



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 Outlet

Date: 10-12-17

STORET Station ID:

G1SW0060

WBID:

1579

Latitude:

27° 59' 15.3" N

County:

Hills

RQ:

2017-09-11-25

ORG ID:

21FLTPA

Longitude:

82° 22' 22.9" W

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	
☒ 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:		Matrix:								
Dry / Pooled / Low / <u>Normal</u> / High / Flooded		Fresh / Marine / DI								
Meter ID# <u>LilJon</u>	Photos: Yes / No	Tide Falling: Yes / No / <u>NA</u>								
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	0900	0.3	0.3	1.5	18	6.4	0.08	0.3	162	26.8
CEN								"5"		

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	SA7233030	08/21/18	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <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-C-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	☐ Ice			
	☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Other			

Notes:		RQ-2017-09-11-25	
PCR Filter		Date: 10/12/17	Time:
Signature: Laurie Bachler		Bellows Outlet	
Date: 10-12-17		Field ID: G1SW0060	
		STORET	
		G1SW0060	

Field Parameters Entered into LIMS: 3M 10/19/2017		Field Parameters QC in LIMS:	
Date Migrated to STORET:	(Initials/Date)	Field Sheets Scanned/Saved: 3M 10/19/2017	(Initials/Date)

Request Number: RQ-2017-09-11-25

Florida Department of Environmental Protection Central Laboratory Submittal Form

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last revised Apr 7, 2016

Armistead, Bellows

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By: L. Bachler, D. Horning

Field Report Prepared By:

L. Bachler

Sampling Agency:

FDEP

Location RQ-2017-09-11-25 Date: 10/12/17 Time: STOR: Bellows Outlet Latitude: ☐ dd ☐ dms		☐ Comp ☒ Grab Collection (comp begin or grab) Date 10-12-17 Time 0900 Matrix (type, e.g., Salt, Fresh etc) Temp (C) 26.8 pH 6.4 Salinity (ppt) 0.08 Comments Dropped off at E. Coli at AEL		☒ Eastern ☐ Central Composite end Date Time Diss. Oxygen 1.5 ☒ mg/L ☐ % sat Total Res. Chlorine (mg/L) Sample Depth 0.3 ☐ ft ☒ m Sp. Conductance (umho/cm) 162		Bottle Group(s) (See pg 2) A, B	
Location RQ-2017-09-11-25 Date: 10/12/17 Time: STOR: Braden River Latitude: ☐ dd ☐ dms		☐ Comp ☒ Grab Collection (comp begin or grab) Date 10-12-17 Time 1035 Matrix (type, e.g., Salt, Fresh etc) Temp (C) 26.7 pH 6.7 Salinity (ppt) 0.25 Comments Dropped off E. Coli at AEL		☒ Eastern ☐ Central Composite end Date Time Diss. Oxygen 2.8 ☒ mg/L ☐ % sat Total Res. Chlorine (mg/L) Sample Depth 0.3 ☐ ft ☒ m Sp. Conductance (umho/cm) 524		Bottle Group(s) B	
Location RQ-2017-09-11-25 Date: 10/12/17 Time: STOR: Nonsense Creek Latitude: ☐ dd ☐ dms		☐ Comp ☒ Grab Collection (comp begin or grab) Date 10-12-17 Time 1100 Matrix (type, e.g., Salt, Fresh etc) Temp (C) 25.3 pH 6.5 Salinity (ppt) 0.63 Comments Dropped off E. Coli at AEL		☒ Eastern ☐ Central Composite end Date Time Diss. Oxygen 1.3 ☒ mg/L ☐ % sat Total Res. Chlorine (mg/L) Sample Depth 0.3 ☐ ft ☒ m Sp. Conductance (umho/cm) 1268		Bottle Group(s) B	
Location RQ-2017-09-11-25 Date: 10/12/17 Time: STOR: Cedar Creek Latitude: ☐ dd ☐ dms Longitude: ☐ dd ☐ dms		☐ Comp ☒ Grab Collection (comp begin or grab) Date 10-12-17 Time 1130 Matrix (type, e.g., Salt, Fresh etc) Temp (C) 26.6 pH 6.8 Salinity (ppt) 0.29 Comments Dropped off E. Coli at AEL		☒ Eastern ☐ Central Composite end Date Time Diss. Oxygen 4.1 ☒ mg/L ☐ % sat Total Res. Chlorine (mg/L) Sample Depth 0.3 ☐ ft ☒ m Sp. Conductance (umho/cm) 603		Bottle Group(s) B	

