



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
OGRAM FIELD SHEET

WIN /Field ID:



19010023

Data Qualified?

Yes / No

WIN Station

ST MARYS S PRONG @ CR 23C

Date: 03/06/2018

WIN /Field

2247A

Latitude: 30.335193

County:

NASSAU

ORG ID:

21FLA

Longitude:

-82.144254

Receiving Body of Water:

ST MARYS River

RQ-2018- 03-12-22

Sampling Team Members					WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment									
A. Kaimbacher P. O'Connor										☒ Sample Container	☐ Van Dorn	☒ Pole							
										☐ Carboy	☐ Syringe								
										☐ Dipper	☐ Other								
Depth Measured with					Equipment ID					Secchi Disc Ortho #7									
										Collection Method									
										☐ Wading	☐ Canoe/Kayak								
										☒ From Shore	☐ Electric Motor								
										☐ Other	☐ Gasoline Motor								
Water Level: Dry/ Pooled/ Low / <u>Normal</u> / High / Flooded					Meter ID# QUANTA #1					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 (PPT)	Sp COND (umhos/cm)	Temp. (C°)									
EST	1145	1.0	0.3	0.5	7.0	70	6.6	0.05	96	15.7									
CEN				0.7															
Biological Samples Collected: <u>None</u> 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 ☒ H2SO4		SA7341020		12-07-18		☒ <2						
Metals		☐ W-ICPMS ☐ W-ICP					☐ Ice ☐ HNO3						☐ <2						
Filtered Nutrients		☒ W-PO4-F ☒ Field Filtered 0.45 um Filter					☒ Ice		R7EA12511										
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 ☐ Enterococci					☐ Ice												
Molecular		☐ PCR-FILTER ☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-GULLZ ☐ 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					☐ Ice												
		☐ W-PCL-SQ-R ☐ W-PYR-AA-R ☐ W-GLYPH ☐ W-SUC-AA-R					☐ Other												

Notes:

Place Label Here

Signature:

A. Kaimbacher

Date:

3-6-2018

Enter Field Parameters, Verify Station ID In LIMS DMT:

3/3/18

QC Station ID, Field Parameters In LIMS DMT:

Scan/Save Field Sheets

Migrate Data to WIN:

Verify Data In WIN:

Customer: NE-DIST

Project ID: SMP

Requester: Nicole Frederick

Field Report Prepared By:

Collected By:

Sampling Agency:

A. Kelmacher
FDEP/NE ROC

WIN /Field ID:

19010042

CALKINS CK TRIB @ HAMP REGISTER RD

Latitude ☐ dd ☐ dms Longitude ☐ dd ☐ dms

WIN /Field ID:

19010123

UNNAMED BRANCH @ CR125

Latitude ☐ dd ☐ dms Longitude ☐ dd ☐ dms

WIN /Field ID:

19010018

ST MARYS R S PRONG @ SR 125

Latitude ☐ dd ☐ dms Longitude ☐ dd ☐ dms

WIN /Field ID:

19010023

ST MARYS S PRONG @ CR 23C

Latitude ☐ dd ☐ dms Longitude ☐ dd ☐ dms

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
<i>YK-3cc</i>	1530 03-06-2018	<i>FedEx</i>			

Latitude	Longitude	Temp (c)	Salinity (ppt)	pH	Sample Depth	Diss. Oxygen	Sp. Conductance (umh/cm)	Total Res. Chlorine (mg/L)	Bottle Group(s)	Collection (comp begin or grab)		Composite end	
										Date	Time	Date	Time
		13.5	0.03	7.3	0.1	6.75	0.3	96	A	☒ Comp	03-06-2018	1000	60
		14.5	0.03	7.2	0.3	7.03	0.3	69	A	☒ Comp	03-06-2018	1045	69
		14.3	0.03	5.4	0.2	7.75	0.2	59	A	☒ Comp	03-06-2018	1300	59
		15.7	0.05	6.6	0.3	7.0	0.3	96	A	☒ Comp	03-06-2018	1145	96

Group: A	Bottle Type: ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS	P-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
Group: A	Bottle Type: CHLSUITE-W	BP-1L	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
Group: A	Bottle Type: NE-ALS-ECQ	P-250ML-WI-THI	# of Bottles: 4	Preservative:	ICE	Enter Number of Bottles Sent to Lab	4
Group: A	Bottle Type: W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	P-500ML	# of Bottles: 4	Preservative: ICE And H2SO4	ICE	Enter Number of Bottles Sent to Lab	4
Group: A	Bottle Type: W-PO4-F	P-125ML	# of Bottles: 4	Preservative: FILTER-ICE	ICE	Enter Number of Bottles Sent to Lab	4

SENT TO CONTRACT LAB

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM



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

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SR # _____
 ALB Contact: Jerry Allen

Client Name FDEP-NE ROC		Project Number RO-2018-03-12-22		ANALYSIS REQUESTED (Include Method Number and Container Preservative)	
Report To Dep-OverFlowmicro@dep.state.fl.us		Report CC jerry.m.parrish@state.fl.us		Preservative Key 0. None 1. HCL 2. HNO3 3. H2SO4 4. NaOH 5. Zn Acetate 6. MeOH 7. NaHSO4 8. Other ICE	
Company/Address 8800 Baymeadows Way W Jacksonville, FL 32256		Phone # 904-256-1541		FAX #	
Sampler's Signature <i>Amy Kalmbacher</i>		Sampler's Printed Name Amy Kalmbacher		REMARKS	
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE TIME		Matrix	NUMBER OF CONTAINERS
19010042		3-6-18	1600	SW	1 X
19010123			1045		1 X
19010023			1145		1 X
19010018			1300		1 X
Special Instructions/Comments: Email Report to: Dep-OverFlowmicro@dep.state.fl.us 1.70C					
Relinquished By Signature: <i>Amy Kalmbacher</i> Printed Name: Amy Kalmbacher Firm: FDEP Date/Time: 3-6-2018 1437		Received By Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Firm: <i>[Firm]</i> Date/Time: 3-6-18 1538		TURNOVER REQUIREMENTS RUSH (SURCHARGES APPLY) ☒ STANDARD REQUESTED FAX DATE REQUESTED REPORT DATE Ed data Yes No	
Relinquished By Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Firm: <i>[Firm]</i> Date/Time: <i>[Date/Time]</i>		Received By Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Firm: <i>[Firm]</i> Date/Time: <i>[Date/Time]</i>		REPORT REQUIREMENTS I. Results Only II. Results + QC Summaries (LCS, DUP, MSMSD as required) III. Results + QC and Calibration Summaries IV. Data Validation Report with Raw Data P.O. # B10739 Bill to:	
Relinquished By Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Firm: <i>[Firm]</i> Date/Time: <i>[Date/Time]</i>		Received By Signature: <i>[Signature]</i> Printed Name: <i>[Name]</i> Firm: <i>[Firm]</i> Date/Time: <i>[Date/Time]</i>		INVOICE INFORMATION	