FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
...RING PROGRAM FIELD SHEET

January 2018

Data Qualified? Yes / No

Field / WIN ID: 20030620 See Notes G2NE1158 ~~Little Black Creek @ 21~~ Little Black Cr @ Tuscarora Date: 1/24/2018 (mm/dd/yyyy)

WBID: 2368 Latitude: ~~30.118055~~ See Below (Decimal Degrees)

County: Clay ORG ID: 21FLA Longitude: ~~81.80841~~ (Decimal Degrees)

Receiving Body of Water: Black Creek RQ-2018- 01-22-13

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
J. Parrish		X		X	X
A. Kalmbacher	X		X		

Sampling Equipment
- [X] Sample Container [ ] Van Dorn [X] Pole
- [ ] Carboy [ ] Syringe
- [ ] Dipper [ ] Other
- Depth Measured with: Meter
- Equipment ID: Ortho Kit 3

Collection Method
- [ ] Wading [ ] Canoe/Kayak
- [X] From Shore [ ] Electric Motor
- [ ] Other [ ] Gasoline Motor

Water Level: Dry/ Pooled/ Low / (Normal) / High / Flooded **Meter ID#** YSI II **Matrix:** Fresh / Marine / DI

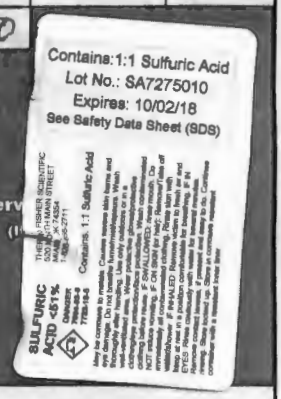
Photos: (Yes) / No **Flow:** No Flow / Intestital / (Flowing) / NA **Tide:** Rising/ Falling/ Slack/ (NA) **Tide Times:** High Low

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	1315	1.2	0.3	1.0	5.8	57	7.00	0.07	157	14.2 ✓
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	[X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[X] Ice [X] H_2SO_4	SA7275010		[X] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[X] W-PO4-F [X] Field Filtered 0.45 µm Filter	[X] Ice	R6SA160TO		
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
Physical/Aggregate (Fresh)	[X] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[X] Ice			
Physical/Aggregate (Marine)	[ ] Alkalinity / W-F / W-TSS / TURBIDITY	[ ] Ice			
Macroinvertebrates	[ ] MI-FW-QLDC	[ ] Formalin			
Periphyton	[ ] ALGAE-ID	[ ] Ice			
Microbiology	[X] E Coli [ ] F Coli [ ] Enterococci	[ ] Ice			
Molecular	[ ] PCR-FILTER [ ] PCR-HF183 [ ] PCR-BacR [ ] PCR-GULL2 [ ] PCR-GFD	[ ] Ice			
Tracers	[X] W-SUC-AA-R [X] W-UHERB-AA [X] W-AHERB-AA	[X] 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			



Notes:
L. Black Creek @ Tuscarora 29.14 Trl.
30.097193 81.794469

Chief Ridaught → Biloxi → Jaega → Tuscarora

Place Label Here

Signature: [signature] Contact on other side of sheet → Date: 1-24-2018

Enter Field Parameters, Verify Station ID in LIMS DMT: JP 1/26/18 (Initials/Date) QC Station ID, Field Parameters in LIMS DMT: BP 1/29/18 (Initials/Date)

Scan/Save Field Sheets BP 1/29/18 (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

SR#

CAS Contract

Project Name: LSJR SW	Project Number: RA2018-01-22-13
Project Manager: Jeremy Parrish	Email Address: jeremy.m.parrish@dep.state.fl.us
Company/Address: FDEP 8800 Baymeadows Way W STE 100 Jacksonville, FL 32256	
Phone #: 904-256-1700	FAX #
Sampler's Signature	Sampler's Printed Name: Jeremy Parrish

ANALYSIS REQUESTED *(Include Method Number and Container Preservative)*

PRESERVATIVE: 8

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

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	MATRIX	NUMBER OF CONTAINERS	E. Coli	REMARKS/ ALTERNATE DESCRIPTION
20030388		1-24-18	0910	SW	1		
20030403		↓	1000		1		
G2NE1140			1055		1		
20030833			1215		1		
* LittleBlackCrk@Tuscarora			1315		1		
20030667			1345		1		

SPECIAL INSTRUCTIONS/COMMENTS
New site created in field - does not have numerical ID yet

See QAPP ☐

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: 2.3 CUSTODY SEALS: Y N

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
Signature	Signature	Signature	Signature	Signature	Signature
Printed Name: Amy Kalmbacher	Printed Name: Renee Futch	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 1-24-2018 1510	Date/Time: 1/24/18 1510	Date/Time	Date/Time	Date/Time	Date/Time

Distribution: White - Return to Originator; Yellow - Retained by Client