



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

October 2017

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Data Qualified?

Yes / No

Location/STORET Station Name:

McCoy Cr @ Myrtle Ave

Date: 11/21/17

STORET # 20030693

WBID: 2257

Latitude: 30.2258

County: Duval

RQ - 2017-11-20-14

ORG ID: 21 FLA

Longitude: -81.6776

Receiving Body of Water: Cedar River

Field ID: See label

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment				
B = [Signature] P = [Signature]					☒	☒	☒	☒	☒	☒ Sample Container	☐ Van Dorn	☒ Pole		
										☐ Carboy	☐ Syringe			
										☐ Dipper	☐ Other			
										Equipment ID	ORTHO # 7			
										Collection Method				
										☐ Wading	☐ Canoe/Kayak			
										☒ From Shore	☐ Electric Motor			
										☐ Other	☐ Gasoline Motor			
Water Level: Dry / Low / Normal / Above Normal / Flooded					Meter ID# Q-15476					Matrix: Fresh / Marine / DI				
Photos: Yes / (No)					Flow: No Flow / Intertidal / Flowing / NA					Tide: Rising / Falling / Slack / NA				
Tide Times: High / Low														
Time Zone	Time	Sample Depth (m)	Total Depth (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (PPT)	Secchi Disk (m)	COND (umhos/cm)	Temp. (C)				
EST	1025	0.3	1.2	10.4	111.6	7.52	0.35	1.0	722	18.35	✓			
CEN														
Biological Samples Collected: None HA SCI RPS Algae ID LVS LVI Other														
SBIO ID Numbers: SBIO-ID: HA-ID: RPS-ID: Macrophyte-ID: LIMS#:														
Parameter Suite		Parameter Methods					Preservation		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-CH-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					☒ Ice							
Molecular		☐ PCR-FILTER ☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-GULL2 ☐ PCR-GFD					☐ Ice							
Tracers		☐ W-SUC-AA-R ☐ W-UHERB-AA ☐ W-AHERB-AA					☐ Ice							
Pesticides		☐ W-PSNP-TQ ☐ W-UHERB-AA ☐ W-AHERB-AA					☐ Ice							
		☐ W-PCL-SQ-R ☐ W-PYR-AA-R ☐ W-GLYPH ☐ W-SUC-AA-R					☐ Other							

Notes:

Field ID:



G2NE070111212017

McCoy Cr @
Myrtle Ave

STORET



20030693

Signature: [Signature]

Date: 11/21/17

Field Parameters Entered into LIMS: [Signature]

(Initials/Date)

Field Parameters QC in LIMS: [Signature]

(Initials/Date)

Date Migrated to STORET: [Signature]

(Initials/Date)

Field Sheets Scanned/Saved: [Signature]

(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 <i>LSJKUast</i>		Project Number <i>2017-11-20-13</i>		ANALYSIS REQUESTED (Include Method Number and Container Preservative)																
Project Manager <i>J. P. Lish</i>		Email Address <i>DEP-02a@fla.gov</i>		PRESERVATIVE																
Company/Address <i>FDEP DEAR NEAR ROS</i> <i>8800 Brynmorons Way W Suite 100</i> <i>Jax, FL 32256</i>				NUMBER OF CONTAINERS <i>E-coli</i>	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 # <i>904-256-1700</i>		FAX #																		
Sampler's Signature <i>[Signature]</i>		Sampler's Printed Name <i>Tracy Davis</i>																		
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE TIME		MATRIX																
<i>G-2NE0701</i>		<i>11/20/17</i>	<i>10:25</i>	<i>SW</i>																
<i>G-2NE0091</i>			<i>9:50</i>																	
<i>G-2NE0539</i>			<i>9:50</i>																	
<i>G-2NE0622</i>			<i>8:55</i>																	
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 Fdata ☐ Yes ☐ No				INVOICE INFORMATION PO # _____ BILL TO: _____							
See QAPP ☐																				
SAMPLE RECEIPT: CONDITION/COOLER TEMP. <i>2.4°C</i>					CUSTODY SEALS: <i>Y N</i>															
RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY		RELINQUISHED BY		RECEIVED BY						
Signature <i>[Signature]</i>		Signature <i>[Signature]</i>		Signature		Signature		Signature		Signature		Signature		Signature						
Printed Name <i>Tracy Davis</i>		Printed Name <i>Morgan Stalock</i>		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name		Printed Name						
Firm <i>FDEP DEAR NEAR</i>		Firm <i>ALS</i>		Firm		Firm		Firm		Firm		Firm		Firm						
Date/Time <i>11/20/17 10:25</i>		Date/Time <i>11/21/17 11:25</i>		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time		Date/Time						