A-KIT

PAGE 1 OF ____

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: BIG LAKE VIENNA N **Date:** 01/31/2017 (mm/dd/yyyy)

STORET Station ID: G5SW0113 **WBID:** 1456B **Latitude:** 28° 12' 47.10" N (Decimal Degrees)

County: PASCO **RQ -** 2017-01-30-34 **ORG ID:** 21FLTPA **Longitude:** -82° 28' 17.88" W (Decimal Degrees)

Receiving Body of Water: — **Field ID:** G5SW0113

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. Ashton		X	X	X	X
S. Clingerman	X		X		

Sampling Equipment

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

Equipment ID: ____

Collection Method

- [ ] Wading
- [ ] From Shore
- [ ] Other (note below)

Via Boat
- [X] Canoe/Kayak
- [X] Electric Motor
- [ ] Gasoline Motor

Water Level: Dry / Pooled / (Low) / Normal / High / Flooded

Matrix: (Fresh) / Marine / DI

Meter ID# YSI ION **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)	1300	0.3	2.0	8.8	94	6.5	0.08	0.9	172	18.7
GEN		1-5		9.0	94	6.4	0.08		172	17.5

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			[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	[ ] 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				

Contains 1:1 Sulfuric Acid SA-6242080 EXP: 08/29/17 Warning! See SDS

Place Preservative Sticker(s) Here

Notes:

RQ-2017-01-30-34
Date: 01/31/2017 Field ID: G5SW0113
Time:
STORET: G5SW0113

Signature: [signature] Date: 01/31/2017

Field Parameters Entered into LIMS: SC 02/01/17 (Initials/Date) Field Parameters QC in LIMS: SM 02/09/2017 / SC 02/13/2017 (Initials/Date)

Date Migrated to STORET: ____ (Initials/Date) Field Sheets Scanned/Saved: ____ (Initials/Date)

equest Number: RQ-2017-01-30-34

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Nov 10, 2015

Customer: SW-DIST
Project ID: SMP

Requester: Judy Ashton
Collected By: S. Clingerman / J. Ashton
Field Report Prepared By: S. Clingerman
Sampling Agency: SWROC - FDEP 21FLTPA

Sample 1

cation: BIG LAKE VIENNA N
ld ID: RQ-2017-01-30-34
ORET #: Date: 01/31/2017
Time:
Field ID: G5SW0113
itude: STORET: G5SW0113

☐ dd ☐ dms

☐ Comp ☒ Grab	Collection (comp begin or grab) Date 01/31/17 Time 1300 Eastern (circled) / Central
Composite end	Date Time (struck through)
Bottle Group(s) (See pg 2)	A
Matrix (type, e.g., Salt, Fresh, etc)	Fresh (circled)
Diss. Oxygen	8.8 ☒ mg/L ☐ % sat
Total Res. Chlorine (mg/L)	(struck through)
Temp (C)	18.7
pH	6.5
Sample Depth	0.3 ☐ ft ☒ m
Sp. Conductance (umho/cm)	172
Salinity (ppt)	0.08
Comments	

Sample 2 (shaded)

cation / ld ID / ORET # / itude ☐ dd ☐ dms / Longitude ☐ dd ☐ dms

☐ Comp ☐ Grab | Collection (comp begin or grab) Date Time | Eastern Central | Composite end Date Time | Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)
Temp (C) | pH | Sample Depth ☐ ft ☐ m | Sp. Conductance (umho/cm)
Salinity (ppt) | Comments

Sample 3

ation / d ID / ORET # / tude ☐ dd ☐ dms / Longitude ☐ dd ☐ dms

☐ Comp ☐ Grab | Collection (comp begin or grab) Date Time | Eastern Central | Composite end Date Time | Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)
Temp (C) | pH | Sample Depth ☐ ft ☐ m | Sp. Conductance (umho/cm)
Salinity (ppt) | Comments

Sample 4 (shaded)

ation / d ID / ORET # / tude ☐ dd ☐ dms / Longitude ☐ dd ☐ dms

☐ Comp ☐ Grab | Collection (comp begin or grab) Date Time | Eastern Central | Composite end Date Time | Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)
Temp (C) | pH | Sample Depth ☐ ft ☐ m | Sp. Conductance (umho/cm)
Salinity (ppt) | Comments

nquished By:	Date/Time	Shipping Method	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time
(signature)	01/31/17 1800	FedEx						

Group: A	Bottle Type:	P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab 5
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS					

Group: A	Bottle Type:	P-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab
	BOD-UNIN					

Group: A	Bottle Type:	BP-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab 5
	CHLSUITE-W					

Group: A	Bottle Type:	P-500ML	# of Bottles: 6	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: 6	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab 5
	W-PO4-F					

NUR3

FedEx Express® Package US Airbill

FedEx Tracking Number 8104 1402 4773

Form ID No. 0215

From *Please print and press hard.*

Date 01/31/17

Sender's FedEx Account Number

Sender's Name FDEP

Phone (813) 470-5700

Company

Address 13051 N. 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

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 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.

0124452251

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?

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. / Credit Card No. 4490-2263-9 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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