



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: MB G1SW0056 SIMS BRANCHDate: 3/27/17

(mm/dd/yyyy)

STORET Station ID: G1SW0056WBID: 1691

Latitude:

(Decimal Degrees)

County: MANATEERQ - 2017-03-27-67ORG ID: 21FLTPA

Longitude:

(Decimal Degrees)

Receiving Body of Water: TAMPA BAYField ID: G1SW0056

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment			
M. BEARDEN		☒	☒	☒	☒	☒	☒ Sample Container	☐ Van Dorn	☐ Pole	
L. BACHLER		☐	☐	☐	☐	☐	☐ 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 / <u>Normal</u> / High / Flooded							Matrix: Fresh / <u>Marine</u> / DI			
Meter ID# <u>WEEZEY</u>							Photos: Yes / <u>No</u>			
							Tide Failing: Yes / <u>No</u> / 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	1320	0.3	1.0	8.3	114	7.8	26.5	1.0'5	41700	23.6
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 ☒ 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-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 ☐ Enteroc ☐ 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			

Notes:

RQ-2017-03-27-67

Date: 03/27/17

Time:

SIMS BRANCH

G1SW0056

↓ STORET Field ID ↑

G1SW0056

Signature: MA B A

Date:

3/27/17

Field Parameters Entered into LIMS: SM 03/28/2017Field Parameters QC in LIMS: LB 3/28/17 SM 04/10/2017Date Migrated to STORET: 4/24/17 MB 12/255Field Sheets Scanned/Saved: SM 04/25/2017

EVENT - 2017-03-28-03 MB 4/24

(Initials/Date)

Request Number: 2017-03-27-67

Florida Department of Environmental Protection Central Laboratory Submittal Form

 Page 1 of 2
 last revised Apr 7, 2016

Customer: SW-DIST

Requester: Judy Ashton

Field Report Prepared By: Judy Ashton

Project ID: SMP

Collected By: LAVIA BAKER, M. BLANDENSampling Agency: FSEP

Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date <u>3-27-17</u> Time <u>1320</u>		☒ Eastern ☐ Central		Composite end Date _____ Time _____		Bottle Group(s) (See pg 2)	
Field ID RQ-2017-03-27-67 Date: 03/27/17 Time: _____		Barcode G1SW0056		Matrix (type, e.g. Salt, Fresh, etc.)		Diss. Oxygen <u>8.3</u> ☐ mg/L ☒ % sat		Total Res. Chlorine (mg/L)		A/B	
STORE SIMS BRANCH		Barcode G1SW0056		Temp (C) <u>23.4</u>		pH <u>7.8</u>		Sample Depth <u>0.3</u> ☐ ft ☒ m			
Latitude ☐ dd ☒ dms		Longitude ☐ dd ☒ dms		Salinity (ppt) <u>26.5</u>		Comments <u>DROP HT COL D AGL</u>					

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

Relinquished By: <u>Judy Ashton</u>		Date/Time <u>3/27/17 1700</u>		Shipping Method <u>FSEP</u>		Number of Coolers Shipped: <u>1</u>		Received By:		Date/Time	
--	--	----------------------------------	--	--------------------------------	--	--	--	--------------	--	-----------	--

Group: A Bottle Type: P-1L # of Bottles: 6 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: 6 Preservative: ICE Enter Number of Bottles Sent to Lab 1

CHLSUITE-W

Group: A Bottle Type: P-500ML # of Bottles: 6 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: 6 Preservative: ICE-FLTR Enter Number of Bottles Sent to Lab 1

W-PO4-F

Group B PCR-P-250ML 2 ICE # BOTTLES 2

PCR-FILTER

BB-1L 1 ICE # BOTTLES 1

Group B W-UTERBAA, W-AHERB-AA, W-SUC-AA-R

P-120ML-VC-THT

Group B SWO-ABL-EN # BOTTLES 0

→ DROPPED OUT @ ABL

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529 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • Fax 407.337.1564 • Fax 407.937.1597 • E53076

CLIENT NAME: FDEP - SW District		PROJECT NAME: TMDL / SMP		BOTTLE SIZE & TYPE	Sterile Plastic Bottle									L A B N U M B E R
ADDRESS: 13051 N. Telecom Pkwy		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								
Temple Terrace, FL 33637		PROJECT LOCATION: Florida												
PHONE: 813-470-5700		FAX: 813-470-5996												
CONTACT: Matthew Bearden Sarah Ernst		SAMPLED BY:												
TURN AROUND TIME:		REMARKS/SPECIAL INSTRUCTIONS: PO AF315E												
☒ STANDARD ☐ RUSH														
Samples are ambient water and not suspected to contain chlorine														
WW=waste water SW=surface water GW=ground water DWV=drinking water O=oil A=air SO=soil SL=sediment														
Field ID	SITE NAME	Grab Comp	SAMPLING		MATRIX	NO. COUNT	Preserv	Loc, T						
			DATE	TIME										
RQ-2017-03-27-67 Date: 03/27/17 Time: 1320 SIMS BRANCH	G1SW0056 ↓STORET Field ID ↑ G1SU0056	(Grab)	3/27/17	1320	(SW)	1								
		Grab			SW									
		Grab			SW									
		Grab			SW									
		Grab			SW									
		Grab			SW									
		Grab			SW									
I-Ice H=(HCl) S=(H ₂ SO ₄) N=(HNO ₃) T=(Sodium Thiosulfate)														
Shipment Out:	Method Via:	Sample Kit RB AB Trip BL	Cooler # D/T D/T											
Rel:	Via:													
Received on Ice ☐ Yes ☐ No														
Reinquinish by:		Date	Time	Received by:	Date	Time								
1 J. B. Brown		3/27/17	1320	J. B. Brown	3/27/17	1320								
2														
3														
4														

From Please print and press hard.Date **3-27-17** Sender's FedEx Account Number **4490-2262-9**

Sender's Name

Phone **(813) 470-5700**Company **FDEP**Address **13051 Telecom Pkwy N.**

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**

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

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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.**2nd Business Day**☐ 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.

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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?**☒ No ☐ Yes
One box must be checked.
As per attached
Shipper's Declaration.☐ Yes
Shipper's Declaration
not required.☐ Dry Ice
Dry Ice, 9, UN 1845 x _____ kg

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

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