



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: NEW RIVER Date: 7-13-17
(mm/dd/yyyy)
STORET Station ID: 62SW0021 62SW0011 WBID: 1442 Latitude: 28°13'11" N
(Decimal Degrees)
County: PALCO RQ: 2017-07-10-24 ORG ID: 21FLTPA Longitude: 82°15'56" W
(Decimal Degrees)
Receiving Body of Water: _____ Field ID: 62SW0021 62SW0011

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>Jessy Ashton</u>			X		X	X
<u>HANNAH SPRINKLE</u>		X		X		

Water Level:		Matrix:		Tide Falling:						
Dry / Pooled / Low / Normal / <u>High</u> / Flooded		Fresh / Marine / DI		Yes / No / <u>NA</u>						
Meter ID# <u>LILSON</u>	Photos: Yes / <u>No</u>									
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>905</u>	<u>0.3</u>		<u>1.8</u>	<u>20</u>	<u>7.3</u>	<u>0.1</u>	<u>0.6</u>	<u>170</u>	<u>26.8</u>
CEN			<u>0.6</u>					<u>15"</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-7093010</u>	<u>04/03/18</u>	☒ <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-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 ☐ 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 <u>0.3</u>				

Notes: PREVIOUSLY DRY

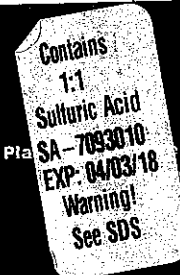
RQ-2017-07-10-24
Date: 07-13-2017
Time: _____

New River

Signature: [Signature] Date: 7-13-17

Field Parameters Entered into LIMS: SM 08/22/2017 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)

Field Parameters QC in LIMS: SM 10/16/2017 (Initials/Date)
Field Sheets Scanned/Saved: SM 10/16/2017 (Initials/Date)



Request Number: RQ-2017-07-10-24

RUN 13/14

Florida Department of Environmental Protection

Central Laboratory Submittal Form

1045
Page 4 of 2

last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By: J. Ashton, H. Sabinville

Field Report Prepared By: J. Ashton

Sampling Agency: FALP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-13-17 Time 9:05	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Field ID	RQ-2017-07-10-24 Date: 07-13-2017 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G2SW0011 Field ID STORET	Temp (C)	pH	Sample Depth	☐ ft ☒ m	Sp. Conductance (umho/cm)
Latitude	New River G2SW0011	Salinity (ppt)	Comments			
	☐ dd ☐ dms	0.1	DROPPED OFF E. COLI @ AEL			
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-13-17 Time 9:50	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	RQ-2017-07-10-24 Date: 07-13-2017 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G2SW0021 Field ID STORET	Temp (C)	pH	Sample Depth	☐ ft ☒ m	Sp. Conductance (umho/cm)
Latitude	Trout Crk G2SW0021	Salinity (ppt)	Comments			
	☐ dd ☐ dms	0.1	DROPPED OFF E. COLI @ AEL			
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-13-17 Time 11:25	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	RQ-2017-07-10-24 Date: 07-13-2017 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G2SW0019 Field ID STORET	Temp (C)	pH	Sample Depth	☐ ft ☒ m	Sp. Conductance (umho/cm)
Latitude	Blackwater Crk G2SW0019	Salinity (ppt)	Comments			
	☐ dd ☐ dms	0.1	DROPPED OFF E. COLI @ AEL			
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-13-17 Time 12:20	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	RQ-2017-07-10-24 Date: 07-13-2017 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G2SW0012 Field ID STORET	Temp (C)	pH	Sample Depth	☐ ft ☒ m	Sp. Conductance (umho/cm)
Latitude	Baker G2SW0012	Salinity (ppt)	Comments			
	☐ dd ☐ dms	0.1	DROPPED OFF E. COLI @ AEL			

Relinquished By:

J. Ashton

Date/Time

7-13-17 1700

Shipping Method

FALP

Number of Coolers Shipped:

2

Received By:

Date/Time

Group: A	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	2
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	2
	W-PO4-F						
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	SE-AEI-EC <i>DROPPED ON P. AEL</i>						
Group: C	Bottle Type:	QPCR-P-250ML	# of Bottles: 8	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	PCR-FILTER						
Group: C	Bottle Type:	BG-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	W-AHERB-AA W-SUC-AA-R <i>W-UHERB</i>						
Group: C	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	
	X-UHERB-AA						
Group: D	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	PCR-FILTER PCR-GULL2 PCR-HF183						



Advanced
Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.383.9350 • Fax 904.383.9354 • E02574
3910 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9816 • Fax 813.630.4327 • E94565
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E02620
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.837.1594 • Fax 407.837.1597 • E53076

LAB NUMBER:

Page 1 of 2

CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP		BOTTLE SIZE & TYPE		Sterile Plastic Bottle		LAB NUMBER	
ADDRESS: 13051 N. Telecom Pkwy		P.O. NUMBER/PROJECT NUMBER:		PROJECT LOCATION: Florida		Fecal Coliforms		E. coli	
PHONE: 813-470-5700		FAX: 813-470-6906		SAMPLING		NO. COUNT		Preserv	
CONTACT: Matthew Bearden Sarah Ernst		SAMPLED BY:		DATE		TIME		Ice, T	
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS:		Grab Comp		MATRIX		SW	
STANDARD		RUSH		PO AF315E					
WW=waste water SW=surface water GW=ground water DW=drinking water		Grab Comp		DATE		TIME		Ice, T	
Field ID		SITE NAME		DATE		TIME		Ice, T	
RQ-2017-07-10-24 Date: 07-13-2017 Time:		G2SW0011 Field ID STORET New River		7-13-17		905		1	
RQ-2017-07-10-24 Date: 07-13-2017 Time:		G2SW0021 Field ID STORET Trout Crk		7-13-17		950		1	
RQ-2017-07-10-24 Date: 07-13-2017 Time:		G2SW0019 Field ID STORET Blackwater Crk		7-13-17		1125		1	
RQ-2017-07-10-24 Date: 07-13-2017 Time:		G2SW0012 Field ID STORET Baker		7-13-17		1220		1	

H=HCl S=S(H ₂ SO ₄) N=N(HNO ₃) T=(Sodium Thiosulfate)		Method		Sample Kit		Cooler #	
Shipment		Via:		RB		D/T	
Out:		Via:		AB		D/T	
Ret:		Via:		Trip BL			
Received on 10		Yes No		QC sent		received	

Relinquish by:		Date		Time		Received By:		Date		Time	
1. Gary Asis		7-13-17		1411		[Signature]		7/14/17		1411	
2.											
3.											
4.											

From Please print and press hard.
Date _____ Sender's FedEx Account Number _____
Sender's Name _____ Phone (**813**) **470-5700**

Company **F DEP**
Address **13051 N Telecom Pkwy** **101**
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**
City **TALLAHASSEE** State **FL** ZIP **32399**

Form ID No. **0215**

4 Express Package Service *To most locations.

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 _____ 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. **4490-2262-9** Exp. Date _____

Total Packages _____ Total Weight _____ Total Declared Value* _____

*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.

Rev. Date 5/15 • Part #163134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

From Please print and press hard.
Date **07/13/2017** Sender's FedEx Account Number _____
Sender's Name _____ Phone (**813**) **470-5700**

Company **F DEP**
Address **13051 N Telecom Pkwy** **101**
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**
City **TALLAHASSEE** State **FL** ZIP **32399**

Form ID No. **0215**

4 Express Package Service *To most locations.

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 _____ 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. **4490-2262-9** Exp. Date _____

Total Packages **1** Total Weight **50** lbs. Total Declared Value* _____

*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.

Rev. Date 5/15 • Part #163134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

Ship it. Track it. Pay for it. All online.
Go to fedex.com

Ship it. Track it. Pay for it. All online.
Go to fedex.com

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

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