A-KIT

PAGE 1 OF 1

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: New River **Date:** 8-16-17 (mm/dd/yyyy)

STORET Station ID: G2SW0011 **WBID:** 1442 **Latitude:** 28° 13' 11" N (Decimal Degrees)

County: Pasco **RQ -** 2017-08-14-28 **ORG ID:** 21FLTPA **Longitude:** 82° 15' 56" W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G2SW0011

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
L. Bachler	X		X		
Judy Ashton				X	
H. Sprinkle		X		X	

Sampling Equipment

- [X] Sample Container
- [ ] Carboy
- [X] Dipper
- [ ] Van Dorn
- [ ] Syringe
- [ ] Other _____
- [ ] Pole

Equipment ID _____

Collection Method

- [ ] Wading
- [X] 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# Busta **Photos:** Yes / (No)

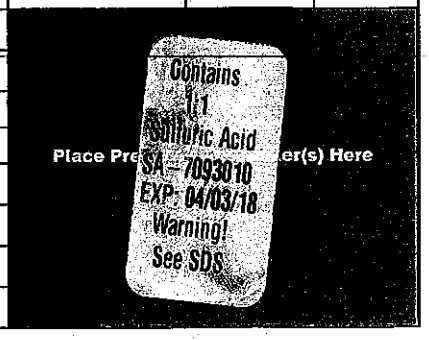
Tide Falling: Yes / No / (NA)

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)	0930	0.3	0.3	2.5	31	6.4	0.06	0.3 "S"	130	27.87
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	[X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[X] Ice [X] H_2SO_4	SA-7093010	04/03/18	[X] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[X] W-PO4-F [ ] Field Filtered 0.45 µm Filter	[X] Ice			
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
Physical/Aggregate (Fresh)	[X] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[X] Ice			
Physical/Aggregate (Marine)	[ ] Alkalinity / W-F / W-TSS / TURBIDITY	[ ] Ice			
Macroinvertebrates	[ ] MI-FW-QLDC	[ ] Formalin			
Periphyton	[ ] ALGAE-ID	[ ] Ice			
Microbiology	[X] E Coli [ ] F Coli [ ] Entero [ ] PCR-FILTER	[X] 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 0.25				



Notes:

RQ-2017-08-14-28
Date: 08-16-2017
Time:

New River

G2SW0011
Field ID
STORET
G2SW0011

Signature: _____ Date: 8-16-17

Field Parameters Entered into LIMS: SM 08/24/2017 (Initials/Date) Field Parameters QC in LIMS: SM 10/17/2017 (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: SM 10/17/2017 (Initials/Date)

Request Number: RQ-2017-08-14-28

RUNS 13/14

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By: H. Sprinkle

Field Report Prepared By: L. Bachler

Sampling Agency: FDEP

Location: New River

RQ-2017-08-14-28
Date: 08-16-2017
Time:

G2SW0011
Field ID
STORET
G2SW0011

Field ID:
STORET #:
Latitude: ☐ dms ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 8-16-17 Time 0930 | Eastern / Central | Composite end Date / Time | Bottle Group(s) (See pg 2): A, C

Matrix (type, e.g., Salt, Fresh, etc): | Diss. Oxygen 2.5 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C) 27.9 | pH 6.4 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 130

Salinity (ppt) 0.06 | Comments:

Location: Trout Crk

RQ-2017-08-14-28
Date: 08-16-2017
Time:

G2SW0021
Field ID
STORET
G2SW0021

Field ID:
STORET #:
Latitude: ☐ dms ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 8-16-17 Time 1020 | Eastern / Central | Composite end Date / Time | Bottle Group(s): B, C, E

Matrix (type, e.g., Salt, Fresh, etc): | Diss. Oxygen 5.4 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C) 27.5 | pH 7.1 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 208

Salinity (ppt) 0.10 | Comments:

Location: Flint Crk

RQ-2017-08-14-28
Date: 08-16-2017
Time:

G2SW0004
Field ID
STORET
G2SW0004

Field ID:
STORET #:
Latitude: ☐ dms ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 8-16-17 Time 1100 | Eastern / Central | Composite end Date / Time | Bottle Group(s): C

Matrix (type, e.g., Salt, Fresh, etc): | Diss. Oxygen 2.8 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C) 29.9 | pH 7.0 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm):

Salinity (ppt) 0.10 | Comments:

Location: Turkey Crk

RQ-2017-08-14-28
Date: 08-16-2017
Time:

G2SW0025
Field ID
STORET
G2SW0025

Field ID:
STORET:
Latitude: ☐ dms ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 8-16-17 Time 1200 | Eastern / Central | Composite end Date / Time | Bottle Group(s): C

Matrix (type, e.g., Salt, Fresh, etc): | Diss. Oxygen 7.0 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C) 28.6 | pH 7.0 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 214

