



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: Flint Creek Date: 8-16-17

STORET Station ID: G2SW0004 WBID: 1522A Latitude: 28° 5' 11.5" N

County: Hillsborough RQ - 2017-08-17-28 ORG ID: 21FLTPA Longitude: 82° 16' 7.5" W

Receiving Body of Water: _____ Field ID: G2SW0004

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
L. Bachler		☒	☒	☒		
H. Sprinkle			☒			
T. Ashton						

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# Busta 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	1100	0.3	0.5	2.8	42	7.0	0.10	0.5	210	29.9
CEN								"5"		

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 ☐ HNO2			☐ <2
Filtered Nutrients	☒ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHL5000-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: <u>Entered in TBE file</u>	RQ-2017-08-14-28	
	Date: 08-16-2017	
Signature: <u>[Signature]</u>	Time: _____	Date: <u>8-16-17</u>

Field Parameters Entered into LIMS: SM 08/24/2017 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)
Field Parameters QC in LIMS: SM 10/17/2017 (Initials/Date)
Field Sheets Scanned/Saved: SM 10/17/2017 (Initials/Date)

Request Number: RQ-2017-08-14-28

RUNS 13/14

Florida Department of Environmental Protection

Central Laboratory Submittal Form

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last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

L. Bachler

Project ID: SMP

Collected By:

H. Sprinkle

Sampling Agency:

FDEP

Location	RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G2SW0011 Field ID STORET New River	Latitude	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-16-17 Time 0936	☒ Eastern ☐ Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine	Temp (C)	pH	Sample Depth	Sp. Conductance		
dd	Salinity (ppt)	Comments						
dd	Salinity (ppt)	Comments						
Location	RQ-2017-08-14-28 Date: 08-13-2017 Time:	Field ID G2SW0021 Field ID STORET Trout Crk	Latitude	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-16-17 Time 1020	☒ Eastern ☐ Central	Composite end Date Time	Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine	Temp (C)	pH	Sample Depth	Sp. Conductance		
dd	Salinity (ppt)	Comments						
dd	Salinity (ppt)	Comments						
Location	RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G2SW0004 Field ID STORET Flint Crk	Latitude	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-16-17 Time 1100	☒ Eastern ☐ Central	Composite end Date Time	Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine	Temp (C)	pH	Sample Depth	Sp. Conductance		
dd	Salinity (ppt)	Comments						
dd	Salinity (ppt)	Comments						
Location	RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G2SW0025 Field ID STORET Turkey Crk	Latitude	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 8-16-17 Time 1200	☒ Eastern ☐ Central	Composite end Date Time	Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine	Temp (C)	pH	Sample Depth	Sp. Conductance		
dd	Salinity (ppt)	Comments						
dd	Salinity (ppt)	Comments						

Relinquished By:

L. Bachler

Date/Time

8-16-17 / 1530

Shipping Method

Fed Ex

Number of Coolers Shipped:

2

Received By:

Date/Time

Group: A	Bottle Type: ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS	P-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	P-500ML	# of Bottles: 4 3	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 4 3	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: W-AHERB-AA W-SUC-AA-R W-UHERB-AA	BG-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab 4 <u>3</u>
Group: C	Bottle Type: SE-AEL-EC	P-120ML-WC-THI	# of Bottles: 8 Dropped off at AEL	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>0</u>
Group: D	Bottle Type: PCR-FILTER PCR-GULL2 PCR-HF183	QPCR-P-250ML	# of Bottles: 4 4	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>4</u>

Group E ~~PCR~~ PCR-FILTER 250ml II 2 Ice 2



Advanced
Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E62574
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9816 • Fax 813.630.4327 • E84589
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.337.1594 • Fax 407.337.1597 • E83076

LAB NUMBER:

Page

of

2

CLIENT NAME:		PROJECT NAME:		BOTTLE SIZE & TYPE	Storage Plastic Bottle											L A B N U M B E R							
ADDRESS:		P.O. NUMBER/PROJECT NUMBER:																					
PHONE:		PROJECT LOCATION:																					
CONTACT:		FAX:																					
TURN AROUND TIME:		SAMPLED BY:																					
STANDARD		REMARKS/SPECIAL INSTRUCTIONS:																					
RUSH																							
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		MATRIX	NO. COUNT	Preserv	Ice, T													
RQ-2017-08-14-28					DATE	TIME																	
Date: 08-16-2017				Grab	8-16-17	0930	SW	1															
Time:																							
New River				Grab	8-16-17	1020	SW	1															
RQ-2017-08-14-28																							
Date: 08-16-2017																							
Time:																							
Trout Crk				Grab			SW																
RQ-2017-08-14-28																							
Date: 08-16-2017																							
Time:																							
Flint Crk				Grab	8-16-17	1100	SW	1															
RQ-2017-08-14-28																							
Date: 08-16-2017																							
Time:																							
Turkey Crk				Grab	8-16-17	1200	SW	1															
RQ-2017-08-14-28																							
Date: 08-16-2017																							
Time:																							
				Grab			SW																

Shipment	Out:	Ret:	Method	Via:	Sample Kit	Coaler #	Relinquish by:	Date	Time	Received by:	Date	Time
					RB	D/T	L. Bachler	8-16-17	1425		9/11/17	1425
					AB	D/T						
					Trip Bl.							

Received on IC ☐ Yes ☐ No QC ☐ sent ☐ received 60

fedEx Express Package **US Airbill** FedEx Tracking Number **8119 3904 6565** Form ID No. **0215**

From **Please print and press hard.** Date **8-16-17** Sender's FedEx Account Number
Sender's Name Phone (**813**) **470-5700**
Company **FDEP**
Address **13051 N Telecom Pkwy** **101** Dept./Floor/Suite/Room
City **Tampa** State **FL** 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** Hold Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.
Use this line for the HOLD location address or for continuation of your shipping address. Dept./Floor/Suite/Room
Address 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**
0127681333

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

fedEx Express Package **US Airbill** FedEx Tracking Number **8119 3904 6554** Form ID No. **0215**

From **Please print and press hard.** Date **8-16-17** Sender's FedEx Account Number
Sender's Name Phone (**813**) **470-5700**
Company **FDEP**
Address **13051 N Telecom Pkwy** **101** Dept./Floor/Suite/Room
City **Tampa** State **FL** ZIP **33637**
Your Internal Billing Reference First 24 characters will appear on invoice.
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0127681333

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4 Express Package Service *To most locations. Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Freight US Airbill.

1 or 2 Business Days **2 or 3 Business Days**

☐ 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.

☐ 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. **4490-2262-9** Bk. Date

Total Packages **1** Total Weight **50** lbs. Total Declared Value* **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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FedEx Acct. No. **4490-2262-9** Bk. Date

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