



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: 06/19/2017
(mm/dd/yyyy)

STORET Station ID: G1SW0010

WBID: 1463R

Latitude: 28.114 N

(Decimal Degrees)

County: Hillsborough RQ - 2017-06-19-27

ORG ID: 21FLTPA

Longitude: -82.5567 W

(Decimal Degrees)

Receiving Body of Water:

Field ID: G1SW0010

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Laurie Bachler			X		X	X
Sarah Meyer		X		X		

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: Dry / Pooled / Low / <u>Normal</u> / High / Flooded		Matrix: <u>Fresh</u> / Marine / DI	
Meter ID# <u>L1 Jon</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	1100	0.3		6.1	80	7.9	0.12		253	29.3
			2.6					1.4		
CEN		2.1		3.6	47	7.0	0.12		254	29.0

Biological Samples Collected: None HA SCI RPS Algae ID LVS LVI Other

SBIO ID Numbers: SBIO-ID: 77708 RPS-ID: Macrophyte-ID: 0550 LIMS#: 1907361

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-D-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 Coll ☐ F Coll ☐ Entero ☐ 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: Event 06-20-01

RQ-2017-06-19-27

Date: 06/19/17

Time:

Rock Lake

G1SW0010

↓ STORET Field ID ↑

G1SW0010

Signature:

Sarah Meyer

Date:

06/19/2017

Field Parameters Entered into LIMS: LB 6-20-17

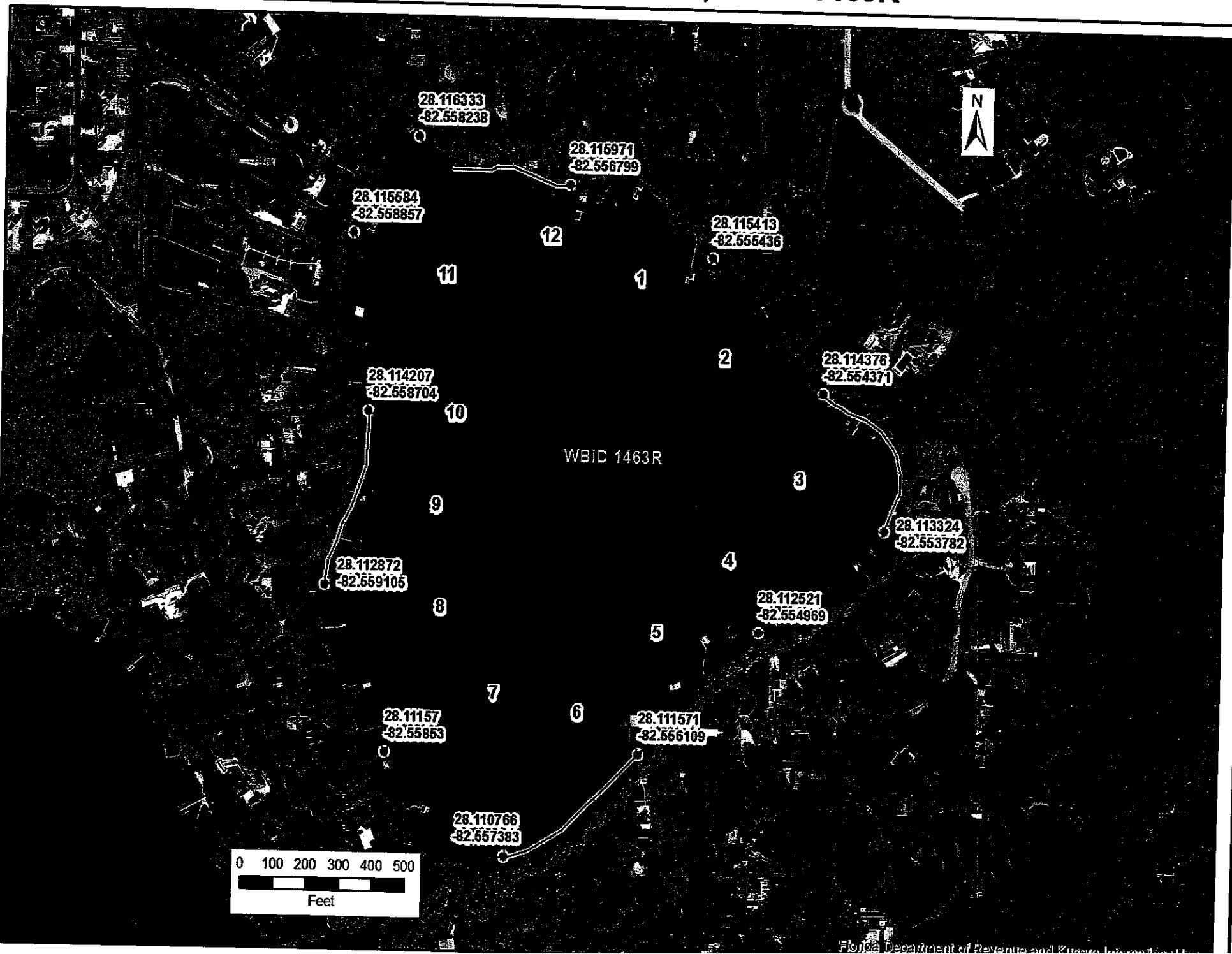
Field Parameters QC in LIMS: SM 07/12/2017

