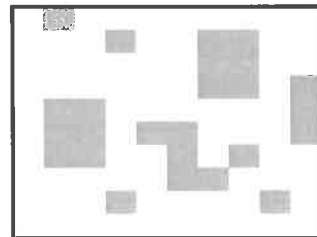
10% Macrophyte Coverage



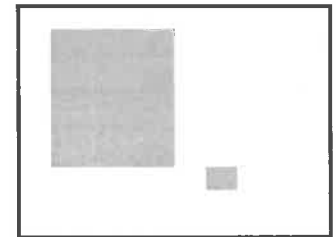
10% Macrophyte Coverage



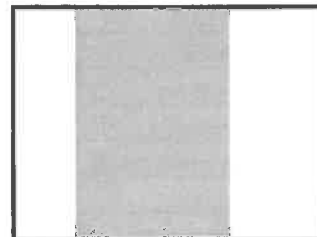
25% Macrophyte Coverage



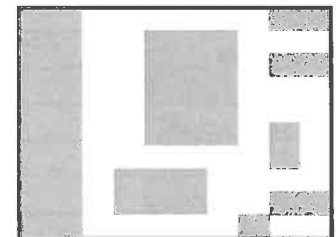
25% Macrophyte Coverage



50% Macrophyte Coverage



50% Macrophyte Coverage



**DEP Form FD 9000-5 Stream/River Habitat Assessment Field Sheet**

|                                   |                              |                                           |                                    |                          |
|-----------------------------------|------------------------------|-------------------------------------------|------------------------------------|--------------------------|
| SAMPLING AGENCY:<br><i>DEP SE</i> |                              | STORET STATION NUMBER:<br><i>GISE0017</i> | DATE (MM/DD/YY):<br><i>12/2/16</i> | RECEIVING BODY OF WATER: |
| REMARKS:<br><i>NO FLOW</i>        | COUNTY:<br><i>Okeechobee</i> | LOCATION:<br><i>Palash</i>                | FIELD ID/NAME:<br><i>GISE0017</i>  |                          |

