



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: Blackwater Creek Date: 02/23/2017

STORET Station ID: G2SW0019 WBID: 1482 Latitude: 28° 08' 27" N

County: Hillsborough RQ - 2017-02-20-22 ORG ID: 21FLTPA Longitude: -82° 08' 02" W

Receiving Body of Water: _____ Field ID: G2SW0019

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton			X	X	X	
Stephen Clingerman		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

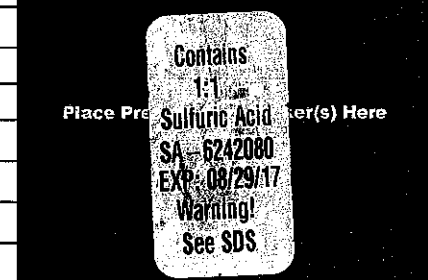
Meter ID# LIL JON Photos: Yes / No Tide Falling: Yes / No / NA

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	1120	0.3	0.3	7.7	84	7.3	0.29	0.35"	590	19.3
CEN										

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

SBIO ID Numbers: SBIO-ID: 77584 RPS-ID: 8691 Macrophyte-ID: _____ LIMS#: 1875441

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-P04-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 ☐ 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 ☐ Other			



Flow: "J" Qualify Flow 0.25 m/s

Notes: _____

RQ-2017-02-20-22
Date: 02/23/17
Time: _____
Blackwater

G2SW0019
STORET Field ID

Signature: _____ Date: 02/23/2017

Field Parameters Entered into LIMS: SC 02/28/2017 Field Parameters QC in LIMS: SM 03/13/2017

Date Migrated to STORET: MB 8/17/17 (Initials/Date) 122418 (Initials/Date)
Field Sheets Scanned/Saved: SM 08/28/2017 (Initials/Date)

DEP FORM FD 9000-25 Rapid Periphyton Survey Field Sheet

Site: BLACKWATER CREEK County: WILCOX Date: 2-23-17 Investigators: J. ASHTON, S. CLINEBELL

STORET Station Number: 625W0019

Transect (m)	Point 1=right 9=left	Algal Thickness Rank (N-6, X)	Estimated	Canopy Cover	Transect (m)	Point 1=right 9=left	Algal Thickness Rank (N-6, X)	Estimated	Canopy Cover
0	1	N			60	1	N		
	2	N				2			
	3	3				3			
	4	N				4			
	5	N		72		5			96
	6	N				6			
	7	N				7			
	8	N				8			
	9	N				9			
10	1	N			70	1	N		
	2	3				2			
	3	N				3			
	4	N				4			
	5	N		79		5	N		96
	6	N				6	N		
	7	N				7			
	8	N				8			
	9	N				9			
20	1	N			80	1	N		
	2					2			
	3					3			
	4					4			
	5			76		5			92
	6					6			
	7					7			
	8					8			
	9					9			
30	1	N			90	1	N		
	2					2			
	3					3			
	4					4			
	5	N		85		5			92
	6	N				6			
	7					7			
	8					8			
	9					9			
40	1	N			100	1	N		
	2					2			
	3					3			
	4					4			
	5			77		5			95
	6					6			
	7					7			
	8					8			
	9					9			
50	1	N				1			
	2					2			
	3					3			
	4					4			
	5			94		5			
	6					6			
	7					7			
	8					8			
	9					9			

Secchi depth 0.3
Estimated? N

points ranked 4-6 0
total points assessed 99
% points ranked 4-6 0

Check accompanying data collected at same site/date.
Algal mat sample ☐
Linear Veg Survey ☒
Habitat Assessment ☐
SCI/Biorecon ☐
Water sample ☒
RQ- 2017-02-20-22

Algal Thickness Rank	
N	rough, no algae, slimy, algae up to 1mm
3	>1mm - 6mm
4	>6mm - 20mm
5	>20mm - 10 cm
6	>10 cm

Record "N" and check "Estimated" for points deeper than the Secchi depth; algae are presumed absent. Check "Estimated" if thickness estimated for deep points which can be seen but not reached.
Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.
Record canopy cover as the number of small densiometer quadrants (out of 96) that HAVE canopy cover. Measure facing upstream at point 4, 5, or 6.
Collect algal mat sample following DEP SOP FS 7240 if the percentage of total sampled points with a thickness rank of 4, 5, or 6 is >20%.



