



WIN / FIELD ID



G2NE1140

ENVIRONMENTAL PROTECTION
NG PROGRAM FIELD SHEET

January 2018

Data Qualified?

Yes / No

V
V
Unnamed Branch at Brit PlaceDate: 4 / 16 / 2018
(mm/dd/yyyy)

WBID: 2486

Latitude: 29.93633
(Decimal Degrees)

County: Clay

ORG ID: 21FLA

Longitude: 81.9273
(Decimal Degrees)

Receiving Body of Water: SF Black Creek

RQ-2018-04-16-31

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
		X			
	X	X	X	X	X

Sampling Equipment	
☒ Sample Container	☐ Van Dorn ☒ Pole
☐ Carboy	☐ Syringe
☐ Dipper	☐ Other
Depth Measured with: meter	
Equipment ID: Ortho #3	
Collection Method	
☐ Wading	☐ Canoe/Kayak
☒ From Shore	☐ Electric Motor
☐ Other	☐ Gasoline Motor

Water Level: Dry / Pooled / Low / Normal / High / Flooded	Meter ID# 7514	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 (µmhos/cm)	Temp. (C°)
EST	1130	0.2	0.1	0.2	4.84	103	3.86	.03	74	17.3
CEN				S	8.17	84				

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	12/2018	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO3	R7KA12512		☐ <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 ☐ W-PCL-SQ-R ☐ W-PYR-AA-R ☐ W-GLYPH ☐ W-SUC-AA-R	☐ Ice ☐ Other			

Notes:	Place Label Here
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Signature: [Signature] Date: 4-16-2018

Enter Field Parameters, Verify Station ID In LIMS DMT: [Signature] Q4 Station ID, Field Parameters In LIMS DMT: [Signature]

Scan/Save Field Sheets [Signature] Migrate Data to WIN: [Signature] Verify Data In WIN: [Signature]



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)	
LSJR SW		RA 2018-04-09-31		PRESERVATIVE 8	
Project Manager		Email Address		NUMBER OF CONTAINERS	
Jeremy Parrish		jeremy.m.parrish@fl-us		1	
Company/Address		FDEP			
8800 Baymeadows Way W					
Jacksonville, FL 32256					
Phone #		FAX #			
904-256-1700					
Sampler's Signature		Sampler's Printed Name			
		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: Mike Gacir		Printed Name: Mike Gacir		Signature	
Firm: FDEP		Firm: FDEP		Printed Name	
Date/Time: 4-16-2018 1530		Date/Time: 4/16/18 1530		Firm	
Distribution: White - Return to Originator; Yellow - Retained by Client				Date/Time	
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					
RECEIVED BY					
Signature					
Printed Name					
Firm					
Date/Time					
INVOICE INFORMATION					
PO #					
BILL TO:					
RECEIVED BY					
Signature					
Printed Name					
Firm					
Date/Time					