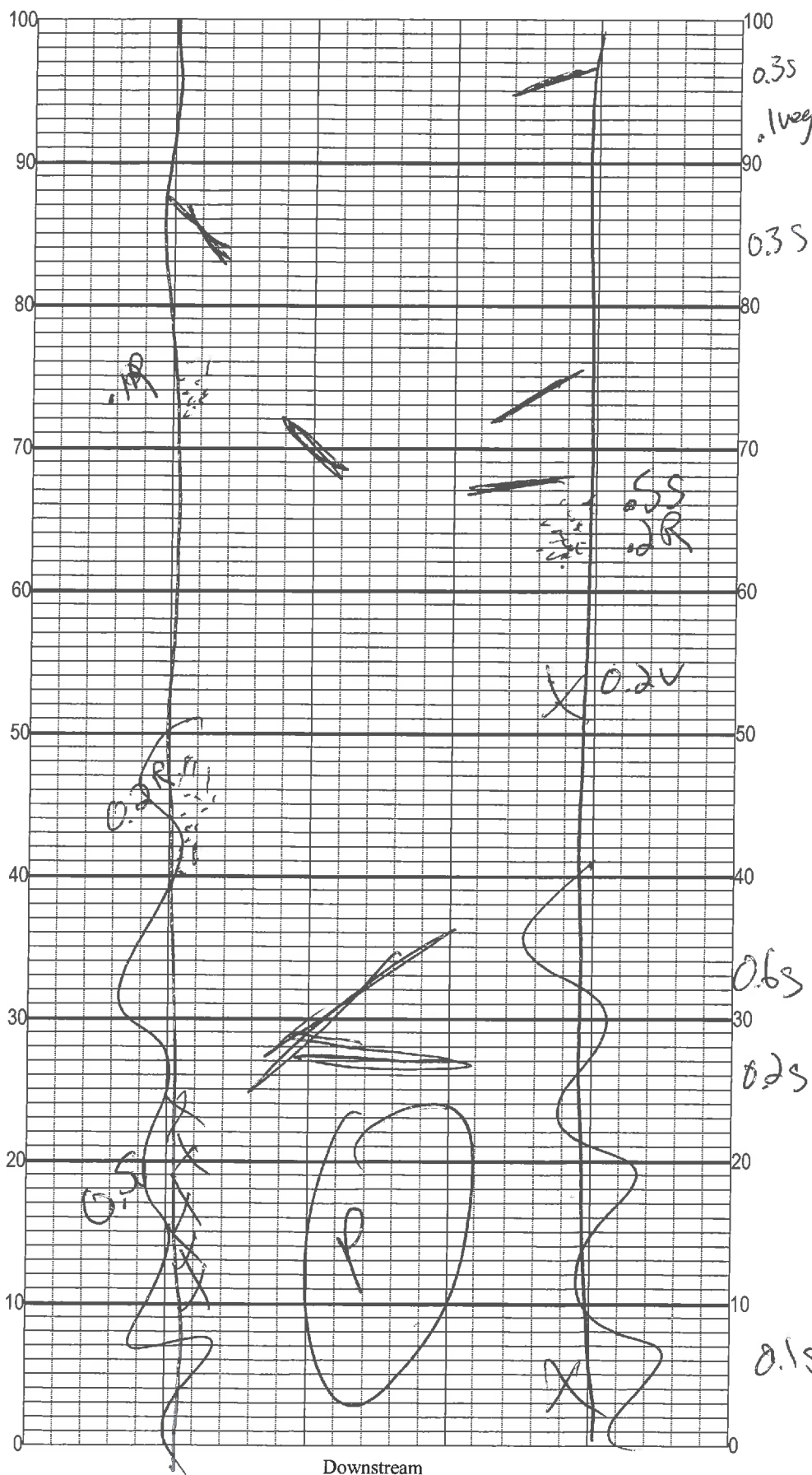
| Habitat Parameter                                                                                               | Optimal                                                                                                                                                                                                                   | Suboptimal                                                                                                                                                                     | Marginal                                                                                                                                          | Poor                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Primary Habitat Components                                                                                      | Four or more major productive habitats present [snags, tree roots, aquatic vegetation, leaf packs (partially decayed), rock]                                                                                              | Three major productive habitats present. Adequate habitat. Some substrates may be new fall (fresh leaves or snags)                                                             | Two major productive habitats present. Less than desirable habitat, frequently disturbed or removed                                               | One or less major productive habitat. Lack of habitat is obvious, substrates unstable or smothered                                 |
| Substrate Diversity <i>5</i>                                                                                    | 20 19 18 17 16                                                                                                                                                                                                            | 15 14 13 12 11                                                                                                                                                                 | 10 9 8 7 6                                                                                                                                        | <i>5</i> 4 3 2 1                                                                                                                   |
| Substrate Availability <i>8</i>                                                                                 | Greater than 30% major productive habitat present at site<br>20 19 18 17 16                                                                                                                                               | 16% to 30% major productive habitat, by aerial extent<br>15 14 13 12 11                                                                                                        | 6% to 15% major productive habitat<br>10 9 <i>8</i> 7 6                                                                                           | Less than 5% major productive habitat<br>5 4 3 2 1                                                                                 |
| Water Velocity <i>1</i>                                                                                         | Max. observed at typical transect: > 0.25 m/sec. But < 1 m/sec<br>≥0.33 0.31 0.29 0.27 >0.25<br>20 19 18 17 16                                                                                                            | Max. observed at typical transect: >0.1 to 0.25 m/sec<br>0.25 0.21 0.17 0.13 >0.1<br>15 14 13 12 11                                                                            | Max. observed at typical transect: 0.05 to 0.1 m/sec<br>0.1 0.09 0.07 0.06 0.05<br>10 9 8 7 6                                                     | Max. observed at typical transect: <0.05 m/sec; or spate occurring: > 1 m/sec<br><0.05 0.04 0.03 0.01 <0.01<br>5 4 3 2 <i>1</i>    |
| Habitat Smothering <i>9</i><br>.....<br>Primary Score _____                                                     | Adequate number of stable pools (1-2 per 12 times width) and <25% of habitats affected by sand, silt, or algae.<br>20 19 18 17 16                                                                                         | Adequate number of stable pools (1-2 per 12 times width) and >25% of habitats affected by sand, silt, or algae.<br>15 14 13 12 11                                              | Does not have required number of stable pools (1-2 per 12 x width) and/or has shallow pools (<2 x prevailing depth).<br>10 <i>9</i> 8 7 6         | Stable pools are absent. Most habitats affected by sand, silt, or algae accumulation.<br>5 4 3 2 1                                 |
| Secondary Habitat Components                                                                                    | Expected sinuosity given the stream width. No evidence of dredging or artificial straightening. No spoil banks.                                                                                                           | Good sinuosity within old channelized area. Evidence of dredging in the past (>25 yrs) but mostly recovered.                                                                   | Straightened with trapezoidal cross section, but has a small degree of sinuosity developed within channelized area.                               | Straightened or engineered by dredging, has trapezoidal or box cut cross section, lacks required pools. May have spoil banks.      |
| Artificial Channelization <i>15</i>                                                                             | 20 19 18 17 16                                                                                                                                                                                                            | <i>15</i> 14 13 12 11                                                                                                                                                          | 10 9 8 7 6                                                                                                                                        | 5 4 3 2 1                                                                                                                          |
| Bank Stability<br>Right Bank <i>9</i><br>Left Bank <i>9</i>                                                     | Bankfull > 60% of bank height. Slope of bank ≤ 60° from bankfull to top of bank. Bankfull is within or above the root zone with few raw, eroded areas.<br>10 <i>9</i>                                                     | Only meets 2 of the 3 requirements for optimal bank stability.<br>8 7 6                                                                                                        | Only meets 1 of the 3 requirements for optimal bank stability.<br>5 4                                                                             | Bankfull < 60% of bank height. Slope of bank > 60°. Bankfull is below the root zone with raw, eroded areas.<br>3 2 1               |
| Riparian Buffer Zone Width<br>Right Bank <i>9</i><br>Left Bank <i>9</i>                                         | Width of vegetation greater than 18 m<br>10 <i>9</i>                                                                                                                                                                      | Width of vegetation >12 to 18m<br>8 7 6                                                                                                                                        | Width of vegetation 6 to 12 m. human activities close to system<br>5 4                                                                            | Less than 6 m of buffer zone due to intensive human activities<br>3 2 1                                                            |
| Riparian Zone Vegetation Quality<br>Right Bank <i>8</i><br>Left Bank <i>8</i><br>.....<br>Secondary Score _____ | Over 80% of riparian surfaces consist of normal, expected plant community for given sunlight & habitat conditions (e.g., native plants; tree, shrub, and forbs represented, if appropriate). Minimal disturbance.<br>10 9 | >50% to 80% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Some disruption in community observed.<br><i>8</i> 7 6 | 25% to 50% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Disruption obvious.<br>5 4 | Less than 25% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions).<br>3 2 1 |

