



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 JUANITA

Date: 02/09/2017
(mm/dd/yyyy)

STORET Station ID: G1SW0019

WBID: 1473W

Latitude: 28.176 N

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

ORG ID: 21FLTPA

Longitude: -82.586 W

Receiving Body of Water:

Field ID: G1SW0019

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. Ashton		X		X		
S. Olneyman			X		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	
Long Dock		☐ Gasoline Motor

Water Level: Dry / Pooled / <u>Low</u> / Normal / High / Flooded		Matrix: <u>Fresh</u> / Marine / DI								
Meter ID# <u>11250N</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	1430	0.3	5.2	8.4	100	6.5	0.06	1.0	133	22.8
CEN		4.7		3.2	34	6.4	0.06		134	17.8

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-CI-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: SAMPLED FROM DOCK - FALLEN TREES ON SHORE	RQ-2017-02-06-29	Barcode
	Date: 02/09/17	G1SW0019
	Time:	↓ STORET Field ID ↑
	JUANITA	Barcode
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)

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

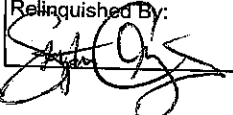
Field Report Prepared By:

S. Clingerman

Sampling Agency:

21FLTPA SWROC - RFP

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)	A
La 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>		
☐ dd ☐ dms	Salinity (ppt) <u>0.06</u>	Comments				
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)	A
La 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>		
☐ dd ☐ dms	Salinity (ppt) <u>0.06</u>	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 <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**

City **TEMPLE TERRACE** State **FL** ZIP **33637**

Your Internal Billing Reference

To Recipient's Name
 Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**

Address

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

0125636852



From Please print and press hard.

Date **02/09/2017** Sender's FedEx Account Number
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Address **13051 N. TELECOM PKWY**

City **TEMPLE TERRACE** State **FL** ZIP **33637**

Your Internal Billing Reference

To Recipient's Name **SAMPLE RECEIVING** Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**

Address

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

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 ☐ Yes ☐ Yes ☐ Dry Ice ☐ Cargo Aircraft Only
 As per attached Shipper's Declaration. Shipper's Declaration not required. Dry Ice, 9, UN 1845 x kg

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

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**

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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Form ID No. **0215**

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