FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2018

Data Qualified? Yes / (No)

WIN Station Name: ____ New River @ 54 **Date:** 2-8-18 (mm/dd/yyyy)

WIN/ Field ID: _____ G2SW0011 **WBID:** _ 1442 **Latitude:** ___ 28.21992 (Decimal Degrees)

County: __ Hillsborough **ORG ID:** __ 21FLTPA **Longitude:** _ -82.26578 (Decimal Degrees)

Receiving Body of Water: ____ Hillsborough R. **RQ-2018-** 02-05-40

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton		✓		✓	✓
Ben Paswater	✓		✓		

Sampling Equipment

☑ Sample Container ☐ Van Dorn ☐ Pole
☐ Carboy ☐ Syringe
☐ Dipper ☐ Other _____
Depth Measured with Secchi
Equipment ID ____Secchi #1

Collection Method

☐ Wading ☐ Canoe/Kayak
☐ From Shore ☐ Electric Motor
☐ Other _____ ☐ Gasoline Motor

Water Level: Dry/ Pooled/ Low / Normal / High / Flooded **Meter ID#** LIL JON **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 (PPTh)	Sp COND (µmhos/cm)	Temp. (C°)
(EST)	1133	0.5	0.3	0.5	3.0	33	7.1	1	276	20.2

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 ☑ H_2SO_4	~~SA7275010~~	10/2/2018	☑ <2
Metals	☐ W-ICPMS ☐ W-ICP	☐ Ice ☐ HNO_3	SA7233030	8/21/18	☑ <2
Filtered Nutrients	☑ W-PO4-F ☑ Field Filtered 0.45 µm Filter	☑ Ice	9841668		
Chlorophyll	☑ CHLSUITE-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 ☐ W-PCL-SQ-R ☐ W-PYR-AA-R ☐ W-GLYPH ☐ W-SUC-AA-R	☐ Ice ☐ Other _____			

Place Preservative Sticker(s) Here (If Available)

Notes:

WIN/Field ID: G2SW0011

New River @ SR 54

Signature: _____ Date: 2-8-18

Enter Field Parameters, Verify Station ID In LIMS DMT: SM 03/02/2018 (Initials/Date) QC Station ID, Field Parameters In LIMS DMT: SM 03/28/2018 (Initials/Date)

Scan/Save Field Sheets SM 08/30/2018 (Initials/Date) Migrate Data to WIN: MB 4/12/18 (Initials/Date) Verify Data In WIN: SM 08/29/2018 (Initials/Date)

2 of 5

Request Number: RQ-2018-02-05-40

Mattress

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Jan 3, 2018

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By:

Field Report Prepared By:

Sampling Agency:

Location	Comp / Grab	Collection (comp begin or grab) Date	Time	Eastern / Central	Composite end Date / Time	Bottle Group(s) (See pg 2)
WIN/Field ID: G2SW0011 New River @ SR 54	☒ Grab	2-8-18	1133	Eastern		F
WIN/Field ID: G2SW0061 New River @ Morris Bridge Rd	☒ Grab	2-8-18	1156	Eastern		DE
~~WIN/Field ID: G2SW0064 Blackwater Cr @ CR 39~~	☐ Comp ☐ Grab					F
~~WIN/Field ID: G2SW0065 Blackwater Creek in County Park~~	☐ Comp ☐ Grab					F

Field ID	Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen	Total Res. Chlorine (mg/L)	Temp (C)	pH	Sample Depth	Sp. Conductance (umho/cm)	Salinity (ppt)	Comments
G2SW0011	Fresh	3.0 ☒ mg/L		20.2	7.1	0.3 ☒ m	276		DROPPED OFF E. COLI @ AEL
G2SW0061	Fresh			20.0	6.9	0.3 ☒ m	224		DROPPED OFF E. COLI @ AEL
G2SW0064		☐ mg/L ☐ % sat				☐ ft ☐ m			
G2SW0065		☐ mg/L ☐ % sat				☐ ft ☐ m			

