A-KIT

PAGE 1 OF ____

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Chapman Lake @ Camp Florida **Date:** 4/13/17 (mm/dd/yyyy)

STORET Station ID: G1SW0065 **WBID:** 1605E **Latitude:** 27.9458 N (Decimal Degrees)

County: Hillsborough **RQ -** 2017-04-10-22 **ORG ID:** 21FLTPA **Longitude:** 82.3136 W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G1SW0065

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
JMAY ASHTON		X		X	X
LAURIE BACHER	X		X		

Sampling Equipment

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

Equipment ID _____

Collection Method

- [ ] Wading
- [ ] From Shore
- [ ] Other (note below)
- [X] Via Boat
- [X] Canoe/Kayak
- [ ] Electric Motor
- [ ] Gasoline Motor

Water Level: Dry / Pooled / Low / (Normal) / High / Flooded

Matrix: (Fresh) / Marine / DI

Meter ID# Lil Jon **Photos:** (Yes) / No

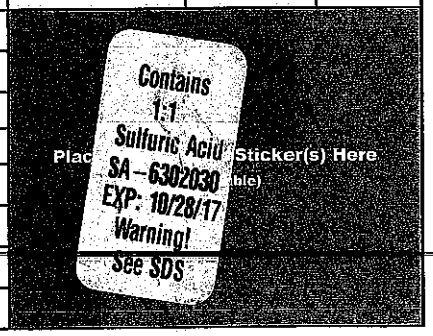
Tide Falling: Yes / No / (NA)

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)	1430	0.3	2.8	8.9	111	7.4	0.09	1.2	186	25.9
CEN		2.3		6.6	82	7.3	0.09		185	24.4

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	[ ] 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 [ ] W-PCL-SQ-R [ ] W-UHERB-AA [ ] W-GLYPH	[ ] Ice [ ] Other			
Flow	"J" Qualify Flow				



Notes:

RQ-2017-04-10-22
Date: 04-13-17
Time:
Lake Chapman

G1SW0065
Field ID
STORET

Signature: _____ **Date:** 4-13-17

Field Parameters Entered into LIMS: SM 04/19/2017 (Initials/Date) Field Parameters QC in LIMS: LB 4/24/17 (Initials/Date) MB-QC2

Date Migrated to STORET: 6/8/17 MB (Initials/Date) 121629 Field Sheets Scanned/Saved: SM 06/22/2017 (Initials/Date)

EVENT: 04-14-04

Request Number: RQ-2017-04-10-22

RUN 13

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By: J. Ashton

Collected By: J. Ashton, L. Bacheler

Sampling Agency: FDEP

Sample 1

Location	RQ-2017-04-10-22 Date: 04-13-17 Time:
Field ID	G2SW0022
STORET	Mill Crk
Latitude	☐ dd ☐ dms
Longitude	☐ dd ☐ dms
☐ Comp ☒ Grab	Collection (comp begin or grab) Date 4-13-17 Time 0930 (Eastern) Central
Composite end	Date Time (struck through)
Matrix (type, e.g., Salt, Fresh, etc)	Fresh (circled)
Diss. Oxygen	6.11 ☒ mg/L ☐ % sat
Total Res. Chlorine (mg/L)	(struck through)
Temp (C)	23.5
pH	7.4
Sample Depth	0.3 ☐ ft ☒ m
Sp. Conductance (umho/cm)	393
Salinity (ppt)	0.19
Comments	E.COLI DROPPED OFF @ AEL
Bottle Group(s) (See pg 2)	A, B (1b)

Sample 2

Location	RQ-2017-04-10-22 Date: 04-13-17 Time:
Field ID	G1SW0065
STORET	Lake Chapman
Latitude	☐ dd ☐ dms
Longitude	☐ dd ☐ dms
☐ Comp ☒ Grab	Collection (comp begin or grab) Date 4-13-17 Time 1430 (Eastern) Central
Composite end	Date Time (struck through)
Matrix (type, e.g., Salt, Fresh, etc)	Fresh (circled)
Diss. Oxygen	8.9 ☒ mg/L ☐ % sat
Total Res. Chlorine (mg/L)	(struck through)
Temp (C)	25.9
pH	7.4
Sample Depth	0.3 ☐ ft ☒ m
Sp. Conductance (umho/cm)	186
Salinity (ppt)	0.09
Comments	
Bottle Group(s)	A

Sample 3

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

Sample 4

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

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Laurie Bach	4-13-17	FedEx	1		

Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 5	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 5	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab**	1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 5	Preservative:	ICE-FLTR	**Enter Number of Bottles Sent to Lab**	1
	W-PO4-F						
Group: B	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
	PCR-FILTER						
Group: B	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						
Group: C	Bottle Type:	P-120ML-WC-THI	# of Bottles: 5	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	~~2~~ 0
	SWD-AEL-EC						

E. COLI BROOKS WW2 AEL

MUR4

FedEx Express **Package US Airbill**

FedEx Tracking Number 8111 7111 8180

Form ID No. 0215

From *Please print and press hard.*

Date | Sender's FedEx Account Number

Sender's Name | Phone (813) 4705770

Company FDEP SWROC

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 | 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.

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.

City TALLAHASSEE | State FL | ZIP 32399-6542

0125636852

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: 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

Rev. Date 5/15 • Part #163134 • ©1994–2015 FedEx • PRINTED IN U.S.A. SRM

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

MUR4

FedEx Express **Package US Airbill**

FedEx Tracking Number 8111 7111 8179

Form ID No. 0215

From *Please print and press hard.*

Date | Sender's FedEx Account Number

Sender's Name | Phone (813) 4705770

Company FDEP SWROC

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 | 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.

Hold Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

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City TALLAHASSEE | State FL | ZIP 32399-6542

0125636852

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- [X] Recipient
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