

Field ID:



G2NE0674 08092017

# OF ENVIRONMENTAL PROTECTION RING PROGRAM FIELD SHEET

March 2017

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Data Qualified?

Yes / No

Grog Branch @  
SR 220


STORET: 20030578

Date: 8 / 22 / 2017  
(mm/dd/yyyy)

WBID: 2407 Latitude: 30.0927

(Decimal Degrees)

County: Clay RQ - 2017-08-07-11 ORG ID: 21FLA Longitude: 81.8392

(Decimal Degrees)

Receiving Body of Water: Black Creek Field ID: See Label

| Sampling Team Members                                     |      |                  |                 | WQ Measurements  | Sample Collection | Documentation | Preservation   | Preservation Check          | Sampling Equipment                        |                                              |                                          |  |
|-----------------------------------------------------------|------|------------------|-----------------|------------------|-------------------|---------------|----------------|-----------------------------|-------------------------------------------|----------------------------------------------|------------------------------------------|--|
| J. Parrish                                                |      |                  |                 |                  |                   |               |                |                             | <input type="checkbox"/> Sample Container | <input checked="" type="checkbox"/> Van Dorn | <input checked="" type="checkbox"/> Pole |  |
| A. Kalmbacher                                             |      |                  |                 |                  |                   |               |                |                             | <input type="checkbox"/> Carboy           | <input type="checkbox"/> Syringe             |                                          |  |
|                                                           |      |                  |                 |                  |                   |               |                |                             | <input type="checkbox"/> Dipper           | <input type="checkbox"/> Other               |                                          |  |
|                                                           |      |                  |                 |                  |                   |               |                |                             | Equipment ID OrthoKit # 44                |                                              |                                          |  |
| Collection Method                                         |      |                  |                 |                  |                   |               |                |                             |                                           |                                              |                                          |  |
| <input type="checkbox"/> Wading                           |      |                  |                 |                  |                   |               |                |                             | <input type="checkbox"/> 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 / Pooled / Low / Normal / High / Flooded |      |                  |                 |                  |                   |               |                |                             | Matrix: Fresh / Marine / DI               |                                              |                                          |  |
| Meter ID# YSI #4                                          |      |                  |                 | 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                                                       | 0910 | .20              | 40              | 2.76             | 43.4              | 7.33          | 0.08           | 0.4                         | 167                                       | 25.7                                         |                                          |  |
| 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         | <input checked="" type="checkbox"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP                                                               | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H2SO4 |           |            | <input checked="" type="checkbox"/> <2 |
| Metals                      | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                               | <input type="checkbox"/> Ice <input type="checkbox"/> HNO3                        |           |            | <input type="checkbox"/> <2            |
| Filtered Nutrients          | <input checked="" type="checkbox"/> W-PO4-F <input checked="" type="checkbox"/> Field Filtered 0.45 µm Filter                                 | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |
| Chlorophyll                 | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |
| Physical/Aggregate (Fresh)  | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS                               | <input checked="" type="checkbox"/> Ice                                           |           |            |                                        |
| Physical/Aggregate (Marine) | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY                                                                                 | <input type="checkbox"/> Ice                                                      |           |            |                                        |
| Macroinvertebrates          | <input type="checkbox"/> MI-FW-QLDC                                                                                                           | <input type="checkbox"/> Formalin                                                 |           |            |                                        |
| Periphyton                  | <input type="checkbox"/> ALGAE-ID                                                                                                             | <input type="checkbox"/> Ice                                                      |           |            |                                        |
| Microbiology                | <input checked="" type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enterococci <input type="checkbox"/> qPCR | <input type="checkbox"/> Ice                                                      |           |            |                                        |
| Tracers                     | <input type="checkbox"/> W-SUC-AA-R <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-AHERB-AA                                   | <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-PCL-SQ-R <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH <input type="checkbox"/> W-SUC-AA-R  | <input type="checkbox"/> Other                                                    |           |            |                                        |

Notes:

Place Label Here  
(If Available)

Signature: A. Kalmbacher

Date: 8-22-2017

Field Parameters Entered into LIMS: 8/25/17

(Initials/Date)

Field Parameters QC in LIMS:

(Initials/Date)

