



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 Estes Date: 8-8-17
STORET Station ID: G1SW0027 WBID: 1502A Latitude: 28.1196N
County: Hillsborough RQ - 2017-08-07-22 ORG ID: 21FLTPA Longitude: -82.4659W
Receiving Body of Water: _____ Field ID: G1SW0027

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Jana Asitron		X	X	X	X	X
Laurie Batten		X	X	X	X	X

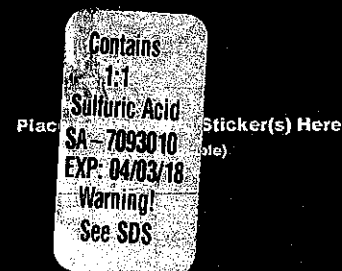
Sampling Equipment	
☒ Sample Container	☐ Van Dorn ☐ Pole
☐ Carboy	☐ Syringe
☐ Dipper	☐ Other _____
Equipment ID _____	
Collection Method	
☐ Wading	☒ Via Boat
☐ From Shore	☒ Canoe/Kayak
☐ Other (note below)	☐ Electric Motor
	☐ Gasoline Motor

Water Level: Dry / Pooled / Low / Normal / High / Flooded Matrix: Fresh Marine / DI
Meter ID# _____ 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 (umhos/cm)	Temp. (C°)
EST	1200	0.3		6.6	89	7.2	0.11	1.0	235	31.2
CEN		2.1	2.6	3.2	43	7.3	0.11		232	30.0

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	SA-7093010	04/03/18	☒ <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-CHC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates	☐ MI-PW-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

Notes: _____

RQ-2017-08-07-22 Date: 08-08-2017 Time: _____
Lake Estes

Signature: [Signature] Date: 8-8-17

Field ID: G1SW0027
STORET

Field Parameters Entered into LIMS: SM 08/21/2017 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)
Field Parameters QC in LIMS: SM 10/13/2017 (Initials/Date)
Field Sheets Scanned/Saved: SM 10/13/2017 (Initials/Date)

Request Number: RQ-2017-08-07-22

Florida Department of Environmental Protection

1 of 3
Page 1 of 2

RUN 8

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

L. Bachler

Project ID: SMP

Collected By:

J. Ashton

Sampling Agency:

FDEP

Location	RQ-2017-08-07-22 Date: 08-08-2017 Time: 1000 Dead Lady	Field ID G1SW0021 Field ID STORET G1SW0021	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-8-17 Time 1000	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2) A
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 4.8	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	Temp (C) 29.3	pH 6.1	Sample Depth 0.3	Sp. Conductance (umho/cm) 174
Salinity (ppt) 0.08	Comments						
Latitude ☐ dd ☐ dms							
Location	RQ-2017-08-07-22 Date: 08-08-2017 Time: 1043 Juanita	Field ID G1SW0019 Field ID STORET G1SW0019	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-8-17 Time 1043	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2) A
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 6.9	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	Temp (C) 31.4	pH 6.9	Sample Depth 0.3	Sp. Conductance (umho/cm) 144
Salinity (ppt) 0.07	Comments						
Latitude ☐ dd ☐ dms							
Location	RQ-2017-08-07-22 Date: 08-08-2017 Time: 1120 Rock Lake	Field ID G1SW0010 Field ID STORET G1SW0010	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-8-17 Time 1120	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2) A
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 5.5	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	Temp (C) 30.7	pH 6.9	Sample Depth 0.3	Sp. Conductance (umho/cm) 203
Salinity (ppt) 0.09	Comments						
Latitude ☐ dd ☐ dms							
Location	RQ-2017-08-07-22 Date: 08-08-2017 Time: 1200 Lake Estes	Field ID G1SW0027 Field ID STORET G1SW0027	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-8-17 Time 1200	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2) A
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 6.6	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	Temp (C) 31.2	pH 7.2	Sample Depth 0.3	Sp. Conductance (umho/cm) 235
Salinity (ppt) 0.11	Comments						
Latitude ☐ dd ☐ dms							

Relinquished By: L. Bachler	Date/Time 8-8-17 / 1400	Shipping Method Fed Ex	Number of Coolers Shipped: 2	Received By:	Date/Time
--------------------------------	----------------------------	---------------------------	---------------------------------	--------------	-----------

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

From **Please print and press hard.**

Date **8-8-17** Sender's FedEx Account Number

Sender's Name **FDEP** Phone **813 470-5700**

Company **FDEP**

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 **SAMPLE RECEIVING** Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD** Dept./Floor/Suite/Room

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

0124452251



From **Please print and press hard.**

Date **8-8-17** Sender's FedEx Account Number

Sender's Name **FDEP** Phone **813 470-5700**

Company **FDEP**

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 **SAMPLE RECEIVING** Phone **(850) 245-8085**

Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD** Dept./Floor/Suite/Room

Address **TALLAHASSEE** State **FL** ZIP **32399**

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.

2nd Business Day

☐ **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, 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. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
FedEx Acct. No. **4490-2262-9** Ex. 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.
Rev. Date 5/15 • Part #163134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

611

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.

2nd Business Day

☐ **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, 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. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
FedEx Acct. No. **4490-2262-9** Ex. 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.
Rev. Date 5/15 • Part #163134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

611

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.