FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

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Data Qualified? Yes / (No)

STORET Station Name: Little Creek above CR2 **Date:** 01/30/2017 (mm/dd/yyyy)

STORET Station ID: G4NW0396 **WBID:** 144 **Latitude:** 30.85849230 (Decimal Degrees)

County: Walton **RQ -** ____ **ORG ID:** 21FLPNS **Longitude:** -86.29766375 (Decimal Degrees)

Receiving Body of Water: Long Creek **Field ID:** G4NW0396

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
MIKE Kirby					

Sampling Equipment

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

Collection Method

☐ Wading
☐ From Shore
☐ Other (note below)

Via Boat
☐ Canoe/Kayak
☐ Electric Motor
☐ Gasoline Motor

Water Level: Dry / Pooled / Low / Normal / High / Flooded

Matrix: Fresh / Marine / DI

Meter ID# ____ **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	1315									
(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	☐ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☐ Ice ☐ H_2SO_4			☐ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO_3			☐ <2
Filtered Nutrients	☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☐ Ice			
Chlorophyll	☐ CHLSUITE-W	☐ Ice			
Physical/Aggregate (Fresh)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-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 ☐ Entero ☐ PCR-FILTER	☐ Ice			
Tracers	☐ W-SUC-AA-R ☐ W-UHERB-AA	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other			

Place Preservative Sticker(s) Here (If Available)

Notes: insufficient flow/braided system

Place Label Here (If Available)

Signature: ____ **Date:** 1/31/17

Field Parameters Entered into LIMS: ____ (Initials/Date) Field Parameters QC in LIMS: ____ (Initials/Date)

Date Migrated to STORET: ____ (Initials/Date) Field Sheets Scanned/Saved: m 2/15 (Initials/Date)