**Advanced
Environmental Laboratories, Inc.**

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9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1900 • Fax 352.367.0050 • E92620
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LAB NUMBER: _____

Page _____ of _____

CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP		BOTTLE SIZE & TYPE		Sterile Plastic Bottle												LAB NUMBER	
ADDRESS: 13051 N. Telecom Pkwy		P.O. NUMBER/PROJECT NUMBER: 2017-02-20-22																	
Temple Terrace, FL 33637		PROJECT LOCATION: Florida																	
PHONE: 813-470-5700		FAX: 813-470-5998																	
CONTACT: Matthew Bearden Sarah Ernst		SAMPLED BY: J. Ashton / S. Clingerman																	
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS:																	
☒ STANDARD ☐ RUSH		PO AF315E																	
Samples are ambient water and not suspected to contain chlorine																			
WW=waste water		SW=surface water		GW=ground water		DW=drinking water		O=oil		A=air		SO=soil		SL=sediment					
Field ID	SITE NAME			Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	Ice, T									
					DATE	TIME													
G2SW0001	Blackwater Creek			Grab	02/23/17	1120	SW	1											
G2SW0025	Turkey Creek			Grab	02/23/17	1255	SW	1											
G2SW0006	English Creek			Grab	02/23/17	1345	SW	1											
				Grab			SW												
				Grab			SW												
				Grab			SW												

I=ice		H=(HCl)		S=(H ₂ SO ₄)		N=(HNO ₃)		T=(Sodium Thiosulfate)	
Shipment	Method	Sample K/L	Cooler #						
Out: _____	Via: _____	RB _____	D/T _____						
Ret: _____	Via: _____	AB _____	D/T _____						
		Trip BL							

Relinquish by: _____		Date _____		Time _____		Received by: _____		Date _____		Time _____	
1	<i>[Signature]</i>	02/23/17	1511	<i>[Signature]</i>	2/23/17	1511					
2											
3											
4											

Received on IC

☐ Yes ☐ No

QC ☐ sent

☐ received

revised 1/12

Florida Department of Environmental Protection
Central Laboratory Submittal Form

SMP RUN 16

last revised Apr 7, 2016

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By:

S. Clinger

Project ID: SMP

Collected By: Judy Ashton / S. Clinger

Sampling Agency:

21PLTPA

Location <u>Blackwater Creek</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>02/23/2017</u> Time <u>1120</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID <u>RQ-2017-02-20-22</u> Date: <u>02/23/17</u> Time: _____	<u>G2SW0019</u> ↓STORET Field ID ↑ <u>62SW00019</u>	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>7.7</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STOR		Temp (C) <u>19.3</u>	pH <u>7.3</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>590</u>
Latitude <u>Blackwater</u>	☐ dd ☐ dms	Salinity (ppt) <u>0.29</u>	Comments			
A/B						
Location <u>Turkey Creek</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>02/23/2017</u> Time <u>1255</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <u>RQ-2017-02-20-22</u> Date: <u>02/23/17</u> Time: _____	<u>G2SW0025</u> ↓STORET Field ID ↑ <u>62SW00025</u>	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>6.5</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STOR		Temp (C) <u>18.9</u>	pH <u>6.9</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>285</u>
Latitude <u>Turkey Creek</u>	☐ dd ☐ dms	Salinity (ppt) <u>0.14</u>	Comments			
A/B						
Location <u>English Creek</u>		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>02/23/2017</u> Time <u>1345</u>	<u>Eastern</u> Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID <u>RQ-2017-02-20-22</u> Date: <u>02/23/17</u> Time: _____	<u>G2SW0006</u> ↓STORET Field ID ↑ <u>62SW00006</u>	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>7.1</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STOR		Temp (C) <u>19.0</u>	pH <u>7.3</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>222</u>
Latitude <u>English Crk</u>	☐ dd ☐ dms	Salinity (ppt) <u>0.11</u>	Comments			
A/B						
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date _____ Time _____	<u>Eastern</u> 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)
STOR		Temp (C)	pH	Sample Depth	☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt)	Comments	

Relinquished By: <u>[Signature]</u>	Date/Time <u>02/23/17 1800</u>	Shipping Method <u>FedEx</u>	Number of Coolers Shipped: <u>1</u>	Received By:	Date/Time
--	-----------------------------------	---------------------------------	--	--------------	-----------

Group: A	Bottle Type:	P-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	3
	ALKALINITY						
	TURBIDITY						
	W-CL-IC						
	W-COLOR						
	W-F						
	W-SO4-IC						
	W-TDS						
	W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	3
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	3
	W-NH3						
	W-NO2NO3						
	W-S-A-TP						
	W-TKN						
	W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 4	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	3
	W-PO4-F						

Group B

SWD-AEL-EC

Bottles sent: 0

↳ Dropped off @ AEL Temp



Package
US Airbill

FedEx
Tracking
Number

8111 7111 0476

MUR4

Form
ID No.

0215

From Please print and press hard.

Date 02/23/2017

Sender's FedEx
Account Number

Sender's
Name FDEP

Phone 813 1470-5700

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

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 32397-6542

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.

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
must 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, 5, 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. 4470-2262-7

Exp.
Date

Total Packages

Total Weight

Total Declared Value¹

1

50

lbs.

\$

00

¹Our 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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