Date Migrated to STORET: MB 9/6 182608

Field Sheets Scanned/Saved: SM 09/25/2017

6-20-01 - SM - 7/12/17

LVI Map for ROCK LAKE, WBID 1463R



Site: Rock Lake

Date: 06/19/2017

[illegible]

DEP FORM FD 9000-31: LAKE OBSERVATION FIELD SHEET

SAMPLE ID: GISW0010 MACROPHYTE ID: _____ LATITUDE: 28.114N
COUNTY: Hillsborough STORET #: GISW0010 LONGITUDE: -82.5567W
DATE: 06/19/2017 TIME: 1100 SAMPLING AGENCY: FDEP SW RCC
SITE NAME: Rock Lake WBID: 1463R
FIELD ID/NAME: GISW0010 LAKE SIZE: _____ RQ: 2017-06-19-27

WATERSHED / LAKESIDE FEATURES

PREDOMINANT LAND-USE IN WATERSHED (specify relative percent in each category – from GIS) : Forest/Natural ☐ Silviculture ☐ Field/Pasture ☐ Agricultural ☐ Residential ☒ 100% Commercial ☐ Industrial ☐ Other (Specify) ☐					LANDSCAPE DEVELOPMENT INTENSITY (100 m buffer) LDI:											
Local Watershed Erosion (select one) : ☒ None ☐ Slight ☐ Moderate ☐ Heavy					Artificially Impounded ☐ Yes ☒ No											
Local Watershed NPS Pollution : ☐ No evidence ☐ Slight ☒ Moderate ☐ Heavy					Land Use Source & Year:											
STORMWATER INPUTS <u>8</u>	Stormwater enters system via sheet flow over non-cultivated and/or natural vegetation 20 19 18 17 16				Some direct stormwater inputs (ditches, pipes, cultivated vegetation < 10%) but good BMPs in place 15 14 13 12 11				Moderate direct inputs of stormwater (ditches, pipes, cultivated vegetation 11%-50%) but few BMPs in place 10 9 <u>8</u> 7 6				Much direct input of stormwater (ditches, pipes, cultivated vegetation > 51%) and no or ineffective BMPs in place 5 4 3 2 1			
LAKESIDE ALTERATIONS <u>9</u>	Very few man-made structures, roads, or other disturbance adjacent to lake (<10% lakeside affected) 20 19 18 17 16				Moderate disturbance visible - structures, roads or other (10%-49% lakeside affected) 15 14 13 12 11				Many structures, roads or other human disturbance visible (50%-70% lakeside affected) 10 <u>9</u> 8 7 6				Highly developed or disturbed (>70% of lakeside affected) 5 4 3 2 1			
BUFFER ZONE <u>5</u>	Expected native vegetation between uplands and littoral zone, greater than 90% of shore with >18 m buffer 20 19 18 17 16				89%-51% of shoreline with >18m buffer or >75% with 10m to 18m buffer 15 14 13 12 11				50%-30% of shoreline with >18m buffer or 50%-74% with 10m to 18m buffer 10 9 8 7 6				< 29% of shoreline with >18m buffer <u>5</u> 4 3 2 1			

