A-KIT

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Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Poley Creek **Date:** 7-11-17 (mm/dd/yyyy)

STORET Station ID: G2SW0014 **WBID:** 1583 **Latitude:** 27°36'19.82"N (Decimal Degrees)

County: POLK **RQ -** 2017-07-10-23 **ORG ID:** 21FLTPA **Longitude:** 82°01'23.1"W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G2SW0014

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
JUDY ASHTON		X			
SARAH MEYER	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# BU5174 **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)	1215	0.3	0.5	7.9	97	7.0 SM	0.14	0.5 S	296	25.6
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 ☒ 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 ~~☒ Ecoli~~ ☐ 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			
Flow	"J" Qualify Flow				

Place Preservative Sticker(s) Here (If Available)

Notes:

RQ-2017-07-10-23
Date: 07-11-2017
Time:

Poley Crk

G2SW0014
Field ID
STORET
G2SW0014

Signature: _____ Date: 7-11-17

Field Parameters Entered into LIMS: SM 08/22/2017 (Initials/Date) Field Parameters QC in LIMS: SM 10/13/2017 (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: SM 10/13/2017 (Initials/Date)

Advanced
Environmental Laboratories, Inc.
☐ 6981 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 • E84099
☐ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1600 • Fax 352.367.0059 • E82620
☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

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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	LAB NUMBER
RQ-2017-07-10-23 Date: 07-11-2017 Time:	G3SW0042 Field ID STORET G3SW0042	Grab	7-11-17	1140	SW	1			1		
Peace River											
RQ-2017-07-10-23 Date: 07-11-2017 Time:	G2SW0014 Field ID STORET G2SW0014	Grab			SW						
Poley Crk		Grab	7-11-17	1215	SW	1			1		
		Grab			SW						
		Grab			SW						
		Grab			SW						

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

Relinquish by:	Date	Time	Received by:	Date	Time
1 J. Hoffman	7-11-17	1303		7/11/17	1303
2					
3					
4					

Shipment Out: _____ Ret: _____
Method Via: _____ Via: _____
Sample Kit RB _____ D/T _____ AB _____ D/T _____ Trip Bl. _____
Cooler # _____

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

revised 1/12

last revised Apr 7, 2016

Request Number: 2017-10-23
Run 16

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By:

Collected By:

Sampling Agency:

Location RQ-2017-07-10-23 Date: 07-11-2017 Time: G2SW0014 Field ID ↕ STORET G2SW0014	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-11-17 Time 1215 Eastern Central		Composite end Date Time	Bottle Group(s) (See pg 2) *B
Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 7.9 ☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET # Poley Crk	Temp (C) 25.6	pH 7.0	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 296	
Latitude ☐ dd ☐ dms / Longitude ☐ dd ☐ dms	Salinity (ppt) 0.14	Comments *E.COLI ONLY - DROPPED @ AEL			
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	2	
ALKALINITY W-CL-IC TURBIDITY W-COLOR W-F W-SO4-IC W-TSS W-TDS						
Group: A	Bottle Type: BP-1L	# of Bottles: 3	Preservative: ICE	Enter Number of Bottles Sent to Lab	2	
CHLSUITE-W						
Group: A	Bottle Type: P-500ML	# of Bottles: 3	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	2	
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	2	
W-PO4-F						
Group: B	Bottle Type: QPCR-P-250ML	# of Bottles: 6	Preservative: ICE	Enter Number of Bottles Sent to Lab	2	
PCR-FILTER						
Group: B	Bottle Type: P-120ML-WC-THI	# of Bottles: 3	Preservative: ICE	Enter Number of Bottles Sent to Lab	0	
SE-AEL-~~ENT~~ EC	DROPPED OFF 2 ALL					
Group: B	Bottle Type: BG-1L	# of Bottles: 3	Preservative: ICE	Enter Number of Bottles Sent to Lab	3	
W-AHERB-AA W-SUC-AA-R W-UHERB-AA						
~~Group: C~~	~~Bottle Type: QPCR-P-250ML~~	~~# of Bottles: 4~~	~~Preservative: ICE~~	~~Enter Number of Bottles Sent to Lab~~	~~2~~	
~~PCR-HF183~~						
~~Group: D~~	~~Bottle Type: QPCR-P-250ML~~	~~# of Bottles: 2~~	~~Preservative: ICE~~	~~Enter Number of Bottles Sent to Lab~~	~~0~~	
~~PCR-GULL2~~						
~~Group: E~~	~~Bottle Type: QPCR-P-250ML~~	~~# of Bottles: 2~~	~~Preservative: ICE~~	~~Enter Number of Bottles Sent to Lab~~	~~0~~	
~~PCR-GFD~~						

MUR4

FedEx Express **Package US Airbill**

FedEx Tracking Number 8113 0562 6793

Form ID No. 0215

From *Please print and press hard.*

Date 7-11-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

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 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

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.

Signature options:

- [ ] 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: 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.

611

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.