



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:

BELLOWS LAKE

Date: **5-11-17**

(mm/dd/yyyy)

STORET Station ID:

G1SW0044

WBID:

1579A

Latitude:

27.9904167 N

County:

HILLS

RQ -

2017-05-08-26

ORG ID:

21FLTPA

Longitude:

82.580111

(Decimal Degrees)

Receiving Body of Water:

Field ID:

G1SW0044

Sampling Team Members						WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment			
Justin Ashton Lauree Breiter						☒	☒	☒	☒	☒	☒ 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# WEEZY						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	925	0.3	1.4	8.5	106	8.8	0.09	0.08	183	26.6				
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 ☐ Enterococcus ☐ 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: **Q2: LB 5-25-17**
LAKE THICK W/ALGAE

RQ-2017-05-08-26
Date: **05-11-2017**
Time:

G1SW0044
Field ID
STORET

5-11-17
Date:

Signature: **[Signature]**

Field Parameters Entered into LIMS: **SM 05/23/2017** (Initials/Date)
Date Migrated to STORET: **MB 8/17/17** (Initials/Date)
Field Parameters QC in LIMS: **LB 05/24/2017** (Initials/Date)
Field Sheets Scanned/Saved: **SM 08/28/2017** (Initials/Date)

Florida Department of Environmental Protection

Central Laboratory Submittal Form

RUN 9

05-08-24

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By: J. Ashton

Project ID: SMP

Collected By: J. Ashton, L. Baker

Sampling Agency: FDEP

Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 5-11-17 Time 925	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Field ID	RQ-2017-05-08-26 Date: 05-11-2017 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 8.5	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G1SW0044 Field ID STORET	Temp (C) 26.6	pH 8.8	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 183
Latitude	Bellows Lake ☐ dms	☐ dd ☐ dms	Salinity (ppt) 0.09	Comments		
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 5-11-17 Time 1120	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	RQ-2017-05-08-26 Date: 05-11-2017 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 9.2	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G1SW0059 Field ID STORET	Temp (C) 27.6	pH 8.4	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 266
Latitude	Magdalene ☐ dms	☐ dd ☐ dms	Salinity (ppt) 0.12	Comments		
Location		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 5-11-17 Time 1250	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID	RQ-2017-05-08-26 Date: 05-11-2017 Time:	Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 8.1	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	G1SW0030 Field ID STORET	Temp (C) 29.4	pH 7.3	Sample Depth 0.3	☐ ft ☒ m	Sp. Conductance (umho/cm) 195
Latitude	Armistead ☐ dms	☐ dd ☐ dms	Salinity (ppt) 0.09	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

J. Ashton

5-11-17 1700

AKS EP

3

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	Bottle Type:	QPCR-P-250ML	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	PCR-FILTER						
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	SWD-AEL-EC						
Group: B	Bottle Type:	BG-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						
Group: C	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	HNO3	Enter Number of Bottles Sent to Lab	2
	W-ICP W-ICPMS						
Group: D	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	W-AHERB-AA W-GLYPH						

Group: D	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab <u>2</u>
	W-SUC-AA-R					
	W-UHERB-AA					
Group: D	Bottle Type:	BG-500ML	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab <u>6</u>
	W-CT-CI-R					
	W-PCL-SQ-R					
Group: D	Bottle Type:	BG-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab <u>6</u>
	W-PSNP-TQ					
Group: D	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab <u>2</u>
	W-PYR-AA-R					

FedEx Tracking Number **8104 1261 7411**

Form ID No. **0215**

From Please print and press hard.
Date 5-11-17 **Sender's FedEx Account Number**
Sender's Name F DEP **Phone** (813) 570-5700
Company F DEP
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.
City TALLAHASSEE **State** FL **ZIP** 32399-6542

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.

0124452242



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** ☐ **FedEx 2Day A.M.** ☐
 Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected. Second business morning.* Saturday Delivery NOT available.
☒ **FedEx Priority Overnight** ☐ **FedEx 2Day** ☐
 Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected. Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
☐ **FedEx Standard Overnight** ☐ **FedEx Express Saver** ☐
 Next business afternoon.* Saturday Delivery NOT available. 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** ☐ **Direct Signature** ☐ **Indirect Signature**
 Package may be left without obtaining a signature for delivery. Someone at recipient's address may sign for delivery. 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?
☒ No ☐ Yes ☐ Yes ☐ Dry Ice ☐ Cargo Aircraft Only
 As per attached Shipper's Declaration. Shipper's Declaration not required. Dry Ice, 9, UN 1845 x kg
 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. Credit Card 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.
 Rev. Date 5/15 • Part #183134 • ©1994-2015 FedEx • PRINTED IN U.S.A. SRM

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FedEx Tracking Number **8113 0563 1347**

Form ID No. **0215**

From Please print and press hard.
Date 5-11-17 **Sender's FedEx Account Number** SENDER'S ACCOUNT NUMBER
Sender's Name F DEP **Phone** (813) 570-5700
Company F DEP
Address N. 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.
City TALLAHASSEE **State** FL **ZIP** 32399

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.

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 ☐ **FedEx First Overnight** ☐ **FedEx 2Day A.M.** ☐
 Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected. Second business morning.* Saturday Delivery NOT available.
☒ **FedEx Priority Overnight** ☐ **FedEx 2Day** ☐
 Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected. Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
☐ **FedEx Standard Overnight** ☐ **FedEx Express Saver** ☐
 Next business afternoon.* Saturday Delivery NOT available. Third business day.* Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.
☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

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Does this shipment contain dangerous goods?
☒ No ☐ Yes ☐ Yes ☐ Dry Ice ☐ Cargo Aircraft Only
 As per attached Shipper's Declaration. Shipper's Declaration not required. Dry Ice, 9, UN 1845 x kg
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 FedEx Acct. No. Credit Card 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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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.



Package
US Airbill

FedEx
Tracking
Number

8111 7111 3247

From Please print and press hard.

Date 5-11-17

Sender's FedEx
Account Number

Sender's
Name

Phone 813, 470 5700

Company

FDEP SWROC

Address

13051 N. Telekom 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

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.

City TALLAHASSEE

State FL ZIP 32399-6542

0125636852



Shipping online just got easier
Go to fedex.com/lite

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.

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?

☒ No One box must be checked.

☐ Yes
As per attached
Shipper's Declaration.

☐ Yes
Shipper's Declaration
not required.

☐ Dry Ice
Dry Ice, 8, 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.
Credit Card No. 4490-2262-9

Bo.
Data

Total Packages

Total Weight

Total Declared Value*

1 50 lbs. \$ 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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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO FURTHER NEEDED.