



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: Delany Creek

Date: 7-13-17

STORET Station ID: G1SW0046

WBID: 1605

Latitude: 27° 54' 55.8"

County: Hillsborough RQ: 2017-07-10-24

ORG ID: 21FLTPA

Longitude: 82° 23' 36.7"

Receiving Body of Water:

Field ID: G1SW0046

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton		X				
Hannah Sprinkle			X	X	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:	
Dry / Pooled / Low / Normal / <u>High</u> / Flooded	

Matrix:	
<u>Fresh</u> / Marine / DI	

Tide Falling:	
Yes / No / <u>NA</u>	

Meter ID#	Photos:
<u>112 JDM</u>	Yes / <u>No</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	<u>1320</u>	<u>0.3</u>	<u>1.3</u>	<u>5.4</u>	<u>70.3</u>	<u>7.2</u>	<u>0.15</u>	<u>0.5</u>	<u>315</u>	<u>28.3</u>
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 ☒ H2SO4	<u>SA-7093010</u>	<u>04/03/18</u>	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3			☐ <2
Filtered Nutrients	☒ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHL-SUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CLIC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates	☐ MI-PW-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			

Flow: "J" Qualify Flow 0.125

Notes: <u>PCR - FILTER</u>	RQ-2017-07-10-24 Date: <u>07-13-2017</u> Time: <u>Delany Crk</u>	<u>G1SW0046</u> Field ID STORET G1SW0046
Signature: <u>[Signature]</u>	Date: <u>7-13-17</u>	

Field Parameters Entered into LIMS: SM 08/22/2017 (Initials/Date)

Date Migrated to STORET: (Initials/Date)

Field Parameters QC in LIMS: SM 10/16/2017 (Initials/Date)

Field Sheets Scanned/Saved: SM 10/16/2017 (Initials/Date)

Request Number: RQ-2017-07-10-24

Florida Department of Environmental Protection

Central Laboratory Submittal Form

RUN 13/14

 3 of 5
 Page 1 of 2

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

Location	RQ-2017-07-10-24 Date: 07-13-2017 Time:	 G2SW0004 Field ID STORET	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-13-17 Time 1240	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)
Field ID				Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 46	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	Flint Crk			Temp (C) 28.6	pH 7.5	Sample Depth 0.3	Sp. Conductance (umho/cm) 230
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.11	Comments Dropped off E. coli @ AEL		
Location	RQ-2017-07-10-24 Date: 07-13-2017 Time:	 G1SW0046 Field ID STORET	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-13-17 Time 1320	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID				Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 54	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	Delany Crk			Temp (C) 28.3	pH 7.2	Sample Depth 1.3	Sp. Conductance (umho/cm) 315
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.15	Comments Dropped off E. coli @ AEL		
Location	RQ-2017-07-10-24 Date: 07/13/17 Time:	 G1SW0066 Field ID STORET	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 7-13-17 Time 1340	Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID				Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 5.9	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #	Delany 2			Temp (C) 28.6	pH 7.2	Sample Depth 0.3	Sp. Conductance (umho/cm) 271
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.13	Comments Dropped off E. coli @ 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	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: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	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: 1	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	2
	W-PO4-F						
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	SE-AEI-EC <i>DROPPED ON P. AEL</i>						
Group: C	Bottle Type:	QPCR-P-250ML	# of Bottles: 8	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	PCR-FILTER						
Group: C	Bottle Type:	BG-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	W-AHERB-AA W-SUC-AA-R W-UHERB						
Group: C	Bottle Type:	TEST HAS NO BOTTLE	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	
	X-UNERB-AA						
Group: D	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	PCR-FILTER PCR-GULL2 PCR-HF183						



Advanced
Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82674
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9916 • Fax 813.630.4327 • E84589
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32608 • 352.367.1900 • Fax 352.367.0050 • E82620
628 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.537.1594 • Fax 407.537.1597 • E83076

LAB NUMBER:

Page 2 of 2

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:		PROJECT LOCATION: Florida		PHONE: 813-470-5700		FAX: 813-470-5995		CONTACT: Matthew Boarden Sarah Ernst		SAMPLED BY:		REMARKS/SPECIAL INSTRUCTIONS: PO AF315E					
TURN AROUND TIME:																			
☒ STANDARD																			
☐ RUSH																			
Samples are ambient water and not suspected to contain chlorine																			
WW=waste water		SW=surface water		GW=ground water		DW=drinking water		C=oil		A=air		SO=soil		SL=sediment					
Field ID		SITE NAME		Grab Comp		SAMPLING DATE		TIME		MATRIX		NO. COUNT		Preserv		Ice, T			
RQ-2017-07-10-24 Date: 07-13-2017 Time:		G2SW0004 Field ID STORET G2SW0004		Grab		7-13-17		1240		SW		1				100			
Flint Crk				Grab						SW									
RQ-2017-07-10-24 Date: 07-13-2017 Time:		G1SW0046 Field ID STORET G1SW0046		Grab		7-13-17		1320		SW		1				1			
Delany Crk				Grab						SW									
RQ-2017-07-10-24 Date: 07/13/17 Time:		G1SW0066 Field ID STORET G1SW0066		Grab		7-13-17		1340		SW		1				1			
Delany 2				Grab						SW									
H ₂ O		H ₂ (Cl)		S=(H ₂ SO ₄)		N=(HNO ₃)		T=(Sodium Thiosulfate)											
Shipment		Method		Sample Kit		Cooler #													
Out:		Via:		RB		D/T													
Ret:		Via:		AB		D/T													
				Trip BL															
Received on 10		☐ Yes ☒ No		QC ☐ sent		☐ received													

Relinquish by:		Date		Time		Received by:		Date		Time	
1	JUDY ASHTON	7-13-17	1411					7/13/17	1411		
2											
3											
4											

From Please print and press hard.
Date _____ Sender's FedEx Account Number _____
Sender's Name _____ Phone (**813**) **470-5700**

Company **F DEP**
Address **13051 N Telecom Pkwy** **101**
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**
City **TALLAHASSEE** State **FL** ZIP **32399**

Form ID No. **0215**

4 Express Package Service *To most locations.

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
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 ☒ 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** Exp. Date _____

Total Packages _____ Total Weight _____ Total Declared Value* _____

*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.

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

From Please print and press hard.
Date **07/13/2017** Sender's FedEx Account Number _____
Sender's Name _____ Phone (**813**) **470-5700**

Company **F DEP**
Address **13051 N Telecom Pkwy** **101**
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**
City **TALLAHASSEE** State **FL** ZIP **32399**

Form ID No. **0215**

4 Express Package Service *To most locations.

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
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 ☒ 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** Exp. Date _____

Total Packages **1** Total Weight **50** Total Declared Value* _____

*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.

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

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

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

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

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