WATER / SUBSTRATE / BIOLOGICAL: SAMPLES AND OBSERVATIONS

Water: Nutrient Sample Taken? ☒ Yes ☐ No Preserved? ☒ Yes ☐ No pH<2 ☐ No Color Sample Taken? ☒ Yes ☐ No Lot # _____ Exp. Date: _____ Alkalinity Sample Taken? ☒ Yes ☐ No Water Level ☐ Low ☒ Normal ☐ High							Water Odors: ☒ Normal ☐ Sewage ☐ Petroleum ☐ Other _____						
Meter Readings: Depth (M) Temp. (°C) pH (SU) D.O. (MG/L) D.O. Sat. (%) Cond. (UMHO/CM) Salinity (PPT) Top: <u>0.3</u> <u>29.3</u> <u>7.9</u> <u>6.1</u> <u>80</u> <u>253</u> <u>0.12</u> Mid-Depth: _____ Bottom: <u>2.1</u> <u>29.0</u> <u>7.0</u> <u>3.6</u> <u>47</u> <u>254</u> <u>0.12</u>							Water Surface Oils: ☒ None ☐ Sheen/Slick ☐ Glob ☐ Other _____						
Meter ID: _____							Clarity: ☒ Clear ☐ Opaque ☐ Turbid ☐ Slightly Turbid Color: ☐ Clear ☒ Tannic ☐ Green						
Sediment Type: (may check more than one) ☒ Sandy ☐ Organic fibrous (peaty, CPOM) ☐ Sand/Silt ☒ Organic smooth (muck) Sample Taken? ☐ Yes ☒ No Vegetated ☐ Other (Specify): _____							Sediment Odors: ☒ Normal ☐ Anaerobic ☐ Other (Specify): _____						
Biological Communities: LVI Conducted? ☒ Yes ☐ No Phytoplankton Sample Taken? ☐ Yes ☒ No Sample Preserved? ☐ Yes ☒ No Lot #: _____ Exp Date: _____ Algal Bloom/Algal ID Sample Taken? Yes ☒ No Active Vegetation Mgmt? ☒ Yes ☐ No ☐ Don't Know							Abundance: Absent Rare Common Abundant Periphyton ☐ ☐ ☐ ☒ Nuisance Plants ☐ ☐ ☒ ☐ Submersed Plants ☐ ☒ ☐ ☐ Exotic Apple Snails ☐ ☐ ☒ ☐						
Weather Conditions: <u>Cloudy, mid 80's</u>													
SAMPLING TEAM: <u>Laurie Bachler & Sarah Meyer</u>							SIGNATURE: <u>Laurie Bachler</u> <u>Sarah Meyer</u>						
DATE: <u>06/19/2017</u>							Additional Notes:						

STATE OF FLORIDA, DEPARTMENT OF ENVIRONMENTAL PROTECTION
Lake Habitat Assessment Field Sheet

