



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: Rice Creek Date: 5-2-17
STORET Station ID: G2SW0033 WBID: 1659 Latitude: 27° 51' 26.5" N
County: Manatee RQ: 2017-05-01-35 ORG ID: 21FLTPA Longitude: 82° 19' 07.2" W
Receiving Body of Water: _____ Field ID: G2SW0033

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Laune Bachler		X	X	X	X	X
Judy Ashton			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:		Matrix:								
Dry / Pooled / Low / Normal / High / Flooded		Fresh / Marine / DI								
Meter ID# <u>L1 Jbn</u>	Photos: <u>Yes</u> / No	Tide Falling: Yes / No / <u>NA</u>								
Time Zone	Time	Sample Depth (m)	Total Depth (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (ppt)	Secchi Disk (m)	Sp COND (umhos/cm)	Temp. (C°)
EST	1200	0.3	0.3	10.2	124	7.4	0.15	0.3	320	25.2
CEN								"S"		

Biological Samples Collected:	SBIO ID Numbers:	SBIO-ID:	RPS-ID:	Macrophyte-ID:	LIMS#:
<u>None</u> HA SCI RPS Algae ID LVS LVI Other _____					

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 ☐ HNO2			☐ <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-CHC / 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 Coll ☐ F Coll ☐ Enter ☐ 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:	Signature: <u>Judy</u>	Date: <u>5-2-17</u>

Field Parameters Entered into LIMS:	Field Parameters QC in LIMS:	Field Sheets Scanned/Saved:
<u>LB 5-3-17</u>	<u>SM 05/04/2017</u>	
(Initials/Date)	(Initials/Date)	(Initials/Date)

Request Number: RQ-2017-05-01-35

RUN 16

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-2017-05-01-35 Date: 05/02/17 Time:	 G2SW0033 ↓ STORET Field ID ↑ Rice Creek	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 5-2-17 Time 1200	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2)	
Field ID				Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen 10.2	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #				Temp (C) 25.2	pH 7.4	Sample Depth 0.3	Sp. Conductance (umho/cm) 320	
Latitude	☐ dd ☐ dms	Longitude	☐ dd ☐ dms	Salinity (ppt) 0.15	Comments E. COLI BROOKS MAR 2 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			
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			
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
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Group: A	Bottle Type:	P-1L	# of Bottles: 2	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: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
	CHLSUITE-W					
Group: A	Bottle Type:	P-500ML	# of Bottles: 2	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: 2	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	2
	W-PO4-F					
Group: B	Bottle Type:	QPCR-P-250ML	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
	PCR-FILTER					
Group: B	Bottle Type:	BG-1L	# of Bottles: 1	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: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
	SWD-AEL-EC					
	DROPPED W/ D AEL					



6601 Southpoint Pkwy. • Jacksonville, FL 32215 • 904.363.9350 • Fax 904.363.9354 • E82574
9510 Princess Palm Ave. • Tampa, FL 33619 • #13.630.9616 • Fax #13.630.4327 • E84589
2106 NW 67th Place, Ste. 7 • Gainesville, FL 32608 • 352.367.1503 • Fax 352.367.0050 • E82620
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1584 • Fax 407.937.1587 • E53075

LAB NUMBER:

Page 1 of 1

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: 813-470-5996		CONTACT: Matthew Bearden Sarah Ernst		TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS: PO AF315E		*Samples are ambient water and not suspected to contain chlorine*		VW=waste water SW=surface water GW=ground water DW=drinking water			
☒ STANDARD		☐ RUSH																			
Field ID		SITE NAME		Grab Comp		SAMPLING DATE TIME		MATRIX		NO. COUNT		Preserv		Ice, T							
RQ-2017-05-01-35		G3SW0042		Grab		5-2-17 1010		SW		1											
Date: 05/02/17		↓STORET Field ID ↑		Grab				SW													
Time:		G3SW0042		Grab		5-2-17 1100		SW		1											
Peace River		G2SW0014		Grab		5-2-17 1200		SW		1											
RQ-2017-05-01-35		G2SW0033		Grab				SW													
Date: 05/02/17		↓STORET Field ID ↑		Grab				SW													
Time:		G2SW0014		Grab		5-2-17 1200		SW		1											
Poley		G2SW0033		Grab				SW													
RQ-2017-05-01-35		G2SW0033		Grab				SW													
Date: 05/02/17		↓STORET Field ID ↑		Grab				SW													
Time:		G2SW0033		Grab				SW													
Rice Creek				Grab				SW													
				Grab				SW													
Hce		H=(HCl) S=(H ₂ SO ₄) N=(HNO ₃) T=(Sodium Thiosulfate)		Sample Kit		Cooler #		RB		D/T		AB		D/T		Trip Bl.		Relinquish by:		Date Time	
Shipment		Method		Via:		Via:		Via:		Via:		Via:		Via:		Via:		Via:		Via:	
Out:		Via:		Via:		Via:		Via:		Via:		Via:		Via:		Via:		Via:		Via:	
Rel:		Via:		Via:		Via:		Via:		Via:		Via:		Via:		Via:		Via:		Via:	
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Received on 1c

☐ Yes ☐ No

gc [] sent

☐ received

revised 1/12

fedEx Package
Express **US Airbill**

FedEx Tracking Number **8113 0563 0969**

From **Please print and press hard.**

Date **5-2-17**

Sender's FedEx Account Number

SENDER'S FEDEX ACCOUNT NUMBER

Sender's Name **FDRP**

Phone **(813) 470-5770**

Company **SW ROC**

Address **13051 N. TELLOM AVE**

Dept./Floor/Suite/Room

City **TAMPA FLORIDA**

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 construction of your shipping address.

City **TALLAHASSEE**

State **FL**

ZIP **32399**

0126430468

Form ID No. **0215**

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.

☒ **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, 6, UN 1845 _____ x _____ kg

☐ **Cargo Aircraft Only**

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

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

Credit Card No.

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.

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