



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 DEAD LADY Date: 5-10-17
STORET Station ID: G1SW0021 WBID: 1474W Latitude: 28.1552 N
County: Hillsborough RQ - 2017 ORG ID: 21FLTPA Longitude: -82.5708 W
Receiving Body of Water: Field ID: G1SW0021

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment				
Laurie Bachler							☒ Sample Container	☐ Van Dorn	☐ Pole		
Judy Ashton							☐ 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 / <u>Low</u> / Normal / High / Flooded							Matrix: <u>Fresh</u> Marine / DI				
Meter ID# <u>WEEZY</u> Photos: Yes / <u>No</u>							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 (µmhos/cm)	Temp. (C°)	
EST	910	0.3	1.2	8.7	106	7.10	0.08	1.0	103	26.4	
CEN			1.4					0.7			

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-CHC / 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 ☐ 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: LB 5-25-17
RQ-2017-05-08-25
Date: 05-10-2017
Time: Dead Lady
Signature: Laurie Bachler
Date: 5-10-17

Field Parameters Entered into LIMS: SM 05/11/2017
Date Migrated to STORET: 6/12/2017 MB (Initials/Date)
Event: 05-11-02 (Initials/Date)
Field Parameters QC in LIMS: LB 05/24/2017
Field Sheets Scanned/Saved: SM 06/21/2017 (Initials/Date)

Contains
1:1
Sulfuric Acid
SA-6302030
EXP: 10/28/17
Warning!
See SDS

Request Number: RQ-2017-04-03-51

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Page 1 of 2

last revised Apr 7, 2016

RUN 8

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

Laurie Bachler

Project ID: SMP

Collected By: J Ashton, L. Bachler

Sampling Agency:

FDEP

Location		RQ-2017-05-08-25 Date: 05-10-2017 Time:		G1SW0021 Field ID STORET Dead Lary		☐ Comp ☒ Grab Collection (comp begin or grab) Date 5-10-17 Time 0910		Eastern Central Composite end Date Time		Bottle Group(s) (See pg 2) A	
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		Salinity (ppt)		Comments							
Longitude		dd									
dms		dms									
Location		RQ-2017-05-08-25 Date: 05/10/17 Time:		G1SW0020 Field ID STORET Lake Wastena		☐ Comp ☒ Grab Collection (comp begin or grab) Date 5-10-17 Time 0940		Eastern Central Composite end Date Time		Bottle Group(s) (See pg 2) A	
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		Salinity (ppt)		Comments							
Longitude		dd									
dms		dms									
Location		RQ-2017-05-08-25 Date: 05-10-2017 Time:		G1SW0019 Field ID STORET Juanita		☐ Comp ☒ Grab Collection (comp begin or grab) Date 5-10-17 Time 1015		Eastern Central Composite end Date Time		Bottle Group(s) (See pg 2) A	
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		Salinity (ppt)		Comments							
Longitude		dd									
dms		dms									
Location		RQ-2017-05-08-25 Date: 05-10-2017 Time:		G1SW0010 Field ID STORET Rock Lake		☐ Comp ☒ Grab Collection (comp begin or grab) Date 5-10-17 Time 1105		Eastern Central Composite end Date Time		Bottle Group(s) (See pg 2) A	
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		Salinity (ppt)		Comments							
Longitude		dd									
dms		dms									

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Laurie Bachler	5-10-17 1400	FedEx	2		

Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	17
	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 **5-10-17** Sender's FedEx Account Number

Sender's Name Phone **(813) 470-5700**

Company **FDEP SWRCC**

Address **13051 N Telecom Pkwy 101** Dept./Floor/Suite/Room

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** 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



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0126430468



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?

☒ No ☐ Yes One box must be checked. 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 I will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. Credit Card No. **4490-2262-9**

Total Packages **1** Total Weight **60** 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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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.