



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

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

February 2016

Data Qualified?  
Yes / No

STORET Station Name: C-2 CANAL VICINITY OF RED RD, SOUTH MIAMI

Date: 02/18/16  
(mm/dd/yyyy)

STORET Station ID: 28040399

645E0097

Latitude: 25.680833

(Decimal Degrees)

WBID: 3293

RQ - 2016-015-48

ORG ID: 21FLWPB

Longitude: -80.284722

(Decimal Degrees)

Receiving Body of Water: Biscayne Bay

Field ID: 28040399

0236016

County: Miami-Dade

| Sampling Team Members                            |  | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check | Duplicate Collection | Blank Collection | Sampling Equipment                             |                                         |                                          |
|--------------------------------------------------|--|-----------------|-------------------|---------------|--------------|--------------------|----------------------|------------------|------------------------------------------------|-----------------------------------------|------------------------------------------|
| Tom Wipplack<br>Matt Seneff                      |  | X               | X                 |               |              |                    |                      |                  | <input type="checkbox"/> Sample Container      | <input type="checkbox"/> Van Dorn       | <input checked="" 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                | Via Boat                                |                                          |
|                                                  |  |                 |                   |               |              |                    |                      |                  | <input checked="" 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# AES                                    |  |                 |                   |               |              |                    |                      |                  | Photos: Yes / No                               |                                         |                                          |
|                                                  |  |                 |                   |               |              |                    |                      |                  | Tide Falling: Yes / No / NA                    |                                         |                                          |

| 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          | 1620 | 0.3              | 1.2             | 2.2       | 26        | 7.3 | 0.27           |                 | 557                | 23.1       |
| CEN          |      |                  |                 |           |           |     |                |                 |                    |            |

| Biological Samples Collected: None 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 checked="" type="checkbox"/> Other | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H2SO4 | 5259020                                              | 9/16       | <input checked="" type="checkbox"/> <2 |
| Metals                                                      | <input checked="" type="checkbox"/> W-ICPMS <input checked="" type="checkbox"/> W-ICP                                               |                                           | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> HNO2  | 513210                                               | 4/16       | <input checked="" 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<br>(if available) |            |                                        |
| Chlorophyll                                                 | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                      |                                           | <input checked="" type="checkbox"/> Ice                                           |                                                      |            |                                        |
| BOD                                                         | <input type="checkbox"/> BOD-INHB <input checked="" type="checkbox"/> BOD-UNIN                                                      |                                           | <input checked="" 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-FW-QLDC                                                                                                 |                                           | <input type="checkbox"/> Formalin                                                 |                                                      |            |                                        |
| Microbiology                                                | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enterococcus <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: EST CEN  |                                                                                                                                                                                                                        | Sample Depth (m): _____                                                              |                                                      | Field ID: _____ |                              |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|------------------------------|
| Time: _____         |                                                                                                                                                                                                                        | Total Depth (m): _____                                                               |                                                      |                 |                              |
| Parameter Suite     | Parameter Methods                                                                                                                                                                                                      | Preservation                                                                         | Acid Lot#                                            | Expiration      | pH Check                     |
| Preserved Nutrients | <input 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> |                                                      |                 | <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 type="checkbox"/> oP <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                                     | <input type="checkbox"/> Ice                                                         | Place Preservative Sticker(s) Here<br>(If Available) |                 |                              |
| Chlorophyll         | <input 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 type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                                     | <input type="checkbox"/> Ice                                                         |                                                      |                 |                              |
| Microbiology        | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <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<br><input type="checkbox"/> Other _____                 |                                                      |                 |                              |

## Blank

| Time Zone: EST CEN                                                                                                                   |                                                                                                                                                                                                                        | Time: _____                                                                          |                                                      | Field ID: _____ |                              | Location: _____ |  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------|-----------------|------------------------------|-----------------|--|
| <input type="checkbox"/> Field Blank <input type="checkbox"/> Equipment Blank <input type="checkbox"/> Field Cleaned Equipment Blank |                                                                                                                                                                                                                        | Equimnet ID: _____                                                                   |                                                      |                 |                              |                 |  |
| Parameter Suite                                                                                                                      | Parameter Methods                                                                                                                                                                                                      | Preservation                                                                         | Acid Lot#                                            | Expiration      | pH Check                     |                 |  |
| Preserved Nutrients                                                                                                                  | <input 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> |                                                      |                 | <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 type="checkbox"/> oP <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                                     | <input type="checkbox"/> Ice                                                         | Place Preservative Sticker(s) Here<br>(If Available) |                 |                              |                 |  |
| Chlorophyll                                                                                                                          | <input 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 type="checkbox"/> TSS / Turbidity / Alkalinity / Color <input type="checkbox"/> Other _____                                                                                                                     | <input type="checkbox"/> Ice                                                         |                                                      |                 |                              |                 |  |
| Microbiology                                                                                                                         | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <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<br><input type="checkbox"/> Other _____                 |                                                      |                 |                              |                 |  |

## Notes:

Refine this site in favor of  
near one @ foot bridge ~ 5 mi.  
south

C-2 Canal Vicinity of Red Rd, South Miami  
3293  
25.680833 -80.284722  
C-kit

28040399



Field ID ↑  
STORET ↓



28040399

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

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

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

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

Field Parameters Entered into LIMS: JS 3/6/16  
(Initials/Date)

Field Parameters QC in LIMS: \_\_\_\_\_  
(Initials/Date)

Date Migrated to STORET: \_\_\_\_\_  
(Initials/Date)

Field Sheets Scanned/Saved: \_\_\_\_\_  
(Initials/Date)