



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

A-KIT

PAGE 1 OF 1

Data Qualified?

Yes / No

STORET Station Name: Horse Hole Creek

Date: 10/03/2017

STORET Station ID: G5SW0141

WBID: 3703

Latitude: 29° 8' 2.4" (mm/dd/yyyy)

County: Hernando RQ - 2017-10-215

ORG ID: 21FLTPA

Longitude: -82° 38' 12.2" (Decimal Degrees)

Receiving Body of Water: _____

Field ID: G5SW0141

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment				
Dylan Horning		☒	☒	☒	☒	☒	☒ Sample Container	☐ Van Dorn	☐ Pole		
Hannah Sprinkle		☒	☒	☒	☒	☒	☐ 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: <u>Fresh</u> / Marine / DI								
Meter ID# <u>Lil Jon</u>	Photos: <u>Yes</u> / No	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°)
EST	1250	0.3	0.5	3.6	42	7.8	0.06	0.5(s)	130	24.3
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	SA-7233030	08/21/18	☒ <2
Metals	☒ W-ICPMS ☒ W-ICP	☒ Ice ☒ HNO3	NA-7226050	08/14/18	☒ <2
Filtered Nutrients	☒ W-P04-F ☐ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CHC / 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-PCR	☒ 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			
Flow	"J" Qualify Flow				

Notes: _____

Signature: [Signature] Date: 10-3-17

Field Parameters Entered into LIMS: SM 10/12/2017 (Initials/Date)

Field Parameters QC in LIMS: _____ (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date)

Field Sheets Scanned/Saved: SM 10/12/2017 (Initials/Date)

Field ID: G5SW0141

STORET: G5SW0141

Horsehole Crk @19

Florida Department of Environmental Protection

Central Laboratory Submittal Form

Customer: WQAP

Project ID: SMP

Requester: Matthew Bearden

Field Report Prepared By:

L. Bachler

Collected By:

H. Sprinkle, D. Horning

Sampling Agency:

FDEP

Location		☐ Comp ☒ Grab		Collection (comp begin or grab) Date 10-3-17 Time 1250		Eastern Central		Composite end Date Time		Bottle Group(s) (See pg 2)	
Field ID		Matrix (type, e.g., Salt, Fresh, etc)		Diss. Oxygen		☒ mg/L ☐ % sat		Total Res. Chlorine (mg/L)		A, B	
STORET #		Temp (C) 24.3		pH 7.8		Sample Depth 0.3		Sp. Conductance (umho/cm) 130			
Latitude		☐ dd ☐ dms		Salinity (ppt) 0.06		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		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)	
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Latitude		☐ dd ☐ dms		Longitude		☐ dd ☐ dms		Salinity (ppt)		Comments	

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
L. Bachler	10-3-17 / 1400	Fed Ex	2		

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: BG-500ML	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab	4
W-CT-CI-R					
Group: A	Bottle Type: P-500ML	# of Bottles: 1	Preservative: HNO3	Enter Number of Bottles Sent to Lab	1
W-ICP W-ICPMS					
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: BG-1L	# of Bottles: 2	Preservative: ICE	Enter Number of Bottles Sent to Lab	2
W-AHERB-AA W-GLYPH W-PYR-AA-R W-SUC-AA-R W-UHERB-AA					
Group: B	Bottle Type: BG-500ML	# of Bottles: 4	Preservative: ICE	Enter Number of Bottles Sent to Lab	4
W-CT-CI-R W-PCL-SQ-R					

Group: B

Bottle Type:

BG-1L

of Bottles: 4

Preservative:

ICE

Enter Number of Bottles Sent to Lab

4

W-PSNP-TQ

From Please print and press hard.

Date **10-3-17** Sender's FedEx Account Number

Sender's Name Phone **(813) 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) 245-8085**

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**

0126912290



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 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 (see per attached Shipper's Declaration not required.) ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry Ice, S, 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. **4490-2262-9** Exp. Date
Total Packages **1** Total Weight **50** lbs. Total Declared Value* \$ **00**

*Your 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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From Please print and press hard.

Date **10-3-17** 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 **Temple Terrace** State **FL** ZIP **33637**

Your Internal Billing Reference
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Company **FLORIDA DEP/CHEMISTRY SECTION**

Address **2600 BLAIRSTONE RD**
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Address
Use this line for the HOLD location address or for continuation of your shipping address.
City **TALLAHASSEE** State **FL** ZIP **32399-6542**

0127681333



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Packages up to 150 lbs.
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Third business day.* Saturday Delivery NOT available.

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