



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: ROCK LAKE Date: 02/09/2017

STORET Station ID: G1SW0010 WBID: 1463R Latitude: 28.114 N

County: Hillsborough RQ - 2017-02-06-29 ORG ID: 21FLTPA Longitude: -82.5567 W

Receiving Body of Water: _____ Field ID: G1SW0010

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

Water Level: Dry / Pooled / <u>Low</u> / Normal / High / Flooded						Matrix: <u>Fresh</u> / Marine / DI				
Meter ID# <u>L1LJON</u>			Photos: <u>Yes</u> / No			Tide Falling: 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 (umhos/cm)	Temp. (C°)
EST	1310	0.3	2.6	7.8	89	6.7	0.09	1.3	196	22.0
CEN		2.1		7.0	74	6.7	0.09		198	19.7

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 ☐ 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 ☐ Enteroc ☐ 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				

Notes:	RQ-2017-02-06-29	G1SW0010
	Date: 02/09/17	
	Time: _____	↓ STORET Field ID ↑
	ROCK	
Signature:	Date: 02/09/2017	

Field Parameters Entered into LIMS: SM 02/13/2017 (Initials/Date) Field Parameters QC in LIMS: SC 02/13/2017 SM 02/23/2017 (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: SM 05/01/2017 (Initials/Date)

Request Number: RQ-2017-02-06-29

SMP RUN 8

Florida Department of Environmental Protection Central Laboratory Submittal Form

Page 1 of 2
last revised Apr 7, 2016

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: S. Olinger / J. Ashton

Field Report Prepared By: S. Olinger

Sampling Agency: ZILTPA Supol-FLDP

Location KLOSTERMAN BAY RUN - INNS BROOK		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 02/09/2017 Time 0950	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID RQ-2017-02-06-29 Date: 02/09/17 Time: _____	G1SW0039 ↓STORET Field ID ↑	Matrix (type, e.g., Salt, Fresh etc)	Diss. Oxygen 9.2	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STOR	Latitud KLOSTERMAN	Temp (C) 22.2	pH 7.5	Sample Depth 0.3	Sp. Conductance (umho/cm) 181	
		Salinity (ppt) 0.08	Comments			
Location CHAPMAN LAKE		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 02/09/2017 Time 1155	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2017-02-06-29 Date: 02/09/17 Time: _____	G1SW0028 ↓STORET Field ID ↑	Matrix (type, e.g., Salt, Fresh etc)	Diss. Oxygen 8.4	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STOR	Latitud CHAPMAN	Temp (C) 21.8	pH 7.3	Sample Depth 0.3	Sp. Conductance (umho/cm) 367	
		Salinity (ppt) 0.18	Comments			
Location LAKE ESTES		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 02/09/2017 Time 1220	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2017-02-06-29 Date: 02/09/17 Time: _____	G1SW0027 ↓STORET Field ID ↑	Matrix (type, e.g., Salt, Fresh etc)	Diss. Oxygen 7.3	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STOR	Latitud LAKE ESTES	Temp (C) 22.2	pH 6.9 7.3	Sample Depth 0.3	Sp. Conductance (umho/cm) 242	
		Salinity (ppt) 0.11	Comments			
Location ROCK LAKE		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 02/09/2017 Time 1310	Eastern Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2017-02-06-29 Date: 02/09/17 Time: _____	G1SW0010 ↓STORET Field ID ↑	Matrix (type, e.g., Salt, Fresh etc)	Diss. Oxygen 7.8	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	A
STOR	Latitud ROCK	Temp (C) 22.0	pH 6.7	Sample Depth 0.3	Sp. Conductance (umho/cm) 196	
		Salinity (ppt) 0.09	Comments			

Relinquished By: 	Date/Time 02/09/2017 1800	Shipping Method FedEx	Number of Coolers Shipped: 2	Received By:	Date/Time
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Group: A	Bottle Type: P-1L	# of Bottles: 5	Preservative: ICE	Enter Number of Bottles Sent to Lab	6
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	6
CHLSUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 5	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	6
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	6
W-PO4-F					

From Please print and press hard.

Date **02/09/2017** 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
 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**

0125636852



Form ID No. **0215**

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, 9, UN 1845 x kg

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

☐ Cargo Aircraft Only

7 Payment Bill to:

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*

*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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City **TALLAHASSEE** State **FL** ZIP **32399-6542**

0124452251



Form ID No. **0215**

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