A-KIT

PAGE 1 OF ____

Data Qualified? Yes / No

# FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
## STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Bellows Outlet Date: 6-29-17 (mm/dd/yyyy)

STORET Station ID: G1SW0060 WBID: 1579 Latitude: 27°59'15.3"N (Decimal Degrees)

County: Hillsborough RQ - 2017-06-26-20 ORG ID: 21FLTPA Longitude: 82° 27' 22.9"W (Decimal Degrees)

Receiving Body of Water: _____ Field ID: G1SW0060

| Sampling Team Members | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|---|---|---|---|---|---|
| Dylan Horning | X | | X | | |
| Laurie Bachler | | X | | X | |
| | | | | | |
| | | | | | |

**Sampling Equipment**

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

Equipment ID _____

**Collection Method**

- [ ] Wading
- [X] 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# Li Jon Photos: Yes / (No)

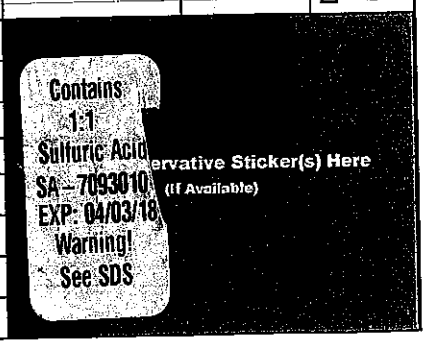
Tide Falling: Yes / No / (NA)

| 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) | 1230 | 0.3 | 0.4 | 6.1 | 76 | 7.3 | 0.08 | 0.1 | 177 | 30.7 |
| 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 | [X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP | [X] Ice [X] $H_2SO_4$ | | | [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 | [X] Ice | | | |
| Tracers | [X] W-SUC-AA-R [X] W-UHERB-AA | [X] 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:

RQ-2017-06-26-20
Date: 06-29-2017
Time:

Bellows Outlet

G1SW0060
Field ID
STORET

Signature: Date:

Field Parameters Entered into LIMS: SM 07/05/2017 (Initials/Date)

Field Parameters QC in LIMS: SM 08/29/2017 (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date)

Field Sheets Scanned/Saved: SM 09/25/2017 (Initials/Date)

**Request Number: RQ-2017-06-26-20**

RUN 9

# Florida Department of Environmental Protection
## Central Laboratory Submittal Form



**Customer: WQAP**

**Project ID: SMP**

Requester: Judy Ashton

Collected By: Laurie Bachler

Field Report Prepared By: ~~FDEP~~ Laurie Bachler

Sampling Agency: FDEP

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**Location:** Armistead

RQ-2017-06-26-20 Date: 06-29-2017 Time: G1SW0030 Field ID STORET G1SW0030

Field ID:

STORET:

Latitude: ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 6-29-17 Time 0925 | Eastern / Central | Composite end Date Time | Bottle Group(s) (See pg 2): A.

Matrix (type, e.g., Salt, ~~Fresh~~, etc) | Diss. Oxygen 5.5 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 30.9 | pH 6.5 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 190

Salinity (ppt) 0.09 | Comments

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**Location:** Magdalene

RQ-2017-06-26-20 Date: 06-29-2017 Time: G1SW0059 Field ID STORET G1SW0059

Field ID:

STORET #:

Latitude: ☐ dd ☐ dms

☒ Comp ☒ Grab | Collection (comp begin or grab) Date 6-29-17 Time 1030 | Eastern / Central | Composite end Date Time | Bottle Group(s): A, B, C

Matrix (type, e.g., Salt, ~~Fresh~~, etc) | Diss. Oxygen 8.1 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 31.2 | pH 8.0 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 246

Salinity (ppt) 0.11 | Comments

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**Location:** Bellows Lake

RQ-2017-06-26-20 Date: 06/29/17 Time: G1SW0044 ↓STORET Field ID↑ G1SW0044

Field ID:

STORET #:

Latitude: ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 6-29-17 Time 1125 | Eastern / Central | Composite end Date Time | Bottle Group(s): A, B, C

Matrix (type, e.g., Salt, ~~Fresh~~, etc) | Diss. Oxygen 5.4 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 30.7 | pH 7.7 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 165

Salinity (ppt) 0.08 | Comments

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**Location:** Bellows Outlet

RQ-2017-06-26-20 Date: 06-29-2017 Time: G1SW0060 Field ID STORET G1SW0060

Field ID:

STORET #:

Latitude: ☐ dd ☐ dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 6-29-17 Time 1230 | Eastern / Central | Composite end Date Time | Bottle Group(s): A, B

Matrix (type, e.g., Salt, ~~Fresh~~, etc) | Diss. Oxygen 6.1 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 30.7 | pH 7.3 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 177

