A-KIT

PAGE 1 OF ____

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: LAKE CHAPMAN **Date:** 5-10-17 (mm/dd/yyyy)

STORET Station ID: G1SW0064 **WBID:** 1502C **Latitude:** 28.1051N (Decimal Degrees)

County: Hillsborough **RQ -** 2017-05-08-25 **ORG ID:** 21FLTPA **Longitude:** -82.4640 (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G1SW0064

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Laure Bachler	X	X			X
Judy Ashton		X		X	

Sampling Equipment

- [X] Sample Container
- [ ] Van Dorn
- [ ] Pole
- [ ] Carboy
- [ ] Syringe
- [ ] Dipper
- [ ] Other _____

Equipment ID _____

Collection Method

- [ ] Wading
- From Shore
- Other (note below)

Via Boat:
- [X] Canoe/Kayak
- [ ] Electric Motor
- [ ] Gasoline Motor

Water Level: Dry / Pooled / (Low) / Normal / High / Flooded

Matrix: (Fresh) / Marine / DI

Meter ID# Weere **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)	1240	0.3	2.0	10.2	129 ~~124~~	8.3	0.20	0.7	414	28.2
CEN		1.5		5.9	71	7.7	0.20		412	26.14

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	[X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[X] Ice [X] H_2SO_4			[X] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[X] W-PO4-F [ ] Field Filtered 0.45 µm Filter	[X] Ice			
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
Physical/Aggregate (Fresh)	[X] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[X] 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				

Place Pres r(s) Here

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

Notes: Q2: LB 5-25-17

RQ-2017-05-08-25
Date: 05-10-2017
Time:
Chapman

G1SW0064
Field ID
STORET
G1SW0064

Signature: Laure Bach **Date:** 5-10-17

Field Parameters Entered into LIMS: SM 05/11/2017 (Initials/Date) Field Parameters QC in LIMS: LB 05/24/2017 (Initials/Date)

Date Migrated to STORET: 6/12/17 MB 12/6/19 (Initials/Date) Field Sheets Scanned/Saved: SM 06/12/2017 (Initials/Date)

EVENT: 05 11 02

3 of 3

Request Number: RQ-2017~~-04-03-51-~~ 05-08-25

RUN 8

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By:

Field Report Prepared By:

Sampling Agency:

Location: RQ-2017-05-08-25 Date: 05-10-2017 Time:

Field ID: G1SW0027 Field ID STORET

STORET: Lake Estes

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms

☐ Comp ☐ Grab | Collection (comp begin or grab) Date 5-10-17 Time 1205 Eastern Central | Composite end Date Time | Bottle Group(s) (See pg 2): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 10.1 ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 28.4 | pH 8.2 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 271

Salinity (ppt) 0.13 | Comments

Location

Field ID: RQ-2017-05-08-25 Date: 05-10-2017 Time:

Field ID: G1SW0064 Field ID STORET

STORET: Chapman

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 5-10-17 Time 1240 Eastern Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 10.2 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 28.2 | pH 8.3 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 414

Salinity (ppt) 0.20 | Comments

Location

Field ID

STORET #

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms

☐ Comp ☐ Grab | Collection (comp begin or grab) Date Time Eastern Central | Composite end Date Time | Bottle Group(s)

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) | pH | Sample Depth ☐ ft ☐ m | Sp. Conductance (umho/cm)

Salinity (ppt) | Comments

Location

Field ID

STORET #

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms

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Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) | pH | Sample Depth ☐ ft ☐ m | Sp. Conductance (umho/cm)

Salinity (ppt) | Comments

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time

Group:	Bottle Type:	# of Bottles:	Preservative:	
A	P-1L	5	ICE	**Enter Number of Bottles Sent to Lab** _____

ALKALINITY
TURBIDITY
W-CL-IC
W-COLOR
W-F
W-SO4-IC
W-TDS
W-TSS

Group:	Bottle Type:	# of Bottles:	Preservative:	
A	BP-1L	5	ICE	**Enter Number of Bottles Sent to Lab** _____

CHLSUITE-W

Group:	Bottle Type:	# of Bottles:	Preservative:	
A	P-500ML	5	ICE And H2SO4	**Enter Number of Bottles Sent to Lab** _____

W-NH3
W-NO2NO3
W-S-A-TP
W-TKN
W-TOC

Group:	Bottle Type:	# of Bottles:	Preservative:	
A	P-125ML	5	ICE-FLTR	**Enter Number of Bottles Sent to Lab** _____

W-PO4-F

MUR4

FedEx Express Package US Airbill

FedEx Tracking Number 8111 7111 3258

Form ID No. 0215

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
First 24 characters will appear on invoice.

To

Recipient's Name Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

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.
- [X] 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
- [X] 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.

- [X] No
- [ ] Yes — 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 1 will be billed.
- [X] 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

†Our 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.

611

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MUR4

FedEx Express Package US Airbill

FedEx Tracking Number 8113 0563 1494

Form ID No. 0215

From Please print and press hard.

Date 5-10-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company F DEP

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

City Temple Terrace State FL ZIP 33637

Your Internal Billing Reference
First 24 characters will appear on invoice.

ORIGINAL

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

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE State FL ZIP 32399

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0126430468

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5 Packaging • Declared value limit $500.

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- [ ] FedEx Pak*
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- [ ] Sender — Acct. No. in Section 1 will be billed.
- [X] Recipient
- [ ] Third Party
- [ ] Credit Card
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