



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: Klosterman N. Date: 6-21-17
STORET Station ID: G5SW0039 WBID: 1508A Latitude: 28.11460N
County: Pinellas RQ: 2017-06-19-29 ORG ID: 21FLTPA Longitude: -82.16268W
Receiving Body of Water: _____ Field ID: G5SW0039

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment			
<u>Judy Aspin</u> <u>Larissa Baccare</u>							☒ 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 / <u>Normal</u> / High / Flooded						Matrix: <u>Fresh</u> Marine / DI				
Meter ID# <u>11C502</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 (umhos/cm)	Temp. (C°)
EST	1005	0.3	0.7	3.3	44	7.4	1.97	0.4	3750	28.4
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			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <2
Filtered Nutrients	☒ W-PO4-F ☐ Field Filtered 0.45 um Filter	☒ Ice			
Chlorophyll	☒ CHL5UITE-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			
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: <u>PCR-FILTER</u> Event: 06-22-02	RQ-2017-06-19-29 Date: 06/21/17 Time: _____ Klosterman N	 G5SW0039 STORET Field ID
	Signature: <u>[Signature]</u>	Date: <u>6-21-17</u>

Field Parameters Entered into LIMS: SM 06/26/2017 Field Parameters QC in LIMS: SM 08/29/2017
Date Migrated to STORET: MB 9/16/17 (Initials/Date) Field Sheets Scanned/Saved: SM 09/25/2017 (Initials/Date)
PCR-17-06-22-02 (Initials/Date)



Advanced
Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E02574
9610 Pinellas Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E04689
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E02626
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.337.1694 • Fax 407.337.1597 • E53076

LAB NUMBER:

Page 1 of 1

CLIENT NAME		PROJECT NAME		BOTTLE SIZE & TYPE	Sterile Plastic Bottle	LAB NUMBER										
FDEP - SW District		TMDL / SMP		AR	Fecal Coliforms	E coli										
ADDRESS: 13051 N. Telecom Pkwy		P.O. NUMBER/PROJECT NUMBER:		NE												
Temple Terrace, FL 33607		PROJECT LOCATION: Florida		AQ												
PHONE: 813-470-5700		FAX: 813-470-5995		LU												
CONTACT: Matthew Bearden Sarah Ernst		SAMPLED BY:		YI												
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS:		SR												
☒ STANDARD ☐ RUSH		PO AF315E		IE												
Samples are ambient water and not suspected to contain chlorine																
WW=waste water SW=surface water GW=ground water DW=drinking water																
Field ID	SITE NAME	Grab Comp	SAMPLING		NO. COUNT	Preserv	Ice, T									
			DATE	TIME	MATRIX											
RQ-2017-06-19-29	G5SW0039	Grab	6-21-17	1005	SW	1										
Date: 06/21/17	↓STORET Field ID ↑															
Time:	Klosterman N															
RQ-2017-06-19-29	G5SW0040	Grab			SW											
Date: 06/21/17	↓STORET Field ID ↑															
Time:	Klosterman S	Grab	6-21-17	1025	SW	1										
RQ-2017-06-19-29	G5SW0118	Grab	6-21-17	1120	SW	1										
Date: 06/21/17	↓STORET Field ID ↑															
Time:	Pinellas Park Ditch #5															
RQ-2017-06-19-30	G5SW0126	Grab	6-21-17	1150	SW	1										
Date: 06/21/17	↓STORET Field ID ↑															
Time:	McKay Creek															
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										
Out:		Via:		RB	DT	1 J. Ashby 6-21-17 1445 6/21/17 14:45										
Ret:		Via:		AB	DT											
Received on		QC		Trip BL												
Yes ☐ No ☐		sent ☐		received ☐												

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Run 4

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By: Judy Ashton

Project ID: SMP

Collected By: J. Ashton, L. BarkerSampling Agency: FSEP

Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>6-21-17</u> Time <u>1005</u>		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)	
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		☐ mg/L ☒ % sat		Total Res. Chlorine (mg/L)	
STORET #		Temp (C) <u>28.4</u>		pH <u>7.4</u>		Sample Depth <u>0.3</u>		Sp. Conductance (umho/cm) <u>3760</u>	
Latitude		☐ dd ☐ dms		Salinity (ppt) <u>1.97</u>		Comments			
RQ-2017-06-19-29 Date: 06/21/17 Time: _____ Klosterman II		G5SW0039		DROPPED IN E. COOL @ ALL				B	
Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>6-21-17</u> Time <u>1025</u>		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) <u>28.0</u>		pH <u>7.0</u>		Sample Depth <u>0.3</u>		Sp. Conductance (umho/cm) <u>901</u>	
Latitude		☐ dd ☐ dms		Salinity (ppt) <u>0.44</u>		Comments			
RQ-2017-06-19-29 Date: 06/21/17 Time: _____ Klosterman S.		G5SW0040		DROPPED IN E. COOL @ ALL				A/B	
Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>6-21-17</u> Time <u>1120</u>		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) <u>27.97</u>		pH <u>7.4</u>		Sample Depth <u>0.2</u>		Sp. Conductance (umho/cm) <u>477</u>	
Latitude		☐ dd ☐ dms		Salinity (ppt) <u>0.23</u>		Comments			
RQ-2017-06-19-29 Date: 06/21/17 Time: _____ Pinellas Park Ditch #5		G5SW0118		DROPPED IN E. COOL @ ALL				B	
Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date _____ Time _____		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		Sp. Conductance (umho/cm)	
Latitude		☐ dd ☐ dms		Salinity (ppt)		Comments			

Relinquished By: <u>J. Ashton</u>	Date/Time: <u>6-21-17 1100</u>	Shipping Method: <u>FED EX</u>	Number of Coolers Shipped: <u>1</u>	Received By: _____	Date/Time: _____
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Group: A	Bottle Type:	P-1L	# of Bottles: 3	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: 3	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W					
Group: A	Bottle Type:	P-500ML	# of Bottles: 3	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: 3	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	1
	W-PO4-F					
Group: B	Bottle Type:	QPCR-P-250ML	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	6
	PCR-FILTER					
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 3	Preservative: ICE	Enter Number of Bottles Sent to Lab	0
	SWD-AEL-EC	<i>SWD AEL-EC</i>				
Group: B	Bottle Type:	BG-1L	# of Bottles: 3	Preservative: ICE	Enter Number of Bottles Sent to Lab	3
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA					

From Please print and press hard.

Date 6-21-17

Sender's FedEx
Account Number

SENDER'S FEDEX ACCOUNT NO.

Sender's
Name

Phone (813) 470-5700

Company

FDEP

Address

13051 N. Telecom Pkwy

Dept./Floor/Suite/Room

City

Temple Terrace

State

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 R.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

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.

☐ Yes

Shipper's Declaration
not required.

☐

Dry Ice

Dry Ice, 9, UN 1845

x

kg

☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

☐

Sender

Acct. No. in Section
I 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.

\$ 0.00

*Our liability is limited to \$500 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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