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 ANN PARKER **Date:** 9-26-17 (mm/dd/yyyy)

STORET Station ID: G1SW0018 **WBID:** 1464W **Latitude:** 28.177917N (Decimal Degrees)

County: PASCO **RQ -** 2017-09-25-14 **ORG ID:** 21FLTPA **Longitude:** 82.581639 (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G-1SW0018

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. ASHTON			X		
P. HOANING	X	X		X	X

Sampling Equipment

- [X] Sample Container
- [ ] Van Dorn
- [ ] Pole
- [ ] Carboy
- [ ] Syringe
- [ ] Dipper
- [ ] Other _____

Equipment ID _____

Collection Method

- [ ] Wading
- [ ] From Shore
- [ ] Other (note below)

Via Boat
- [X] Canoe/Kayak
- [X] Electric Motor
- [ ] Gasoline Motor

Water Level: Dry / Pooled / Low / Normal / (High) / Flooded

Meter ID# WEEZE **Photos:** Yes / (No)

Matrix: (Fresh) / Marine / DI

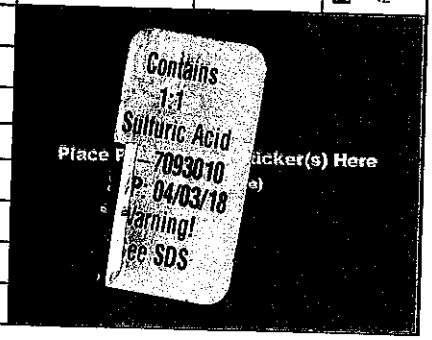
Tide Falling: Yes / No / (NA)

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)	945	0.3	4.7	8.5	~~104.2~~ 113	7.0	0.07	1.1	155	29.7
CEN		4.2		1.6	21	7.0	0.08		167	27.9

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	[X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[X] Ice [X] H_2SO_4	SA-7093010	04/03/18	[X] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[X] W-PO4-F [ ] Field Filtered 0.45 µm Filter	[X] Ice			
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
Physical/Aggregate (Fresh)	[X] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[X] 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-PSNP-TQ [ ] W-AHERB-AA [ ] W-PYR-AA-R [ ] W-PCL-SQ-R [ ] W-UHERB-AA [ ] W-GLYPH	[ ] Ice			
Flow	"J" Qualify Flow	[ ] Other			



Notes:

RQ-2017-09-25-14
Date: 09-26-2017
Time:
Ann Paker

Field ID G1SW0018

STORET G1SW0018

Signature: _____ **Date:** 9-26-17

Field Parameters Entered into LIMS: SM 10/05/2017 (Initials/Date)

Field Parameters QC in LIMS: BP 11/17/17 (1030) (Initials/Date)

Date Migrated to STORET: BP 11/17/17 (Initials/Date)

Field Sheets Scanned/Saved: SM 10/05/2017 (Initials/Date)

WIN 4295

Request Number: RQ-2017-09-25-14

RUN 7

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By: J. Ashton, D. Hollins

Field Report Prepared By: Judy Ashton

Sampling Agency: FDEP

Location: Ann Paker

RQ-2017-09-25-14
Date: 09-26-2017
Time:

Field ID: G1SW0018

STORET: G1SW0018

STORET #:

Latitude: ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 9-26-17 Time 945 | Eastern / Central | Composite end Date Time | Bottle Group(s) (See pg 2): A

Matrix (type, e.g., Salt, Fresh, etc): | Diss. Oxygen 8.5 ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C) 29.7 | pH 7.0 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 155

☐ dd ☐ dms | Salinity (ppt) 0.07 | Comments:

Location: Wastena

RQ-2017-09-25-14
Date: 09-26-2017
Time:

Field ID: G1SW0020

STORET: G1SW0020

STORET #:

Latitude: ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 9-26-17 Time 1025 | Eastern / Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc): | Diss. Oxygen 4.6 ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C) 29.1 | pH 7.6 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 2

☐ dd ☐ dms | Salinity (ppt) 0 | Comments:

Location: Little Lake Wilson

RQ-2017-09-25-14
Date: 09-26-2017
Time:

Field ID: G1SW0006

STORET: G1SW0006

STORET #:

Latitude: ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 9-26-17 Time 1100 | Eastern / Central | Composite end Date Time | Bottle Group(s): A/B

Matrix (type, e.g., Salt, Fresh, etc): | Diss. Oxygen 5.0 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C) 28.8 | pH 7.1 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 257

☐ dd ☐ dms | Salinity (ppt) 0.12 | Comments: Dropped off K. Cook @ ALL

Location: Lake Harvey

RQ-2017-09-25-14
Date: 09-26-2017
Time:

Field ID: G1SW0001

STORET: G1SW0001

STORET #:

Latitude: ☐ dd Longitude ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 9-26-17 Time 1130 | Eastern / Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc): | Diss. Oxygen 4.0 ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C) 28.5 | pH 6.7 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 128

☐ dd ☐ dms | Salinity (ppt) 0.06 | Comments:

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
J. Ashton	9-26-17 1700	Hand Ex	1		

MUR4

FedEx Express Package US Airbill

FedEx Tracking Number 8113 0563 1520

Form ID No. 0215

From *Please print and press hard.*

Date 9/26/17 Sender's FedEx Account Number [redacted]

Sender's Name Phone (813) 470-5700

Company FDEP

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
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Hold Weekday
FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday
FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

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

City TALLAHASSEE State FL ZIP 32399

0126430468

Ship it. Track it. Pay for it. All online.
Go to fedex.com

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.
- [X] 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
- [X] 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.

- [X] 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:*

Enter FedEx Acct. No. or Credit Card No. below.

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [X] 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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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.