STORET STATION NUMBER: G1SW0010	DATE (M/D/Y) 06/19/2017	LAKE NAME Rock Lake		FIELD ID / NAME: G1SW0010												
ECO-REGION:	COUNTY: Hillsborough	SAMPLING LOCATION/DESCRIPTION: Center of Lake		LAKE SIZE:												
PARAMETER	No surface inflow or outflow present, very long water residence time, groundwater seepage dominates ☐	Surface water inflow present, but flow is rare, moderate to long water residence time ☒		Surface water inflow and outflow present (or outflow only), sometimes with visible flow, short water residence time ☐												
HYDROLOGY				Impounded, hydrology of system artificially controlled ☐												
Color	Very clear, uncolored water (benthic sampling appropriate) ☐	Water somewhat tannin stained (benthic sampling appropriate) ☒		Dark, discolored water (water color 20 PCU or higher) ☐												
	Optimal	Suboptimal		Marginal												
Secchi 11	Secchi > 3 m Or VOB 20 19 18 17 16	3	2.6	2.2	1.8	1.4	1.0	0.9	0.8	0.7	0.6	0.5	0.4	0.3	0.2	0.1
Vegetation Quality 14	Diverse, expected native vegetation (emergent or submersed), less than 5% nuisance taxa 20 19 18 17 16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Stormwater Inputs 8	Stormwater enters system via sheet flow over non-cultivated and/or natural vegetation 20 19 18 17 16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Bottom Substrate Quality 7	Diverse mixture of sand, detritus, with small amounts of CPOM/mud/muck. SAV may be present 20 19 18 17 16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Lakeside Adverse Human Alterations 9	Very few man-made structures, roads, or other disturbance adjacent to lake (<10%) 20 19 18 17 16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Upland Buffer Zone 5	Expected native vegetation between uplands and littoral zone, greater than 90% of shore with >18 m buffer 20 19 18 17 16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
Adverse Watershed Land Use 11	Score the potential effects from adverse human land uses, based on a continuum of amount and type, with least to most adverse as follows: Native vegetation, Silviculture, Pasture or Citrus, Low Density Residential, Row Crops, Commercial, High Density Residential, Urban, Industrial 20 19 18 17 16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
TOTAL SCORE 65	COMMENTS:															

ANALYSIS DATE: 06/19/2017	ANALYST: Laurie Bachler & Sarah Meyer	SIGNATURE: <i>Laurie Bachler</i> <i>Sarah Meyer</i>
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Request Number: RQ-2017-06-19-27

Florida Department of Environmental Protection

Central Laboratory Submittal Form

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last revised Apr 7, 2016

Customer: SW-DISTRequester: Judy AshtonField Report Prepared By: S MeyerProject ID: SMPCollected By: L Bachler & S MeyerSampling Agency: FDEP SW ROC

Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>06/19/2017</u> Time <u>1100</u>		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)	
Field ID <u>RQ-2017-06-19-27</u> Date: <u>06/19/17</u>		 G1SW0010		Matrix (type, e.g., Salt, Fresh, etc.)		Diss. Oxygen <u>6.1</u>		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L) _____	
STORE Time: <u>1100</u>		↓ STORET Field ID ↑  G1SW0010		Temp (C) <u>29.3</u>		pH <u>7.9</u>		Sample Depth <u>0.3</u>		☐ ft ☒ m	
Latitude <u>Rock Lake</u>		☐ dd ☐ dms		Salinity (ppt) <u>0.12</u>		Comments		Sp. Conductance (umho/cm) <u>253</u>		A	

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: <u>Sarah Meyer</u>	Date/Time <u>1630</u> <u>06/19/2017</u>	Shipping Method <u>FedEx</u>	Number of Coolers Shipped: <u>1</u>	Received By:	Date/Time
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Group: A	Bottle Type: P-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
	ALKALINITY				
	TURBIDITY				
	W-CL-IC				
	W-COLOR				
	W-F				
	W-SO4-IC				
	W-TDS				
	W-TSS				
Group: A	Bottle Type: BP-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W				
Group: A	Bottle Type: P-500ML	# of Bottles: 6	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
	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	1
	W-PO4-F				



Package
US Airbill

FedEx
Tracking
Number

8111 7111 8570

MUR4

Form
ID No.

0215

From Please print and press hard.

Date 06/19/2017

Sender's FedEx
Account Number

Sender'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

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 32399-6542

0125636852

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

☐ 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.
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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