



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: LAKE HIAWATHA

Date: 02/09/2017

(mm/dd/yyyy)

STORET Station ID: G1SW0017

WBID: 1464 V

Latitude: 28.170111

(Decimal Degrees)

County: Hillsborough RQ - 2017-02-06-29

ORG ID: 21FLTPA

Longitude: 82.574833 W

(Decimal Degrees)

Receiving Body of Water:

Field ID: G1SW0017

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

Matrix: Fresh / Marine / DI

Meter ID# 111100

Photos: Yes / No

Tide Falling: Yes / No / N/A

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	1400	0.3	4.0	5.8	64	6.3	0.06	2.0	127	21.0
CEN		3.5		6.8	73	6.5	0.06		129	18.9

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 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 ☐ 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				

Place Preserved Samples Here

Contains

1:1

Sulfuric Acid

SA-6242080

EXP: 08/29/17

Warning!

See SDS

Notes:

RQ-2017-02-06-29

Date: 02/09/17

Time:

HIAWATHA

G1SW0017

↓ STORET Field ID ↑

G1SW0017

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 SA 02/23/2017

(Initials/Date)

Date Migrated to STORET:

(Initials/Date)

Field Sheets Scanned/Saved: SM 05/01/2017

(Initials/Date)

Florida Department of Environmental Protection

Central Laboratory Submittal Form

SMP RUN 8

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By:

S. Clingerman / J. Ashton

Field Report Prepared By:

S. Clingerman

Sampling Agency:

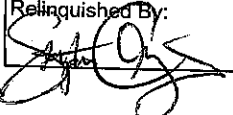
FLTPA SWROC - FDEP

Location HIAWATHA LAKE		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>02/09/2017</u> Time <u>1400</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID RQ-2017-02-06-29 Date: <u>02/09/17</u> Time: _____	G1SW0017 ↓STORET Field ID ↑ 	Matrix (type, e.g., Salt, <u>Fresh</u> , etc)		Diss. Oxygen <u>5.8</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
ST	HIAWATHA	Temp (C) <u>21.0</u>	pH <u>6.3</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>127</u>
La		☐ dd ☐ dms	Salinity (ppt) <u>0.06</u>	Comments		<u>A</u>

Location LAKE JUANITA		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>02/09/2017</u> Time <u>1430</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID RQ-2017-02-06-29 Date: <u>02/09/17</u> Time: _____	G1SW0019 ↓STORET Field ID ↑ 	Matrix (type, e.g., Salt, <u>Fresh</u> , etc)		Diss. Oxygen <u>8.6</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
ST	JUANITA	Temp (C) <u>22.0</u>	pH <u>6.5</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>133</u>
La		☐ dd ☐ dms	Salinity (ppt) <u>0.06</u>	Comments		<u>A</u>

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 <u>02/09/2017 1800</u>	Shipping Method <u>FedEx</u>	Number of Coolers Shipped: <u>2</u>	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



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0124452251



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* **\$.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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Form ID No. **0215**

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