



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

RING PROGRAM FIELD SHEET

PAGE 1 OF 1

Field ID:



G2NE0674 12042017

October 2017

Data Qualified?

Yes / No

Grog Branch @
SR 220

STORET

20030578

Date: 12/18/2017
(mm/dd/yyyy)

WBID: 2407

Latitude: 30.0927

(Decimal Degrees)

County: Clay RQ - 2017-12-04-27

ORG ID: 21 FLA

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	
A Kalmbacher		X	X	X	X	X	☒ Sample Container ☐ Carboy ☐ Dipper	☐ Van Dorn ☐ Syringe ☐ Other
							Equipment ID ORTHO # 7	
							Collection Method	
							☒ Wading ☐ From Shore ☐ Other	☐ Canoe/Kayak ☐ Electric Motor ☐ Gasoline Motor

Water Level: Dry / Low / <u>Normal</u> / Above Normal / Flooded		Meter ID# 513		Matrix: <u>Fresh</u> / Marine / DI	
Photos: Yes / No		Flow: No Flow / Intestinal / <u>Flowing</u> / 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 (µmhos/cm)	Temp. (C°)
EST	1100	0.3	0.58	6.90	67.7	6.65	0.06	0.585	131	14.5
CEN										

Biological Samples Collected: <u>None</u> HA SCI RPS Algae ID LVS LVI Other	
SBIO ID Numbers: SBIO-ID: HA-ID: RPS-ID: Macrophyte-ID: LMS#:	

Parameter Suite	Parameter Methods	Preservation	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	SAJ---	H	
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 ☐ 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 ☐ W-PCL-SQ-R ☐ W-PYR-AA-R ☐ W-GLYPH ☐ W-SUC-AA-R	☐ Ice ☐ Other			

Notes:		Place Label Here (If Available)	
Signature: <i>[Signature]</i>		Date: 12-18-2017	

Field Parameters Entered into LIMS: *JP* 12/21/17

(Initials/Date)

Field Parameters QC in LIMS:

(Initials/Date)

Date Migrated to STORET:

Field Sheets Scanned/Saved:

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

Place Preservation



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

PAGE 1 OF 1

SR#

CAS Contract

Project Name LSJR Southwest		Project Number RQ2017-12-04-27		ANALYSIS REQUESTED (Include Method Number and Container Preservative)																					
Project Manager Jeremy Parrish		Email Address jeremy.m.parrish@dep.state.fl.us		PRESERVATIVE 8																					
Company/Address FDEP				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 ICE									
8800 Baymeadows Way W STE 100																									
Jacksonville, FL 32256																									
Phone # 904-256-1700		FAX #																							
Sampler's Signature <i>[Signature]</i>		Sampler's Printed Name Amy Kalmbacher														REMARKS/ ALTERNATE DESCRIPTION									
CLIENT SAMPLE ID		LAB ID		SAMPLING DATE		TIME		MATRIX																	
G2NE0626 12/18/2017				12/18		1015		SW														1			
G2NE0674 12/18/2017				12/18		1100		SW														1			
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: _____ _____ _____ _____			
SAMPLE RECEIPT: CONDITION/COOLER TEMP: 012														CUSTODY SEALS: Y N											
RELINQUISHED BY				RECEIVED BY				RELINQUISHED BY				RECEIVED BY				RELINQUISHED BY				RECEIVED BY					
Signature <i>[Signature]</i>				Signature <i>[Signature]</i>				Signature				Signature				Signature				Signature					
Printed Name Amy Kalmbacher				Printed Name Renee Futch				Printed Name				Printed Name				Printed Name				Printed Name					
Firm FDEP				Firm ALS				Firm				Firm				Firm				Firm					
Date/Time 12/18/2017 1230				Date/Time 12/18/17 1230				Date/Time				Date/Time				Date/Time				Date/Time					