



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 WASTENA Date: 2-8-17
(mm/dd/yyyy)

STORET Station ID: G1SW0020 WBID: 1474A Latitude: 28.63 N
(Decimal Degrees)

County: Hillsborough RQ - 2017-0206-28 ORG ID: 21FLTPA Longitude: -82.5913 W
(Decimal Degrees)

Receiving Body of Water: Field ID: G1SW0020

Sampling Team Members		WC Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. Ashton		X	X			
S. Clingerman			X	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
	☐ Gasoline Motor

Water Level: Dry / Pooled / Low / Normal / High / Flooded Matrix: Fresh / Marine / DI

Meter ID# LIL' JON Photos: Yes / No 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	1500	0.3	3.6	10.1	115	7.2	0.06	0.7	134	21.7
CEN		3.1		4.2	42	6.7	0.06		135	18.1

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

SBIO ID Numbers: SBIO-ID: RPS-ID: Macrophyte-ID: LIMSH:

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-C-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:

Signature: [Signature] Date: 02/08/2017

RQ-2017-02-06-28 Date: 02/08/2017 Field ID: G1SW0020

Time: STORET: G1SW0020

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

Date Migrated to STORET: Field Sheets Scanned/Saved:
(Initials/Date)

Request Number: RA-2017-02-06-28

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

Field Report Prepared By: S. Clingerman

Collected By: J. Ashton / S. Clingerman

Sampling Agency: ZILPTA SWDOC-FDEP

Location LAKE WASTENA		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 02/08/2017 Time 1500		Eastern Central		Composite end Date Time		Bottle Group(s) (See pg 2)	
Field ID RQ-2017-02-06-28 Date: 02/08/2017 Time: 1500 Field ID: G1SW0020 Barcode: [Barcode] STC: G1SW0020 Lati STORET: G1SW0020		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 10.1		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		A	
Temp (C) 21.7		pH 7.2		Sample Depth 0.3		☐ ft ☒ m		Sp. Conductance (umho/cm) 134			
☐ dd ☐ dms		Salinity (ppt) 0.06		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			
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) ☐ dd ☐ dms		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			
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) ☐ dd ☐ dms		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			
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) ☐ dd ☐ dms		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			
Latitude ☐ dd ☐ dms		Longitude ☐ dd ☐ dms		Salinity (ppt) ☐ dd ☐ dms		Comments					

Relinquished By: [Signature]	Date/Time: 02/08/2017 1800	Shipping Method: FedEx	Number of Coolers Shipped: 1	Received By:	Date/Time:
------------------------------	----------------------------	------------------------	------------------------------	--------------	------------

Group: A	Bottle Type: P-1L	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	5
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	5
CHLSUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 6	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	5
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	5
W-PO4-F					

8111 7111 0270

MUR4

Form
ID No.

0215

From Please print and press hard.

Date 02/08/2017

Sender's FedEx
Account Number

Sender's
Name FDEP

Phone 813 1270-5420

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

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

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.

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 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

☐ 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

*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.

Rev. Date 5/15 • Part #183134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SPIM

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

611

PLEASE RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO PUNCH NEEDLE.