



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2018

Data Qualified?
Yes / No

WIN Station Name: Punchon Br @ Deerwood PK Blvd

Date: 9/17/2018
(mm/dd/yyyy)

WIN/Field ID: 20030866

WBID: 2271

Latitude: 30.24735
(Decimal Degrees)

County: Duval

ORG ID: 21FLA

Longitude: 81.542086
(Decimal Degrees)

Receiving Body of Water: Mill Creek

RQ-2018- 09-17-13

Sampling Team Members

C. Ruben
P. O'Connor

WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
	X	X	X	X
	X	X	X	X

Sampling Equipment

☒ Sample Container ☐ Van Dorn ☒ Pole

☐ Carboy ☐ Syringe

☐ Dipper ☐ Other DEP154181

Depth Measured with _____

Equipment ID _____

Collection Method

☐ Wading ☐ Canoe/Kayak

☒ From Shore ☐ Electric Motor

☐ Other _____ ☐ Gasoline Motor

Matrix: Fresh / Marine / DI

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

Photos: Yes ☒ No ☐ Flow: No Flow / Interstitial / Flowing / NA

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	0845	0.2	0.1	0.25	3.98	49.9	6.46	0.1	210.8	26.9
CEN										

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

SBIO ID Numbers: _____ SBIO ID: _____

Parameter Methods

Preserved Nutrients: ☒ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP

Metals: ☐ W-ICPMS ☐ W-ICP

Filtered Nutrients: ☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter

Chlorophyll: ☒ CHLSUITE-W

Physical/Aggregate (Fresh): ☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CL-IC / W-COLOR / W-SO4-IC / W-TDS

Physical/Aggregate (Marine): ☐ Alkalinity / W-F / W-TSS / TURBIDITY

Macroinvertebrates: ☐ MI-FW-QLDC

Periphyton: ☐ ALGAE-ID

Microbiology: ☒ E Coli ☐ F Coli ☐ Enterococci

Molecular: ☐ PCR-FILTER ☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-GULL2 ☐ PCR-GFD

Tracers: ☐ W-SUC-AA-R ☐ W-UHERB-AA ☐ W-AHERB-AA ☐ W-CARB-AA

Pesticides: ☐ W-PSNP-TQ ☐ W-UHERB-AA ☐ W-GLYPH ☐ W-SUC-AA-R

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Notes:

Signature: P. O'Connor

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

Migrate Data to WIN: 9/24/18
(Initials/Date)

Verify Data in WIN: _____
(Initials/Date)

PUNCHEON BR @ DEERWOOD PK BLVD

Date: 09-17-18
(Initials/Date)

QC Station ID, Field Parameters in LIMS DMT: 132424/18
(Initials/Date)



20030866

Contains: 1:1 H2SO4
Lot No.: SA7341020
Expires: 12/07/18
See Safety Data Sheet (SDS)

Place Preserva

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Lot No.: SA7341020
Expires: 12/07/18
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CHAIN OF CUSTODY/LABORATORY ANALYSIS REQUEST FORM

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

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SR#

CAS Contract

Project Name		Project Number		ANALYSIS REQUESTED (Include Method Number and Container Preservative)	
Project Manager		Email Address		PRESERVATIVE	NUMBER OF CONTAINERS
LSJR EAST				8	
J. Parrish					
DEAR NED ROC					
8800 BAYMEADOWS WAY West					
JAX FL 32256					
Phone # 9042561693					
Fax #					
Sampler's Signature		Sampler's Printed Name			
Patrice O'Connor		Patrice O'Connor			
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	TIME	MATRIX	
20030866		091718	0845	SW	
20030579			1005		
G2NE1145			0940		
20030805			1110		
20030872			1050		
20030657			0920		
SPECIAL INSTRUCTIONS/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 _____					
RELINQUISHED BY					
Signature _____					
Printed Name _____					
Firm _____					
Date/Time _____					
RECEIVED BY					
Signature _____					
Printed Name _____					
Firm _____					
Date/Time _____					
CUSTODY SEALS: Y N					
RELINQUISHED BY					
Signature _____					
Printed Name _____					
Firm _____					
Date/Time _____					
RECEIVED BY					
Signature _____					
Printed Name _____					
Firm _____					
Date/Time _____					
SAMPLE RECEIPT: CONDITION/COOLER TEMP: _____					
RELINQUISHED BY					
Signature _____					
Printed Name _____					
Firm _____					
Date/Time _____					
RECEIVED BY					
Signature _____					
Printed Name _____					
Firm _____					
Date/Time _____					
INVOICE INFORMATION					
PO # _____					
BILL TO: _____					
RECEIVED BY					
Signature _____					
Printed Name _____					
Firm _____					
Date/Time _____					