



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

October 2017

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Data Qualified?

Yes ☒ No ☐

Location/STORET Station Name: Noname Lake @ Center

Date: 11/1/17

(mm/dd/yyyy)

STORET # G2CE0068

WBID: 2999B

Latitude: 28.62778726

County: Seminole RQ-2017-10-30-4750

ORG ID: 2FUCN

Longitude: -81.26404917

(Decimal Degrees)

(Decimal Degrees)

Receiving Body of Water: \_\_\_\_\_

Field ID: G2CE0068

| Sampling Team Members                                                                                                        |             |                  |                 |            | WQ Measurements                     | Sample Collection                   | Documentation                       | Preservation                        | Preservation Check                  | Sampling Equipment                                   |                                                    |                                    |  |  |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|-----------------|------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------|----------------------------------------------------|------------------------------------|--|--|
| <u>Leif Boman</u><br><u>Kate Williams</u>                                                                                    |             |                  |                 |            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn                  | <input type="checkbox"/> Pole      |  |  |
|                                                                                                                              |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/> Carboy                      | <input checked="" type="checkbox"/> Syringe        |                                    |  |  |
|                                                                                                                              |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Other                     |                                    |  |  |
|                                                                                                                              |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | Equipment ID _____                                   |                                                    |                                    |  |  |
|                                                                                                                              |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | Collection Method                                    |                                                    |                                    |  |  |
|                                                                                                                              |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/> Wading                      | <input type="checkbox"/> Canoe/Kayak               |                                    |  |  |
|                                                                                                                              |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/> From Shore                  | <input checked="" type="checkbox"/> Electric Motor |                                    |  |  |
|                                                                                                                              |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | <input type="checkbox"/> Other                       | <input type="checkbox"/> Gasoline Motor            |                                    |  |  |
| Water Level: Dry / Low / Normal / <u>Above Normal</u> / Flooded                                                              |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | Meter ID# <u>Betty 67</u>                            |                                                    | Matrix: <u>Fresh</u> / Marine / DI |  |  |
| Photos: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Flow: No Flow / Intestinal / Flowing / <u>MA</u> |             |                  |                 |            |                                     |                                     |                                     |                                     |                                     | Tide: Rising / Falling / Slack / <u>MA</u>           |                                                    | Tide Times: High _____ Low _____   |  |  |
| 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°)                                           |                                                    |                                    |  |  |
| <u>EST</u>                                                                                                                   | <u>1310</u> | <u>0.3</u>       | <u>3.1</u>      | <u>7.5</u> | <u>87</u>                           | <u>6.6</u>                          | <u>0.05</u>                         | <u>2.0</u>                          | <u>114</u>                          | <u>22.9</u>                                          |                                                    |                                    |  |  |
| <u>CEN</u>                                                                                                                   | <u>2.6</u>  | <u>7.2</u>       |                 | <u>82</u>  | <u>6.6</u>                          | <u>0.05</u>                         | <u>113</u>                          |                                     | <u>22.0</u>                         |                                                      |                                                    |                                    |  |  |

| 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: _____ LIMS#: _____ |  |  |                                                                                   |                  |             |                                     |  |
| Parameter Suite                                                                   | Parameter Methods                                                                                                                                                                                                                                                                              |                                   |  |  | Preservation                                                                      | Lot#             | Expiration  | pH Check                            |  |
| Preserved Nutrients                                                               | <input checked="" type="checkbox"/> W-NH3 / <input type="checkbox"/> W-NO2NO3 / <input type="checkbox"/> W-TKN / <input type="checkbox"/> W-TOC / <input type="checkbox"/> W-S-A-TP                                                                                                            |                                   |  |  | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H2SO4 | <u>SA7163030</u> | <u>6/18</u> | <input checked="" type="checkbox"/> |  |
| 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 um Filter                                                                                                                                                                                  |                                   |  |  | <input type="checkbox"/> Ice                                                      |                  |             |                                     |  |
| Chlorophyll                                                                       | <input checked="" type="checkbox"/> CHL-SUITE-W                                                                                                                                                                                                                                                |                                   |  |  | <input checked="" type="checkbox"/> Ice                                           |                  |             |                                     |  |
| Physical/Aggregate (Fresh)                                                        | <input checked="" type="checkbox"/> Alkalinity / <input type="checkbox"/> W-F / <input type="checkbox"/> W-TSS / <input type="checkbox"/> TURBIDITY / <input type="checkbox"/> W-CL-IC / <input type="checkbox"/> W-COLOR / <input type="checkbox"/> W-SO4-IC / <input type="checkbox"/> W-TDS |                                   |  |  | <input type="checkbox"/> Ice                                                      |                  |             |                                     |  |
| Physical/Aggregate (Marine)                                                       | <input type="checkbox"/> Alkalinity / <input type="checkbox"/> W-F / <input type="checkbox"/> W-TSS / <input type="checkbox"/> 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 type="checkbox"/> E-Coli <input type="checkbox"/> F-Coli <input type="checkbox"/> Enterococci                                                                                                                                                                                           |                                   |  |  | <input type="checkbox"/> Ice                                                      |                  |             |                                     |  |
| Molecular                                                                         | <input type="checkbox"/> PCR-FILTER <input type="checkbox"/> PCR-HF183 <input type="checkbox"/> PCR-BacR <input type="checkbox"/> PCR-GULL2 <input type="checkbox"/> PCR-GFD                                                                                                                   |                                   |  |  | <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-UHERB-AA <input type="checkbox"/> W-AHERB-AA                                                                                                                                                                                     |                                   |  |  | <input type="checkbox"/> Ice                                                      |                  |             |                                     |  |
|                                                                                   | <input type="checkbox"/> W-PCL-SQ-R <input type="checkbox"/> W-PYR-AA-R <input type="checkbox"/> W-GLYPH <input type="checkbox"/> W-SUC-AA-R                                                                                                                                                   |                                   |  |  | <input type="checkbox"/> Other                                                    |                  |             |                                     |  |

Notes: \_\_\_\_\_

Signature: K Williams

Noname Lake @ Center

G2CE0068

Field ID ↑

STORET ↓

RQ-2017-10-30-4750

Date: 11/01/17

Date: 11/1/17

G2CE0068

Field Parameters Entered into LIMS: Kmw 11/1/17

(Initials/Date)

Field Parameters QC in LIMS: \_\_\_\_\_

(Initials/Date)

Date Migrated to STORET: \_\_\_\_\_

(Initials/Date)

Field Sheets Scanned/Saved: \_\_\_\_\_

(Initials/Date)