



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER QUALITY MONITORING PROGRAM FIELD SHEET

Field ID:



G2NE1141 10112017

February 2017

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Data Qualified?

Yes / No

Sherman Creek @
A1A bridge

STORET:

27010002

Date:

10/12/17

(mm/dd/yyyy)

WBID:

2227

Latitude:

30.3715

County:

Duval

RQ:

2017-10-16-10

ORG ID:

21FLA

Longitude:

81.4325

(Decimal Degrees)

(Decimal Degrees)

Receiving Body of Water:

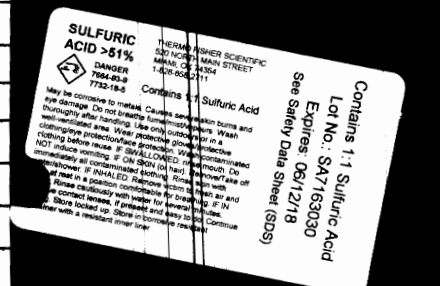
SJR

Field ID:

Sampling Team Members				WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment			
Nicole Fredrick Jeremy Pearson				☒	☒	☒	☒	☒	☐ Sample Container	☒ Van Dorn	☐ Pole	
									☐ Carboy	☐ Syringe		
									☐ Dipper	☐ Other		
									Equipment ID			02110 # 7
									Collection Method			
									☐ Wading	☐ Via Boat		
									☒ From Shore	☐ Canoe/Kayak		
									☐ Other (note below)	☐ Electric Motor		
									☐ Gasoline Motor			

Water Level:				Dry / Pooled / <u>Low</u> / Normal / High / Flooded				Matrix:				Fresh / <u>Marine</u> / DI			
Meter ID#				YST #4				Photos:				Yes / <u>No</u>			
Tide Falling:				<u>Yes</u> / No / NA											
Time Zone	Time	Sample Depth (m)	Total Depth (m)	DO (mg/L)	DO (% SAT)	pH	Salinity (ppt)	Secchi Disk (m)	COND (µmhos/cm)	Temp. (C°)					
EST	0920	0.30	2.80	3.77	49.9	7.12	6.26	0.90	11012	27.30					
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	☒ H ₂ SO ₄			☒ <2														
Metals	☐ W-ICPMS / ☐ W-ICP								☐ Ice	☐ HNO ₃			☐ <2														
Filtered Nutrients	☒ W-PO4-F / ☒ Field Filtered 0.45 µm Filter								☒ Ice																		
Chlorophyll	☒ CHLSUITE-W								☒ Ice																		
Physical/Aggregate (Fresh)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-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 / ☒ Entero / ☐ PCR-FILTER								☒ Ice																		
Tracers	☐ W-LCMS-DU / ☐ W-UHERB-AA								☐ Ice																		
Pesticides	☐ W-PSNP-TQ / ☐ W-AHERB-AA / ☐ W-PYR-AA-R / ☐ W-LCMS-DU / ☐ W-PCL-SQ-R / ☐ W-UHERB-AA / ☐ W-GLYPH								☐ Ice / ☐ Other																		



Notes:		Place Label Here (if Available)	
Signature: <i>[Signature]</i>		Date: 10/12/17	

Field Parameters Entered into LIMS: *[Signature]* (Initials/Date) Field Parameters QC in LIMS: *[Signature]* (Initials/Date)
Date Migrated to STORET: _____ Field Sheets Scanned/Saved: _____

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

9143 Philips 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 SMP LSR COAST		Project Number RD-2017-10-16-10		ANALYSIS REQUESTED (Include Method Number and Container Preservative)																					
Project Manager J. Parrish		Email Address		PRESERVATIVE																					
Company/Address 800 Baymeadows Way W Jacks FL 32256				NUMBER OF CONTAINERS	ENTERED																Preservative Key 0. NONE 1. HCL 2. HNO ₃ 3. H ₂ SO ₄ 4. NaOH 5. Zn. Acetate 6. MeOH 7. NaHSO ₄ 8. Other _____				
Phone # 904-236-1541		FAX #																							
Sampler's Signature		Sampler's Printed Name N. Frederick / J. Parrish																							
CLIENT SAMPLE ID		LAB ID																							
G2NE113710112017				SAMPLING DATE		TIME		MATRIX																	
G2NE114110112017				10/12/17		0900		SW																	
G2NE074510112017				10/12/17		0910		SW																	
G2NE076410112017				10/15																					
G2NE113610112017				10/35																					
G2NE070310112017				10/50																					
SPECIAL INSTRUCTIONS/COMMENTS				TURNAROUND REQUIREMENTS				REPORT REQUIREMENTS				INVOICE INFORMATION													
Email Report to: Dep-Overflowmicro@dep.state.fl.us				RUSH (SURCHARGES APPLY) ☒ STANDARD				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				PO # BILL TO:													
				REQUESTED FAX DATE				REQUESTED REPORT DATE																	
				See QAPP ☐								Edata Yes No													
SAMPLE RECEIPT: CONDITION/COOLER TEMP: 0.1				CUSTODY SEALS: Y N																					
RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY											
Signature		Signature		Signature		Signature		Signature		Signature		Signature		Signature											
Printed Name		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name											
Firm		Firm		Firm		Firm		Firm		Firm		Firm		Firm											
Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time											
10/11/17 11:20		10/12/17 11:20																							