A-KIT

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Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Gilley Creek **Date:** 9/6/17 (mm/dd/yyyy)

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

County: Manatee **RQ -** 2017-09-04-28 **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	X		X		
Judy Ashton		X		X	X

Sampling Equipment

- [X] Sample Container
- [ ] Carboy
- [ ] Dipper
- [ ] Van Dorn
- [ ] Syringe
- [ ] Other _____
- [ ] Pole

Equipment ID _____

Collection Method

- [X] Wading
- [ ] From Shore
- [ ] Other (note below)

Via Boat:
- [ ] Canoe/Kayak
- [ ] Electric Motor
- [ ] Gasoline Motor

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

Matrix: (Fresh) / Marine / DI

Meter ID# Lil Jon **Photos:** Yes / (No)

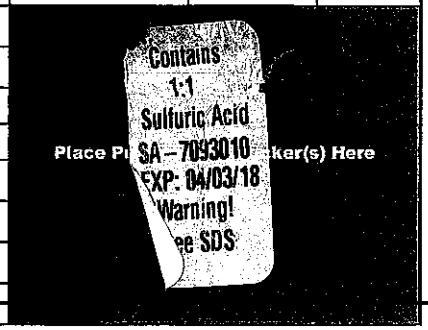
Tide Falling: Yes / No / (NA)

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)	1100	0.3	0.5	7.0	86	5.9	0.06	0.5 S	140	25.6
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	[X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[X] Ice [X] H_2SO_4	SA-7093010	04/03/18	[X] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_2			[ ] <2
Filtered Nutrients	[X] W-PO4-F [ ] Field Filtered 0.45 µm Filter	[X] Ice			
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
Physical/Aggregate (Fresh)	[X] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[X] Ice			
Physical/Aggregate (Marine)	[ ] Alkalinity / W-F / W-TSS / TURBIDITY	[ ] Ice			
Macroinvertebrates	[ ] MI-FW-QLDC	[ ] Formalin			
Periphyton	[ ] ALGAE-ID	[ ] Ice			
Microbiology	[X] E Coli [ ] F Coli [ ] Entero [ ] PCR-FILTER	[ ] Ice			
~~Tracers~~	~~[X] W-SUC-AA-R [X] W-UHERB-AA~~ WC-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				



Notes: PCR-FILTER + PCR-AH183

RQ-2017-09-04-28
Date: 09-06-2017
Time: 1100
Gilley Creek

Field ID G2SW0024
STORET G2SW0024

Signature: Catie Orr Date: 09/06/2017

Field Parameters Entered into LIMS: SM 10/05/2017 (Initials/Date) Field Parameters QC in LIMS: _____ (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: SM 10/05/2017 (Initials/Date)

Request Number: RQ-2017-09-04-28

Gilley Creek

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By: J. Ashton, C. Orr

Field Report Prepared By: Judy Ashton

Sampling Agency: FDEP

Location: RQ-2017-09-04-28, Date: 09-05-2017, Time:	☐ Comp ☒ Grab	Collection (comp begin or grab) (grab circled) Date 9-6-17 Time 1100	Eastern (circled) Central	Composite end Date Time (struck)	Bottle Group(s) (See pg 2) A/B
Field ID: G2SW0024	Matrix (type, e.g., Salt, Fresh, etc) (Fresh circled)		Diss. Oxygen 7.0 ☒ mg/L ☐ % sat (struck)	Total Res. Chlorine (mg/L) (struck)	
STORET: G2SW0024	Temp (C) 25.6	pH 5.9	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 140	
Latitude: Gilley Creek ☐ dd ☐ dms	Salinity (ppt) 0.06	Comments: E. COLI DROPPED AT 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 ☐ 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
J. Ashton	9-6-17 1700	FED Ex	1		

Group: A	Bottle Type:	P-1L	# of Bottles: 1	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: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	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: 1	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		BROKEN OFF @ AEL				
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						

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 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E83076

LAB NUMBER:

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

PROJECT NAME: TMDL / SMP
P.O. NUMBER/PROJECT NUMBER:
PROJECT LOCATION: Florida
FAX: 813-470-5996
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	BOTTLE SIZE & TYPE: Sterile Plastic Bottle	Preserv: Ice, T	Fecal Coliforms	E. Coli	LAB NUMBER
RQ-2017-09-04-28 Date: ~~09-05-2017~~ Time: 9-6-17 1100	Field ID G2SW0024 STORET G2SW0024 Gilley Creek	Grab	9/6/17	1100	SW	1				1	
		Grab			SW						
		Grab			SW						
		Grab			SW						
		Grab			SW						
		Grab			SW						

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

Shipment Out: Method Via:
Ret: Via:

Sample Kit Cooler #
RB D/T
AB D/T
Trip BL

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

	Relinquish by:	Date	Time	Received by:	Date	Time
1		9-6-17	1300		9/6	1257
2						
3						
4						

revised 1/12

FedEx Express **Package US Airbill**

FedEx Tracking Number **8119 3903 9368**

Form ID No. **0215**

From *Please print and press hard.*

Date 9-6-17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

Address 13051 N Telecom Pkwy 101 (Dept/Floor/Suite/Room)

City Tampa State FL ZIP 33637

Your Internal Billing Reference
First 24 characters will appear on invoice.

To

Recipient's Name SAMPLE RECEIVING Phone (850) 245-8095

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 32399-2542

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.

0127681393

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. 4490-2262-7 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

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