A-KIT

PAGE 1 OF ____

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: English Creek **Date:** 02/23/2017 (mm/dd/yyyy)

STORET Station ID: G2SW0006 **WBID:** 1552 **Latitude:** 27°55'40.5"N (Decimal Degrees)

County: HILLSBOROUGH **RQ -** 2017-02-20-22 **ORG ID:** 21FLTPA **Longitude:** 82°03'53.2"W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G2SW0006

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton		X		X	
Stephen Angerman	X		X		X

Sampling Equipment

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

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 Failing: 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)	1345	0.3	0.5	7.1	77	7.3	0.11	0.5"S"	222	19.0
CEN										

Biological Samples Collected: None HA SCI (RPS) Algae ID (LVS) LVI Other _____

SBIO ID Numbers: SBIO-ID: 77583 RPS-ID: 81080 Macrophyte-ID: LIMS#: 1875443

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	SA6242080	8/29/17	[X] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[X] W-PO4-F [ ] Field Filtered 0.45 µm Filter	[X] Ice			
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
Physical/Aggregate (Fresh)	[X] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[X] Ice			
Physical/Aggregate (Marine)	[ ] Alkalinity / W-F / W-TSS / TURBIDITY	[ ] Ice			
Macroinvertebrates	[ ] MI-FW-QLDC	[ ] Formalin			
Periphyton	[ ] ALGAE-ID	[ ] Ice			
Microbiology	[X] 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 0.33 m/s				

Place Preservative Sticker(s) Here (If Available)

Notes:

RQ-2017-02-20-22
Date: 02/23/17
Time:
English Crk

G2SW0006
STORET Field ID
G2SW0006

Signature: _____ Date: 02/23/2017

Field Parameters Entered into LIMS: SC 02/28/2017 (Initials/Date) Field Parameters QC in LIMS: SM 03/13/2017 (Initials/Date)

Date Migrated to STORET: MB 3/17/17 (Initials/Date) 17-02-24-01 1224/17

Field Sheets Scanned/Saved: SM 03/28/2017 (Initials/Date)

DEP FORM FD 9000-25 Rapid Periphyton Survey Field Sheet

Site:	County:	Date:	Investigators:
			J. Ashton, S. Cunningham

STORET Station Number: 62560006

Transect (m)	Point 1=right 9=left	Algal Thickness Rank (N-6, X)	Estimated	Canopy Cover
0	1	N		
	2			
	3			
	4			
	5			96
	6			
	7			
	8			
	9	N	E	
10	1	N		
	2			
	3			
	4			
	5			96
	6			
	7			
	8			
	9	N	E	
20	1	N	E	
	2			
	3			
	4			
	5			96
	6			
	7			
	8			
	9	N		
30	1	N		
	2			
	3			
	4			
	5			94
	6			
	7			
	8	N	E	
	9	N	E	
40	1	N		
	2			
	3			
	4			
	5			96
	6			
	7			
	8			
	9			
50	1	N		
	2			
	3			
	4			
	5			96
	6			
	7			
	8			
	9			

Transect (m)	Point 1=right 9=left	Algal Thickness Rank (N-6, X)	Estimated	Canopy Cover
60	1	N		
	2	N	E	
	3			
	4			
	5			96
	6			
	7			
	8			
	9			
70	1	N		
	2			
	3			
	4			
	5			96
	6			
	7			
	8			
	9			
80	1	N		
	2			
	3			
	4			
	5			90
	6			
	7			
	8			
	9			
90	1	N		
	2			
	3			
	4			
	5			96
	6			
	7			
	8			
	9			
100	1	N	E	
	2			
	3			
	4			
	5			81
	6			
	7			
	8	N		
	9	N		

Secchi depth	0.3
Estimated?	No

# points ranked 4-6	0
total points assessed	89
% points ranked 4-6	0

Check accompanying data collected at same site/date.	
Algal mat sample	
Linear Veg Survey	
Habitat Assessment	
SCI/Biorecon	
Water sample	✓

RQ- 2017-02-20-22

Algal Thickness Rank	
N	rough, no algae, slimy, algae up to 1mm
3	>1mm - 6mm
4	>6mm - 20mm
5	>20mm - 10 cm
6	>10 cm

Record "N" and check "Estimated" for points deeper than the Secchi depth; algae are presumed absent. Check "Estimated" if thickness estimated for deep points which can be seen but not reached.

Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.

Record canopy cover as the number of small densiometer quadrants (out of 96) that HAVE canopy cover. Measure facing upstream at point 4, 5, or 6.

Collect algal mat sample following DEP SOP FS 7240 if the percentage of total sampled points with a thickness rank of 4, 5, or 6 is >20%.

Form FD 9000-32 **FDEP Linear Stream Vegetation Survey (DEP SOP FS 7320)** Revised 6/12/12

Waterbody: ENGLISH CRK. Date 7-23-17 County: Hills Storet Number:

Analyst: Judy Ashton Signature: Judy Ashton 625WQ2006

Comments: 2 2M² VEG

Instructions: Note taxa growing in the water with a checkmark if present, "D" if dominant, and "C" if codominant (dominance only if 1 m^2 of taxa present). Note in the boxes below if no dominant are selected, and note total macrophyte abundance rank for each section. Only the most common taxa are listed, so use blank spaces for additional taxa names.

HERBACEOUS SPECIES	Meter Mark 0-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	Specimen collected (check)
Alternanthera philoxeroides											
Bacopa caroliniana											
Bacopa monneri											
Bidens mitis											
Boehmeria cylindrica											
Centella asiatica											
Cephalanthus occidentalis											
Ceratophyllum demersum											
Chara											
Cicuta maculata											
Cladium jamaicense											
Colocasia esculenta											
Crinum americanum											
Diodia virginiana											
Eichhornia crassipes											
Eleocharis (wispy viviparous)											
Hydrilla verticillata											
Hydrocotle			X		X				X		
Hygrophila polysperma											
Hymenocallis											
Itea virginica											
Lachnanthes caroliniana											
Landoitia punctata											
Lemna											
Limnophila sessiflora											
Ludwigia leptocarpa											
Ludwigia palustris											
Ludwigia peruviana											
Ludwigia repens											
Luziola fluitans											

HERBACEOUS SPECIES	Meter Mark 0-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	Specimen collected (check)
Micranthemum glomeratum											
Micranthemum umbrosum											
Myriophyllum aquaticum											
Najas guadelupensis											
Nuphar luteum											
Orontium aquaticum											
Panicum hemitomon											
Panicum repens											
Panicum rigidulum											
Pistia stratioides											
Polygonum glabra											
Polygonum hydropiperoides											
Polygonum punctatum											
Pontedaria cordata											
Potamogeton illinoensis											
Ruellia simplex											
Sacciolepis striata											
Sagittaria kurziana											
Sagittaria lancifolia											
Sagittaria latifolia											
Salix caroliniana											
Salvinia minima											
Samolus parviflora											
Saururus cernuus											
Typha											
Vallisneria americana											
Zizania aquatica											
TAXODIUM	X	X	X						X	X	
CLOVER				X							
FRAXINUS						X					
Saururus cernuus										X	

If no Dominant or Co-Dominant were selected, indicate with an "X"											
Indicate % cover macrophytes per section											
0-5% Macrophyte Coverage	X	X	X	X	X	X	X	X	X	X	
>5 and ≤10% Macrophyte Coverage											
>10 and ≤25% Macrophyte Coverage											
>25 and ≤50% Macrophyte Coverage											
> 50% Macrophyte Coverage											

Advanced
Environmental Laboratories, Inc.
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☐ 526 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

Page _____ of _____

CLIENT NAME: FDEP - SW District	PROJECT NAME: TMDL / SMP		
ADDRESS: 13051 N. Telecom Pkwy	P.O. NUMBER/PROJECT NUMBER: 2017-02-20-22		
Temple Terrace, FL 33637	PROJECT LOCATION: Florida		
PHONE: 813-470-5700	FAX: 813-470-5996		
CONTACT: Matthew Bearden ~~Sarah Ernst~~	SAMPLED BY: J. Ashton / S. Clingerman		
TURN AROUND TIME: ☑ STANDARD ☐ RUSH _____	REMARKS/SPECIAL INSTRUCTIONS: **PO AF315E**		

