



FIELD / WIN ID



20030667

**ENVIRONMENTAL PROTECTION
ING PROGRAM FIELD SHEET**

January 2018

Data Qualified?

Yes / No

Little Black Creek @ SR 220

Date: 4/16/2018
(mm/dd/yyyy)WBID: 2368Latitude: 30.1049

(Decimal Degrees)

County: ClayORG ID: 21FLALongitude: 81.80185

(Decimal Degrees)

Receiving Body of Water: Black CreekRQ-2018- 04-09-31

Sampling Team Members						WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
R. Davis							X			
A. Kalmbacher						X		X	X	X

Sampling Equipment	
☒ Sample Container	☐ Van Dorn ☒ Pole
☐ Carboy	☐ Syringe
☐ Dipper	☐ Other
Depth Measured with <u>meter</u>	
Equipment ID <u>Ortho #3</u>	

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

Water Level: Dry/ Pooled/ Low / <u>Normal</u> / High / Flooded				Meter ID# <u>YSI #4</u>		Matrix: <u>Fresh</u> / Marine / DI				
Photos: Yes / <u>No</u>		Flow: No Flow / Interstitial / <u>Flowing</u> / NA		Tide: Rising/ Falling/ Slack/ <u>NA</u>		Tide Times: High <u>—</u> Low <u>—</u>				
Time Zone	Time	Total Depth (m)	Sample Depth (m)	Secchi Disk (m)	DO (mg/L)	DO (%SAT)	pH	Salinity (PPT)	Sp COND (µmhos/cm)	Temp. (C°)
EST	<u>1445</u>	<u>.85</u>	<u>.3</u>	<u>.85</u>	<u>5.5</u>	<u>58</u>	<u>7.4</u>	<u>0.07</u>	<u>142</u>	<u>17.0</u>
CEN				<u>5</u>						

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 ☐ H ₂ SO 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-CI-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:	Place Label Here
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Signature: <u>A. Kalmbacher</u>	Date: <u>4-16-2018</u>
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Enter Field Parameters, Verify Station ID in LIMS DMT:

QC Station ID, Field Parameters in LIMS DMT:

Scan/Save Field Sheets

Migrate Data to WIN:

Verify Data in WIN:



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 PAGE 06 OF 06

SR#

CAS Contract

Project Name		Project Number		ANALYSIS REQUESTED (Include Method Number and Container Preservative)	
Project Manager		Email Address		PRESERVATIVE	
Company/Address		FAX #		NUMBER OF CONTAINERS	
LSJR SW		RA 2018-04-09-31		8	
Jeremy Parrish		dep.state@fl.us			
FDEP					
8800 Baymeadows Way W					
Jacksonville, FL 32256					
Phone #		FAX #			
904-256-1700					
Sampler's Signature		Sampler's Printed Name			
[Signature]		Brian Davis			
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	
20030403		4-16-18	0955	SW	
20030388			1036		
G2NE1140			1130		
20030833			1330		
G2NE1158			1420		
20030667			1445		
SPECIAL INSTRUCTIONS/COMMENTS					
See QAPP ☐ .					
SAMPLE RECEIPT: CONDITION/COOLER TEMP:					
RELINQUISHED BY		RECEIVED BY		CUSTODY SEALS: Y N	
[Signature]		[Signature]		RELINQUISHED BY	
Printed Name		Printed Name		Signature	
Firm		Firm		Printed Name	
Date/Time		Date/Time		Firm	
16-2018 1530		4/16/18 1530		Date/Time	
Distribution: White - Return to Originator; Yellow - Retained by Client					

TURNAROUND REQUIREMENTS		REPORT REQUIREMENTS		INVOICE INFORMATION	
RUSH (SURCHARGES APPLY)		I. Results Only		PO #	
STANDARD		II. Results + QC Summaries (LCS, DUP, MS/MSD as required)		BILL TO:	
REQUESTED FAX DATE		III. Results + QC and Calibration Summaries			
REQUESTED REPORT DATE		IV. Data Validation Report with Raw Data			
		V. Specialized Forms / Custom Report			
		Edata Yes No			
RECEIVED BY		RELINQUISHED BY		RECEIVED BY	
Signature		Signature		Signature	
Printed Name		Printed Name		Printed Name	
Firm		Firm		Firm	
Date/Time		Date/Time		Date/Time	

REMARKS/ALTERNATE DESCRIPTION	
Preservative Key 0. NONE 1. HCl 2. HNO ₃ 3. H ₂ SO ₄ 4. NaOH 5. Zn. Acetate 6. MeOH 7. NaHSO ₄ 8. Other <u>ICE</u>	