



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

A-KIT

PAGE 1 OF 1

Data Qualified?

Yes / No

STORET Station Name:

Skinner Lake

Date:

9-19-17

STORET Station ID:

G5SW0043

WBID:

1341A

Latitude:

28° 39' 26.65" N

County:

Hernando RQ - 2017-09-18-30

ORG ID:

21FLTPA

Longitude:

82° 07' 50.3" W

Receiving Body of Water:

Field ID:

G5SW0043

Sampling Team Members

L. Bachler
J. Ashton

WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	☒	☒	☒	☒

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 / Pooled / Low / Normal / High / Flooded

Meter ID#

W0000

Photos:

Yes / No

Matrix:

Fresh / Marine / DI

Tide Falling:

Yes / No / N/A

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	1030	0.3	3.3	10.7	140	8.4	0.05		100	28.8
CEN		2.8		0.6	7.0	6.7	0.17	2.5	349	25.1

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-PO4-F ☐ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUTE-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 ☐ Enter ☐ 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			
Flow	"J" Qualify Flow				

Notes:

Secchi limited by hydrila

RQ-2017-09-18-30

Date: 09-19-2017

Time:

Field ID

G5SW0043

STORET

G5SW0043

Skinner

Signature:

[Signature]

Date:

9-19-17

Field Parameters Entered into LIMS:

SM 10/05/2017

Field Parameters QC in LIMS:

Date Migrated to STORET:

(Initials/Date)

Field Sheets Scanned/Saved:

SM 10/05/2017

(Initials/Date)

Request Number: RQ-2017-09-18-30

RUN 5

Florida Department of Environmental Protection Central Laboratory Submittal Form

Page 1 of 2

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>9-19-17</u> Time <u>1030</u>		Eastern ☒ Central ☐ Composite end Date <u> </u> Time <u> </u>		Bottle Group(s) (See pg 2)	
Field ID	RQ-2017-09-18-30 Date: 09-19-2017 Time: <u> </u>	Field ID <u>G5SW0043</u> STORET # <u>G5SW0043</u> STORET <u>G5SW0043</u>		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>10.7</u>		☒ mg/L ☐ % sat	
Latitude	Skinner	☐ dms		Temp (C) <u>28.8</u> pH <u>8.4</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
		☐ dd ☐ dms		Salinity (ppt) <u>0.05</u>		Comments		Total Res. Chlorine (mg/L) <u> </u> Sp. Conductance (umho/cm) <u>100</u>	
Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>9-19-17</u> Time <u>1130</u>		Eastern ☒ Central ☐ Composite end Date <u> </u> Time <u> </u>		Bottle Group(s)	
Field ID	RQ-2017-09-18-30 Date: 09-19-2017 Time: <u> </u>	Field ID <u>G5SW0121</u> STORET # <u>G5SW0121</u> STORET <u>G5SW0121</u>		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>6.8</u>		☒ mg/L ☐ % sat	
Latitude	Tooke	☐ dms		Temp (C) <u>29.9</u> pH <u>7.9</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
		☐ dd ☐ dms		Salinity (ppt) <u>0.02</u>		Comments		Total Res. Chlorine (mg/L) <u> </u> Sp. Conductance (umho/cm) <u>50</u>	
Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>9-19-17</u> Time <u>1235</u>		Eastern ☒ Central ☐ Composite end Date <u> </u> Time <u> </u>		Bottle Group(s)	
Field ID	RQ-2017-09-18-30 Date: 09-19-2017 Time: <u> </u>	Field ID <u>G4SW0087</u> STORET # <u>G4SW0087</u> STORET <u>G4SW0087</u>		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>2.1</u>		☒ mg/L ☐ % sat	
Latitude	Neff	☐ dms		Temp (C) <u>29.2</u> pH <u>6.6</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
		☐ dd ☐ dms		Salinity (ppt) <u>0.03</u>		Comments		Total Res. Chlorine (mg/L) <u> </u> Sp. Conductance (umho/cm) <u>61</u>	
Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>9-19-17</u> Time <u>1315</u>		Eastern ☒ Central ☐ Composite end Date <u> </u> Time <u> </u>		Bottle Group(s)	
Field ID	RQ-2017-09-18-30 Date: 09-19-2017 Time: <u> </u>	Field ID <u>G5SW0018</u> STORET # <u>G5SW0018</u> STORET <u>G5SW0018</u>		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>7.7</u>		☒ mg/L ☐ % sat	
Latitude	Iola-West	☐ dms		Temp (C) <u>29.9</u> pH <u>7.2</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
		☐ dd ☐ dms		Salinity (ppt) <u>0.07</u>		Comments		Total Res. Chlorine (mg/L) <u> </u> Sp. Conductance (umho/cm) <u>141</u>	
Relinquished By: <u>J. Ashton</u>		Date/Time <u>9-19-17 1200</u>		Shipping Method <u>FED RP</u>		Number of Coolers Shipped: <u>1</u>		Received By: <u> </u>	
								Date/Time <u> </u>	

Group: A	Bottle Type: P-1L	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab	4
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	4
CHLSUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 4	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	4
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	4
W-PO4-F					

FedEx Express **Package**
US Airbill

FedEx
Tracking
Number

8119 3904 5959

From Please print and press hard.

Date 9-19-17

Sender's FedEx
Account Number

Sender's
Name

Phone (813) 470-8700

Company

FDEP

Address

13 OSI 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 32399-6542

0127681333



Deliveries when and where you want

Learn about FedEx Delivery Manager at fedex.com/delivery

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, § UN 1845 _____ X _____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

☐ **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.
Credit Card No. 4490-2262-9

Paid
Date

Total Packages

Total Weight

Total Declared Value†

1

50

lbs.

\$

-

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.

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