



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

A-KIT

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Data Qualified?

Yes / No

STORET Station Name: Nonsense Creek

Date: 4-17-17

STORET Station ID: G2SW0015

WBID: 1913

Latitude: 21° 25' 59.18" N

County: Manatee RQ - 2017-04-17-27

ORG ID: 21FLTPA

Longitude: 82° 28' 06.78" W

Receiving Body of Water: _____

Field ID: G2SW0015

Sampling Team Members						WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment			
<u>Laure Bachler</u> <u>Judy Ashton</u>						☒	☒	☒	☒	☒	☒ 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 / <u>Low</u> / Normal / High / Flooded												Matrix: <u>Fresh</u> / Marine / DI		
Meter ID# <u>Lil Jon</u>				Photos: Yes / <u>No</u>				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 (µmhos/cm)	Temp. (C°)				
<u>EST</u>	<u>1215</u>	<u>0.3</u>	<u>0.3</u>	<u>6.6</u>	<u>70</u>	<u>7.3</u>	<u>0.52</u>	<u>0.3</u>	<u>1052</u>	<u>21.2</u>				
CEN								<u>"5"</u>						

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	☒ CHLSUIT-W	☒ Ice			
Physical/Aggregate (Fresh)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CHL / W-COLOR / W-SO4-IC / W-TDS	☒ Ice			
Physical/Aggregate (Marine)	☐ Alkalinity / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates	☐ MI-FW-QJDC	☐ 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 ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other			
Flow	<u>"J" Quality Flow</u>				

Notes: <u>E. Coli ONLY</u>	RQ-2017-04-17-27	
	Date: <u>04/17/17</u>	G2SW0015
	Time: _____	↓ STORET Field ID ↑
	<u>NONSENSE</u>	
Signature: <u>Judy Ashton</u>	Date: <u>4-17-17</u>	

Field Parameters Entered into LIMS: SM 04/19/2017

Field Parameters QC in LIMS: LB 4/24/17

Date Migrated to STORET: 6/12/17 MB 121640

Field Sheets Scanned/Saved: SM 06/21/2017

Event: 04-18-04

(Initials/Date)

Request Number: RQ-2017-04-17-27

Florida Department of Environmental Protection

Central Laboratory Submittal Form

RUN 17

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last revised Apr 7, 2016

Customer: WQAP

Requester: Judy Ashton

Field Report Prepared By:

Project ID: SMP

Collected By:

Sampling Agency:

Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 4-17-17 Time 12:15		Eastern Central		Composite end Date Time		Bottle Group(s) (See pg 2)	
Field ID RQ-2017-04-17-27 Date: 04/17/17 Time: NONSENSE		G2SW0015 ↓STORET Field ID ↑ G2SU0015		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen 6.6		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #		Temp (C) 21.2		pH 7.3		Sample Depth 0.3		☐ ft ☒ m		Sp. Conductance (umho/cm) 1052	
Latitude ☐ dd ☐ dms		Salinity (ppt) 0.52		Comments E. COU DROPPES W/ 2 AGL							
Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 4-17-17 Time 14:10		Eastern Central		Composite end Date Time		Bottle Group(s)	
Field ID RQ-2017-04-17-27 Date: 04/17/17 Time: SIMMS BRCH		G1SW0056 ↓STORET Field ID ↑ G1SU0056		Matrix (type, e.g., Salt, Fresh, etc) SALT		Diss. Oxygen 7.6		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)	
STORET #		Temp (C) 24.9		pH 7.8		Sample Depth 0.3		☐ ft ☒ m		Sp. Conductance (umho/cm) 44768	
Latitude ☐ dd ☐ dms		Salinity (ppt) 28.9		Comments EXTREME DROPPES W/ 2 AGL							
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	

Group: A Bottle Type: P-120ML-WC-THI # of Bottles: 6 Preservative: ICE Enter Number of Bottles Sent to Lab 0

SWD-AEL-EC

DROPPERS ON 2 AEL

GROUP B 136-16 ICE 0000W250 3
W-AEL-EC-AA, W-UTHERS-AA, W-SUC-AA-R # BOTTLES SHIPPED

P-120ML-WC-THI

ICE

GROUP C D SWD-AEL-EC DROPPERS ON 2 AEL # BOTTLES SHIPPED 0

QPCA-P-250ML

ICE

GROUP C PCA-FILTER # BOTTLES SHIPPED 6

From Please print and press hard.

Date 4-17-17

Sender's FedEx Account Number

SENDER'S ACCOUNT NUMBER

Sender's Name

Phone 813, 470-5770

Company

FDEP

Address

13051 N. TRULY COM HWY

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) 245-8085

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

0126430468

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.

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

Fee 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

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.

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