



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: Little Lake Wilson Date: 6-28-17
STORET Station ID: G1SW0006 WBID: 1463M Latitude: 28.1474N
County: Hillsborough RQ: 2017-06-26-19 ORG ID: 21FLTPA Longitude: -82.4921W
Receiving Body of Water: _____ Field ID: G1SW0006

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Lauree Bachler									
Hannah Sprinkle									
Dylan Horning									

Sampling Equipment		
☒ Sample Container	☐ Van Dorn	☐ Pole
☐ 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 / <u>Normal</u> / High / Flooded		Fresh / Marine / DI	
Meter ID# <u>L1 Jon</u>		Tide Falling: Yes / No / NA	
Photos: Yes / <u>No</u>			
Time Zone	Time	Sample Depth (m)	Total Depth (m)
EST	1215	0.3	3.0
CEN		2.5	
DO (mg/L)	DO (%SAT)	pH	Salinity (ppt)
8.1	105	6.8	0.15
0.54	7.0	6.5	0.14
Secchi Disk (m)	Sp COND (umhos/cm)	Temp. (C°)	
1.0	312	30.5	
	302	28.8	

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			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <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 ☐ 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: _____

RQ-2017-06-26-19 Date: 06-28-2017 Time: _____

Field ID: G1SW0006 STORET ↑

Signature: Lauree Bachler Date: 6-28-17

Field Parameters Entered Into LIMS: SM 07/05/2017 (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date)

Field Parameters QC in LIMS: SM 08/29/2017 (Initials/Date)

Field Sheets Scanned/Saved: SM 09/25/2017 (Initials/Date)

Request Number: RQ-2017-06-26-19

RUN 7

Florida Department of Environmental Protection

Central Laboratory Submittal Form

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Page 1 of 2

last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By: Laurie Bachler

Field Report Prepared By:

Laurie Bachler

Sampling Agency:

FDEP

Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 6-28-17 Time 1215		☒ Eastern ☐ Central		Composite end Date Time		Bottle Group(s) (See pg 2)	
Field ID	RQ-2017-06-26-19 Date: 06-28-2017 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 8.1		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		A/B	
STORET #	G1SW0006 Field ID STORET 61SU00006	Temp (C) 30.5		pH 6.8		Sample Depth 0.3		☐ ft ☒ m		Sp. Conductance (umho/cm) 312	
Latitude	Little Lake Wilson	☐ dd ☐ dms		Salinity (ppt) 0.15		Comments: Dropped E. coli off at AEL					
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		Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude		☐ dd ☐ dms		Salinity (ppt)		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		Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude		☐ dd ☐ dms		Salinity (ppt)		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		Sp. Conductance (umho/cm)	
Latitude	☐ dd ☐ dms	Longitude		☐ dd ☐ dms		Salinity (ppt)		Comments			

Relinquished By:

Date/Time

Shipping Method

Number of Coolers Shipped:

Received By:

Date/Time

Laurie Bachler

6-28-17 / 1500

FedEx

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Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	ALKALINITY					
	TURBIDITY					
	W-CL-IC					
	W-COLOR					
	W-F					
	W-SO4-IC					
	W-TDS					
	W-TSS					
Group: A	Bottle Type:	BP-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	CHLSUITE-W					
Group: A	Bottle Type:	P-500ML	# of Bottles: 5	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					
	W-TOC					
Group: A	Bottle Type:	P-125ML	# of Bottles: 5	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab _____
	W-PO4-F					
Group: B	Bottle Type:	QPCR-P-250ML	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	PCR-FILTER					
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	SE-AEL-EC					
Group: B	Bottle Type:	BG-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab _____
	W-AHERB-AA					
	W-SUC-AA-R					
	W-UHERB-AA					



6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E02574
 9810 Princess Palm Ave. • Tampa, FL 33518 • 813.630.5616 • Fax 813.630.4327 • E04569
 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32608 • 352.367.1500 • Fax 352.367.0050 • E06260
 528 S. North Lake Blvd., Ste. 1016 • Allamont Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53078

LAB NUMBER:

Page

1

CLIENT NAME FDEP - SW District		PROJECT NAME TMDL / SMP		BOTTLE SIZE & TYPE	Sterile Plastic Bottle											L A B N U M B E R
ADDRESS: 13051 N. Telecom Pkwy Temple Terrace, FL 33637		P.O. NUMBER/PROJECT NUMBER:		A R												
PHONE: 813-470-5700		PROJECT LOCATION: Florida		N E												
CONTACT: Matthew Bearden Sarah Ernst		FAX: 813-470-6996		A Q	Fecal Coliforms	E. Coli										
TURN AROUND TIME:		SAMPLED BY:		L U												
☒ STANDARD ☐ RUSH		REMARKS/SPECIAL INSTRUCTIONS: PO AF315E		Y I												
				S R												
				I E												
				S D												
Samples are ambient water and not suspected to contain chlorine																
WW=waste water		SW=surface water		GW=ground water		DW=drinking water		C=oil	A=air	SO=soil	SL=sludge					
Field ID	SITE NAME		Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	Ice, T							
				DATE	TIME											
RQ-2017-06-26-19 Date: 06-28-2017 Time:	G1SW0006 Field ID STORET Little Lake Wilson		Grab	6-28-17	1215	SW	1									
			Grab			SW										
			Grab			SW										
			Grab			SW										
			Grab			SW										
			Grab			SW										
			Grab			SW										
			Grab			SW										
			Grab			SW										
H=H ₂ O S=S(H ₂ SO ₄) N=N(HNO ₃) T=(Sodium Thiosulfate)								Relinquish by: Date Time Received by: Date Time								
Shipment Out:		Method Via:		Sample Kit RB AB Trip BL		Cooler # D/T O/T		1 [Signature] 6-28-17 1419 [Signature] 6-28-17 1419								
Ret:		Via:						2 [Signature]								
								3 [Signature]								
								4 [Signature]								

revised 1/12

From Please print and press hard.

Date **6/28/17**

Sender's FedEx Account Number

SENDER'S PHONE AREA CODE AND NUMBER

Sender's Name

Phone **(813) 470-5700**

Company **F DEP**

Address **13051 N Telecom Pkwy**

Dept./Floor/Suite/Room **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**

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 **32399**

0126430468



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

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-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, 3 UN 1845

x

kg

☐ Cargo Aircraft Only

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

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. or Credit Card No. **4490-2262-9**

Exp. Date

Total Packages **1**

Total Weight **50** lbs.

Total Declared Value*

611

Your 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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From Please print and press hard.

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