



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: ROCKY CREEK Date: 8-7-17
STORET Station ID: 61SW0053 WBID: 1507 Latitude: 28°03'09.65"N
County: HILLS RQ - 2017-07-08-23 ORG ID: 21FLTPA Longitude: 82°33'41.64"W
Receiving Body of Water: _____ Field ID: 61SW0053

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. Armon		X	X			
C. Orr			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:		Matrix:								
Dry / Pooled / Low / Normal / <u>High</u> / Flooded		<u>Fresh</u> Marine / DI								
Meter ID# <u>BUSA</u>		Photos: Yes / <u>No</u>								
Tide Falling: Yes / No / <u>NA</u>										
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	1045	0.3	0.3	5.8	75	7.0	0.12	0.3	267	28.8
CEN								115"		

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 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 ☐ Enterococcus ☐ PCR-FILTER	☐ Ice			
Tracers	☒ W-SUC-AA-R ☒ W-UHERB-AA <u>W-Antox</u>	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R	☐ Ice			
	☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Other			
Flow	"J" Qualify Flow <u>0.4</u>				

Notes: <u>PLA - FILTER</u>	RQ-2017-08-07-23 Date: 08-07-2017 Time: <u>Rocky Creek</u>	<u>G1SW0053</u> Field ID STORET <u>G1SW0053</u>
Signature: <u>[Signature]</u>	Date: <u>8-7-17</u>	

Field Parameters Entered into LIMS: SM 08/24/2017 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)
Field Parameters QC in LIMS: SM 10/17/2017 (Initials/Date)
Field Sheets Scanned/Saved: SM 10/17/2017 (Initials/Date)

Request Number: RQ-2017-08-07-23

Bellows & Rocky

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Page 1 of 3

last revised Apr 7, 2016

Customer: WQ-ASSESS

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: Judy AshtonCollected By: J. Ashton, C. OCLSampling Agency: FARP

Location	RQ-2017-08-07-23 Date: 08-07-2017 Time:		Field ID G1SW0044 STORET Bellows Lake G1SW0044		☐ Comp ☒ Grab Collection (comp begin or grab) Date: 8-7-17 Time: 925		☒ Eastern ☐ Central Composite end Date: Time:		Bottle Group(s) (See pg 2) A/B
Field ID	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 8.2		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		
STORET #	Temp (C) 30.2		pH 8.9		Sample Depth 0.3		☐ ft ☒ m Sp. Conductance (umho/cm) 145		
Latitude	☐ dd ☐ dms		Salinity (ppt) 0.07		Comments				
Location	RQ-2017-08-07-23 Date: 08-07-2017 Time:		Field ID G1SW0053 STORET Rocky Creek G1SW0053		☒ Comp ☒ Grab Collection (comp begin or grab) Date: 8-7-17 Time: 1045		☒ Eastern ☐ Central Composite end Date: Time:		Bottle Group(s) (See pg 2) C
Field ID	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 5.8		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		
STORET #	Temp (C) 28.8		pH 7.0		Sample Depth 0.3		☐ ft ☒ m Sp. Conductance (umho/cm) 267		
Latitude	☐ dd ☐ dms		Salinity (ppt) 0.12		Comments E. COLI BLOOMING AND PAEL				
Location			☐ Comp ☐ Grab Collection (comp begin or grab) Date: Time:		☐ Eastern ☐ 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)		
STORET #	Temp (C)		pH		Sample Depth		☐ ft ☐ m Sp. Conductance (umho/cm)		
Latitude	☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt) Comments		
Location			☒ Comp ☒ Grab Collection (comp begin or grab) Date: Time:		☐ Eastern ☐ 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)		
STORET #	Temp (C)		pH		Sample Depth		☐ ft ☐ m Sp. Conductance (umho/cm)		
Latitude	☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt) Comments		
Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:		Received By:	Date/Time			
J. Ashton	8-7-17 1700	FES	2						

