



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

A-KIT

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Data Qualified?

Yes / No

STORET Station Name: Klosterman Bayou Date: 5-23-17
STORET Station ID: G5SW0039 WBID: 1508A Latitude: 28.11466N
County: Pinellas RQ: 2017-05-22-26 ORG ID: 21FLTPA Longitude: -82.76268W
Receiving Body of Water: _____ Field ID: G5SW0039

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	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 / <u>Low</u> / Normal / High / Flooded							Matrix: <u>Fresh</u> / Marine / DI				
Meter ID# <u>Wetzel</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	0930	0.3	0.4	4.99	54	7.8	10.06	0.3	17175	29.5	
CEN											

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-6302030	10/28/17	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO2			☐ <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-CHC / 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 ☐ 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: PCR-FILTER
G2: 6/20/17 - LB

Signature: [Signature] Date: 5-23-17

RQ-2017-05-22-26 Date: 05-23-2017 Time: _____
Klosterman

G5SW0039 Field ID STORET
G5SW0039

Field Parameters Entered into LIMS: SM 05/23/2017 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)
Field Parameters QC in LIMS: LB 05-01-17 (Initials/Date)
Field Sheets Scanned/Saved: SM 10/04/2017 (Initials/Date)

Request Number: **RQ-2017-05-22-26**

Florida Department of Environmental Protection
Central Laboratory Submittal Form

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last revised Apr 7, 2016

Kit: ~~Mokay~~
A-Kit

Customer: **WQAP**

Project ID: **SMP**

Requester: **Judy Ashton**

Field Report Prepared By: **Judy Ashton**

Collected By: **J. Ashton, L. Balthaz**

Sampling Agency: **WQAP**

Location		☐ Comp ☒ Grab		Collection (comp begin or grab)		☒ Eastern ☐ Central		Composite end		Bottle Group(s)	
Field ID: RQ-2017-05-22-26 Date: 05-23-2017 Time: 4:30		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		☒ mg/L ☐ % sat		Total Res. Chlorine		A/B	
STORET #		Temp (C)		pH		Sample Depth		Sp. Conductance (umho/cm)			
Latitude		Salinity (ppt)		Comments							
Field ID: G5SW0039 Date: 05-23-2017 Time: 4:30		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		☒ mg/L ☐ % sat		Total Res. Chlorine		A/B	
STORET #		Temp (C)		pH		Sample Depth		Sp. Conductance (umho/cm)			
Latitude		Salinity (ppt)		Comments							
Field ID: G5SW0119 Date: 05-23-2017 Time: 4:25		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		☒ mg/L ☐ % sat		Total Res. Chlorine		A/B	
STORET #		Temp (C)		pH		Sample Depth		Sp. Conductance (umho/cm)			
Latitude		Salinity (ppt)		Comments							
Field ID: G5SW0118 Date: 05-23-2017 Time: 11:25		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		☒ mg/L ☐ % sat		Total Res. Chlorine		T/B	
STORET #		Temp (C)		pH		Sample Depth		Sp. Conductance (umho/cm)			
Latitude		Salinity (ppt)		Comments							
Field ID: G5SW0118 Date: 05-23-2017 Time: 11:25		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		☒ mg/L ☐ % sat		Total Res. Chlorine		T/B	
STORET #		Temp (C)		pH		Sample Depth		Sp. Conductance (umho/cm)			
Latitude		Salinity (ppt)		Comments							

Relinquished By: J. Ashton	Date/Time: 5-23-17 1700	Shipping Method: Hand Lx	Number of Coolers Shipped: 1	Received By:	Date/Time:
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Group: A Bottle Type: P-1L # of Bottles: 1 Preservative: ICE Enter Number of Bottles Sent to Lab 3

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 3

CHLSUITE-W

Group: A Bottle Type: P-500ML # of Bottles: 1 Preservative: HNO3 Enter Number of Bottles Sent to Lab 3

W-ICP
W-ICPMS

Group: A Bottle Type: P-500ML # of Bottles: 1 Preservative: ICE And H2SO4 Enter Number of Bottles Sent to Lab 3

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 3

W-PO4-F

Group B SWD-AEL-^{EC}~~EN~~ 1 BOTTLE ICE # BOTTLES SENT 0
DROPPED AT 2 AEL

Group B PCR-P-250ML 2 BOTTLES ICE # BOTTLES SENT 4

Group B W-ATHEL-^{AA} B6-1L ICE # BOTTLES SENT 2
W-LITH-^{AA}
W-SUC-^{AA}-R

From Please print and press hard.

Date 5-23-17

Sender's FedEx
Account Number

SENDER'S ACCOUNT NUMBER (PRINT ONLY)

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 33657

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.D. 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

0126430468

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.

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.

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

☒ 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.

☐ Shipper's Declaration
not required.

☐ Dry Ice
Dry Ice, 9, UN 1845 x kg

☐ 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

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.

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