



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 Armistead Date: 6-29-17
(mm/dd/yyyy)
STORET Station ID: G1SW0030 WBID: 1519C Latitude: 28.1015N
(Decimal Degrees)
County: Hillsborough RQ - 2017-06-26-20 ORG ID: 21FLTPA Longitude: -82.5597W
(Decimal Degrees)
Receiving Body of Water: _____ Field ID: G1SW0030

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>Dylan Horning</u>			☒		☒	
<u>Louise Beckler</u>			☒	☒		

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 / 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 (umhos/cm)	Temp. (C°)
EST	0925	0.3	3.6	5.5	75	6.5	0.09		190	30.9
CEN		3.1		2.4	37	6.4	0.09	1.6	191	29.9

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-ICRMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <2
Filtered Nutrients	☒ W-PO4-F ☐ Field Filtered 0.45 um 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 ☐ 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: _____

RQ-2017-06-26-20
Date: 06-29-2017
Time: _____
Armistead

Signature: _____ Date: _____

Field ID: G1SW0030
STORET
61500030

Field Parameters Entered into LIMS: SM 07/05/2017 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)
Field Parameters QC in LIMS: SM 08/29/2017 (Initials/Date)
Field Sheets Scanned/Saved: SM 09/25/2017 (Initials/Date)

Request Number: RQ-2017-06-26-20

**Florida Department of Environmental Protection
Central Laboratory Submittal Form**

RUN 9

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Page 1 of 3

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

Project ID: SMP

Collected By:

Laurie Bachler

Sampling Agency:

FDEP Laurie Bachler
FDEP

Location	RQ-2017-06-26-20 Date: 06-29-2017 Time:	 G1SW0030 Field ID STORET  G1SW0030	☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-29-17</u> Time <u>0925</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2) A.	
Field ID				Matrix (type, e.g., Salt, <u>Fresh</u> , etc)	Diss. Oxygen <u>5.5</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #				Temp (C) <u>30.9</u>	pH <u>6.5</u>	Sample Depth <u>0.3</u>	Sp. Conductance (umho/cm) <u>190</u>	
Latitude			☐ dd ☐ dms	Salinity (ppt) <u>0.09</u>	Comments			
RQ-2017-06-26-20 Date: 06-29-2017 Time:  G1SW0059 Field ID STORET  G1SW0059								
Location			☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-29-17</u> Time <u>1030</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) A, B, C	
Field ID				Matrix (type, e.g., Salt, <u>Fresh</u> , etc)	Diss. Oxygen <u>8.1</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #				Temp (C) <u>31.2</u>	pH <u>8.0</u>	Sample Depth <u>0.3</u>	Sp. Conductance (umho/cm) <u>246</u>	
Latitude			☐ dd ☐ dms	Salinity (ppt) <u>0.11</u>	Comments			
RQ-2017-06-26-20 Date: 06/29/17 Time:  G1SW0044 Field ID STORET  G1SW0044								
Location			☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-29-17</u> Time <u>1125</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) A, B, C	
Field ID				Matrix (type, e.g., Salt, <u>Fresh</u> , etc)	Diss. Oxygen <u>5.4</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #				Temp (C) <u>30.7</u>	pH <u>7.7</u>	Sample Depth <u>0.3</u>	Sp. Conductance (umho/cm) <u>165</u>	
Latitude			☐ dd ☐ dms	Salinity (ppt) <u>0.08</u>	Comments			
RQ-2017-06-26-20 Date: 06-29-2017 Time:  G1SW0060 Field ID STORET  G1SW0060								
Location			☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>6-29-17</u> Time <u>1230</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) A, B	
Field ID				Matrix (type, e.g., Salt, <u>Fresh</u> , etc)	Diss. Oxygen <u>6.1</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #				Temp (C) <u>30.7</u>	pH <u>7.3</u>	Sample Depth <u>0.3</u>	Sp. Conductance (umho/cm) <u>177</u>	
Latitude			☐ dd ☐ dms	Salinity (ppt) <u>0.08</u>	Comments <u>E. Coli dropped off at AEC</u>			

Relinquished By: <u>L. Bachler</u>	Date/Time <u>6-29-17, 1500</u>	Shipping Method <u>Fed Ex</u>	Number of Coolers Shipped: <u>4</u>	Received By:	Date/Time
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Group: A	Bottle Type:	P-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	4
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 4	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	4
	W-PO4-F						
Group: B	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	PCR-FILTER						
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	SWD-AEL-EC						
Group: B	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	8 4
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						
Group: C	Bottle Type:	BG-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	W-AHERB-AA W-GLYPH W-PYR-AA-R W-SUC-AA-R W-UHERB-AA						

Dropped off at REL

Group: C	Bottle Type:	BG-500ML	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	W-CT-CI-R						
	W-PCL-SQ-R						

Group: C	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	HNO3	Enter Number of Bottles Sent to Lab	2
	W-ICP						
	W-ICPMS						

Group: C	Bottle Type:	BG-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	W-PSNP-TQ						

From Please print and press hard.

Date **6-29-17**

Sender's FedEx Account Number

Sender's Name

Phone **(813) 470-5700**

Company **F DEP**

Address **13051 N Telecom Pkwy**

Dept./Room/Suite/Room

City **Temple Terrace**

State **FL** ZIP **33637**

Your Internal Billing Reference

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./Room/Suite/Room

Address

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

City **TALLAHASSEE**

State **FL** ZIP **32399**

0126912290



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

From Please print and press hard.

Date **6-29-17**

Sender's FedEx Account Number

Sender's Name

Phone **(813) 470-5700**

Company **F DEP**

Address **13051 N Telecom Pkwy**

Dept./Room/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**

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Address **2600 BLAIRSTONE RD**

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Room/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



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

Form ID No. **0215**

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.

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 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**

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

FedEx Acct. No. **4490-2262-9**

Exp. Date

Total Packages **1** Total Weight **50** lbs. Total Declared Value*

\$ **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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Form ID No. **0215**

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