Relinquished By:

L. Bachler

Date/Time

10-12-17/1400

Shipping Method

Fed Ex

Number of Coolers Shipped:

1

Received By:

Date/Time

Group: A	Bottle Type: ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS	P-1L	# of Bottles: 21	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 21	Preservative: ICE	Enter Number of Bottles Sent to Lab	
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	P-500ML	# of Bottles: 21	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 21	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	1
Group: B	Bottle Type: PCR-FILTER	QPCR-P-250ML	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
Group: B	Bottle Type: SWD-AEL-EC	P-120ML-WC-THI	# of Bottles: 1 Bacteria dropped off at AEL	Preservative: ICE	Enter Number of Bottles Sent to Lab	0
Group: B	Bottle Type: W-AHERB-AA W-SUC-AA-R W-UHERB-AA	BG-1L	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1



6601 Southpoint Pkwy. • Jacksonville, FL 32218 • 904.363.9350 • Fax 904.363.9354 • E82574
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528 S. North Lake Blvd., Ste. 1015 • Altamonte Springs, FL 32701 • 407.397.1594 • Fax 407.397.1597 • E53075

LAB NUMBER:

Page

2

CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP																		
ADDRESS: 13051 N. Telecom Pkwy Temple Terrace, FL 33637		P.O. NUMBER/PROJECT NUMBER:																		
PHONE: 813-470-5700		PROJECT LOCATION: Florida																		
CONTACT: Matthew Bearden Sarah Ernst		FAX: 813-470-5996																		
TURN AROUND TIME:		SAMPLED BY:																		
☒ 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 TIME	MATRIX	NO. COUNT	Preserv	Ice, T												L A B N U M B E R	
RQ-2017-09-11-25 Date: 10/12/17 Time: Bellows Outlet	G1SWC060 Field ID ↓ STORET	Grab	10-12-17 0900	SW	1															
RQ-2017-09-11-25 Date: 10/12/17 Time: Braden River	G1SW0060 G2SW0016 Field ID ↓ STORET	Grab	10-12-17 1035	SW	1															
RQ-2017-09-11-25 Date: 10/12/17 Time: Nonsense Creek	G2SW0016 G2SW0015 Field ID ↓ STORET	Grab	10-12-17 1100	SW	1															
RQ-2017-09-11-25 Date: 10/12/17 Time: Cedar Creek	G2SW0015 G2SW0018 Field ID ↓ STORET	Grab	10-12-17 1130	SW																
RQ-2017-09-11-25 Date: 10/12/17 Time: Rattlesnake Slough	G2SW0018 G2SW0017 Field ID ↓ STORET	Grab	10-12-17 1145	SW																
	G2SW0017																			
		Sample Kit	Cooler #																	
		RB	D/T																	
		AB	D/T																	
		Trip BL																		
Via:																				
Ret:		Via:																		
				Relinquish by:	Date	Time	Received by:	Date	Time											
				1 L. Bachner	10-12-17	1347	Brian Barr	10/12/17	1347											
				2																
				3																
				4																

Received on 1c

☐ Yes ☒ No

QC [] sent

☐ received

revised 1/12

From **Please print and press hard.**

Date **10/12/17**

Sender's FedEx
Account Number

Sender's
Name

Phone **(813) 470-5700**

Company **13051 N Telecom Pkwy**

Address

Suite 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**

0127681333



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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**
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.

☐ **Shipper's Declaration**
not required.

☐ **Dry Ice**
Dry Ice, & UN 1845 _____ x _____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

☐ **Cargo Aircraft Only**

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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**

†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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