



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: VIENNA N.

Date: 9-21-17

STORET Station ID: 655W0115

WBID: 1456C

Latitude: 28°12'47.10"N

County: PASCO RQ - 2017-09-18-31

ORG ID: 21FLTPA

Longitude: 82°27'59.55"W

Receiving Body of Water:

Field ID: 655W0115

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment			
J. ASHTON		X	X	X	X	X	☒ Sample Container	☐ Van Dorn	☐ Pole	
C. DOR			X				☐ Carboy	☐ Syringe		
							☐ Dipper	☐ Other		
							Equipment ID			
							Collection Method			
							☐ Wading	☒ Via Boat		
							☐ From Shore	☒ Canoe/Kayak		
							☐ Other (note below)	☐ Electric Motor		
									☐ Gasoline Motor	

Water Level:		Matrix:	
Dry / Pooled / Low / Normal / <u>High</u> / Flooded		Fresh / Marine / DI	

Meter ID#	Photos:	Tide Falling:
BUS 7A	Yes / <u>No</u>	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	1200	0.3		6.5	83.2	6.94	0.07		155	29.54
				7.29	95.7					
CEN		3.0	3.5	0.36	4.6	6.38	0.07	0.8	156	27.20

Biological Samples Collected:	SBIO ID Numbers:	SBIO-ID:	RPS-ID:	Macrophyte-ID:	LIMS#:
<u>None</u> HA SCI RPS Algae ID LVS LVI Other					

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	SA-7093010	04/03/18	☒ <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-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-PSNF-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other			

Flow	Notes:	RQ-2017-09-18-31	Date: 09-21-2017	Time:	Field ID	STORET	Signature:	Date:
"J" Quality Flow					G5SW0115	G5SW0018		9-21-17

Field Parameters Entered into LIMS:	Field Parameters QC in LIMS:	Field Sheets Scanned/Saved:
SM 10/05/2017		SM 10/05/2017

Request Number: RQ-2017-09-18-31

RUN 6

Florida Department of Environmental Protection Central Laboratory Submittal Form

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last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: Judy AshtonCollected By: J. Ashton, C. OrrSampling Agency: FDLP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>9-21-17</u> Time <u>1250</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID	RQ-2017-09-18-31 Date: 09-21-2017 Time: _____	Field ID	G5SW0113	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen <u>6.16</u> mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #		STORET		Temp (C) <u>29.22</u>	pH <u>6.81</u>	Sample Depth <u>0.3</u> ft ☒ m
Latitude	Big Vienna	STORET	G5SW0013	Salinity (ppt) <u>0.07</u>	Comments	<u>A</u>
☐ dd ☐ dms						
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>9-21-17</u> Time <u>1200</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID	RQ-2017-09-18-31 Date: 09-21-2017 Time: _____	Field ID	G5SW0115	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen <u>7.29</u> mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #		STORET	G5SW0018	Temp (C) <u>29.54</u>	pH <u>6.94</u>	Sample Depth <u>0.3</u> ft ☒ m
Latitude	Vienna N	STORET		Salinity (ppt) <u>0.07</u>	Comments	<u>A</u>
☐ dd ☐ dms						
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>9-21-17</u> Time <u>940</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID	RQ-2017-09-18-31 Date: 09-21-2017 Time: _____	Field ID	G1SW0017	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen <u>81.0</u> mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #		STORET	G1SW0017	Temp (C) <u>29.3</u>	pH <u>6.92</u>	Sample Depth <u>0.3</u> ft ☒ m
Latitude	Hiawatha	STORET		Salinity (ppt) <u>0.06</u>	Comments	<u>A</u>
☐ dd ☐ dms						
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>9-21-17</u> Time <u>1338</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID	RQ-2017-09-18-31 Date: 09-21-2017 Time: _____	Field ID	G5SW0107	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen <u>6.2</u> mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #		STORET	G5SW0107	Temp (C) <u>29.71</u>	pH <u>6.70</u>	Sample Depth <u>0.3</u> ft ☒ m
Latitude	Green	STORET		Salinity (ppt) <u>0.04</u>	Comments	<u>A</u>
☐ dd ☐ dms						

Relinquished By: <u>J. Ashton</u>	Date/Time: <u>9-21-17 1700</u>	Shipping Method: <u>FRES Ex</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	7
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	16
W-PO4-F					

Package
US AirbillFedEx
Tracking
Number

8119 3898 8412

Form
ID No.

0215

MUR 4

From Please print and press hard.

Date 9-21-17

Sender's FedEx
Account NumberSender's
Name

Phone (813) 470-5700

Company F DEP

Address 13051 N Telecom Pkwy

101
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

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Dept./Floor/Suite/Room

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REQUIRED. NOT available for
FedEx First Overnight.Hold Saturday
FedEx location address
REQUIRED. Available ONLY for
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FedEx 2Day to select locations.

Address

Use this line for the HOLD location address or for continuation of your shipping address.

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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.☒ 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, & UN 1845

x kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

☐ Cargo Aircraft Only

7 Payment Bill to:

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☐ Sender
Acct. No. in Section
1 will be billed.☒ Recipient☐ Third Party☐ Credit Card☐ Cash/CheckFedEx Acct. No.
Credit Card No. 4490-2262-9Exp.
Date

Total Packages

Total Weight

Total Declared Value*

1

50

lbs.

\$

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