Latitude / Longitude: ☐ dd ☐ dms

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time

Group: A	Bottle Type:	P-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
	CHLSUITE-W						
Group: A	Bottle Type:	P-120ML-WC-THI	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
	SWD-AEL-EC	PROPOSED ADD ACE					
Group: A	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	HNO3	**Enter Number of Bottles Sent to Lab**	2
	W-ICP W-ICPMS						
Group: A	Bottle Type:	P-500ML	# of Bottles: 2	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab**	2
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 2	Preservative:	FILTER-ICE	**Enter Number of Bottles Sent to Lab**	2
	W-PO4-F						
Group: B	Bottle Type:	BG-1L	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	4
	W-AHERB-AA W-GLYPH W-PYR-AA-R W-SUC-AA-R W-UHERB-AA						
Group: B	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	CH2ClCOOH Pre-Preserved	**Enter Number of Bottles Sent to Lab**	2
	W-CARB-AA						
Group: B	Bottle Type:	BG-500ML	# of Bottles: 6	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	6

Group: B	Bottle Type:	BG-500ML	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	W-CT-CI-R W-PCL-SQ-R						
Group: B	Bottle Type:	BG-1L	# of Bottles: 6	Preservative:	ICE	Enter Number of Bottles Sent to Lab	6
	W-PSNP-TQ						
Group: C	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC W-TDS W-TSS						
Group: C	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	CHLSUITE-W						
Group: C	Bottle Type:	P-120ML-WC-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	SWD-AEL-EC	DROPPED @ AEL					
Group: C	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	Enter Number of Bottles Sent to Lab	1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: C	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	FILTER-ICE	Enter Number of Bottles Sent to Lab	1
	W-PO4-F						
Group: D	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	1
	ALKALINITY TURBIDITY W-CL-IC W-COLOR W-F W-SO4-IC						

Group: D	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	W-TDS W-TSS						
Group: D	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	CHLSUITE-W						
Group: D	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab**	1
	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC						
Group: D	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	FILTER-ICE	**Enter Number of Bottles Sent to Lab**	1
	W-PO4-F						
Group: E	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	4
	PCR-FILTER						
Group: E	Bottle Type:	P-120ML-WC-THI	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
	SWD-AEL-EC		Dropped off 2 AEL				
Group: E	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						
Group: F	Bottle Type:	QPCR-P-250ML	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	0
	PCR-FILTER						
Group: F	Bottle Type:	P-120ML-WC-THI	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	0
	SWD-AEL-EC						
Group: F	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	0
	W-AHERB-AA W-SUC-AA-R W-UHERB-AA						

Advanced Environmental Laboratories, Inc.

- [ ] **Altamonte Springs:** 380 Northlake Blvd., Suite 1048 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597
- [ ] **Gainesville:** 4965 SW 41st Blvd. • Gainesville, FL 32608 • 352.377.2349 • Fax 352.395.6639
- [ ] **Jacksonville:** 6681 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354
- [ ] **Miramar:** 10200 USA Today Way • Miramar, FL 33025 • 954.889.2288 • Fax 954.889.2281
- [ ] **Tallahassee:** 2639 North Monroe Street, Suite D • Tallahassee, FL 32303 • 850.219.6274 • Fax 850.219.6275
- [x] **Tampa:** 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327

Client Name: FDEP-SW DIST
Address: 13051 N. Telecom Pkwy
Phone: 813-470-5770
FAX:
Contact: Judy Ashton 813-470-5772
Sampled By:
Turn Around Time: [x] STANDARD [ ] RUSH
Page: 1 of 1

Project Name: SMP
P.O. Number or Project Number: AF315E
FDEP Facility No:
Project Address:
Special Instructions:
RQ2018- 02-05-40

[ ] ADaPT [ ] EQuIS [ ] Other

BOTTLE SIZE & TYPE / ANALYSIS REQUIRED: E. Coli

LABORATORY I.D. NUMBER

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	PRESERVATION	E. Coli (ICE)
G4SW0092	MATTRESS DRAIN 1	✓	2/8/18	1033	SW	1		✓
G2SW0011	NEW RIVER @ 54	✓	2/8/18	1133	SW	1		✓
G2SW0061	NEW RIVER @ MORRIS BRIDGE	✓	2/8/18	1156	SW	1		✓
G2SW0062	HILLS. RIVER IN STATE PARK	✓	2/8/18	1323	SW	1		✓
G2SW0063	HILLS. RIVER @ FT. FOSTER	✓	2/8/18	1410	SW	1		✓

