A-KIT

PAGE 1 OF ____

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Rattlesnake Slough **Date:** 10-12-17 (mm/dd/yyyy)

STORET Station ID: G2SW0017 **WBID:** 1923 **Latitude:** 27° 24' 36.7" N (Decimal Degrees)

County: Manatee **RQ -** 2017-09-11-25 **ORG ID:** 21FLTPA **Longitude:** 82° 30' 42.3" W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G2SW0017

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
D. Horning	X		X		
L. Bachlet		X		X	

Sampling Equipment

☑ Sample Container ☐ Van Dorn ☒ Pole
☐ Carboy ☐ Syringe
☐ Dipper ☐ Other _____
Equipment ID _____

Collection Method

☐ 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)	1145	0.3	0.3	5.8	70	7.0	0.17	0.3 (s)	353	25.0
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			☒ <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	☐ 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				

Place Preservative Sticker(s) Here (If Available)

Notes:

RQ-2017-09-11-25
Date: 10/12/17
Time:
Rattlesnake Slough

G2SW0017 Field ID STORET
G2SW0017

Signature: Lauren Bachlet Date: 10-12-17

Field Parameters Entered into LIMS: SM 10/19/2017 (Initials/Date) Field Parameters QC in LIMS: _____ (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: SM 10/19/2017 (Initials/Date)

Request Number: RQ-2017-09-11-25

Armistead, Bellows

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Customer: WQAP

Project ID: SMP

Requester: Judy Ashton

Collected By:

Field Report Prepared By:

Sampling Agency:

Location: RQ-2017-09-11-25 Date: 10/12/17 Time: G2SW0017		☐ Comp ☒ Grab	Collection (comp begin or grab) Date 10-12-17 Time 1145 (Eastern) Central	Composite end Date Time	Bottle Group(s) (See pg 2) B
Field ID: Field ID ↕ STORET		Matrix (type, e.g., Salt, (Fresh), etc)		Diss. Oxygen 5.8 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L)
STORET #: Rattlesnake Slough G2SW0017		Temp (C) 25.0	pH 7.0	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 353
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 0.17	Comments Dropped off E. Coli at 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

Group: A	Bottle Type: ALKALINITY, TURBIDITY, W-CL-IC, W-COLOR, W-F, W-SO4-IC, W-TDS, W-TSS	P-1L	# of Bottles: ~~2~~ 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: ~~2~~ 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1
Group: A	Bottle Type: W-NH3, W-NO2NO3, W-S-A-TP, W-TKN, W-TOC	P-500ML	# of Bottles: ~~2~~ 1	Preservative: ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: ~~2~~ 1	Preservative: ICE-FLTR	Enter Number of Bottles Sent to Lab	1
Group: B	Bottle Type: PCR-FILTER	QPCR-P-250ML	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
Group: B	Bottle Type: SWD-AEL-EC	P-120ML-WC-THI	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	~~1~~ 0
	Bacteria dropped off at AEL					
Group: B	Bottle Type: W-AHERB-AA, W-SUC-AA-R, W-UHERB-AA	BG-1L	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab	1

Advanced
Environmental Laboratories, Inc.
6601 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 • E84569
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:

Page 1 of 1

CLIENT NAME: FDEP - SW District	PROJECT NAME: TMDL / SMP
ADDRESS: 13051 N. Telecom Pkwy	P.O. NUMBER/PROJECT NUMBER:
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:
☑ 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	BOTTLE SIZE & TYPE: Sterile Plastic Bottle — ~~Fecal Coliforms~~	E. Coli	LAB NUMBER
RQ-2017-09-11-25 Date: 10/12/17 Time: G1SW0060 Field ID STORET G1SW0060 *Bellows Outlet*	Grab	10-12-17	0900	SW	1				1	
RQ-2017-09-11-25 Date: 10/12/17 Time: G2SW0016 Field ID STORET G2SW0016 *Braden River*	Grab	10-12-17	1035	SW	1				1	
RQ-2017-09-11-25 Date: 10/12/17 Time: G2SW0015 Field ID STORET G2SW0015 *Nonsense Creek*	Grab	10-12-17	1100	SW	1				1	
RQ-2017-09-11-25 Date: 10/12/17 Time: G2SW0018 Field ID STORET G2SW0018 *Cedar Creek*	Grab	10-12-17	1130	SW	1				1	
RQ-2017-09-11-25 Date: 10/12/17 Time: G2SW0017 Field ID STORET G2SW0017 *Rattlesnake Slough*	Grab	10-12-17	1145	SW	1				1	

	Relinquish by:	Date	Time	Received by:	Date	Time
1	L. Bachler	10-12-17	1341	Bonnie Mann	10/12/17	1345
2						
3						
4						

Sample Kit
RB D/T
AB D/T
Trip Bl.

Cooler #

Rel: Via:
Rel: Via:

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

revised 1/12

FedEx Express **Package US Airbill**

FedEx Tracking Number **8119 3904 1195**

Form ID No. **0215**

From *Please print and press hard.*

Date 10/12/17 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company 13051 N Telecom Pkwy

Address Suite 101 (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

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.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE State FL ZIP 32399-6542

0127681333

Deliveries when and where you want.
Learn about FedEx Delivery Manager® at fedex.com/delivery

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.
- [X] 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
- [X] 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.

Signature options:

- [ ] 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.

- [X] 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.
- [X] 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

Rev. Date 5/15 • Part #163134 • ©1994–2015 FedEx • PRINTED IN U.S.A. SRM

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