B-KIT

PAGE 1 OF 1

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: KLOSTERMAN BAYOU **Date:** 4/12/17 (mm/dd/yyyy)

STORET Station ID: ~~65SW0129~~ SM 04/13/2017 GSSWC035 **WBID:** 1508 **Latitude:** 28.11728 (Decimal Degrees)

County: PINELLAS **RQ -** 2017-04-10-23 **ORG ID:** 21FLTPA **Longitude:** 82.76533 (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** 65SW0129

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
JIMMY ASHTON		X		X	X
LAURIE BARKLEY	X		X		

Sampling Equipment

- [x] Sample Container
- [ ] Van Dorn
- [x] Pole
- [ ] Carboy
- [ ] Syringe
- [ ] Dipper
- [ ] Other _____

Equipment ID _____

Collection Method

- [x] Wading
- [ ] From Shore
- [ ] Other (note below)

Via Boat
- [ ] Canoe/Kayak
- [ ] Electric Motor
- [ ] Gasoline Motor

Water Level: Dry / Pooled / Low / (Normal) / High / Flooded

Matrix: Fresh / (Marine) / DI

Meter ID# Lil Jon **Photos:** Yes / (No)

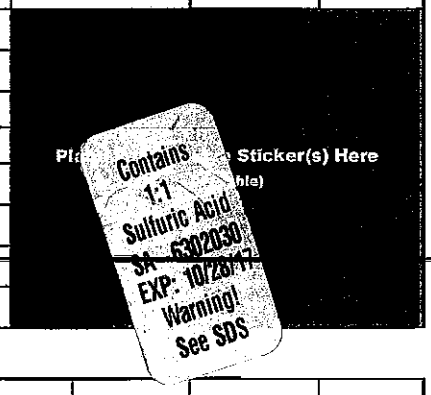
Tide Falling: (Yes) / No / NA

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)	1420	0.3	0.5	6.3	84	7.4	27.8	0.5 "S"	43201	24.1
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	[x] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[x] Ice [x] H_2SO_4			[x] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_2			[ ] <2
Filtered Nutrients	[x] W-PO4-F [ ] Field Filtered 0.45 µm Filter	[x] Ice			
Chlorophyll	[x] CHLSUITE-W	[x] Ice			
Physical/Aggregate (Fresh)	[ ] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[ ] Ice			
Physical/Aggregate (Marine)	[x] Alkalinity / W-F / W-TSS / TURBIDITY	[x] Ice			
Macroinvertebrates	[ ] MI-FW-QLDC	[ ] Formalin			
Periphyton	[ ] ALGAE-ID	[ ] Ice			
Microbiology	[ ] E Coli [ ] F Coli [x] Entero [x] PCR-FILTER	[x] Ice			
Tracers	[x] W-SUC-AA-R [x] W-UHERB-AA	[x] Ice			
Pesticides	[ ] W-PSNP-TQ [ ] W-AHERB-AA [ ] W-PYR-AA-R [ ] W-PCL-SQ-R [ ] W-UHERB-AA [ ] W-GLYPH	[ ] Ice [ ] Other			



Notes:

RQ-2017-04-10-23
Date: 04-12-17
Time:
~~65SW0129~~
GSSWC035 Field ID
STORET
Klosterman TP222
65SW0129

Signature: _____ **Date:** 4-12-17

Field Parameters Entered into LIMS: SM 04/13/2017 Field Parameters QC in LIMS: LB 4-24-17 TOC-MB

Date Migrated to STORET: 6/12/17 MB (Initials/Date) 3.1.6.4.4 EVENT: 04-13-04 (Initials/Date)

Field Sheets Scanned/Saved: SM 06/21/2017 (Initials/Date)

Advanced
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☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

