



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

B-KIT

PAGE 1 OF 1

Data Qualified?

Yes / No

STORET Station Name: McKay Creek Tidal Date: 8-10-17
STORET Station ID: G5SW0130 WBID: 11633 Latitude: 27°54'23.3"N
County: Pinellas RQ: 2017-08-07-25 ORG ID: 21FLTPA Longitude: 82°49'02"W
Receiving Body of Water: _____ Field ID: G5SW0130

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
JUDY ASHON						X		X	X
LAURIE BARTLEB					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 / 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	1145	0.3	0.4	2.9	46	7.7	21.5	0.4	34678	32.2
CEN								1.5		

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			☒ <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-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine)	☒ Alkalinity / W-F / W-TSS / TURBIDITY	☒ Ice			
Macroinvertebrates	☐ MI-FW-QIDC	☐ Formalin			
Periphyton	☐ ALGAE-ID	☐ Ice			
Microbiology	☐ E Coli ☐ F Coli ☒ Entero ☐ PCR-FILTER	☐ Ice			
Tracers	☒ W-SUC-AA-R ☒ W-UHERB-AA <u>W-AHERB-AA</u>	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R	☐ Ice			
	☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Other			

Notes:	RQ-2017-08-07-25	
	Date: 08-10-2017	
	Time: _____	
	McKay Tidal	
Signature: <u>Judy Ashon</u>	Date: <u>8-10-17</u>	

Field Parameters Entered into LIMS: SM 08/24/2017 (Initials/Date)
Date Migrated to STORET: _____ (Initials/Date)
Field Parameters QC in LIMS: SM 10/13/2017 (Initials/Date)
Field Sheets Scanned/Saved: SM 10/13/2017 (Initials/Date)



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6610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.5816 • Fax 813.630.4327 • E04889
2106 NW 87th Place, Ste. 7 • Gainesville, FL 32608 • 352.367.1600 • Fax 352.367.0050 • E62820
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32711 • 407.937.1894 • Fax 407.937.1587 • E53078

LAB NUMBER:

Page _____ of _____

CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP		BOTTLE SIZE & TYPE	Estate Plastic Bottle												L A B N U M B E R
ADDRESS: 13051 N. Telecom Pkwy Temple Terrace, FL 33637		P.O. NUMBER/PROJECT NUMBER:		A R N E A Q L U Y I S R I E S D	Fecal Coliforms	E. coli	ENT.										
PHONE: 813-470-5700		PROJECT LOCATION: Florida															
CONTACT: Matthew Bearden Sarah Ernst		FAX: 813-470-5995															
TURN AROUND TIME:		SAMPLED BY:															
☒ 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 Amsh SO=soil SL=sediment																	
Field ID	SITE NAME	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	loc, T									
			DATE	TIME													
RQ-2017-08-07-25 Date: 08-10-2017 Time: Clam Bayou	G5SW0135 Field ID STORET G5SW0135	Grab	8-10-17	1000	SW			1									
RQ-2017-08-07-25 Date: 08-10-2017 Time: PP Ditch #1	G5SW0134 Field ID STORET G5SW0134	Grab	8-10-17	1050	SW			1									
RQ-2017-08-07-25 Date: 08-10-2017 Time: McKay Tidal	G5SW0130 Field ID STORET G5SW0130	Grab	8-10-17	1145	SW			1									
RQ-2017-08-07-25 Date: 08-10-2017 Time: Mullet Crk Tidal	G1SW0055 Field ID STORET G1SW0055	Grab	8-10-17	1235	SW			1									
H=HCL S=(H ₂ SO ₄) N=(HNO ₃) Te=Sodium Thiosulfate)		Shipment Out: Ret:		Method Vial:	Sample Kit RB AB Trip BL	Cooler # D/T D/T	Relinquish by: Date Time		Received by: Date Time								

