



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

March 2017

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Data Qualified?
Yes / No

Location/STORET Station Name: Ortega River Timuquana Rd.

Date: 8/23/17
(mm/dd/yyyy)

STORET # 20030079

WBID: 2213P1

Latitude: 30.247

(Decimal Degrees)

County: Duval

RQ - 2017-08-21-10

ORG ID: 21FLA

Longitude: 81.7044

(Decimal Degrees)

Receiving Body of Water:

Field ID: See Label

Sampling Team Members				WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. P. Smith								
B. Parks								

Sampling Equipment		
☐ Sample Container	☐ Van Dorn	☐ Pole
☐ Carboy	☐ Syringe	
☐ Dipper	☐ Other	
Equipment ID OrthoKit # 4		

Collection Method	
☐ Wading	☐ Via Boat
☐ From Shore	☐ Canoe/Kayak
☐ Other (note below)	☐ Electric Motor
	☐ Gasoline Motor

Water Level: Dry / Pooled / Low / Normal / High / Flooded				Matrix: Fresh / Marine / DI			
Meter ID# YSI #3				Photos: Yes / No			
Tide Falling: Yes / No / NA							

Time Zone	Time	Sample Depth (m)	Total Depth (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (ppt)	Secchi Disk (m)	Sp COND (umhos/cm)	Temp. (C°)
EST	1110	0.3	1.3	3.56	46.7	7.12	0.17	0.7	370	29.97
CEN										

Biological Samples Collected:	None	HA	SCI	RPS	Algae ID	LVS	LVI	Other
SBIO ID Numbers:	SBIO-ID:	RPS-ID:	Macrophyte-ID:	LIMS#:				

Parameter Suite	Parameter Methods	Preservation	Acid Lot#	Expiration	pH Check
Preserved Nutrients	☒ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☒ Ice ☐ H2SO4			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <2
Filtered Nutrients	☐ W-PO4-F ☐ Field Filtered 0.45 um Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CL-IC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates	☐ MI-FW-QLDC	☐ Formalin			
Periphyton	☐ ALGAE-ID	☐ Ice			
Microbiology	☐ E Coli ☐ F Coli ☒ Enterococci ☒ qPCR	☒ Ice			
Tracers	☒ W-SUC-AA-R ☐ W-UHERB-AA ☐ W-AHERB-AA	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH ☐ W-SUC-AA-R	☐ Ice ☐ Other			

Contains 1:1 Sulfuric Acid
Lot No.: SA7163030
Expires: 06/12/18
See Safety Data Sheet (SDS)

Contains 1:1 Sulfuric Acid
Lot No.: SA7163030
Expires: 06/12/18
See Safety Data Sheet (SDS)

Notes:

Field ID:



G2NE0086 08232017

Ortega R Br @
Timuquana Rd.

STORET



20030079

Signature:

[Signature]

Date:

8/23/17

Field Parameters Entered into LIMS:

(Initials/Date)

Field Parameters QC in LIMS:

(Initials/Date)

Date Migrated to STORET:

(Initials/Date)

Field Sheets Scanned/Saved:

(Initials/Date)



CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

9143 Phillips Highway, Ste 200 • Jacksonville, FL 32256 (904) 739-2277 • 800-695-7222 x06 • FAX (904) 739-2011

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SR#

CAS Contract

Project Name <u>LSJR Mountain Salt</u>		Project Number <u>RG-2017-08-21-10</u>		ANALYSIS REQUESTED (Include Method Number and Container Preservative)																
Project Manager <u>J. Parris</u>		Email Address <u>DEP-Overflow@dep.state.fl.us</u>		PRESERVATIVE <u>ENTERED</u>																
Company/Address <u>FDEP DEAR NEP</u> <u>8100 Brynecross Way W Suite 100</u> <u>Jacksonville, FL 32256</u>				NUMBER OF CONTAINERS	Preservative Key 0. NONE 1. HCL 2. HNO₃ 3. H₂SO₄ 4. NaOH 5. Zn. Acetate 6. MeOH 7. NaHSO₄ 8. Other _____ REMARKS/ ALTERNATE DESCRIPTION															
Phone # <u>904-256-1700</u>		FAX #																		
Sampler's Signature <u>[Signature]</u>		Sampler's Printed Name <u>Brian Parris</u>																		
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE TIME		MATRIX																
<u>62NE0823</u>		<u>8/12</u>	<u>0935</u>	<u>SL</u>																
<u>62NE0601</u>			<u>1010</u>																	
<u>62NE0146</u>			<u>1050</u>																	
<u>62NE0080</u>			<u>1110</u>																	
SPECIAL INSTRUCTIONS/COMMENTS					TURNAROUND REQUIREMENTS RUSH (SURCHARGES APPLY) ☒ STANDARD REQUESTED FAX DATE _____ REQUESTED REPORT DATE _____				REPORT REQUIREMENTS ☐ I. Results Only ☐ II. Results + QC Summaries (LCS, DUP, MS/MSD as required) ☐ III. Results + QC and Calibration Summaries ☐ IV. Data Validation Report with Raw Data ☐ V. Specialized Forms / Custom Report Edata ☐ Yes ☐ No				INVOICE INFORMATION PO # _____ BILL TO: _____							
					See QAPP ☐															
					SAMPLE RECEIPT: CONDITION/COOLER TEMP: <u>0.5°C</u>				CUSTODY SEALS: Y N											
					RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY					
					Signature <u>[Signature]</u>		Signature <u>[Signature]</u>		Signature		Signature		Signature		Signature					
					Printed Name <u>Brian Parris</u>		Printed Name <u>Shannon Johnson</u>		Printed Name		Printed Name		Printed Name		Printed Name					
					Firm <u>FDEP DEAR NEP</u>		Firm <u>ALS</u>		Firm		Firm		Firm		Firm					
					Date/Time <u>8/22/17 11:15</u>		Date/Time <u>8/23/17 11:35</u>		Date/Time		Date/Time		Date/Time		Date/Time					