



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

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Data Qualified?
Yes / No

STORET Station Name: _____

RQ-2017-01-09-05



Date: _____
(mm/dd/yyyy)

STORET Station ID: _____

1/10/2017
WBID 6012C

G5SD0071
Field ID

(Decimal Degrees)

WBID: _____ RQ - _____

6012C by Bridge No
Name Key



(Decimal Degrees)

Receiving Body of Water: Atlantic Ocean

Field ID: _____

County: Monroe

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Chase Conley									
Kaitlin De'Aeth									

Sampling Equipment		
☒ Sample Container	☐ Van Dorn	☐ Pole
☐ Carboy	☒ Syringe	
☐ Dipper	☐ Other	
Equipment ID		

Collection Method	
☐ Wading	☒ Via Boat
☐ From Shore	☐ Canoe/Kayak
☐ Other (note below)	☐ Electric Motor
	☒ Gasoline Motor

Water Level: Dry / Low / Normal / High / Flooded Matrix: Fresh / Marine / DI

Meter ID# A 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 (umhos/cm)	Temp. (C°)
EST	1500	0.3	2.0	8.8	117	7.8	36.8	2.05	55361	18.9
	1505	1.5		8.9	120	7.8	36.8		55412	18.8

Biological Samples Collected: None HA SCI LVS RPS LVI Other

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 ☒ H2SO4			☒ <2
Metals	☒ W-ICPMS ☒ W-ICP	☒ Ice ☒ HNO2			☒ <2
Filtered Nutrients	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
BOD	☒ BOD-UNIN	☒ Ice			
Physical/Aggregate (Kit A/C)	☐ Alkalinity / ☐ W-F / ☐ W-TSS / ☐ TURBIDITY / ☐ W-CI-IC / ☐ W-COLOR / ☐ W-SO4-IC / ☐ W-TDS	☒ Ice			
Physical/Aggregate (Kit B/D)	☒ Alkalinity / ☐ W-F / ☐ W-TSS / ☐ TURBIDITY	☒ Ice			
Macroinvertebrates	☐ MI-FW-QLDC	☐ Formalin			
Microbiology	☐ E Coli ☐ F Coli ☐ Enterococcus ☐ QPCR	☐ Ice			
Periphyton	☐ ALGAE-ID	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PC-AA-SF ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other			

Place Label Here
(If Available)

Signature: _____

Date: 1/10/17

Field Parameters Entered into LIMS: _____
(Initials/Date)

Field Parameters QC in LIMS: _____
(Initials/Date)

Date Migrated to STORET: _____
(Initials/Date)

Field Sheets Scanned/Saved: _____
(Initials/Date)