A-KIT

PAGE 1 OF 1

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Delany creek 2 **Date:** 7-13-17 (mm/dd/yyyy)

STORET Station ID: G1SW0066 **WBID:** 1605 **Latitude:** 27° 55' 9.08" (Decimal Degrees)

County: Hillsborough **RQ -** 2017-07-10-24 **ORG ID:** 21FLTPA **Longitude:** 82° 23" 6.18" (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G1SW0066

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton	X				
Hannan Sprinkle		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

Meter ID# Li JON **Photos:** Yes / No

Matrix: (Fresh) / Marine / DI

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)	1340	0.3	~~0.9~~ 0.3	5.9	77	7.2	0.13	0.3 "S"	271	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-S-A-TP	☒ Ice ☒ H_2SO_4			☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO_2			☐ <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 ☐ 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 0.33				

Place Preservative Sticker(s) Here (If Available)

Notes: PCR - FILTER

RQ-2017-07-10-24
Date: 07/13/17
Time:
Delany 2

G1SW0066
STORET Field ID
G1SW0066

Signature: _____ Date: 7-13-17

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

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

Date Migrated to STORET: _____ (Initials/Date)

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

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

RUN 13/14

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: _____

Collected By: _____

Sampling Agency: _____

Location: RQ-2017-07-10-24 Date: 07-13-2017 Time:

G2SW0004 Field ID STORET

STORET #: Flint Crk

Latitude ☐dd ☐dms | Longitude ☐dd ☐dms

☐ 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): B

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 4.6 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 28.6 | pH 7.5 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 230

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

STORET: Delany Crk

Latitude ☐dd ☐dms | Longitude ☐dd ☐dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 7-13-17 Time 1320 | Eastern / Central | Composite end Date Time | Bottle Group(s): A/B/C

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 5.4 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 28.3 | pH 7.2 | Sample Depth 1.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 315

Salinity (ppt) 0.15 | Comments: Dropped off E. coli @ AEL

Location

Field ID: RQ-2017-07-10-24 Date: 07/13.17 Time:

G1SW0066 ↓STORET Field ID ↑

STORET #: Delany 2

Latitude ☐dd ☐dms | Longitude ☐dd ☐dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 7-13-17 Time 1340 | Eastern / Central | Composite end Date Time | Bottle Group(s): B/C

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 5.9 ☒ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) 28.6 | pH 7.2 | Sample Depth 0.3 ☐ ft ☒ m | Sp. Conductance (umho/cm) 271

Salinity (ppt) 0.13 | Comments: Dropped off E. coli @ AEL

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 | Bottle Group(s)

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

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	9
	SE-AEL-EC DROPPED OFF P AEL					
Group: C	Bottle Type: QPCR-P-250ML	# of Bottles: 8	Preservative:	ICE	Enter Number of Bottles Sent to Lab	8
	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-UHERB-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.
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 • E84589
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
528 S. North Lake Blvd., Ste. 1015 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

CLIENT NAME: FDEP - SW District
ADDRESS: 13051 N. Telecom Pkwy
Temple Terrace, FL 33637
PHONE: 813-470-5700
CONTACT: Matthew Bearden Sarah East

TURN AROUND TIME:
☑ STANDARD
☐ RUSH

PROJECT NAME: TMDL / SMP
P.O. NUMBER/PROJECT NUMBER:
PROJECT LOCATION: Florida
FAX: 813-470-5995
SAMPLED BY:

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							LAB NUMBER
RQ-2017-07-10-24 Date: 07-13-2017 Time:	G2SW0004 Field ID STORET G2SW0004	Grab	7-13-17	1240	SW	1		Ice	1							
		Grab			SW											
RQ-2017-07-10-24 Date: 07-13-2017 Time: Delany Crk	G1SW0046 Field ID STORET G1SW0046	Grab	7-13-17	1320	SW	1			1							
		Grab			SW											
RQ-2017-07-10-24 Date: 07/13/17 Time: Delany 2	G1SW0066 STORET Field ID G1SW0066	Grab	7-13-17	1340	SW	1			1							
		Grab			SW											

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

Shipment Out: Method Via: Sample Kit RB D/T AB D/T Trip BL Cooler #

Rec: Via:

Received on Ice ☐ 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						

revised 1/12

FedEx Express Package US Airbill

FedEx Tracking Number 8115 9628 0642

Form ID No. 0215

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

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.

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

0126912290

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

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.

- [ ] 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	Total Weight	Total Declared Value†
	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.

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 8115 9551 7929

Form ID No. 0215

From *Please print and press hard.*

Date 07/13/15

Sender's FedEx Account Number

Sender's Name

Phone (813) 470-5700

Company F DEP

Address 13051 N Telecom Pkwy 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.

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

0126912290

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

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	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.

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.