



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

B-KIT

PAGE 1 OF 1

Data Qualified?

Yes / No

STORET Station Name: Cedar Tidal Date: 02/21/2017

STORET Station ID: G5SW0128 WBID: 1556 Latitude: 28°02'02.2"N

County: Pinellas RQ - 2017-02-20-20 ORG ID: 21FLTPA Longitude: 82°46'47"W

Receiving Body of Water: GOM Field ID: G5SW0128

Sampling Team Members				WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton								
Sarah Meyer								

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 (umhos/cm)	Temp. (C°)
EST	1200	0.3	0.3	3.3	38	6.9	0.72	0.35	1442	21.6
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	☒ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☒ Ice ☒ H2SO4			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <2
Filtered Nutrients	☒ W-P04-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 ☒ Enteric ☒ PCR-FILTER	☐ Ice			
Tracers	☒ W-SUC-AA-R ☒ W-UHERB-AA	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R	☐ Ice			
	☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Other			

Notes: _____

RQ-2017-02-20-20 Date: 02/21/17 Time: _____

CEDAR TIDAL

Signature: Sarah Meyer Date: 02/21/2017

Field Parameters Entered into LIMS: SM 02/22/2017 (Initials/Date)

Date Migrated to STORET: 6/8/17 MB 12/6/20 (Initials/Date)

Event: 02-22-01

Field Parameters QC in LIMS: L13 4/25/17 (Initials/Date)

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

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

SMP RUN 11

Florida Department of Environmental Protection
Central Laboratory Submittal Form

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last revised Apr 7, 2016

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: Judy Ashton

Project ID: SMP

Collected By: JUDY ASHTON, SARAH MEYERSampling Agency: FDEP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2-21-17</u> Time <u>1020</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s) (See pg 2)
Field ID	RQ-2017-02-20-20 Date: 02/21/17 Time: _____	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>3.8</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	KLOSTERMAN	Temp (C) <u>21.3</u>	pH <u>7.2</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>14027</u>
Latitude	☐ dms	☐ dd ☐ dms	Salinity (ppt) <u>8.14</u>	Comments		
Location: _____ Field ID: RQ-2017-02-20-20 Date: 02/21/17 Time: _____ STORET # _____ BISHOP TIDAL Latitude: _____ Longitude: _____ G5SW0054						
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2-21-17</u> Time <u>11:00</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID	RQ-2017-02-20-20 Date: 02/21/17 Time: _____	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>8.3</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	_____	Temp (C) <u>19.8</u>	pH <u>7.5</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>1223</u>
Latitude	☐ dms	☐ dd ☐ dms	Salinity (ppt) <u>0.61</u>	Comments		
Location: _____ Field ID: RQ-2017-02-20-20 Date: 02/21/17 Time: _____ STORET # _____ CEDAR TIDAL Latitude: _____ Longitude: _____ G5SW0128						
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date <u>2-21-17</u> Time <u>1200</u>	☒ Eastern ☐ Central	Composite end Date _____ Time _____	Bottle Group(s)
Field ID	RQ-2017-02-20-20 Date: 02/21/17 Time: _____	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen <u>3.3</u>	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	_____	Temp (C) <u>21.6</u>	pH <u>6.9</u>	Sample Depth <u>0.3</u>	☐ ft ☒ m	Sp. Conductance (umho/cm) <u>1442</u>
Latitude	☐ dms	☐ dd ☐ dms	Salinity (ppt) <u>0.72</u>	Comments		
Location: _____ Field ID: _____ Date: _____ Time: _____ STORET # _____ Latitude: _____ Longitude: _____ Salinity (ppt) _____ Comments: _____						

Relinquished By: <u>J. Ashton</u>	Date/Time: <u>2-21-17 1700</u>	Shipping Method: <u>FDA Ex</u>	Number of Coolers Shipped: <u>2</u>	Received By: _____	Date/Time: _____
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Group: A	Bottle Type: P-1L	# of Bottles: 3	Preservative: ICE	Enter Number of Bottles Sent to Lab	3
	ALKALINITY TURBIDITY W-F W-TSS				
Group: A	Bottle Type: BP-1L	# of Bottles: 3	Preservative: ICE	Enter Number of Bottles Sent to Lab	3
	CHLSUITE-W				
Group: A	Bottle Type: P-500ML	# of Bottles: 3	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: 3	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	3
	W-PO4-F				
GROUP B	QPCR-250 ML	# BOTTLES 6	ICE	SENT TO LAB	6
GROUP B	P-120ML-WC-TIT SWD-AEL-EN	# BOTTLES 3	ICE	SENT TO LAB	3 0
				DROPOUT ALL	
GROUP B	W-SUL-AA R W-UTRENS-AA	136-1L 3	ICE	SENT TO LAB	3



Advanced
Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32218 • 904.363.9350 • Fax 904.363.9354 • E82574
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
2108 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
628 S. North Lake Blvd., Ste. 1015 • Altamonte Springs, FL 32701 • 407.937.1584 • Fax 407.937.1597 • E53075

LAB NUMBER:

Page 1 of 1

CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP		BOTTLE SIZE & TYPE		Sterile Plastic Bottle												LAB NUMBER	
ADDRESS: 13051 N. Telecom Pkwy		P.O. NUMBER/PROJECT NUMBER:		PROJECT LOCATION: Florida		A R		N E		A Q		L U		Y I		S R		I E	
PHONE: 813-470-5700		FAX: 813-470-5986		SAMPLED BY:		S D													
CONTACT: Matthew Bearden, Gerah Ernst		REMARKS/SPECIAL INSTRUCTIONS: RD-2017-02-20-20 PO E84589																	
TURN AROUND TIME:																			
STANDARD																			
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=sediment					
Field ID		SITE NAME		Grab Comp		SAMPLING		MATRIX		NO. COUNT		Preserv		Ice, T					
						DATE		TIME											
G5SWD0035		KLOSTERMAN		Grab		2/21/17		1020		SW		1							
G5SWD0054		BISHOP TIDAL		Grab		2/21/17		1100		SW		1							
G5SWD0128		CEDAR TIDAL		Grab		2/21/17		1200		SW		1							
				Grab						SW									
				Grab						SW									
				Grab						SW									

H=ice		H=(HCl)		S=(H ₂ SO ₄)		N=(HNO ₃)		T=(Sodium Thiosulfate)	
Shipment		Method		Sample Kit		Cooler #			
Out:		Via:		RB		D/T			
Ret:		Via:		AB		D/T			
				Trip Bl.					

Relinquish by:		Date		Time		Received by:		Date		Time	
1 JASH		2-21-17		1300		[Signature]		2/21/17		1330	
2											
3											
4											

Received on ☐ Yes ☐ No ☐ sent ☐ received

revised 1/12

From Please print and press hard.

Date **02-21-2017** 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

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

City **TALLAHASSEE** State **FL** ZIP **32399-6542**

0125636852



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 I 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**

*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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From Please print and press hard.

Date **02-21-2017** 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**

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Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD** 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**

0124452251



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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