



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: Mustang Ranch Crk Date: 8-16-17

STORET Station ID: G2SW0026 WBID: 1592C Latitude: 27° 55' 42.6" N

County: Hillsborough RQ - 2017-08-14-28 ORG ID: 21FLTPA Longitude: 82° 01' 18.9" W

Receiving Body of Water: _____ Field ID: G2SW0026

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check

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: Dry / Pooled / Low / Normal / High / Flooded Matrix: Fresh / Marine / DI

Meter ID# Busta 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	1240	0.3	0.3	6.6	76	6.7	0.05		117	28.6
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-5-A-TP	☒ Ice ☒ H2SO4			☒ <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-CI-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 ☐ Enterp ☐ 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 < 0.33

Notes: <u>Entered in TBE file</u>	RQ-2017-08-14-28	
	Date: 08-16-2017	
	Time: _____	
	<u>Mustang Ranch Crk</u>	

Signature: [Signature] Date: 8-16-17

Field Parameters Entered into LIMS: SM 08/24/2017 Field Parameters QC in LIMS: SM 10/17/2017

Date Migrated to STORET: _____ Field Sheets Scanned/Saved: SM 10/17/2017

(Initials/Date) (Initials/Date)

Request Number: RQ-2017-08-14-28

RUNS 13/14

Florida Department of Environmental Protection Central Laboratory Submittal Form

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last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

Location RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G2SW0026 Field ID STORET Mustang Ranch Crk	☐ Comp ☒ Grab Collection (comp begin or grab) Date 8-16-17 Time 1240	Eastern Central Composite Date Time	Bottle Group(s) (See pg 2) C
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 6.6 mg/L % sat	Total Res. Chlorine (mg/L)		
Temp (C) 28.6	pH 6.7	Sample Depth 0.3	☐ ft ☒ m Sp. Conductance (umho/cm) 117	
Salinity (ppt) 0.05	Comments			
Latitude	Longitude			

Location RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G1SW0066 Field ID STORET Delany Crk 2	☐ Comp ☒ Grab Collection (comp begin or grab) Date 8-16-17 Time 1335	Eastern Central Composite Date Time	Bottle Group(s) A, B C, D
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 5.3 mg/L % sat	Total Res. Chlorine (mg/L)		
Temp (C) 29.6	pH 7.2	Sample Depth 0.3	☐ ft ☒ m Sp. Conductance (umho/cm) 217	
Salinity (ppt) 0.10	Comments			
Latitude	Longitude			

Location RQ-2017-08-14-28 Date: 08-16-2017 Time:	Field ID G1SW0046 Field ID STORET Delany Crk	☐ Comp ☒ Grab Collection (comp begin or grab) Date 8-16-17 Time 1350	Eastern Central Composite Date Time	Bottle Group(s) A, B C, D
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 5.0 mg/L % sat	Total Res. Chlorine (mg/L)		
Temp (C) 29.8	pH 7.3	Sample Depth 0.3	☐ ft ☒ m Sp. Conductance (umho/cm) 243	
Salinity (ppt) 0.11	Comments			
Latitude	Longitude			

Location	Field ID	☐ Comp ☒ Grab Collection (comp begin or grab) Date Time	Eastern Central Composite Date Time	Bottle Group(s)
Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	mg/L	Total Res. Chlorine (mg/L)	
Temp (C)	pH	Sample Depth	☐ ft ☒ m Sp. Conductance (umho/cm)	
Salinity (ppt)	Comments			
Latitude	Longitude			

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
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Group: A	Bottle Type: ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS	P-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	P-500ML	# of Bottles: 4 3	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab <u>3</u>
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 4 3	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab _____
Group: B	Bottle Type: W-AHERB-AA W-SUC-AA-R W-UHERB-AA	BG-1L	# of Bottles: 4 3	Preservative: ICE	Enter Number of Bottles Sent to Lab 4 <u>3</u>
Group: C	Bottle Type: SE-AEL-EC	P-120ML-WC-THI	# of Bottles: 8 Dropped off at AEL	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>0</u>
Group: D	Bottle Type: PCR-FILTER PCR-GULL2 PCR-HF183	QPCR-P-250ML	# of Bottles: 4 4	Preservative: ICE	Enter Number of Bottles Sent to Lab <u>4</u>

