



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

A-KIT

PAGE 1 OF

Data Qualified?

Yes / No

STORET Station Name: Skinner Lake Date: 8-1-17
STORET Station ID: G5SW0043 WBID: 1361A Latitude: 28° 39' 26.05" N
County: Hernando RQ: 2017-07-31-23 ORG ID: 21FLTPA Longitude: 82° 27' 56.33" W
Receiving Body of Water: _____ Field ID: G5SW0043

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Laurie Bachler		X	X			
Tudy Ashton			X	X		

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:		Matrix:								
Dry / Pooled / Low / <u>Normal</u> / High / Flooded		Fresh / Marine / DI								
Meter ID# <u>W1012</u>		Tide Falling:								
Photos: Yes / <u>No</u>		Yes / No / <u>NA</u>								
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	1000	0.3	2.0	4.95	655	6.9	0.05	2.0	111	28.2
CEN		1.5		3.65	375	6.6	0.13	45"	278	25.8

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 ☒ H2SO4	SA-7093010	04/03/18	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <2
Filtered Nutrients	☒ W-P04-F ☐ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-IC / W-COLOR / W-S04-IC / W-TDS	☒ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates	☐ MI-FW-QDC	☐ Formalin			
Periphyton	☐ ALGAE-ID	☐ Ice			
Microbiology	☐ E Coli ☐ F Coli ☐ Enterococcus ☐ 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			

Contains
1:1
Sulfuric Acid
SA-7093010
EXP: 04/03/18
Warning!
See SDS

Flow: "J" Qualify Flow

Notes: Hydrilla and coontail floating
Secchi but water taking over
lake

RQ-2017-07-31-23
Date: 08/01/17
Time: _____
Skinner Lake

G5SW0043
↓ STORET Field ID ↑
G5SW0043

Signature: Laurie Bachler Date: 8-1-17

Field Parameters Entered into LIMS: SM 08/24/2017 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)
Field Parameters QC in LIMS: SM 10/17/2017 (Initials/Date)
Field Sheets Scanned/Saved: SM 10/17/2017 (Initials/Date)

Request Number: RQ-2017-07-31-23

Florida Department of Environmental Protection

Central Laboratory Submittal Form

1 of 3

Page 1 of 2

run 5

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

L. Bachler

Project ID: SMP

Collected By:

J. Ashton

Sampling Agency:

FDEP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-1-17 Time 1000		Eastern Central	Composite end Date Time		Bottle Group(s) (See pg 2)
Field ID	RQ-2017-07-31-23 Date: 08/01/17 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		A
STORET #	↓ STORET Field ID ↑ G5SW0043 Skinner Lake	Temp (C)	pH	Sample Depth	☐ ft ☒ m	Sp. Conductance (umho/cm)		
Latitude	☐ dms	Salinity (ppt)	Comments					
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-1-17 Time 1100		Eastern Central	Composite end Date Time		Bottle Group(s)
Field ID	RQ-2017-07-31-23 Date: 08/01/17 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		A
STORET #	↓ STORET Field ID ↑ G5SW0121 Tooke Lake	Temp (C)	pH	Sample Depth	☐ ft ☒ m	Sp. Conductance (umho/cm)		
Latitude	☐ dms	Salinity (ppt)	Comments					
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-1-17 Time 1215		Eastern Central	Composite end Date Time		Bottle Group(s)
Field ID	RQ-2017-07-31-23 Date: 08/01/17 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		A
STORET #	↓ STORET Field ID ↑ G4SW0087 Neff Lake	Temp (C)	pH	Sample Depth	☐ ft ☒ m	Sp. Conductance (umho/cm)		
Latitude	☐ dms	Salinity (ppt)	Comments					
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-1-17 Time 1255		Eastern Central	Composite end Date Time		Bottle Group(s)
Field ID	RQ-2017-07-31-23 Date: 08/01/17 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		A
STORET #	↓ STORET Field ID ↑ G5SW0018 Tolu West	Temp (C)	pH	Sample Depth	☐ ft ☒ m	Sp. Conductance (umho/cm)		
Latitude	☐ dms	Salinity (ppt)	Comments					

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
L. Bachler	8-1-17 / 1430	Fed Ex	2		

Group: A	Bottle Type:	P-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	ALKALINITY						
	TURBIDITY						
	W-CL-IC						
	W-COLOR						
	W-F						
	W-SO4-IC						
	W-TDS						
	W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	6
	W-NH3						
	W-NO2NO3						
	W-S-A-TP						
	W-TKN						
	W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 4	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	6
	W-PO4-F						

From Please print and press hard.

Date **8-1-17** Sender's FedEx Account Number **8115 9551 3110**

Sender's Name **Phone (813) 470-5100**

Company **FDEP**

Address **13051 N Telecom Pkwy** **101**
Dept./Floor/Suite/Room

City **Temple Terrace** State **FL** ZIP **33637**

Your Internal Billing Reference
First 24 characters will appear on invoice.

To Recipient's Name **SAMPLE RECEIVING** Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address
Use this line for the HOLD location address or for continuation of your shipping address.

City **TALLAHASSEE** State **FL** ZIP **32399**

0126912290



From Please print and press hard.

Date **8-1-17** Sender's FedEx Account Number **8115 9551 3121**

Sender's Name **Phone (813) 470-5100**

Company **FDEP**

Address **13051 N Telecom Pkwy** **101**
Dept./Floor/Suite/Room

City **Temple Terrace** State **FL** ZIP **33637**

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0126912290



Form ID No. **0215**

4 Express Package Service *To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day
Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Express Saver
Third business day.* Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

- ☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

- ☐ Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

- ☐ No Signature Required
Package may be left without obtaining a signature for delivery.
- ☐ Direct Signature
Someone at recipient's address may sign for delivery.
- ☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

- One box must be checked.
- ☒ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required.
- ☐ Dry Ice Dry Ice, 9, UN 1845 x kg
- ☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

- ☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
- FedEx Acct. No. **4490-2262-9** Exp. Date

Total Packages **1** Total Weight **50** lbs. Total Declared Value* **\$0.00**

*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

611

MUR4

Form ID No. **0215**

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