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: Lake Magdalene **Date:** 10-11-17 (mm/dd/yyyy)

STORET Station ID: G1SW0059 **WBID:** 1511GB **Latitude:** 28.08161N (Decimal Degrees)

County: Hillsborough **RQ -** 2017-09-11-24 **ORG ID:** 21FLTPA **Longitude:** -82.48186 W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** B1SW0059

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
L. Ashton		X	X	X	X
L. Barker	X		X		

Sampling Equipment

☒ Sample Container ☐ Van Dorn ☐ Pole
☐ Carboy ☐ Syringe
☐ Dipper ☐ Other _____
Equipment ID _____

Collection Method

☐ 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# Li Jon **Photos:** (Yes) / No

Tide Falling: Yes / No / (NA)

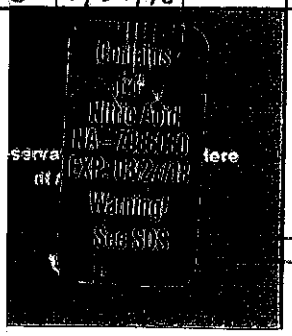
Time Zone	Time	Sample Depth (m)	Total Depth (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (ppt)	Secchi Disk (m)	Sp COND (µmhos/cm)	Temp. (C°)
(EST)	1020	0.3	5.7	6.7	88	6.6	0.11	1.1	243	28.3
CEN		5.2		1.4	18	6.5	0.11		242	26.3

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 ☒ H_2SO_4	SA7233030	7086060	☒ <2
Metals	☒ W-ICPMS ☒ W-ICP	☒ Ice ☐ HNO_3	6/21/18	3/27/18	☐ <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	☐ Form			
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				

Contains 1:1 Sulfuric Acid
Lot No.: SA7233030
Expires: 08/21/18
See Safety Data Sheet (SDS)



Notes:

RQ-2017-09-11-24
Date: 10/11/17
Time:
Lake Magdalene

G1SW0059
Field ID
STORET

G1SW0059

Signature: _____ Date: 10-11-2017

Field Parameters Entered into LIMS: SM 10/19/2017 (Initials/Date) Field Parameters QC in LIMS: _____ (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: SM 10/19/2017 (Initials/Date)

Request Number: RQ-2017-09-11-24

Magdalene

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQ-ASSESS

Project ID: SMP

Requester: Judy Ashton

Collected By: J. Ashton, L. Bachler

Field Report Prepared By: L. Bachler

Sampling Agency: FDEP

Location: RQ-2017-09-11-24 Date: 10/11/17 Time: G1SW0059 Field ID STORET Lake Magdalene G1SW0059	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 10-11-17 Time 1020	(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 6.7 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) —		
STORET	Temp (C) 28.3	pH 6.6	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 243	
Latitude ☐ dms	☐ dd ☐ dms	Salinity (ppt) 0.11	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		
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
L. Bachler	10-12-17	FedEx	1		

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	0
	~~W-CT-CL-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	
	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-CL-R W-PCL-SQ-R						

Group B W-PSNP-TQ BG-1L 4 H SENT 4

MUR4

FedEx Express **Package US Airbill**

FedEx Tracking Number **8119 3904 1200**

Form ID No. **0215**

From *Please print and press hard.*

Date 10-11-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

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 SAMPLE RECEIVING Phone (850) 245-8055

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

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.

0127691333

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

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. ☒ 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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