**TOTAL SCORE**

|                      |                               |                               |
|----------------------|-------------------------------|-------------------------------|
| Date: <i>12/2/16</i> | Analyst: <i>Matthew Sevel</i> | Signature: <i>[Signature]</i> |
|----------------------|-------------------------------|-------------------------------|

77395

Left Bank



Length of grid represents 100 m of stream (not linear meters).  
(Horizontal scale is double vertical scale, draw proportionately).

Location: Roanoke  
Date: 12/29/16  
Sampler: \_\_\_\_\_

100 m: Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_  
0 m: Latitude \_\_\_\_\_  
Longitude \_\_\_\_\_

Substrates: Code key, draw proportionate habitat abundance. %

- ☒ Snags \_\_\_\_\_
- ☒ Roots/undercut banks \_\_\_\_\_
- ☐ Leaf Packs (or mats) \_\_\_\_\_
- ☒ Aquatic Macrophytes \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☒ Pools total # observed = 1  
# range expected = 2-4

Average width 4 m  
Average depth 0.5 m

Velocity measured at 100 meter mark.

WQ & chemistry taken at 100 meter mark.

Habitat Smothering:  
Note areas (on map) where sand or silt is smothering substrates, limiting habitability.

Bank Stability:  
Note areas (on map) with unstable, eroding banks. sleep

Riparian Buffer Width:  
Note areas (on map) where natural vegetation is altered or eliminated.

Plants observed / other notes: