



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: TOOKE LAKE Date: 3-1-17
(mm/dd/yyyy)
STORET Station ID: G5SW0121 WBID: 1382C Latitude: 28°34'07.4"N
(Decimal Degrees)
County: HERNAND RQ: 2017-02-27-22 ORG ID: 21FLTPA Longitude: 82°33'08.39"W
(Decimal Degrees)
Receiving Body of Water: _____ Field ID: G5SW0121

Sampling Team Members		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 / <u>Low</u> / Normal / High / Flooded	Matrix:	<u>Fresh</u> / Marine / DI
Meter ID#	<u>LIL JON</u>	Photos:	Yes / <u>No</u>
Tide Falling:	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 (umhos/cm)	Temp. (C°)
EST	1110	0.3	2.5	8.7	103	7.8	0.03	2.0	58	24.0
CEN		2.0		7.9	93	7.9	0.03		58	23.6

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			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO2			☐ <2
Filtered Nutrients	☒ W-P04-F ☐ Field Filtered 0.45 um Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-IC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates	☐ ML-FW-QLDC	☐ Formalin			
Periphyton	☐ ALGAE-ID	☐ Ice			
Microbiology	☐ E Coll ☐ F Coll ☐ 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			

Flow: "J" Quality Flow

Notes:	RQ-2017-02-27-22 Date: 03/01/17 Time: <u>TOOKE</u>	 G5SW0121 ↓STORET Field ID ↑ G5SW0121
Signature: <u>[Signature]</u>	Date: <u>3-1-17</u>	

Field Parameters Entered into LIMS: SM 03/13/2017 Field Parameters QC in LIMS: LB 3/28/17 SM 04/10/2017
(Initials/Date) (Initials/Date)
Date Migrated to STORET: _____ Field Sheets Scanned/Saved: _____
(Initials/Date) (Initials/Date)

Florida Department of Environmental Protection

Central Laboratory Submittal Form

SMP RUN 15

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: Judy AshtonCollected By: Judy Ashton, DANNIE SANCHEZSampling Agency: FLDP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>3-1-17</u> Time <u>1010</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
F RQ-2017-02-27-22 Date: 03/01/17 Time: _____ SKINNER		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>11.6</u>	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L) _____
S STORET Field ID ↑ G5SW0043		Temp (C) <u>22.7</u>	pH <u>9.1</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>121</u>
Li		☐ dd ☐ dms	Salinity (ppt) <u>0.06</u>	Comments		
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>3-1-17</u> Time <u>1110</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s)
Field: RQ-2017-02-27-22 Date: 03/01/17 Time: _____ STORF TOOE		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>8.7</u>	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L) _____
STORET Field ID ↑ G5SW0121		Temp (C) <u>24.0</u>	pH <u>7.8</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>58</u>
Latitude		☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) <u>0.03</u>	
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>3-1-17</u> Time <u>1220</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s)
Field: RQ-2017-02-27-22 Date: 03/01/17 Time: _____ STO NEFF		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>7.5</u>	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L) _____
STORET Field ID ↑ G5SW0087		Temp (C) <u>24.7</u>	pH <u>6.7</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>84</u>
Latitude		☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) <u>0.04</u>	
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>3-1-17</u> Time <u>1310</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s)
Field: RQ-2017-02-27-22 Date: 03/01/17 Time: _____ IOLA-WEST		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>9.9</u>	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L) _____
STORET Field ID ↑ G5SW0018		Temp (C) <u>23.3</u>	pH <u>7.4</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>144</u>
Latitude		☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) <u>0.07</u>	

Relinquished By: <u>Judy Ashton</u>	Date/Time: <u>3-1-17 1700</u>	Shipping Method: <u>FEL</u>	Number of Coolers Shipped: <u>1</u>	Received By: _____	Date/Time: _____
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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

8104 1402 5574

Form ID No.

0215

1 From Please print and press hard.Date 3-7-17 Sender's FedEx Account Number 4490-2262-9Sender's Name FEDEX Phone (813) 470-5700

Company _____

Address 13051 N. TELECOM PKWY Dept./Floor/Suite/Room _____City TEMPLE TERRACE State FL ZIP 33637**2 Your Internal Billing Reference**

First 24 characters will appear on invoice.

3 ToRecipient's Name SAMPLE RECEIVING Phone (850) 245-8085Company FLORIDA DEP/CHEMISTRY SECTIONAddress 2600 BLAIRSTONE RD Dept./Floor/Suite/Room _____

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address _____

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

City TALLAHASSEE State FL ZIP 32399-6542Hold Weekday
FedEx location address
REQUIRED NOT available for
FedEx First Overnight.Hold Saturday
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.**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 RequiredPackage may be left without
obtaining a signature for delivery.☐ Direct SignatureSomeone at recipient's address
may sign for delivery.☐ Indirect SignatureIf 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?**☒ No

One box must be checked.

☐ YesAs per attached
Shipper's Declaration.☐ YesShipper's Declaration
not required.☐ Dry Ice

Dry Ice, 5 UN 1845 _____ x _____ kg

☐ Cargo Aircraft Only

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

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/CheckFedEx Acct. No.
Credit Card No. 4490-2262-9Exp.
Date

Total Packages

Total Weight

Total Declared Value*

1 50 lbs. \$ _____ .00

Your 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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