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: Gilley Creek **Date:** 7-19-17 (mm/dd/yyyy)

STORET Station ID: G2SW0024 **WBID:** 1840 **Latitude:** 27°30'48.6"N (Decimal Degrees)

County: MANATEE **RQ -** 2017-07-17-72 **ORG ID:** 21FLTPA **Longitude:** 82°17'02.7"W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G2SW0024

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Catie Orr		Y	Y	X	Y
Hannah Sprinkle	X				

Sampling Equipment

(AS) ☒ Sample Container ☐ Van Dorn ☐ Pole
☐ Carboy ☐ Syringe
☐ Dipper ☐ Other _____
Equipment ID _____

Collection Method (DS)

☒ Wading — Via Boat: ☐ Canoe/Kayak ☐ Electric Motor ☐ Gasoline Motor
☐ From Shore
☒ Other (note below): From bridge

Water Level: Dry / Pooled / Low / Normal / (High) / Flooded

Matrix: (Fresh) / Marine / DI

Meter ID# 1.11 Jon **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)	1040	1.5	0.3	7.2	88	6.6	0.1	0.3	143	25.7
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	SA-7093010	04/03/18	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO_3			☐ <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 W-AHERB-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 m/s				

Contains 1:1 Sulfuric Acid SA-7093010 EXP: 04/03/18 Warning! See SDS

Place F[illegible]cker(s) Here

Notes:

RQ-2017-07-17-72
Date: 07/19/17
Time: 19
Gilley Creek

G2SW0024 STORET Field ID

Signature: _____ **Date:** 7-19-17

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)

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
2105 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.4500 • Fax 352.367.0050 • E82520
528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

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CLIENT NAME: FDEP - SW District	PROJECT NAME: TMDL / SMP	BOTTLE SIZE & TYPE	Sterile Plastic Bottle
ADDRESS: 13051 N. Telecom Pkwy	P.O. NUMBER/PROJECT NUMBER:		
Temple Terrace, FL 33637	PROJECT LOCATION: Florida	ARNEAQLUYISRIESD	Fecal Coliforms
PHONE: 813-470-5700	FAX: 813-470-5996		E. Coli
CONTACT: Matthew Bearden Sarah Ernst	SAMPLED BY:		
TURN AROUND TIME: ☑ 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 A=air SO=soil SL=sludge

Field ID	SITE NAME	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	Preserv	Ice, T		LAB NUMBER
RQ-2017-07-17-72 Date: 07/18/17 Time: 19 Gilley Creek G2SW0024 ↓STORET Field ID ↑ G2SW0024		Grab	7-19-17	1040	SW	1			1	
		Grab			SW					
		Grab			SW					
		Grab			SW					
		Grab			SW					
		Grab			SW					

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

Shipment	Method	Sample Kit	Cooler #
Out:	Via:	RB D/T	
Ret:	Via:	AB D/T	
		Trip Bl.	

	Relinquish by:	Date	Time	Received by:	Date	Time
1	[illegible]	7/19	1430	[illegible]	7/19/17	1615
2						
3						
4						

Received on Ice ☐ Yes ☐ No QC ☐ sent ☐ received

Revised 1/12

last revised Apr 7, 2016

Request Number: RQ-

2017-07-17-72

Customer: WQAP

Project ID: SMP

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Requester: Judy Ashton

Collected By: CATIE DAVIS, HANNAH SPARINELLI

Field Report Prepared By: Judy Ashton

Sampling Agency: FDEP

Location: GILLEY CREEK	☐ Comp ☒ Grab	Collection (comp begin or grab) Date Time	Eastern (circled) Central	Composite end Date Time	Bottle Group(s) (See pg 2): A/B
RQ-2017-07-17-72 Date: 07/~~18~~ 19/17 Time: G2SW0024 ↓STORET Field ID ↑ Gilley Creek G2SW0024	Matrix (type, e.g., Salt, Fresh (circled), etc)	Diss. Oxygen 7.2 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
	Temp (C) 25.7	pH 6.6	Sample Depth 1.5 ☐ ft ☒ m	Sp. Conductance (umho/cm) 143
☐ dd ☐ dms	Salinity (ppt) 0.1	Comments: E. COLI DROPPED OFF @ 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 ☐ ft ☐ m	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 ☐ ft ☐ m	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 ☐ ft ☐ m	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
Judy Ashton	7-19-17 1700	FEDEX	1		

Group: A	Bottle Type:	P-1L	# of Bottles: 4	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: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 4	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: 4	Preservative:	ICE-FLTR	Enter Number of Bottles Sent to Lab	1
	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	PCR-HF183					
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	0
	SWD-AEL-EC						
Group: B	Bottle Type:	BG-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						
Group: C	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	HNO3	Enter Number of Bottles Sent to Lab	
	W-ICP W-ICRMS						
Group: D	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	
	W-AHERB-AA W-GLYPH						

MUR 4

FedEx Express **Package US Airbill**

FedEx Tracking Number 8115 9628 0300

Form ID No. 0215

From *Please print and press hard.*

Date 7-19-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDLE

Address 13051 N. Telecom Pkwy

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.

City TALLAHASSEE State FL ZIP 32399

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.

0126912290

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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.

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.

☐ 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. / 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

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