Group E ~~PCR~~ PCR-FILTER 250mL II 2 Ice 2



**Advanced
Environmental Laboratories, Inc.**

6691 Southpoint Pkwy. • Jacksonville, FL 32218 • 904.363.9950 • Fax 904.363.9354 • E82574
9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.3616 • Fax 813.630.4327 • E84589
2105 NW 57th Place, Ste. 7 • Gainesville, FL 32608 • 352.367.1900 • Fax 352.367.0050 • E82620
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.537.1534 • Fax 407.537.1557 • E53076

LAB NUMBER:

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CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP		BOTTLE SIZE & TYPE		Sterile Plastic Bottle														LAB NUMBER	
ADDRESS: 13051 N. Telecom Pkwy		P.O. NUMBER/PROJECT NUMBER:																			
Temple Terrace, FL 33537		PROJECT LOCATION: Florida																			
PHONE: 813-470-5700		FAX: 813-470-5998																			
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		GVW=ground water		DWW=drinking water		O=oil		A=air		SO=soil		SL=sediment							
Field ID		SITE NAME		Grab Comp		SAMPLING		MATRIX		NO. COUNT		Preserv		Loc, T							
						DATE		TIME													
RQ-2017-08-14-28 Date: 08-16-2017 Time:		G2SW0026 Field ID STORET Mustang Ranch Crk		Grab		8-16-17		1240		SW		1									
RQ-2017-08-14-28 Date: 08-16-2017 Time:		G1SW0066 Field ID STORET Delany Crk 2		Grab		8-16-17		1335		SW		1									
RQ-2017-08-14-28 Date: 08-16-2017 Time:		G1SW0046 Field ID STORET Delany Crk		Grab		8-16-17		1350		SW		1									
				Grab						SW											
				Grab						SW											

H= (HCl) S= (H ₂ SO ₄) N= (HNO ₃) T= (Sodium Thiosulfate)		Method		Sample Kit		Cooler #		Relinquish by:		Date		Time		Received by:		Date		Time	
Shipment		Via:		RB		D/T		1		8-16-17		1425		31419		1425			
Out:		Via:		AB		D/T		2											
Ret:		Via:		Trip Bl.				3											
								4											

Received on 1c

☐ Yes ☐ No

QC ☐ sent

☐ received 60

revised 1/12

fedEx Express Package US Airbill FedEx Tracking Number **8119 3904 6565**

Form ID No. **0215**

From Please print and press hard.
Date **8-16-17** 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 **Tampa** 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** Hold Weekday
FedEx location address REQUIRED. NOT available for
No cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room
Address Hold Saturday
FedEx location address REQUIRED. Available ONLY for
Use this line for the HOLD location address or for continuation of your shipping address. FedEx Priority Overnight and
City **TALLAHASSEE** State **FL** ZIP **32399-6542**
0127681333

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

fedEx Express Package US Airbill FedEx Tracking Number **8119 3904 6554**

Form ID No. **0215**

From Please print and press hard.
Date **8-16-17** 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 **Tampa** 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** Hold Weekday
FedEx location address REQUIRED. NOT available for
No cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room
Address Hold Saturday
FedEx location address REQUIRED. Available ONLY for
Use this line for the HOLD location address or for continuation of your shipping address. FedEx Priority Overnight and
City **TALLAHASSEE** State **FL** ZIP **32399-6542**
0127681333

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4 Express Package Service * To most locations. **Packages up to 150 lbs.**
For packages over 150 lbs., use the FedEx Express Freight US Airbill.

1 or 2 Business Days **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 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.

☐ 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. ☐ 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. **4490-2262-9** Bx. 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.
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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. **4490-2262-9** Bx. 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.
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