



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
OGRAM FIELD SHEET

WIN /Field ID:



19010018

Data Qualified?

Yes / No

WIN Stati

ST MARYS R S PRONG @ SR 125

Date: 03/06 / 2018

WIN/ Field

2247A

Latitude: 30.33498

County:

NASSAU

ORG ID: 21FLA

Longitude: 82.14415

Receiving Body of Water:

SMR

RQ-2018-03-12-22

Sampling Team Members						WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment				
A Kaimbacher											☒ Sample Container	☐ Van Dorn	☒ Pole		
P. O'Connor											☐ Carboy	☐ Syringe			
											☐ Dipper	☐ Other			
											Depth Measured with Secchi Disc				
											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# 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	0.7	7.0	70	6.6	0.05	96	15.7					
CEN	1300	0.3	0.2	0.3	7.75	76	5.4	0.03	59	14.3					
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 ☒ H2SO4		SA7341020	12/7/18	<2					
Metals		☐ W-ICPMS ☐ W-ICP				☐ Ice ☐ HNO3				<2					
Filtered Nutrients		☒ W-PO4-F ☒ Field Filtered 0.45 um Filter				☒ Ice		R7EA12511							
Chlorophyll		☒ CHLQUITE-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				☐ Ice									
		☐ W-PCL-SQ-R ☐ W-PYR-AA-R ☐ W-GLYPH ☐ W-SUC-AA-R				☐ Other									

Notes:

Handwritten notes and signatures in the Notes section.

Place Label Here

Signature:

Handwritten signature of A. Kaimbacher.

Date:

190 03-06-18

Enter Field Parameters, Verify Station ID In LIMS DMT:

3/15/18 (Initials/Date)

QC Station ID, Field Parameters In LIMS DMT:

3/15/18 (Initials/Date)

Scan/Save Field Sheets

3/15/18 (Initials/Date)

Migrate Data to WIN:

(Initials/Date)

Verify Data In WIN:

(Initials/Date)

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)	pH	Salinity (ppt)	Comments	Sample Depth	Diss. Oxygen	Sp. Conductance	Total Res. Chlorine	Bottle Group(s)
		13.5	7.3	0.03		0.1	6.75	0.3	46	A
		14.5	7.2	0.03		0.3	7.03	0.3	69	A
		14.3	5.4	0.03		0.2	7.75	0.2	59	A
		15.7	6.6	0.05		0.3	7.0	0.3	46	A

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 Philips 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		TURNOURD REQUIREMENTS ☒ RUSH (SURCHARGES APPLY) ☐ STANDARD REQUESTED FAX DATE REQUESTED REPORT DATE Edata 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 Edata 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>		INVOICE INFORMATION P.O. # B10739 Bill to:	