



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: 6-15-17

STORET Station ID: 65SW0017

WBID: 1382H

Latitude: 28.53602 N

County: HERNANDO RQ: 2017-06-12-64

ORG ID: 21FLTPA

Longitude: 82.63802 W

Receiving Body of Water: G.O.M.

Field ID: 65SW0017

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment			
<u>Judy Ashton</u> <u>Laurie Bantzer</u>		☒	☒	☒	☒	☒	☒ 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#	<u>WATTE</u>						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 (umhos/cm)	Temp. (C°)
EST	<u>1115</u>	<u>0.3</u>	<u>1.0</u>	<u>5.4</u>	<u>69</u>	<u>7.8</u>	<u>8.73</u>	<u>1.0</u>	<u>14950</u>	<u>25.8</u>
CEN								<u>1.5</u>		

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	<u>SA-6302030</u>	<u>10/28/17</u>	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <2
Filtered Nutrients	☒ W-PO4-F ☐ Field Filtered 0.45 um 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 ☐ Enterococcus ☐ PCR-FILTER	☐ Ice			
Tracers	☐ W-SUC-AA-R ☐ W-UHERB-AA	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R	☐ Ice			
	☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Other			

Contains
1:1
Sulfuric Acid
SA-6302030
EXP: 10/28/17
Warning!
See SDS

Notes:

RQ-2017-06-12-64
Date: 06-15-2017
Time:

G5SW0017
Field ID
STORET
Mud River
65SW0017

Signature: [Signature]

Date: 6-15-17

Field Parameters Entered into LIMS: LB 6-19-17

Field Parameters QC in LIMS: SM 06/27/2017

Date Migrated to STORET: MB 9/6/17 122609

Field Sheets Scanned/Saved: SM 11/06/2017

Request Number: RQ-2017-05-01-37

2017-SMP-Kit Template-1

RUN 2 WEEKS + MUD

Customer: WQAP

Project ID: SMP

Florida Department of Environmental Protection
Central Laboratory Submittal Form

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last revised Apr 7, 2016

Requester: Judy Ashton

Field Report Prepared By:

Collected By:

Sampling Agency:

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date: 6-15-17 Time: 1115	Eastern Central	Composite end Date: Time:	Bottle Group(s) (See pg 2)
Field ID	RQ-2017-06-12-64 Date: 06-15-2017 Time:	Matrix (type, e.g. Salt, Fresh, etc)		Diss. Oxygen 6.4	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G5SW0017 Field ID STORET	Temp (C) 25.8	pH 7.8	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 14950
Latitude	Mud River ☐ dms	☐ dd ☐ dms	Salinity (ppt) 8.73	Comments		
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date: 6-15-17 Time: 1320	Eastern Central	Composite end Date: Time:	Bottle Group(s)
Field ID	RQ-2017-06-12-64 Date: 06-15-2017 Time:	Matrix (type, e.g. Salt, Fresh, etc)		Diss. Oxygen 7.5	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G5SW0020 Field ID STORET	Temp (C) 27.3	pH 7.9	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 8720
Latitude	Weeki Wachee ☐ dms	☐ dd ☐ dms	Salinity (ppt) 4.8	Comments		
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date: 6-15-17 Time: 1320	Eastern Central	Composite end Date: Time:	Bottle Group(s)
Field ID	RQ-2017-06-12-64 Date: 06-15-2017 Time:	Matrix (type, e.g. Salt, Fresh, etc)		Diss. Oxygen 7.5	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G5SW0020 Field ID STORET	Temp (C) 27.3	pH 7.9	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 8720
Latitude	Weeki Wachee Dup ☐ dms	☐ dd ☐ dms	Salinity (ppt) 4.8	Comments		
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date: 6-15-17 Time: 1630	Eastern Central	Composite end Date: Time:	Bottle Group(s)
Field ID	RQ-2017-06-12-64 Date: 06-15-2017 Time:	Matrix (type, e.g. Salt, Fresh, etc)		Diss. Oxygen	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	BLANK Field ID STORET	Temp (C)	pH	Sample Depth	☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude	BLANK ☐ dms	☐ dd ☐ dms	Salinity (ppt)	Comments		

Relinquished By: Judy Ashton	Date/Time 6-15-17 1700	Shipping Method Fed Ex	Number of Coolers Shipped: 1	Received By:	Date/Time
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Group: A	Bottle Type: P-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	3 4
ALKALINITY					
TURBIDITY					
W-CL-IC					
W-COLOR					
W-F					
W-SO4-IC					
W-TDS					
W-TSS W-TSS					
Group: A	Bottle Type: BP-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	3 4
CHLSUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 5	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	3 4
W-NH3					
W-NO2NO3					
W-S-A-TP					
W-TKN					
W-TOC					
Group: A	Bottle Type: P-125ML	# of Bottles: 5	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	3 4
W-PO4-F					



Package
US Airbill

FedEx
Tracking
Number

8113 0562 6819

Form
ID No.

0215

MUR4

From Please print and press hard.

Date 6/15/17

Sender's FedEx
Account Number

Sender's
Name

Phone 813, 470-5700

Company

FDEP

Address

13051 N. Telecom Pkwy

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

0126430468

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.

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

☐ 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/Check

FedEx Acct. No.
Credit Card No.

4490-2262-9

Exp.
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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