



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

DUP & BLANK

PAGE 1 OF 2

Data Qualified?
Yes / No

STORET Station Name: Rocky Creek Date: 06/29/2017
(mm/dd/yyyy)
STORET Station ID: GISW0053 ORB ID: 21FLTPA Latitude: 28°03'03.65"N
WBID: 1507 (Decimal Degrees)
County: HILLS RQ - 2017-06-26-20 Longitude: 82°35'41.64"W
(Decimal Degrees)
Receiving Body of Water: _____ Field ID: GISW0053

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Duplicate Collection	Blank Collection
Judy Ashton			X				X	X
Sarah Meyer			X				X	X
Catie Orr		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 / <u>High</u> / Flooded	Matrix: <u>Fresh</u> / Marine / DI
Meter ID# <u>W6622</u>	Photos: Yes / <u>No</u>
	Tide Falling: Yes / No / <u>NA</u>

Field Sample

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	1010	0.3	0.8	6.0	78	7.10	0.10	0.5	219	28.5
CEN				6.0	77	7.3	0.10		211	28.5

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 ☐ 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-CL-IC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☒ Ice			
Macroinvertebrates	☐ ML-FW-QDCC	☐ Formalin			
Periphyton	☐ ALGAE-ID- <u>PCR-FILTER - MARKER</u>	☐ Ice			
Microbiology	☒ E Coll ☐ F Coll ☐ Entero ☐ PCR-FILTER	☐ Ice			
Tracers	☒ W-SUC-AA-R ☒ W-UHERB-AA <u>W-AHERB-AA</u>	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other _____			
	Flow 0.25 m/s J				

2 of 2

QA/QC Sample Information

Duplicate

Time Zone: EST CEN		Sample Depth (m): _____		Field ID: _____	
Time: 1012		Total Depth (m): _____			
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 ☒ H ₂ SO ₄			☒ < 2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO ₃			☐ < 2
Filtered Nutrients	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☐ Alkalinity / W-E / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☒ Ice			
Microbiology	☐ E Coli ☐ F Coli ☐ Entero ☐ PCR-FILTER	☐ Ice			
Tracers	☒ W-SUC-AA-R ☒ W-UHERB-AA W-AHERB-AA				
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH				

Place Preservative Sticker(s) Here
(If Available)

RQ-2017-06-26-20
Date: 06/29/17
Time: _____
Rocky Creek Duplicate

G1SW0053
↓STORET Field ID ↑
G1SW0053

Blank

Time Zone: EST CEN		Time: 1020		Field ID: _____		Location: _____	
☒ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank		Equipment ID: _____					
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 ☒ H ₂ SO ₄			☒ < 2		
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO ₃			☐ < 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-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice					
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☒ Ice					
Microbiology	☐ E Coli ☐ F Coli ☐ Entero ☐ PCR-FILTER						
Tracers	☒ W-SUC-AA-R ☒ W-UHERB-AA W-AHERB-AA						
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH						

Place Preservative Sticker(s) Here
(If Available)

RQ-2017-06-26-20
Date: 06/29/17
Time: _____
FIELD BLANK

BLANK
↓STORET Field ID ↑
BLANK

Notes:	RQ-2017-06-26-20 Date: 06-29-2017 Time: _____ Rocky Crk	G1SW0053 Field ID STORET G1SW0053
Signature: <i>Sarah Meyer</i>	Date: 06/29/2017	

Field Parameters Entered into LIMS: <u>SM 07/08/2017</u> (Initials/Date)	Field Parameters QC in LIMS: <u>SM 08/24/2017</u> (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)	Field Sheets Scanned/Saved: <u>SM 09/25/2017</u> (Initials/Date)

Request Number: RQ-2017-06-26-20

Florida Department of Environmental Protection
Central Laboratory Submittal Form

RUN 9

4044
 Page 4 of 3

last revised Apr 7, 2016.

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By: Laurie Bachler

Project ID: SMP

Collected By: Judy Ashton

Sampling Agency: FDEP

Location		☐ Comp ☒ Grab		Collection (comp begin or grab)		Eastern ☒ Composite end		Bottle Group(s)	
Field ID: RQ-2017-06-26-20 Date: 06-29-2017 Time: 10:10		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		Total Res. Chlorine		B	
STOR: G1SW0053 Field ID STORET		Temp (C) 28.5		pH 7.10		Sample Depth 0.3		Sp. Conductance (umho/cm) 219	
Latitude: Rocky Crk		Salinity (ppt) 0.10		Comments: E. coli dropped off at AEL					
Location		☐ Comp ☒ Grab		Collection (comp begin or grab)		Eastern ☒ Composite end		Bottle Group(s)	
Field ID: RQ-2017-06-26-20 Date: 06/29/17 Time: 10:12		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		Total Res. Chlorine		B	
STOR: G1SW0053 Field ID STORET		Temp (C)		pH		Sample Depth		Sp. Conductance (umho/cm)	
Latitude: Rocky Creek Duplicate		Salinity (ppt)		Comments: Tracer only					
Location		☐ Comp ☒ Grab		Collection (comp begin or grab)		Eastern ☒ Composite end		Bottle Group(s)	
Field ID: RQ-2017-06-26-20 Date: 06/29/17 Time: 10:20		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		Total Res. Chlorine		B	
STOR: BLANK Field ID STORET		Temp (C)		pH		Sample Depth		Sp. Conductance (umho/cm)	
Latitude: FIELD BLANK		Salinity (ppt)		Comments: Tracer only					
Location		☐ Comp ☒ Grab		Collection (comp begin or grab)		Eastern ☒ Composite end		Bottle Group(s)	
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		Total Res. Chlorine		B	
STOR: BLANK		Temp (C)		pH		Sample Depth		Sp. Conductance (umho/cm)	
Latitude		Salinity (ppt)		Comments					
Longitude		Salinity (ppt)		Comments					

