FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2018

Data Qualified? Yes / No

WIN Station Name: Greenfield Cr @ Hodges rd **Date:** 9/17/2018 (mm/dd/yyyy)

WIN/ Field ID: G2NE1145 **WBID:** 2240B **Latitude:** 30.31884 (Decimal Degrees)

County: Duval **ORG ID:** 21FLA **Longitude:** 81.45833 (Decimal Degrees)

Receiving Body of Water: St Johns River **RQ-2018-** 09-17-13

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
C Ruben	✓		✓		
P Oconnor	✓	✓	✓	✓	

Sampling Equipment
- ☐ Sample Container ☐ Van Dorn ☑ Pole
- ☐ Carboy ☐ Syringe
- ☐ Dipper ☐ Other
- Depth Measured with YSI Pro DSS
- Equipment ID

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

Water Level: Dry/ Pooled/ (Low) / Normal / High / Flooded **Meter ID#** DEP 154 **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)	0940	6.16	0.1	0.165	2.40	29.5%	6.63	0.19	398	26.3
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			☐ <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 ☐ 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			
	☒ W-E8321-MS ☒ EB321-DI	☒ ICE			

Place Preservative Sticker(s) Here (If Available)

Notes:

WIN /Field ID: G2NE1145

Greenfield cr.at Hodges rd.

Signature: P O'Conn **Date:** 09-17-18

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

Scan/Save Field Sheets BP 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