Salinity (ppt) 0.08 | Comments: E. Coli dropped off at DEL

---

| Relinquished By: | Date/Time | Shipping Method | Number of Coolers Shipped: | Received By: | Date/Time |
|---|---|---|---|---|---|
| L. Bachler | 6-29-17, 1500 | Fed Ex | 4 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Group: A | Bottle Type: | P-1L | # of Bottles: 4 | Preservative: | ICE | Enter Number of Bottles Sent to Lab 4 |
| | ALKALINITY<br>TURBIDITY<br>W-CL-IC<br>W-COLOR<br>W-F<br>W-SO4-IC<br>W-TDS<br>W-TSS | | | | | |
| Group: A | Bottle Type: | BP-1L | # of Bottles: 4 | Preservative: | ICE | Enter Number of Bottles Sent to Lab 4 |
| | CHLSUITE-W | | | | | |
| Group: A | Bottle Type: | P-500ML | # of Bottles: 4 | Preservative: | ICE And H2SO4 | Enter Number of Bottles Sent to Lab 4 |
| | W-NH3<br>W-NO2NO3<br>W-S-A-TP<br>W-TKN<br>W-TOC | | | | | |
| Group: A | Bottle Type: | P-125ML | # of Bottles: 4 | Preservative: | ICE-FLTR | Enter Number of Bottles Sent to Lab 4 |
| | W-PO4-F | | | | | |
| Group: B | Bottle Type: | QPCR-P-250ML | # of Bottles: 4 | Preservative: | ICE | Enter Number of Bottles Sent to Lab 4 |
| | PCR-FILTER | | | | | |
| Group: B | Bottle Type: | P-120ML-WC-THI | # of Bottles: 2 | Preservative: | ICE | Enter Number of Bottles Sent to Lab 0 |
| | SWD-AEL-EC | Dropped off at AEL | | | | |
| Group: B | Bottle Type: | BG-1L | # of Bottles: 2 | Preservative: | ICE | Enter Number of Bottles Sent to Lab ~~3~~ 4 |
| | W-AHERB-AA<br>W-SUC-AA-R<br>W-UHERB-AA | | | | | |
| Group: C | Bottle Type: | BG-1L | # of Bottles: 4 | Preservative: | ICE | Enter Number of Bottles Sent to Lab 4 |
| | W-AHERB-AA<br>W-GLYPH<br>W-PYR-AA-R<br>W-SUC-AA-R<br>W-UHERB-AA | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Group: C | Bottle Type: | BG-500ML | # of Bottles: 6 | Preservative: | ICE | **Enter Number of Bottles Sent to Lab** | 6 |
| | W-CT-CI-R | | | | | | |
| | W-PCL-SQ-R | | | | | | |
| Group: C | Bottle Type: | P-500ML | # of Bottles: 2 | Preservative: | HNO3 | **Enter Number of Bottles Sent to Lab** | 2 |
| | W-ICP | | | | | | |
| | W-ICPMS | | | | | | |
| Group: C | Bottle Type: | BG-1L | # of Bottles: 6 | Preservative: | ICE | **Enter Number of Bottles Sent to Lab** | 6 |
| | W-PSNP-TQ | | | | | | |

Advanced
Environmental Laboratories, Inc.
6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
9610 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 • E82520
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 |
| ADDRESS: | 13051 N. Telecom Pkwy |
| | Temple Terrace, FL 33637 |
| PHONE: | 813-470-5700 |
| CONTACT: | Matthew Bearden ~~Sarah Ernst~~ |
| PROJECT NAME: | TMDL / SMP |
| P.O. NUMBER/PROJECT NUMBER: | |
| PROJECT LOCATION: | Florida |
| FAX: | 813-470-5996 |
| 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 |
|---|---|---|---|---|---|---|
| RQ-2017-06-26-20<br>Date: 06-29-2017<br>Time:<br>G1SW0060<br>Field ID<br>STORET<br>G1SW0060 | Bellows Outlet | Grab | 6-29-17 | 1230 | SW | 1 |
| | | Grab | | | SW | |
| | | Grab | | | SW | |
| | | Grab | | | SW | |
| | | Grab | | | SW | |
| | | Grab | | | SW | |

BOTTLE SIZE & TYPE: Sterile Plastic Bottle

ANALYSIS REQUESTED: Fecal Coliforms; E. Coli

LAB NUMBER

Preserv: Ice, T: 1

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

Shipment
Out: _____
Ret: _____

Method
Via: _____
Via: _____

Sample Kit
RB _____ D/T
AB _____ D/T
Trip BL

Cooler #

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

| | Relinquish by: | Date | Time | Received by: | Date | Time |
|---|---|---|---|---|---|---|
| 1 | [signature] | 6-29-17 | 1250 | [signature] | 6/29/17 | 1250 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

revised 1/12

MUR4

FedEx Express Package US Airbill

FedEx Tracking Number 8115 9551 3280

Form ID No. 0215

**From** *Please print and press hard.*

Date 6-29-17 Sender's FedEx Account Number

Sender's Name Phone ( 813 ) 470-5700

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 Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

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.

0126912290

**Ship it. Track it. Pay for it. All online.**
Go to fedex.com

**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.
- [X] 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
- [X] 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.

- [X] 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.
- [X] 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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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

MUR4

FedEx Express Package US Airbill

FedEx Tracking Number 8113 0563 2799

Form ID No. 0215

**From** *Please print and press hard.*

Date 6-29-17 Sender's FedEx Account Number

Sender's Name Phone ( 813 ) 470-5700

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 Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

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

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

**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.
- [X] 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
- [X] 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.
- [X] 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.

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