Matrix Code: WW = wastewater SW = surface water GW = ground water DW = drinking water O = oil A = air SO = soil SL = sludge
Preservation Code: I = ice H=(HCl) S = (H2SO4) N = (HNO3) T = (Sodium Thiosulfate)

Received on Ice [ ] Yes [ ] No [ ] Temp taken from sample [ ] Temp from blank [ ] Where required, pH checked
Temperature when received ______ (in degrees celcius)

DCN: AD-051 Form last revised 04/30/2015
Device used for measuring Temp by unique identifier (circle IR temp gun used) J: 9A G: LT-1 LT-2 T: 10A A: 3A M: 3A S: 1V

	Relinquished by:	Date	Time	Received by:	Date	Time
1	J. Ashton	2-8-18	1510	[signature]	2/8/18	1510
2						
3						
4						

FOR DRINKING WATER USE:
PWS ID:
Contact Person: Phone:
Supplier of Water:
Site-Address:

MUR 4

FedEx Express **Package US Airbill**

FedEx Tracking Number **8119 3904 2993**

Form ID No. **0215**

From *Please print and press hard.*

Date 2-8-18 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

Address 13051 N Telecom Pkwy 101 Dept./Floor/Suite/Room

City Temple Terrace State FL ZIP 33637

Your Internal Billing Reference
First 24 characters will appear on invoice.

To

Recipient's Name SAMPLE RECEIVING Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE State FL ZIP 32399-6542

Hold Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

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4 Express Package Service * To most locations. **Packages up to 150 lbs.** For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day	2 or 3 Business Days
☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.	☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.	☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.	☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

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☐ Direct Signature — Someone at recipient's address may sign for delivery.
☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods? One box must be checked.

☒ No ☐ Yes — As per attached Shipper's Declaration. ☐ Yes — Shipper's Declaration not required. ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide. ☐ Cargo Aircraft Only

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. / Credit Card No. 4490-2262-9 Exp. Date

Total Packages	Total Weight	Total Declared Value†
1	50 lbs.	$ — .00

†Our liability is limited to US$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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FedEx Express **Package US Airbill**

FedEx Tracking Number **8119 3904 2386**

Form ID No. **0215**

From *Please print and press hard.*

Date 2-8-18 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

Address 13051 N Telecom Pkwy 101 Dept./Floor/Suite/Room

City Temple Terrace State FL ZIP 33637

Your Internal Billing Reference
First 24 characters will appear on invoice.

To

Recipient's Name SAMPLE RECEIVING Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE State FL ZIP 32399-6542

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Hold Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

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☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.	☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

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FedEx Acct. No. / Credit Card No. 4490-2262-9 Exp. Date

Total Packages	Total Weight	Total Declared Value†
1	50 lbs.	$ — .00

†Our liability is limited to US$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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FedEx Express **Package US Airbill**

FedEx Tracking Number **8119 3904 2364**

Form ID No. **0215**

From *Please print and press hard.*

Date 2-8-18 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

Address 13051 N Telecom Pkwy 101 (Dept/Floor/Suite/Room)

City Temple Terrace State FL ZIP 33637

Your Internal Billing Reference First 24 characters will appear on invoice.

To

Recipient's Name SAMPLE RECEIVING Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD (Dept/Floor/Suite/Room)

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE State FL ZIP 32399-6542

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2 or 3 Business Days

- ☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
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FedEx Express **Package US Airbill**

FedEx Tracking Number **8119 3904 2375**

Form ID No. **0215**

From *Please print and press hard.*

Date 2-8-18 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company FDEP

Address 13051 N Telecom Pkwy 101 (Dept/Floor/Suite/Room)

City Temple Terrace State FL ZIP 33637

Your Internal Billing Reference First 24 characters will appear on invoice.

To

Recipient's Name SAMPLE RECEIVING Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

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2 or 3 Business Days

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- ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

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☒ No ☐ Yes — As per attached Shipper's Declaration. ☐ Yes — Shipper's Declaration not required. ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide. ☐ Cargo Aircraft Only

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender — Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. / Credit Card No. 4490-2262-9 Exp. Date

Total Packages	Total Weight	Total Declared Value†
	50 lbs.	$ — .00

†Our liability is limited to US$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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