CLIENT NAME: FDEP - SW District	PROJECT NAME: TMDL / SMP		
ADDRESS: 13051 N. Telecom Pkwy	P.O. NUMBER/PROJECT NUMBER:		
Temple Terrace, FL 33637	PROJECT LOCATION: Florida		
PHONE: 813-470-5700	FAX: 813-470-5996		
CONTACT: Matthew Bearden ~~Sarah Ernst~~	SAMPLED BY:		
TURN AROUND TIME: ☑ STANDARD ☐ RUSH _____	REMARKS/SPECIAL INSTRUCTIONS: **PO E84589**		

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=sludge

Field ID / SITE NAME	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	Preserv	Ice, T	BOTTLE SIZE & TYPE: Sterile Plastic Bottle — ARENAQLUYISRIESD: Fecal Coliforms	E. Coli	Enterco	LAB NUMBER
RQ-2017-04-10-24 Date: 04-12-17 Time: Stevenson Crk G5SW0002 Field ID STORET G5SW0002	Grab	4/12/17	1111	SW	1				1		
RQ-2017-04-10-23 Date: 04-12-17 Time: Bishop Tidal G1SW0054 Field ID STORET G1SW0054	Grab	4/12/17	1155	SW	1					1	
RQ-2017-04-10-23 Date: 04-12-17 Time: Cedar Tidal G5SW0128 Field ID STORET G5SW0128	Grab			SW							
RQ-2017-04-10-24 Date: 04-12-17 Time: Cedar Creek G5SW0129 Field ID STORET G5SW0129	Grab	4/12/17	1320	SW	1					1	
	Grab	4/12/17	1350	SW	1					1	
	Grab		ES	SW	+				+		

I-Ice H=(HCl) S=(H_2SO_4) N=(HNO_3) T=(Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
Out: _____	Via: _____	RB _____ D/T	
Ret: _____	Via: _____	AB _____ D/T	
		Trip Bl.	

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

	Relinquish by:	Date	Time	Received by:	Date	Time
1	J Aslinn	4/12/17	1544	[signature]	4/12/17	1544
2						
3						
4						

revised 1/12

Advanced Environmental Laboratories, Inc.
Florida's Largest Laboratory Network

Altamonte Springs: 380 Northlake Blvd., Ste. 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
Jacksonville: 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
Tallahassee: 2639 North Monroe St., Suite D, Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275
Gainesville: 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
Miramar: 10200 USA Today Way, Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
Tampa: 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: FDEP - SWDIST
Address: 13051 N. TELECOM PKWY
SUITE 101
Phone: 813-716-3381
FAX:
Contact: MATT BARSEN
Sampled By: J. Ashton, L. Brewer
Turn Around Time: ☐ STANDARD ☐ RUSH
AEL Profile #:

Project Name:
Project Number:
PO Number:
FDEP Facility No:
FDEP Facility Address:
Special Instructions: PO E84589
☐ ADaPT ☐ EQuIS ☐ Other

SAMPLE ID	SAMPLE DESCRIPTION	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LABORATORY I.D. NUMBER
							Preservation	ICE	
							Field-Filtered?		
RQ-2017-04-10-23	G5SW0129 Field ID STORET	X	4/12/17	1420	SW	1		1	
Date: 04-12-17									
Time:									
Klosterman TP222									

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge

Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice ☐ Yes ☐ No ☐ Temp taken from sample ☐ Temp from blank ☐ Where required, pH checked

Temp. when received (observed)_____ °C Temp. when received (corrected)_____ °C

DCN: AD-051 Form last revised 11/17/16

Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1	J. Ashton	4/12/17	1544		4/12/17	1544
2						
3						
4						

FOR DRINKING WATER USE:
(When PWS Information not otherwise supplied) PWS ID:_____
Contact Person:_____ Phone :_____
Supplier of Water:_____
Site Address:

Request Number: RQ-2017-04-10-23

RUN 11 B-kits

Customer: WQAP

Project ID: SMP

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Requester: Judy Ashton

Collected By: J. Ashton, L. Bachler

Field Report Prepared By: Judy Ashton

Sampling Agency: FDEP

RQ-2017-04-10-23
Date: 04-12-17
Time:
G1SW0054
Field ID
STORET
G1SW0054
Bishop Tidal

