



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: WEEK1 WACHEE

Date: 01/24/2017
(mm/dd/yyyy)

STORET Station ID: G5SW0020

WBID: 13821

Latitude: 28.53316 N

County: Hernando RQ - 2017-01-23-62

ORG ID: 21FLTPA

Longitude: -82.64275 W
(Decimal Degrees)

Receiving Body of Water: GOM

Field ID: G5SW0020

Sampling Team Members

Judy Ashton
Stephen Clingerman

WQ Measurements
Sample Collection
Documentation
Preservation
Preservation Check

X X
X 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# LILSON

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	1405	0.3	0.6	8.5	99	7.6	10.6	0.6	17907	19.9
CEN								"5"		

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 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			

Contains:
1:1
Sulfuric Acid
SA-6209120
EXP: 07/27/17
Warning!
See SDS

Notes:

* DO FAILED

RQ-2017-01-23-62

Date: 01/24/2017 Field ID: G5SW0020

Time:

STORET: G5SW0020

Signature:

Stephen Clingerman

Date: 01/24/2017

Field Parameters Entered into LIMS: (Initials/Date)

Field Parameters QC in LIMS: SM G2/09/2017/2 02/13/2017 (Initials/Date)

Date Migrated to STORET: (Initials/Date)

Field Sheets Scanned/Saved: (Initials/Date)

Request Number: 55

Florida Department of Environmental Protection Central Laboratory Submittal Form

Page 1 of 2

last revised Nov 10, 2015

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: S. Clingerman

Project ID: SMP

Collected By: J. Ashton / Stephen Clingerman

Sampling Agency: FDEP - SWDC / 21 FLTPA

Station: WEEKI WACHEE		☐ Comp	Collection: (comp begin or grab)	Eastern	Composite end	Bottle Group(s) (See pg 2)
ID: RQ-2017-01-23-62	Field ID: G5SW0020	☒ Grab	Date: 01/24/2017 Time: 1405	Central	Date: _____ Time: _____	
ORET#	Date: 01/24/2016	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L	Total Res. Chlorine (mg/L)
	Time: _____	Temp (C) 19.9		pH 7.6	☐ % sat	
STORET:	STREET: G5SW0020	Sample Depth 0.3		Sp. Conductance (umho/cm) 17907		
Latitude		☐ dd	Salinity (ppt) 10.6	Comments		
		☐ dms				

Station: MUD RIVER @ MOUTH		☐ Comp	Collection: (comp begin or grab)	Eastern	Composite end	Bottle Group(s)
ID: RQ-2017-01-23-62	Field ID: G5SW0017	☒ Grab	Date: 01/24/2017 Time: 1235	Central	Date: _____ Time: _____	
ORET#	Date: 01/24/2016	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L	Total Res. Chlorine (mg/L)
	Time: _____	Temp (C) 20.7		pH 7.6	☐ % sat	
STORET:	STREET: G5SW0017	Sample Depth 0.3		Sp. Conductance (umho/cm) 15810		
Latitude		☐ dd	Salinity (ppt) 9.4	Comments		
		☐ dms				

Station: MASON CREEK @ MOUTH		☐ Comp	Collection: (comp begin or grab)	Eastern	Composite end	Bottle Group(s)
ID: RQ-2017-01-23-62	Field ID: G5SW0005	☒ Grab	Date: 01/24/2017 Time: 1200	Central	Date: _____ Time: _____	
ORET#	Date: 01/24/2016	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L	Total Res. Chlorine (mg/L)
	Time: _____	Temp (C) 17.2		pH 7.3	☐ % sat	
STORET:	STREET: G5SW0005	Sample Depth 0.3		Sp. Conductance (umho/cm) 28161		
Latitude		☐ dd	Salinity (ppt) 17.4	Comments		
		☐ dms				

Station: _____		☐ Comp	Collection: (comp begin or grab)	Eastern	Composite end	Bottle Group(s)
ID: _____	Field ID: _____	☐ Grab	Date: _____ Time: _____	Central	Date: _____ Time: _____	
ORET#	Date: _____	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☐ mg/L	Total Res. Chlorine (mg/L)
	Time: _____	Temp (C) _____		pH _____	☐ % sat	
STORET:	STREET: _____	Sample Depth _____		Sp. Conductance (umho/cm) _____		
Latitude		☐ dd	Salinity (ppt) _____	Comments		
		☐ dms				

Relinquished By:	Date/Time: 01/24/2017 1800	Shipping Method: FedEx	Received By: _____	Date/Time: _____	Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____
------------------	----------------------------	------------------------	--------------------	------------------	------------------------	------------------	--------------------	------------------

Group: A	Bottle Type:	P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	3
	ALKALINITY						
	TURBIDITY						
	W-CL-IC						
	W-COLOR						
	W-F						
	W-SO4-IC						
	W-TDS						
	W-TSS						
Group: A	Bottle Type:	P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	3
	BOD-UNIN						
Group: A	Bottle Type:	BP-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	3
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 6	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	3
	W-NH3						
	W-NO2NO3						
	W-S-A-TP						
	W-TKN						
	W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 6	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	3
	W-PO4-F						

From Please print and press hard.

Date 01/24/2017

Sender's FedEx
Account Number

Sender's
Name FDEP

Phone 813, 470-5100

Company

Address 13051 N. Tebecon Pkwy

Dept./Room/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./Room/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

0124452242

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.

2x/3x 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
must 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.
Credit Card No. 4490-2262-9

Exp.
Date

Total Packages 1

Total Weight 50

Total Declared Value¹

lbs. \$ 00

¹Our 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.

Rev. Date 5/15 • Part #13134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM



Leave the packing to the pros at FedEx Office
Go to fedex.com/office

611

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO FURTHER NEEDED.