



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: HANCOCK LAKE

Date: 5-22-17

STORET Station ID: G5SW0046

WBID: 1392B

Latitude: 28.4304213 N

County: Pasco

RQ: 2017-05-22-22

ORG ID: 21FLTPA

Longitude: -82.5341213 W

Receiving Body of Water:

Field ID: G5SW0046

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment		
Laurie Bachler		X	X	X	X	X	☒ Sample Container	☐ Van Dorn	☐ Pole
Judy Ashton							☐ 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 / <u>Low</u> / Normal / High / Flooded	Matrix:	<u>Fresh</u> / Marine / DI
Meter ID#	<u>Well</u>	Photos:	Yes / <u>No</u>
Tide Falling:	Yes / No / <u>NA</u>		

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	940	0.3	0.9	5.4	69	7.2	0.06	0.0	126	28.9
CEN										

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	630203	10/17	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <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-CHC / 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			
Flow	"J" Qualify Flow				

Notes: Q2: LB 5-25-17

Signature: Laurie Bachler

RQ-2017-05-22-22
Date: 05/22/17
Time: 5-22-17
Hancock Lake

G5SW0046
↓ STORET Field ID ↑
G5SW0046

Field Parameters Entered into LIMS: SM 05/23/2017 (Initials/Date)
Date Migrated to STORET: MB 8/17/17 (Initials/Date)
Field Parameters QC in LIMS: LB 05-24-17 (Initials/Date)
Field Sheets Scanned/Saved: SM 08/28/2017 (Initials/Date)

Request Number: RQ-2017-05-22-22

RUN 3

Florida Department of Environmental Protection Central Laboratory Submittal Form

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last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By: Laurie Bachler

Project ID: SMP

Collected By: Laurie Bachler

Sampling Agency: FDEP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>5-22-17</u> Time <u>0940</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID RQ-2017-05-22-22 Date: 05/22/17 Time: _____	 G5SW0046 ↓STORET Field ID ↑  Hancock Lake	Matrix (type, e.g., Salt, Fresh, etc.)	Diss. Oxygen <u>5.4</u> mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A	
STORET #	Temp (C) <u>28.9</u> pH <u>7.2</u>	Sample Depth <u>0.3</u> ft ☒ m	Sp. Conductance (umho/cm) <u>126</u>			
Latitude	Salinity (ppt) <u>0.06</u>	Comments				
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>5-22-17</u> Time <u>1115</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2017-05-22-22 Date: 05/22/17 Time: _____	 G5SW0102 ↓STORET Field ID ↑  Bear Creek	Matrix (type, e.g., Salt, Fresh, etc.)	Diss. Oxygen <u>5.2</u> mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A	
STORET #	Temp (C) <u>28.5</u> pH <u>7.0</u>	Sample Depth <u>0.3</u> ft ☒ m	Sp. Conductance (umho/cm) <u>704</u>			
Latitude	Salinity (ppt) <u>0.37</u>	Comments				
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>5-22-17</u> Time <u>1230</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2017-05-22-22 Date: 05/22/17 Time: _____	 G5SW0111 ↓STORET Field ID ↑  Lake Thomas	Matrix (type, e.g., Salt, Fresh, etc.)	Diss. Oxygen <u>7.7</u> mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A	
STORET #	Temp (C) <u>30.5</u> pH <u>5.7</u>	Sample Depth <u>0.3</u> ft ☒ m	Sp. Conductance (umho/cm) <u>123</u>			
Latitude	Salinity (ppt) <u>0.06</u>	Comments				
Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date _____ Time _____	☐ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc.)	Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		
STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m		
Latitude	Longitude	Salinity (ppt)	Comments			

Relinquished By: <u>Laurie Bachler</u>	Date/Time <u>5/22/17 1345</u>	Shipping Method <u>FedEx</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 <u>3</u>
ALKALINITY				
TURBIDITY				
W-CL-IC				
W-COLOR				
W-F				
W-SO4-IC				
W-TDS				
W-TSS				

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

Group: A	Bottle Type: P-500ML	# of Bottles: 3	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab <u>3</u>
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 <u>3</u>
W-PO4-F				

From Please print and press hard.

Date 5-22-17

Sender's FedEx
Account Number

Sender's
Name

Phone 813 470 5700

Company

FDEP SWROC

Address

13051 W 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

32379

0124031825

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?

☒ **No** ☐ **Yes**
One box must be checked.
As per attached Shipper's Declaration. ☐ **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.

4470-2262-9

Exp.
Date

Total Packages

Total Weight

Total Declared Value¹

1 50 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.

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