



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

B-KIT

PAGE 1 OF 1

Data Qualified?

Yes / No

STORET Station Name: MUD RIVER Date: 02-27-2017
(mm/dd/yyyy)

STORET Station ID: G5SW0017 WBID: 1382H Latitude: 28.53602N
(Decimal Degrees)

County: HERNANDO RQ: 2017-02-27-68 ORG ID: 21FLTPA Longitude: -82.163802W
(Decimal Degrees)

Receiving Body of Water: GOM Field ID: G5SW0017

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Stephen Chingerman			X		X	X
Judy 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: Dry / Pooled / Low / Normal / High / Flooded Matrix: Fresh / Marine / DI

Meter ID# LIL JON 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	1300	0.3		10.6	126	7.8	7.0	1.7	12800	22.4
CEN		1.2	1.7	128	10.6	7.8	7.9	"S"	13700	22.0

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-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			

Notes: RQ-2017-02-27-68 Date: 02/27/2017 Field ID: G5SW0017
Time: STORET: G5SW0017

Signature: [Signature] Date: 02-27-2017

Field Parameters Entered into LIMS: SM 03/02/2017 Field Parameters QC in LIMS: DB 4/4/17 SM 04/19/2017
(Initials/Date)

Date Migrated to STORET: 121308 Field Sheets Scanned/Saved: SM 05/01/2017
(Initials/Date)

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Request Number: 20-2017-02-27-68Customer: SW-DISTProject ID: SMPRequester: Judy AshtonCollected By: S. Clingerman / J. AshtonField Report Prepared By: S. ClingermanSampling Agency: 21FLTPA

Location <u>MASON CREEK</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>02/27/2017</u> Time <u>1055</u>		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)
Field ID <u>RQ-2017-02-27-68</u>	Field ID: <u>G5SW0005</u>	Matrix (type, e.g., Salt, Fresh, etc) <u>Salt</u>		Diss. Oxygen <u>8.6</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		<u>A</u>
STORET Date: <u>02/27/2017</u> Time: _____	Latitude <u>G5SW0005</u>	Temp (C) <u>20.2</u>	pH <u>7.8</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>22450</u>		
STORET: _____		☐ dd ☐ dms	Salinity (ppt) <u>13.5</u>	Comments				
Location <u>WEEKI WACHEE</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>02/27/2017</u> Time <u>1315</u>		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID <u>RQ-2017-02-27-68</u>	Field ID: <u>G5SW0017</u>	Matrix (type, e.g., Salt, Fresh, etc) <u>Salt</u>		Diss. Oxygen <u>11.2</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		<u>A</u>
STORET Date: <u>02/27/2017</u> Time: _____	Latitude <u>G5SW0017</u>	Temp (C) <u>21.2</u>	pH <u>8.0</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>20200</u>		
STORET: _____		☐ dd ☐ dms	Salinity (ppt) <u>12.0</u>	Comments				
Location <u>WEEKI WACHEE</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>02/27/2017</u> Time <u>1315</u>		Eastern Central	Composite end Date _____ Time _____		Bottle Group(s)
Field ID <u>RQ-2017-02-27-68</u>	Field ID: <u>DUPLICATE</u>	Matrix (type, e.g., Salt, Fresh, etc) <u>Salt</u>		Diss. Oxygen <u>11.2</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		<u>A</u>
STORET Date: <u>02/27/2017</u> Time: _____	Latitude <u>G5SW0005</u>	Temp (C) <u>21.2</u>	pH <u>8.0</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>20200</u>		
STORET: _____		☐ dd ☐ dms	Salinity (ppt) <u>12.0</u>	Comments				

Relinquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
<u>[Signature]</u>	<u>02-27-2017 1800</u>	<u>FedEx</u>						

Group: A	Bottle Type:	P-1L	# of Bottles: 7	Preservative:	ICE	Enter Number of Bottles Sent to Lab	5
	ALKALINITY TURBIDITY W-F W-TSS						
Group: A	Bottle Type:	P-1L	# of Bottles: 7	Preservative:	ICE	Enter Number of Bottles Sent to Lab	
	BOD-UNIN						
Group: A	Bottle Type:	BP-1L	# of Bottles: 7	Preservative:	ICE	Enter Number of Bottles Sent to Lab	5
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 7	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	5
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 7	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	5
	W-PO4-F						

fedEx Express Package **US Airbill** FedEx Tracking Number **8104 1402 6560** Form ID No. **0215** MUR3

From Please print and press hard. Date **2-27-17** Sender's FedEx Account Number **4490-2262-9**

Sender's Name **FDEP** Phone (**813**) **470-5700**

Company _____

Address **13051 N. TELECOM PKWY** Dept./Floor/Suite/Room _____

City **TEMPOLE 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** 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 **32399-6542**

Hold 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.

2nd Business Day

☐ 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

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. **4490-2262-9** Exp. Date _____

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