FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
ROGRAM FIELD SHEET

Data Qualified? Yes / No

WIN / Field ID G4NE0288

WIN : Unnamed Branch above Alligator Creek

Date: 12 / 19 / 2018 (mm/dd/yyyy)

WIN/ : 2156 Latitude: 30.576507 (Decimal Degrees)

County: Nassau ORG ID: 21FLA Longitude: 81.82463 (Decimal Degrees)

Receiving Body of Water: Mills Creek RQ-2018- 12-17-08

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. Parrish		X	X	X	
C. Roben	X			X	

Sampling Equipment
- ☐ Sample Container ☐ Van Dorn ☑ Pole
- ☐ Carboy ☐ Syringe
- ☐ Dipper ☐ Other
- Depth Measured with Pole / YSI
- Equipment ID Ortho #7

Collection Method
- ☐ Wading ☐ Canoe/Kayak
- ☑ From Shore ☐ Electric Motor
- ☐ Other ☐ Gasoline Motor

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

Meter ID# YSI 3

Matrix: Fresh / Marine / DI

Photos: Yes / No

Flow: No Flow / Interstitial / Flowing / NA

Tide: Rising/ Falling/ Slack/ NA

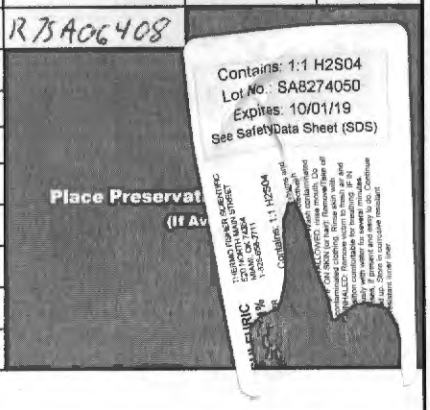
Tide Times: High Low

Time Zone	Time	Total Depth (m)	Sample Depth (m)	Secchi Disk (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (PPTh)	Sp COND (µmhos/cm)	Temp. (C⁰)
EST	1125	~~0.2~~ 0.5	0.3	0.5s	7.4	68%	7.1	0.18	379	11.7
CEN										

Biological Samples Collected: None HA SCI RPS Algae ID LVS LVI Other:

SBIO ID Numbers: SBIO-ID: HA-ID: RPS-ID: Macrophyte-ID: LIMS#:

Parameter Suite	Parameter Methods	Preservation	Lot#	Expiration	pH Check
Preserved Nutrients	☑ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☐ Ice ☑ H_2SO_4	SA8274050	10/2019	☑ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO_3			☐ <2
Filtered Nutrients	☑ W-PO4-F ☑ Field Filtered 0.45 µm Filter	☒ Ice	RTSA06408		
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 ☐ Enterococci	☒ Ice			
Molecular	☐ PCR-FILTER ☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-GULL2 ☐ PCR-GFD	☐ Ice			
Tracers	☐ W-SUC-AA-R ☐ W-UHERB-AA ☐ W-AHERB-AA	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-UHERB-AA ☐ W-AHERB-AA ☐ W-CARB-AA ☐ W-PCL-SQ-R ☐ W-PYR-AA-R ☐ W-GLYPH ☐ W-SUC-AA-R	☐ Ice ☐ Other			



Notes:

Place Label Here

Signature: Date: 12/19/18

Enter Field Parameters, Verify Station ID In LIMS DMT: 12/20/18 (Initials/Date) QC Station ID, Field Parameters In LIMS DMT: BD 1/2/18 (Initials/Date)

Scan/Save Field Sheets BD 1/2/18 (Initials/Date) Migrate Data to WIN: (Initials/Date) Verify Data In WIN: (Initials/Date)

Request Number: RQ-2018-12-17-08

unnamed 2156

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Customer: NE-DIST

Project ID: SMP

Requester: Jeremy M. Parrish

Collected By: Cheyanne Ruben / J. Parrish

Field Report Prepared By: Cheyanne Ruben

Sampling Agency: FDEP DEAR NE Reg

Location / WIN / Field ID: G4NE0288 — Unnamed Branch above Alligator Creek	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 12.19.18 Time	(Eastern) Central	Composite end Date — Time —	Bottle Group(s) (See pg 2): A
Field ID	Matrix (type, e.g., Salt, Fresh, etc): Fresh		Diss. Oxygen: 7.4 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L): —	
WIN/STORET #	Temp (C): 11.7	pH: 7.1	Sample Depth: 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm): 379	
Latitude: — ☐ dd ☐ dms	Longitude: — ☐ dd ☐ dms	Salinity (ppt): 0.18	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)	
WIN/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)	
WIN/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)	
WIN/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
Cheyanne R (signature)	12-19-18 1600	Fedex	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-250ML-WI-THI	# of Bottles: 1	Preservative: ICE	Enter Number of Bottles Sent to Lab 1 to ALS
	NE-ALS-ECQ			

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: FILTER-ICE	Enter Number of Bottles Sent to Lab 1
	W-PO4-F			

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

SR #

ALS Environmental

9143 Philips Highway, Suite 200 Jacksonville, FL 32256 / Ph(904) 739-2277 / FAX (904) 739-2011

Client Name	Project Number
FDEP-NE ROC	RQ-2018-12-17-08
Report To J. Parton	Report CC
Dep-Overflowmicro@dep.state.fl.us	
Company/Address	
8800 Baymeadows Way W	
Jacksonville, Fl 32256	
Phone #	FAX #
904-256-1541	
Sampler's Signature	Sampler's Printed Name
Cheyanne Ruben	Cheyanne Ruben

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

Preservative Key: 0. None; 1. HCL; 2. HNO3; 3. H2SO4; 4. NaOH; 5. Zn. Acetate; 6. MeOH; 7. NaHSO4; 8. Other ice

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	Preservative	E.Coli	Enterococci	REMARKS
G4NE0288		12-19-18	1125	SW	1	X			

Special Instructions/Comments: **Email Report to: Dep-Overflowmicro@dep.state.fl.us**

4.7°C

TURNAROUND REQUIREMENTS

___ RUSH (SURCHARGES APPLY)

X STANDARD

REQUESTED FAX DATE

N/A

REQUESTED REPORT DATE

N/A

REPORT REQUIREMENTS

___ I. Results Only

___ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)

___ III. Results + QC and Calibration Summaries

___ IV. Data Validation Report with Raw Data

Edata ___ Yes ___ No

INVOICE INFORMATION

P.O. # B10739

Bill to:

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature: Cheyanne	Signature: [signature]	Signature	Signature	Signature	Signature
Printed Name: Cheyanne Ruben	Printed Name: KAILA BLACKWELL	Printed Name	Printed Name	Printed Name	Printed Name
Firm: ALS	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 12-19-18 1318	Date/Time: 12.19.18/1317	Date/Time	Date/Time	Date/Time	Date/Time