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 4-12-17	Time 1155	Eastern Central	Composite end Date	Time	Bottle Group(s) (See pg 2)		
Field ID		Matrix (type, e.g. Salt, Fresh, etc)		Diss. Oxygen 6.0	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		A/B		
STORET #		Temp (C) 22.4	pH 7.2	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 49026				
Latitude	☐ dd ☐ dms	Salinity (ppt) 4.99	Comments ENTERO DROPPED OFF @ AEL							

RQ-2017-04-10-23
Date: 04-12-17
Time:
G5SW0128
Field ID
STORET
G5SW0128
Cedar Tidal

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 6.3	☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		A/B		
STORET #		Temp (C) 22.6	pH 7.4	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 40249				
Latitude	☐ dd ☐ dms	Salinity (ppt) 30.03	Comments BOTTLE DROPPED OFF @ AEL							

RQ-2017-04-10-23
Date: 04-12-17
Time:
~~G5SW0129~~ G5SW0035
Field ID
STORET
G5SW0129
Klosterman TP222

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 4-12-17	Time 1420	Eastern Central	Composite end Date	Time	Bottle Group(s)		
Field ID		Matrix (type, e.g. Salt, Fresh, etc)		Diss. Oxygen 6.3	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)		A/B		
STORET		Temp (C) 24.1	pH 7.4	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 43201				
Latitude	☐ dd ☐ dms	Salinity (ppt) 27.8	Comments ENTERO DROPPED OFF @ AEL							

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	Salinity (ppt)	Comments							

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
J. Ashton	4-12-17 1700	FES Exp	2		

Group: A	Bottle Type: ALKALINITY TURBIDITY W-F W-TSS	P-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab 3
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab 3
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	P-500ML	# of Bottles: 3	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab 3
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 3	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab 3
Group: B	Bottle Type: PCR-FILTER	QPCR-P-250ML	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab 6
Group: B	Bottle Type: SWD-AEL-EN	P-120ML-WC-THI	# of Bottles: 3	Preservative: DROPPED AT D ALS	ICE	Enter Number of Bottles Sent to Lab 0
Group: B	Bottle Type: W-AHERB-AA W-SUC-AA-R W-UHERB-AA	BG-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab 3

MUR4

FedEx Express Package US Airbill

FedEx Tracking Number 8111 7111 8238

Form ID No. 0215

From *Please print and press hard.*

Date | Sender's FedEx Account Number

Sender's Name | Phone 813.4705770

Company FDEP SWROC

Address 13051 N. Telecom 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 | Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD | Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

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.

City TALLAHASSEE | State FL | ZIP 32399-6542

0125636852

Ship it. Track it. Pay for it. All online. Go to fedex.com

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.
- [X] 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
- [X] 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.

- [X] No
- [ ] Yes — As per attached Shipper's Declaration.
- [ ] Yes — Shipper's Declaration not required.
- [ ] Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

- [ ] 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.
- [X] 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 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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MUR4

FedEx Express Package US Airbill

FedEx Tracking Number 8111 7111 8227

Form ID No. 0215

From Please print and press hard.

Date | Sender's FedEx Account Number

Sender's Name | Phone (813.4705770

Company FDEP SWROC

Address 13051 N. Telecom 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 | Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD | Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

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.

City TALLAHASSEE | State FL | ZIP 32399-6542

0125636852

Leave the packing to the pros at FedEx Office. Go to fedex.com/office.

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.
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2 or 3 Business Days

- [ ] FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
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5 Packaging * Declared value limit $500.

- [ ] FedEx Envelope*
- [ ] FedEx Pak*
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- [ ] Yes — As per attached Shipper's Declaration.
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- [ ] 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.
- [X] 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 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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