Salinity (ppt) 0.10 | Comments:

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
L. Bachler	8-16-17 / 1530	Fed Ex	2		

Group: A	Bottle Type: ALKALINITY, TURBIDITY, W-CL-IC, W-COLOR, W-F, W-SO4-IC, W-TDS, W-TSS	P-1L	# of Bottles: ~~4~~ 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab 3
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: ~~4~~ 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab 3
Group: A	Bottle Type: W-NH3, W-NO2NO3, W-S-A-TP, W-TKN, W-TOC	P-500ML	# of Bottles: ~~4~~ 3	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab 3
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: ~~4~~ 3	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab
Group: B	Bottle Type: W-AHERB-AA, W-SUC-AA-R, W-UHERB-AA	BG-1L	# of Bottles: ~~4~~ 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab ~~3~~ 3
Group: C	Bottle Type: SE-AEL-EC	P-120ML-WC-THI	# of Bottles: 8	Preservative:	ICE	Enter Number of Bottles Sent to Lab 0
		Dropped off at AEL				
Group: D	Bottle Type: PCR-FILTER, PCR-GULL2, PCR-HF183	QPCR-P-250ML	# of Bottles: ~~4~~ 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab 4
Group E	~~PCR~~ PCR-Filter	250mL	II 2	ice		2

Advanced
Environmental Laboratories, Inc.
☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E62574
☑ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
☐ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

Page 1 of 2

CLIENT NAME:	FDEP - SW District	PROJECT NAME:	TMDL / SMP
ADDRESS:	13051 N. Telecom Pkwy	P.O. NUMBER/PROJECT NUMBER:	
	Temple Terrace, FL 33637	PROJECT LOCATION:	Florida
PHONE:	813-470-5700	FAX:	813-470-5996
CONTACT:	Matthew Bearden ~~Sarah Ernst~~	SAMPLED BY:	

TURN AROUND TIME:
☑ STANDARD
☐ RUSH _____

REMARKS/SPECIAL INSTRUCTIONS:
PO AF315E

Samples are ambient water and not suspected to contain chlorine

WW=waste water SW=surface water GW=ground water DW=drinking water O=oil A=air SO=soil SL=sludge

Field ID / SITE NAME	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	Preserv	Ice, T	BOTTLE SIZE & TYPE: Sterile Plastic Bottle — Fecal Coliforms	E. Coli	LAB NUMBER
RQ-2017-08-14-28 Date: 08-16-2017 Time: G2SW0011 Field ID STORET G2SU00011 New River	Grab	8-16-17	0930	SW	1				1	
RQ-2017-08-14-28 Date: 08-16-2017 Time: G2SW0021 Field ID STORET G2SU00021 Trout Crk	Grab	8-16-17	1020	SW	1				1	
RQ-2017-08-14-28 Date: 08-16-2017 Time: G2SW0004 Field ID STORET G2SU00004 Flint Crk	Grab			SW						
RQ-2017-08-14-28 Date: 08-16-2017 Time: G2SW0025 Field ID STORET G2SU00025 Turkey Crk	Grab	8-16-17	1100	SW	1				1	
	Grab	8-16-17	1200	SW	1				1	
	Grab			SW						

Ice H=(HCl) S=(H_2SO_4) N=(HNO_3) T=(Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
Out:	Via:	RB D/T	
Ret:	Via:	AB D/T	
		Trip Bl.	

Received on Ic ☐ Yes ☐ No QC ☐ sent ☐ received 60

	Relinquish by:	Date	Time	Received by:	Date	Time
1	L. Bachler	8-16-17	1425		8/16/17	1425
2						
3						
4						

revised 1/12

FedEx Express Package US Airbill

FedEx Tracking Number 8119 3904 6565

Form ID No. 0215

MUR 4

Sender's Copy

From *Please print and press hard.*

Date 8-16-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

Address 13051 N Telecom Pkwy 101 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 (850) 245-8085

Company FLORIDA DEP/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.

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.

City TALLAHASSEE State FL ZIP 32399-6542

0127681333

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.
- [X] 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 [X] 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.

[X] 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. [X] 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

†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.

611

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

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

FedEx Express Package US Airbill

FedEx Tracking Number 8119 3904 6554

Form ID No. 0215

MUR 4

Sender's Copy

From Please print and press hard.

Date 8-16-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

Address 13051 N Telecom Pkwy 101 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 (850) 245-8085

Company FLORIDA DEP/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.

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City TALLAHASSEE State FL ZIP 32399-6542

0127681333

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5 Packaging * Declared value limit $500.

[ ] FedEx Envelope* [ ] FedEx Pak* [ ] FedEx Box [ ] FedEx Tube [X] Other

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[ ] 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.

[X] 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. [X] 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

†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.

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