



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: IOLA LAKE Date: 3-1-17
(mm/dd/yyyy)

STORET Station ID: 65SW0018 WBID: 1392A Latitude: 28°23'40.68"N
(Decimal Degrees)

County: PASCO RQ: 2017-02-27-22 ORG ID: 21FLTPA Longitude: 82°18'0.68"W
(Decimal Degrees)

Receiving Body of Water: _____ Field ID: 65SW0018

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton			X		X	X
Luis Bachele		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# _____ 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	1310	0.3	4.6	9.9	116	7.4	0.07		144	23.3
CEN	1310	4.1		6.7	76	7.0	0.07	3.8	144	21.3

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 um Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-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			
Flow	"J" Qualify Flow				



Notes: _____

RQ-2017-02-27-22
Date: 03/01/17
Time: _____
IOLA-WEST

Field ID: G5SW0018

Signature: _____ Date: 3-1-17

Field Parameters Entered into LIMS: SM 03/13/2017 Field Parameters QC in LIMS: LB 3/28/17 SM 04/10/2017

Date Migrated to STORET: 4/24/17 MB 12/25/17 Field Sheets Scanned/Saved: SM 04/25/2017

EVENT: 2017-03-02-02-410 SA

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

4490-2262-9

Sender's Name

FDEP

Phone (813) 1470-5700

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 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

32399-6542

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.**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?**☒

No

One box must be checked.

☐

Yes

As per attached
Shipper's Declaration.☐

Yes

Shipper's Declaration
not required.☐

Dry Ice

Dry Ice, 5 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

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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611