FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2018

Data Qualified? Yes / No

WIN Station Name: Greenfield Creek @ Atlantic Blvd **Date:** 9/17/2018 (mm/dd/yyyy)

WIN/ Field ID: 20030657 OR **WBID:** 2240B **Latitude:** 30.32047 (Decimal Degrees)

County: Duval **ORG ID:** 21FLA **Longitude:** 81.45538 (Decimal Degrees)

Receiving Body of Water: Chicopit Bay **RQ-2018-** 09-17-13

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
G. Ruben		X	X	X	X
D. O'Connor	X		X	X	X

Sampling Equipment

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

Depth Measured with: DEP 154181

Equipment ID: Ortho #44

Collection Method

- [ ] Wading
- [ ] Canoe/Kayak
- [x] From Shore
- [ ] Electric Motor
- [ ] Other
- [ ] Gasoline Motor

Water Level: Dry / Pooled / (Low) / Normal / High / Flooded **Meter ID#** DEP 154181 **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. (C°)
(EST)	0920	0.2	0.1	0.25	1.78	22.3	6.68	0.21	441	27.0 ✓
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	[x] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[x] Ice [x] H_2SO_4	SA7341020	12-07-18	[x] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[x] W-PO4-F [x] Field Filtered 0.45 µm Filter	[x] Ice	R7HA29007		
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 [ ] Enterococci	[x] 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			
	[x] W-E8321-MS [x] W-E8321DI	[x] ICE			

Place Preserva[tive label] (If A[...])

Contains: 1:1 H2S04
Lot No.: SA7341020
Expires: 12/07/18
See Safety Data Sheet (SDS)
SULFURIC ACID <51%
DANGER

Notes: Slow Flow

WIN /Field ID: 20030657

GREENFIELD CREEK AT ATLANTIC BLVD.

Signature: [signature] **Date:** 9/24/18

Enter Field Parameters, Verify Station ID In LIMS DMT: BD 9/24/18 (Initials/Date) QC Station ID, Field Parameters In LIMS DMT: BD 9/24/18 (Initials/Date)

Scan/Save Field Sheets BD 9/24/18 (Initials/Date) Migrate Data to WIN: ______ (Initials/Date) Verify Data In WIN: ______ (Initials/Date)

CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

9143 Philips Highway, Ste 200 • Jacksonville, FL 32256 (904) 739-2277 • 800-695-7222 x06 • FAX (904) 739-2011 PAGE 1 OF 1

SR#

CAS Contract

Project Name: LSJR EAST	Project Number
Project Manager: J. Parrish	Email Address
Company/Address: DEAR NED ROC 8800 BAYMEADOWS WAY West JAX FL 32256	
Phone #: 9042561693	FAX #
Sampler's Signature: Patrick O'Conn	Sampler's Printed Name: PAtrick O'Connor

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

PRESERVATIVE: 8

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	E. Coli
20030866		09-17-18	0845	SW	1	X
20030579			1005		1	
G2NE1145			0940		1	
20030805			1110		1	
20030872			1050		1	
20030657			0920		1	

Preservative Key
0. NONE
1. HCL
2. HNO_3
3. H_2SO_4
4. NaOH
5. Zn. Acetate
6. MeOH
7. $NaHSO_4$
8. Other ICE

REMARKS/ ALTERNATE DESCRIPTION

SPECIAL I NSTRUCTIONS/COMMENTS

See QAPP ☐

0.0°C

TURNAROUND REQUIREMENTS
_____ RUSH (SURCHARGES APPLY)
_____ STANDARD
REQUESTED FAX DATE
_____
REQUESTED REPORT DATE
_____

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
____ V. Specialized Forms / Custom Report
Edata ____Yes ____No

INVOICE INFORMATION
PO #
BILL TO:

SAMPLE RECEIPT: CONDITION/COOLER TEMP: CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
P O'Connor					
Signature: Patrick O'Connor	Signature:	Signature	Signature	Signature	Signature
Printed Name: DEAR NED ROC	Printed Name: BAYLA BLACKWELL	Printed Name	Printed Name	Printed Name	Printed Name
Firm: 09-17-18 1210	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time	Date/Time: 9.17.18/ 1210	Date/Time	Date/Time	Date/Time	Date/Time

Distribution: White - Return to Originator; Yellow - Retained by Client