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 — ARNEAQLUYISRIESD: Fecal Coliforms	E. Coli	LAB NUMBER
G2SW0019	Blackwater Creek	Grab	02/23/17	1120	SW	1			1		
G2SW0025	Turkey Creek	Grab	02/23/17	1255	SW	1			1		
G2SW0006	English Creek	Grab	02/23/17	1345	SW	1			1		
		Grab			SW						
		Grab			SW						
		Grab			SW						

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

Relinquish by:	Date	Time	Received by:	Date	Time
1	02/23/17	1511		2/23/17	1511
2					
3					
4					

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

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

revised 1/12

Request Number: RQ-2017-02-20-22

SMP RUN 16

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: Judy Ashton/S. Clingerman

Field Report Prepared By: S. Clingerman

Sampling Agency: ~~SB~~ 21FLTPA

Location: Blackwater Creek

RQ-2017-02-20-22 Date: 02/23/17 Time:

G2SW0019 STORET Field ID

Blackwater G2SW0019

Field ID:

STORET #:

Latitude: dd dms

Longitude: dd dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 02/23/2017 Time 1120 | Eastern Central | Composite end Date Time | Bottle Group(s) (See pg 2): A/B

Matrix (type, e.g., Salt, Fresh, etc):

Diss. Oxygen: 7.7 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C): 19.3 | pH: 7.3 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 590

Salinity (ppt): 0.29 | Comments:

Location: Turkey Creek

RQ-2017-02-20-22 Date: 02/23/17 Time:

G2SW0025 STORET Field ID

Turkey Creek G2SW0025

Field ID:

STORET #:

Latitude: dd dms

Longitude: dd dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 02/23/2017 Time 1255 | Eastern Central | Composite end Date Time | Bottle Group(s): A/B

Matrix (type, e.g., Salt, Fresh, etc):

Diss. Oxygen: 6.5 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C): 18.9 | pH: 6.9 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 285

Salinity (ppt): 0.14 | Comments:

Location: English Creek

RQ-2017-02-20-22 Date: 02/23/17 Time:

G2SW0006 STORET Field ID

English Crk G2SW0006

Field ID:

STORET #:

Latitude: dd dms

Longitude: dd dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 02/23/2017 Time 1345 | Eastern Central | Composite end Date Time | Bottle Group(s): A/B

Matrix (type, e.g., Salt, Fresh, etc):

Diss. Oxygen: 7.1 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C): 19.0 | pH: 7.3 | Sample Depth: 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm): 222

Salinity (ppt): 0.11 | Comments:

Location:

Field ID:

STORET #:

Latitude: dd dms

Longitude: dd dms

☐ Comp ☐ Grab | Collection (comp begin or grab) Date Time | Eastern Central | Composite end Date Time | Bottle Group(s):

Matrix (type, e.g., Salt, Fresh, etc):

Diss. Oxygen: ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L):

Temp (C): | pH: | Sample Depth: ☐ ft ☐ m | Sp. Conductance (umho/cm):

Salinity (ppt): | Comments:

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
[signature]	02/23/17 1800	FedEx	1		

Group: A	Bottle Type:	P-1L	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab** 3
	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** 3
	CHLSUITE-W					
Group: A	Bottle Type:	P-500ML	# of Bottles: 4	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab** 3
	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** 3
	W-PO4-F					

Group B

SWD-AEL-EC

Bottles sent: 0

↳ Dropped off @ AEL Tamp

MUR4

FedEx Express **Package US Airbill**

FedEx Tracking Number 8111 7111 0476

Form ID No. 0215

From *Please print and press hard.*

Date 02/23/2017 Sender's FedEx Account Number

Sender's Name FDEP Phone (813) 470-5700

Company

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.

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- ☒ 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:*

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☐ 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

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