Received on 1c

☐ Yes ☐ NoQC ☐ sent☐ received

revised 1/12

RUN 10

Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By: Judy Ashton

Project ID: SMP

Collected By: J. Ashton, L. BarkerSampling Agency: FDEP

Location RQ-2017-08-07-25 Date: 08-10-2017 Time: 10:00 Field ID: G5SW0135 STORET # Clam Bayou Latitude: ☐ dms		☐ Comp ☒ Grab Collection (comp begin or grab) 1000 Eastern Date 8-10-17 Time 10:00 Central Matrix (type, e.g., Salt, Fresh, etc) 28.3 Temp (C) 30.3 pH 7.3 Salinity (ppt) 0.46 Comments SMP LIST REQ. MARINE SAMPLING KIT		Composite end Date Time Diss. Oxygen 3.84 mg/L Total Res. Chlorine (mg/L) Sample Depth 0.3 ft Sp. Conductance (umho/cm) 509888 Bottle Group(s) A/C/D	
Location RQ-2017-08-07-25 Date: 08-10-2017 Time: 10:50 Field ID: G5SW0134 STORET # PP Ditch #1 Latitude: ☐ dms		☐ Comp ☒ Grab Collection (comp begin or grab) 1050 Eastern Date 8-10-17 Time 10:50 Central Matrix (type, e.g., Salt, Fresh, etc) Temp (C) 30.5 pH 7.4 Salinity (ppt) 0.27 Comments SMP LIST REQ. MARINE SAMPLING KIT		Composite end Date Time Diss. Oxygen 4.3 mg/L Total Res. Chlorine (mg/L) Sample Depth 0.3 ft Sp. Conductance (umho/cm) 369 Bottle Group(s) A/C/D/G	
Location RQ-2017-08-07-25 Date: 08-10-2017 Time: 11:45 Field ID: G5SW0130 STORET # Mckay Tidal Latitude: ☐ dms		☐ Comp ☒ Grab Collection (comp begin or grab) 1145 Eastern Date 8-10-17 Time 11:45 Central Matrix (type, e.g., Salt, Fresh, etc) Temp (C) 32.2 pH 7.7 Salinity (ppt) 21.5 Comments		Composite end Date Time Diss. Oxygen 2.9 mg/L Total Res. Chlorine (mg/L) Sample Depth 0.3 ft Sp. Conductance (umho/cm) 34678 Bottle Group(s) A/B/G/D	
Location RQ-2017-08-07-25 Date: 08-10-2017 Time: 12:35 Field ID: G1SW0055 STORET # Mullet Crk Tidal Latitude: ☐ dms		☐ Comp ☒ Grab Collection (comp begin or grab) 1235 Eastern Date 8-10-17 Time 12:35 Central Matrix (type, e.g., Salt, Fresh, etc) Temp (C) 30.0 pH 7.3 Salinity (ppt) 1.05 Comments ENT. DROPPES W/ 2 ALL		Composite end Date Time Diss. Oxygen 4.3 mg/L Total Res. Chlorine (mg/L) Sample Depth 0.3 ft Sp. Conductance (umho/cm) 2083 Bottle Group(s) A/B/	

Relinquished By: <u>J. Ashton</u>	Date/Time: <u>8-10-17 1700</u>	Shipping Method: <u>FED Ex</u>	Number of Coolers Shipped: <u>2</u>	Received By:	Date/Time:
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Group: A	Bottle Type:	P-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab	3
	ALKALINITY						
	TURBIDITY						
	W-F						
	W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 3	Preservative:	ICE	Enter Number of Bottles Sent to Lab	3
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 3	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	3
	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	3
	W-PO4-F						
Group: B	Bottle Type:	QPCR-P-250ML	# of Bottles: 10	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	PCR-FILTER, PCR-GULL 2						
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	SWD-AEL-EN						
Group: B	Bottle Type:	BG-1L	# of Bottles: 5	Preservative:	ICE	Enter Number of Bottles Sent to Lab	3
	W-AHERB-AA						
	W-SUC-AA-R						
	W-UHERB-AA						
Group: C	Bottle Type:	P-120ML-WC-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	SWD-AEL-EC						
Group: D	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
	PCR-HF183, PCR-HF183-PCR-FILTER						
Group: E	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	PCR-GFD, PCR-FILTER						
Group: F	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	PCR-GULL2						
GROUP 6	PCR-GFD	QPCR-P-250ML				# SENT	2

From Please print and press hard.
Date 8-10-17 **Sender's FedEx Account Number** **813, 470-5700**
Company FDEP
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 **Phone** 850 245-8085
Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD
 No cannot deliver to P.O. boxes or P.O. ZIP codes.
City TALLAHASSEE **State** FL **ZIP** 32399-6542
Phone 0127681330



Form ID No. **0215**

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Packages up to 150 lbs.
 For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

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☐ **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, 5, 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 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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From Please print and press hard.
Date 8-10-17 **Sender's FedEx Account Number** **813, 470-5700**
Company FDEP
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 **Phone** 850 245-8085
Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD
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City TALLAHASSEE **State** FL **ZIP** 32399-6542
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☐ **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

☐ **SATURDAY Delivery**
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 Package may be left without obtaining a signature for delivery.
☐ **Direct Signature**
 Someone at recipient's address may sign for delivery. *Fee applies.*
☐ **Indirect Signature**
 If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*
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, 5, UN 1845 x kg
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. ☐ Cargo Aircraft Only

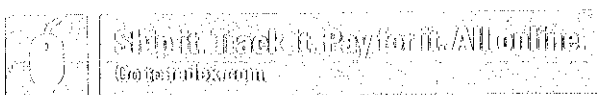
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Enter FedEx Acct. No. or Credit Card No. below.
☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check
 FedEx Acct. No. **4490-2262-9** Exp. Date

Total Packages 1 **Total Weight** 50 lbs. **Total Declared Value†** \$ 50

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