



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: WEEKI LACHEE 2 GALEN 41 Date: 4-19-17
STORET Station ID: G5SW0020 WBID: 13821 Latitude: 28.53316 N
County: HERNANDO RQ: 2017-04-17-29 ORG ID: 21FLTPA Longitude: 82.64273 W
Receiving Body of Water: GOM Field ID: G5SW0020

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment		
JULY ASHWIN		☒	☒	☒	☒	☒	☒ Sample Container	☐ Van Dorn	☐ Pole
LANCE BACHMAN		☐	☐	☐	☐	☐	☐ Carboy	☐ Syringe	
		☐	☐	☐	☐	☐	☐ Dipper	☐ Other	
							Equipment ID		
							Collection Method		
							☐ Wading		
							☐ From Shore		
							☐ Other (note below)		
							☒ Via Boat		
							☒ Canoe/Kayak		
							☐ Electric Motor		
							☒ Gasoline Motor		

Water Level:	Dry / Pooled / Low / Normal / High / Flooded	Matrix:	Fresh / Marine / DI
Meter ID#	<u>LINSON</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	1345	0.3	0.7	8.7	108	7.4	7.07	0.7	11304	25.5
CEN								115		

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-P ☐ Field Filtered 0.45 um Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-C-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 ☐ Enteric ☐ 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			

Notes: Q2: LB 5-25-17

RQ-2017-04-17-29
Date: 04/19/17
Time: 1345
Weeki Wachee

Signature: [Signature] Date: 4-19-17

Field Parameters Entered into LIMS: LB 4/24/17 Field Parameters QC in LIMS: SM 05/23/2017
Date Migrated to STORET: 6/12/17 MB 121647 Field Sheets Scanned/Saved: SM 06/21/2017
EVENT: 04-20-04 (Initials/Date)

Florida Department of Environmental Protection

Central Laboratory Submittal Form

RUN 2

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By: Judy Ashton

Project ID: SMP

Collected By: J. Ashton, L. BlotnikSampling Agency: FACP

Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>4-19-17</u> Time <u>1055</u>		☒ Eastern ☒ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)	
Field ID	RQ-2017-04-17-29 Date: 04/19/17	G5SW0005		Matrix (type, e.g. Salt, Fresh, etc.)		Diss. Oxygen <u>7.0</u>		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #	Time: _____	↓STORET Field ID ↑		Temp (C) <u>24.8</u>		pH <u>7.6</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
Latitude	Mason Crk @ Mouth	G5SW0005		Salinity (ppt) <u>19.4</u>		Comments		Sp. Conductance (umho/cm) <u>31241</u>			
RQ-2017-04-17-29 Date: 04/19/17 Time: _____		DUPLICATE		Matrix (type, e.g. Salt, Fresh, etc.)		Diss. Oxygen <u>7.0</u>		☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
Field ID	Mason Crk @ Mouth-Duplicate	G5SW0005		Temp (C) <u>24.8</u>		pH <u>7.6</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
STORET #	Time: _____	↓STORET Field ID ↑		Salinity (ppt) <u>19.4</u>		Comments		Sp. Conductance (umho/cm) <u>31241</u>			
Latitude	BLANK	G5SW0005		Matrix (type, e.g. Salt, Fresh, etc.)		Diss. Oxygen <u>9.6</u>		☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
Field ID	RQ-2017-04-17-29 Date: 04/19/17	G5SW0017		Temp (C) <u>25.6</u>		pH <u>7.6</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
STORET #	Time: _____	↓STORET Field ID ↑		Salinity (ppt) <u>6.95</u>		Comments		Sp. Conductance (umho/cm) <u>12228</u>			
Latitude	Mud River	G5SW0017		Matrix (type, e.g. Salt, Fresh, etc.)		Diss. Oxygen <u>8.7</u>		☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
Field ID	RQ-2017-04-17-29 Date: 04/19/17	G5SW0020		Temp (C) <u>25.5</u>		pH <u>7.6</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
STORET #	Time: _____	↓STORET Field ID ↑		Salinity (ppt) <u>7.07</u>		Comments		Sp. Conductance (umho/cm) <u>11304</u>			
Latitude	Weeki Wachee	G5SW0020		Matrix (type, e.g. Salt, Fresh, etc.)		Diss. Oxygen		☐ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	

Relinquished By: <u>Judy Ashton</u>	Date/Time: <u>4-19-17 1700</u>	Shipping Method: <u>FAC Lp</u>	Number of Coolers Shipped: <u>1</u>	Received By: _____	Date/Time: _____
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Group: A	Bottle Type:	P-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab	5
	ALKALINITY						
	TURBIDITY						
	W-F						
	W-TSS						

Group: A	Bottle Type:	BP-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab	5
	CHLSUITE-W						

Group: A	Bottle Type:	P-500ML	# of Bottles: 3	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: 3	Preservative: ICE-FLTR		Enter Number of Bottles Sent to Lab	5
	W-PO4-F						

From Please print and press hard.

Date 4-19-17 Sender's FedEx Account Number _____

Sender's Name Sarah Ernst Phone (813) 470-5700

Company FDEP

Address 1305 LN Telecom Pkwy Dept./Floor/Suite/Room _____

City Tampa State FL ZIP 33637

Your Internal Billing Reference
First 24 characters will appear on invoice.

To

Recipient's Name SAMPLE RECEIVING Phone (950) 245-8085

Company FLORIDA DEPT/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 32397

0119189357



Get more information on FedEx shipping services, labels, and rates at fedex.com

4 Express Package Service *To meet locations.

NOTE: Service order has changed. Please select carefully.

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.

Weekend 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

☐ 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. *Fee applies.*

☐ Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

Does this shipment contain dangerous goods?

One box must be checked.

☒ No ☐ Yes
As per attached Shipper's Declaration. ☐ Shipper's Declaration not required.

☐ Dry Ice
Dry Ice, 9 UN 1845 _____ x _____ kg

☐ Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

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* \$ _____