A-KIT

PAGE 1 OF 1

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Lake Chapman **Date:** 10-3-17 (mm/dd/yyyy)

STORET Station ID: G1SW0064 **WBID:** 1502C **Latitude:** 28.105 N (Decimal Degrees)

County: Hillsborough **RQ -** 2017-10-02-17 **ORG ID:** 21FLTPA **Longitude:** 82.464 W (Decimal Degrees)

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

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. Ashton		X		X	X
L. Baxter	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# Eureka **Photos:** Yes / (No)

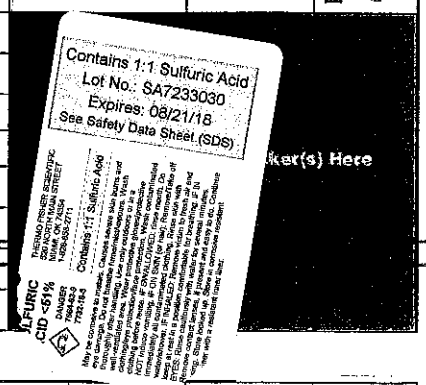
Tide Falling: Yes / No / (NA)

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)	1305	0.3	2.3	5.3	67	6.9	0.12	0.7	254	28.2
CEN		1.8		5.0	64	6.9	0.12		254	28.1

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	SA7233030	08/21/18	[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				



Notes:

RQ-2017-10-02-17
Date: 10-03-2017
Time:
Field ID G1SW0064
STORET
Chapman G1SW0064

Signature: _____ Date: 10-3-17

Field Parameters Entered into LIMS: SM 10/12/2017 (Initials/Date) Field Parameters QC in LIMS: _____ (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: SM 10/12/2017 (Initials/Date)

Request Number: RQ-2017-10-02-17

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: J. Ashton, L. Barber

Field Report Prepared By: Judy Ashton

Sampling Agency:

Location: RQ-2017-10-02-17 Date: 10-03-2017 Time: Dead Lady
Field ID: G1SW0021
STORET: G1SW0021

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 10-3-17 Time 0940 Eastern/Central | Composite end Date / Time | Bottle Group(s) (See pg 2): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 1.4 ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 27.3 | pH 6.7 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 138

Latitude ☐ dd ☐ dms | Longitude ☐ dd ☐ dms | Salinity (ppt) 0.06 | Comments

---

Location: RQ-2017-10-02-17 Date: 10-03-2017 Time: Juanita
Field ID: G1SW0019
STORET: G1SW0019

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 10-3-17 Time 1020 Eastern/Central | Composite end Date / Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 3.4 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 28.1 | pH 6.4 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 134

Latitude ☐ dd ☒ dms | Salinity (ppt) 0.06 | Comments

Location: RQ-2017-10-02-17 Date: 10-03-2017 Time: Rock Lake
Field ID: G1SW0010
STORET: G1SW0010

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 10-3-17 Time 1055 Eastern/Central | Composite end Date / Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 2.8 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 27.0 | pH 6.6 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 158

Latitude ☐ dd ☐ dms | Salinity (ppt) 0.07 | Comments

Location: RQ-2017-10-02-17 Date: 10-03-2017 Time: Chapman
Field ID: G1SW0064
STORET: G1SW0064

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 10-3-17 Time 1305 Eastern/Central | Composite end Date / Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 5.3 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 28.2 | pH 6.9 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 254

Latitude ☐ dd ☐ dms | Salinity (ppt) 0.12 | Comments

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
J Ashton	10-2-17 1700	FedEx	1		

Group: A	Bottle Type:	P-1L	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	4
	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**	4
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab**	4
	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**	4
	W-PO4-F						

SPH33

FedEx Express NEW Package US Airbill

FedEx Tracking Number 8768 6103 8758

Form ID No. 0215

Sender's Copy

From *Please print and press hard.*

Date 10-2-17

Sender's FedEx Account Number

Sender's Name

Phone (813) 470-5700

Company FDEP

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

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

0442085090

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.

The FedEx US Airbill has changed. See Section 4.
For shipments over 150 lbs., order the new FedEx Express Freight US Airbill.

4 Express Package Service

* To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs., use the new 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

- ☐ NEW 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

☐ 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. *Fee applies.*

☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

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

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ 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. / Credit Card No. 4490-2262-9 Exp. Date

Total Packages	Total Weight	Total Declared Value†
1	50 lbs.	$ - .00

†Our liability is limited to $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

Rev. Date 11/10 • Part #163134 • ©1994–2010 FedEx • PRINTED IN U.S.A. SRS

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