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped: 4	Received By:	Date/Time
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Group: A	Bottle Type: P-1L	# of Bottles: 4	Preservative: 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: A	Bottle Type: BP-1L	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
CHLSUITE-W				
Group: A	Bottle Type: P-500ML	# of Bottles: 4	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab _____
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 _____
W-PO4-F				
Group: B	Bottle Type: QPCR-P-250ML	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
PCR-FILTER				
Group: B	Bottle Type: P-120ML-WC-THI	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
SWD-AEL-EC				
Group: B	Bottle Type: BG-1L	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
W-AHERB-AA W-SUC-AA-R W-UHERB-AA				
Group: C	Bottle Type: BG-1L	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab _____
W-AHERB-AA W-GLYPH W-PYR-AA-R W-SUC-AA-R W-UHERB-AA				

Group: C Bottle Type: BG-500ML # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab 6
W-CT-CI-R
W-PCL-SQ-R

Group: C Bottle Type: P-500ML # of Bottles: 2 Preservative: HNO3 Enter Number of Bottles Sent to Lab 2
W-ICP
W-ICPMS

Group: C Bottle Type: BG-1L # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab 6
W-PSNP-TQ



Advanced
Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.383.9380 • Fax 904.363.8364 • E22574
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.830.9616 • Fax 813.830.4327 • E94569
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32605 • 352.367.1800 • Fax 352.367.8050 • E82620
525 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.637.1594 • Fax 407.637.1597 • E53075

LAB NUMBER:

Page 1 of 1

CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP		BOTTLE SIZE & TYPE	Sterile Plastic Bottle											LAB NUMBER							
ADDRESS: 13051 N. Telecom Pkwy Temple Terrace, FL 33637 PHONE: 813-470-5700		P.O. NUMBER/PROJECT NUMBER:		PROJECT LOCATION: Florida																			
CONTACT: Matthew Boarden TURN AROUND TIME:		FAX: 813-470-5995		SAMPLED BY: J Ashton, S Meyer, C Orr		REMARKS/SPECIAL INSTRUCTIONS: PO AF315E		A R N E A Q L U Y I S R I E S D		Fecal Coliforms		E Coli											
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																			
RQ-2017-06-26-20 Date: 06-29-2017 Time: Rocky Crk	G1SW0053 Field ID STORET G1SW0053	Grab	06/29/2017	10:10	SW	1																	
		Grab			SW																		
		Grab			SW																		
		Grab			SW																		
		Grab			SW																		
		Grab			SW																		
		Grab			SW																		
		Grab			SW																		

H=(HCl) S=(H ₂ SO ₄) N=(HNO ₃) T=(Sodium Thiosulfate)		Method		Sample Kit	Cooler #	Relinquish by:		Date	Time	Received by:		Date	Time
Shipment		Via:		RB	D/T	1	J Ashton	06/29/17	11:11	2	S Meyer	06-29	11:11
Out:		Via:		AB	D/T	3				4			
Ret:		Via:		Thp Bl									

Received on Ice ☐ Yes ☐ No QC ☐ sent ☐ received

From Please print and press hard.

Date **6-29-17** Sender's FedEx Account Number **8115 9551 3280**

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

Company **F DEP**

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

City **Temple Terrace** State **FL** ZIP **33637**

Your Internal Billing Reference **0110101**

To Recipient's Name **SAMPLE RECEIVING** 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./Room/Suite/Room

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

City **TALLAHASSEE** State **FL** ZIP **32399**

0126912290



Ship it. Track it. Pay for it. All online.
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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 ☐ Yes per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice, 9, UN 1845 ☐ 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. **4490-2262-9** Exp. 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.

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From Please print and press hard.

Date **6-29-17** Sender's FedEx Account Number **8113 0563 2799**

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

Company **F DEP**

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

City **Temple Terrace** State **FL** ZIP **33637**

Your Internal Billing Reference **0110101**

To Recipient's Name **SAMPLE RECEIVING** 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./Room/Suite/Room

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

City **TALLAHASSEE** State **FL** ZIP **32399**

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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

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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 ☐ Yes per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice, 9, UN 1845 ☐ 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. **4490-2262-9** Exp. 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.

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