Date Migrated to STORET:

(Initials/Date)

Field Sheets Scanned/Saved:

(Initials/Date)



|                                     |                                                                                                                           |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>Altamonte Springs:</b> 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 |
| <input type="checkbox"/>            | <b>Gainesville:</b> 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639                          |
| <input type="checkbox"/>            | <b>Jacksonville:</b> 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354                     |
| <input type="checkbox"/>            | <b>Miramar:</b> 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281                                 |
| <input type="checkbox"/>            | <b>Tallahassee:</b> 2639 North Monroe Street, Suite D • Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275           |
| <input type="checkbox"/>            | <b>Tampa:</b> 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327                                 |

|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--|--|--|----------------------------------------------------------------------------------------------|--------------------|--------------------------|--------|-----------|--------------|-----------------------------|--|---------|------|--|--|--|--|--|--|--|
| Client Name: FDEP                                                                                                                                                                                                                                                    |                    |  |  |  |  | Project Name: L9JR Southwest                                                                 |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Address: 8800 Baymeadows Way W Jacksonville, FL 32256                                                                                                                                                                                                                |                    |  |  |  |  | P.O. Number or Project Number: RA-2017-08-07-11                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Phone: 904-256-1700                                                                                                                                                                                                                                                  |                    |  |  |  |  | FDEP Facility No:                                                                            |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| FAX:                                                                                                                                                                                                                                                                 |                    |  |  |  |  | Project Address:                                                                             |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Contact: Jeremy Parrish                                                                                                                                                                                                                                              |                    |  |  |  |  | Special Instructions:                                                                        |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Sampled By: Jeremy Parrish                                                                                                                                                                                                                                           |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Turn Around Time: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> RUSH                                                                                                                                                                         |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Page: 1 of 1                                                                                                                                                                                                                                                         |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  | <input type="checkbox"/> ADAPT <input type="checkbox"/> EQUIS <input type="checkbox"/> Other |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| SAMPLE ID                                                                                                                                                                                                                                                            | SAMPLE DESCRIPTION |  |  |  |  | Grab Comp                                                                                    | SAMPLING DATE TIME |                          | MATRIX | NO. COUNT | PRESERVATION | ANALYSIS REQUIRED<br>E-Coli |  |         |      |  |  |  |  |  |  |  |
| G2NE0626                                                                                                                                                                                                                                                             | Little Black Creek |  |  |  |  |                                                                                              | 8-22-17            | 0845                     | SW     | 1         | Ke           | LABORATORY I.D. NUMBER      |  |         |      |  |  |  |  |  |  |  |
| G2NE0674                                                                                                                                                                                                                                                             | Grog Branch        |  |  |  |  |                                                                                              |                    | 0910                     |        | 1         |              |                             |  |         |      |  |  |  |  |  |  |  |
| G1NE0600                                                                                                                                                                                                                                                             | Parceners Branch   |  |  |  |  |                                                                                              |                    | 1145                     |        | 1         |              |                             |  |         |      |  |  |  |  |  |  |  |
| G2NE0253                                                                                                                                                                                                                                                             | Greene Creek       |  |  |  |  | v                                                                                            | v                  | 1015                     | v      | 1         |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)                                                       |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Received on Ice <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Temp taken from sample <input type="checkbox"/> Temp from blank Where required, pH checked Temperature when received 31 (in degrees celcius) |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| DCN: AD-051 Form last revised 04/30/2015 Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V                                                                                                   |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| Relinquished by: [Signature]                                                                                                                                                                                                                                         |                    |  |  |  |  | Date                                                                                         | Time               | Received by: [Signature] |        |           |              |                             |  | Date    | Time |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                    | [Signature]        |  |  |  |  | 8-22-17                                                                                      | 1245               | [Signature]              |        |           |              |                             |  | 8/22/17 | 1240 |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                    |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                    |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                    |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |
| FOR DRINKING WATER USE:<br>PWS ID: _____<br>Contact Person: _____ Phone: _____<br>Supplier of Water: _____<br>Site Address: _____                                                                                                                                    |                    |  |  |  |  |                                                                                              |                    |                          |        |           |              |                             |  |         |      |  |  |  |  |  |  |  |