B-KIT

PAGE 1 OF 1

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Alligator Creek 2 **Date:** 4/11/17 (mm/dd/yyyy)

STORET Station ID: G1SW0062 **WBID:** 1574 **Latitude:** 27.9755N (Decimal Degrees)

County: Pinellas **RQ -** 2017-04-10-21 **ORG ID:** 21FLTPA **Longitude:** 82.7343W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G1SW0062

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Laurie Bachler	X		X		X
Judy Ashton		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# _____ **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)	1405	0.3	0.3	9.1	108	7.8	0.27	0.3 "5"	555	23.5
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 ☒ H_2SO_4			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO_3			☐ <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	☐ 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			
PCR-filter					

Place Preservative Sticker(s) Here (If Available)

Notes:

RQ-2017-04-10-21
Date: 04/11/17
Time:
Alligator Crk @ OldCoachman

G1SW0062
STORET Field ID

G1SW0062

Signature: _____ **Date:** 4-11-17

Field Parameters Entered into LIMS: SM 04/13/2017 (Initials/Date) Field Parameters QC in LIMS: LB 4-24-17 (Initials/Date)

Date Migrated to STORET: 6/8/17 MB 12/6/22 (Initials/Date) Field Sheets Scanned/Saved: SM 06/21/2017 (Initials/Date)

EVENT: 04-12-04

Request Number: RQ-2017-04-10-21

RUN 10

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By:

Field Report Prepared By:

Sampling Agency:

Location		Comp / Grab	Collection (comp begin or grab)		Eastern / Central	Composite end	Bottle Group(s) (See pg 2)
		☒ Grab	Date 4-11-17	Time 1405	Eastern (circled)	~~Date Time~~	B/C
Field ID	RQ-2017-04-10-21 Date: 04/11/17 Time: G1SW0062	Matrix (type, e.g., Salt, Fresh, etc): Fresh (circled)	Diss. Oxygen 9.1	☒ mg/L ☐ % sat	~~Total Res. Chlorine (mg/L)~~		
STORET #	Alligator Crk @ OldCoachman	Temp (C) 23.5	pH 7.8	Sample Depth 0.3 ☒ m	Sp. Conductance (umho/cm) 555		
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.27	Comments: E.coli dropped off at AEL lab				

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

Group: A	Bottle Type: P-1L	# of Bottles: 3	Preservative: ICE	**Enter Number of Bottles Sent to Lab** _____		
	ALKALINITY					
	TURBIDITY					
	W-F					
	W-TSS					
Group: A	Bottle Type: BP-1L	# of Bottles: 3	Preservative: ICE	**Enter Number of Bottles Sent to Lab** _____		
	CHLSUITE-W					
Group: A	Bottle Type: P-500ML	# of Bottles: 3	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: 3	Preservative: ICE-FLTR	**Enter Number of Bottles Sent to Lab** _____		
	W-PO4-F					
Group: B	Bottle Type: QPCR-P-250ML	# of Bottles: 8	Preservative: ICE	**Enter Number of Bottles Sent to Lab** _____		
	PCR-FILTER					
Group: B	Bottle Type: P-120ML-WC-THI	# of Bottles: 4	Preservative: ICE	**Enter Number of Bottles Sent to Lab** _____		
	SWD-AEL-EN					
Group: B	Bottle Type: BG-1L	# of Bottles: 4	Preservative: ICE	**Enter Number of Bottles Sent to Lab** _____		
	W-AHERB-AA					
	W-SUC-AA-R					
	W-UHERB-AA					

Advanced
Environmental Laboratories, Inc.
☐ 5601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
☑ 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • 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 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

CLIENT NAME: FDEP - SW District	PROJECT NAME: TMDL / SMP		
ADDRESS: 13051 N. Telecom Pkwy	P.O. NUMBER/PROJECT NUMBER:		
Temple Terrace, FL 33637	PROJECT LOCATION: Florida		
PHONE: 813-470-5700	FAX: 813-470-5996		
CONTACT: Matthew Bearden ~~Sarah Ernst~~	SAMPLED BY:		
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 — Fecal Coliforms	E. Coli	Entero						LAB NUMBER
RQ-2017-04-10-21 Date: 04/11/17 Time: Mullet Tidal	G1SW0055 ↓STORET Field ID ↑ G1SW0055	Grab	4-11-17	1330	SW						1						
		Grab			SW												
RQ-2017-04-10-21 Date: 04/11/17 Time: Alligator Crk @ OldCoachman	G1SW0062 ↓STORET Field ID ↑ G1SW0062	Grab	4-11-17	1405	SW	1				1							
		Grab			SW												
		Grab			SW												
		Grab			SW												

I=Ice H=(HCl) S=(H_2SO_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	[signature]	4-11-17	1456	[signature]	4/11/17	1456
2						
3						
4						

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

revised 1/12

MUR4

FedEx Express — Package US Airbill

FedEx Tracking Number 8113 0562 8513

Form ID No. 0215

From *Please print and press hard.*

Date 4-11-17 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 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) 245-8085

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.)

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.

City TALLAHASSEE State FL ZIP 32399

0126430468

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	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 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.	☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.	☐ 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.

611

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MUR4

FedEx Express — Package US Airbill

FedEx Tracking Number 8111 7111 3523

Form ID No. 0215

From *Please print and press hard.*

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Sender's Name Phone (813) 470-5700

Company FDEP

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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

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City TALLAHASSEE State FL ZIP 32399-6542

0125636852

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