Group: A	Bottle Type:	P-1L	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS					
Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W					
Group: A	Bottle Type:	BG-500ML	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab	4
	W-CT-CI-R					
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative: HNO3	Enter Number of Bottles Sent to Lab	1
	W-ICP W-ICPMS					
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC					
Group: A	Bottle Type:	P-125ML	# of Bottles: 1	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	1
	W-PO4-F					
Group: B	Bottle Type:	BG-1L	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
	W-AHERB-AA W-GLYPH W-PYR-AA-R W-SUC-AA-R W-UHERB-AA					
Group: B	Bottle Type:	BG-500ML	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab	4
	W-CT-CI-R W-PCL-SQ-R					

Group: B	Bottle Type: BG-1L	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab	4
	W-PSNP-TQ				
Group: C	Bottle Type: QPCR-P-250ML	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
	PCR-FILTER				
Group: C	Bottle Type: P-120ML-WC-THI	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	0
	SWD-AEL-EC	DROPPED OFF & AEL			
Group: C	Bottle Type: BG-1L	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
	W-AHERB-AA				
	W-SUC-AA-R				
	W-UHERB-AA				



Advanced
Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.8616 • Fax 813.630.4327 • E84588
2105 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

Page

of

CLIENT NAME:		PROJECT NAME:		BOTTLE SIZE & TYPE	Sample Plastic Bottle											LAB NUMBER			
FDEP - SW District		TMDL / SMP		AR	Fecal Coliforms														
ADDRESS:		P.O. NUMBER/PROJECT NUMBER:		NE												E. Coli			
Temple Terrace, FL 33637				AQ															
PHONE:		PROJECT LOCATION:		LU															
813-470-5700		Florida		YI															
CONTACT:		FAX:		SR															
Matthew Bearden Sarah Ernst		813-470-6996		IE															
TURN AROUND TIME:		SAMPLED BY:		SD															
				REMARKS/SPECIAL INSTRUCTIONS:															
				PO AF315E															
Samples are ambient water and not suspected to contain chlorine																			
WW=waste water	SW=surface water	GW=ground water	DW=drinking water	Oil	A=air	SO=soil	SL=sludge	Preserv	Ice, T										
Field ID	SITE NAME		Grab Comp	SAMPLING		MATRX	NO. COUNT												
				DATE	TIME														
RQ-2017-08-07-23 Date: 08-07-2017 Time:	G1SW0053 Field ID STORET Rocky Creek		Grab	08/07/17	1045	SW	1												
			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 #	Refrigerate by:	Date	Time	Received by:	Date	Time
Shipment		Via:		RB	D/T	1	8/7/17	1130	8/7/17	1132	
Cut:		Via:		AB	D/T	2					
Ret:		Via:		Trip Bl.		3					
						4					

Received on Ice ☐ Yes ☐ No ☐ sent ☐ received

From Please print and press hard.

Date 8/7/17

Sender's FedEx
Account Number

Sender's
Name

Phone (813) 470-5700

Company

FDEP

Address

13051 N. Teleom 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

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

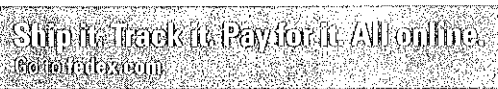
State

FL

ZIP

32399-6542

0119899085



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

☐ **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, S, 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.

4470-2262-9

Exp.
Date

Total Packages

Total Weight

Total Declared Value*

1

50

lbs. \$ 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.

611

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MUR3

From Please print and press hard.

Date 8/7/17

Sender's FedEx
Account Number

Sender's
Name

Phone (813) 470-5700

Company

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As per attached Shipper's Declaration.

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Dry Ice, S, UN 1845

x kg

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Acct. No. in Section 1 will be billed.

☒ **Recipient**

☐ Third Party

☐ Credit Card

☐ Cash/Check

FedEx Acct. No.
Credit Card No.

4470-2262-9

Exp.
Date

Total Packages

Total Weight

Total Declared Value*

1

50

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