



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2019

Data Qualified?  
Yes / No

WIN Station Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

WIN/ Field ID: \_\_\_\_\_ WBID: \_\_\_\_\_ Latitude: \_\_\_\_\_  
(Decimal Degrees)

County: \_\_\_\_\_ ORG ID: \_\_\_\_\_ Longitude: \_\_\_\_\_  
(Decimal Degrees)

Receiving Body of Water: \_\_\_\_\_ RQ-2019-\_\_\_\_\_

|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    |                                                            |                                         |                               |  |  |
|-----------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------|-----------|----------------------------------|----------------------------------------------------------------|----------------|----------------------|--------------------|------------------------------------------------------------|-----------------------------------------|-------------------------------|--|--|
| Sampling Team Members                                                 |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           | WQ Measurements                  | Sample Collection                                              | Documentation  | Preservation         | Preservation Check | Sampling Equipment                                         |                                         |                               |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | <input type="checkbox"/> Sample Container                  | <input type="checkbox"/> Van Dorn       | <input type="checkbox"/> Pole |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | <input type="checkbox"/> Carboy                            | <input type="checkbox"/> Syringe        |                               |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | <input type="checkbox"/> Dipper                            | <input type="checkbox"/> Other          |                               |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | Depth Measured with Secchi Disk Line / Meter               |                                         |                               |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | Equipment ID Leadfoot, Knothead, Crusty/Bucket, Mucky/Trap |                                         |                               |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | Collection Method                                          |                                         |                               |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | <input type="checkbox"/> Wading                            | <input type="checkbox"/> Canoe/Kayak    |                               |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | <input type="checkbox"/> From Shore                        | <input type="checkbox"/> Electric Motor |                               |  |  |
|                                                                       |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    | <input type="checkbox"/> Other                             | <input type="checkbox"/> Gasoline Motor |                               |  |  |
| Water Level: Dry/ Pooled/ Low / Normal / High / Flooded               |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           | Meter ID#                        |                                                                |                |                      |                    | Matrix: Fresh / Marine / DI                                |                                         |                               |  |  |
| Photos: Yes / No                                                      |      |                                                                                                                                                                                                                                                                                     | Flow: No Flow / Intestinal / 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)                                                                 |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    |                                                            |                                         |                               |  |  |
|                                                                       | 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                                                   |      | <input type="checkbox"/> W-NH3 / <input type="checkbox"/> W-NO2NO3 / <input type="checkbox"/> W-TKN / <input type="checkbox"/> W-TOC / <input type="checkbox"/> W-S-A-TP                                                                                                            |                                           |                 |           |                                  | <input type="checkbox"/> Ice <input type="checkbox"/> H2SO4    |                |                      |                    |                                                            |                                         | <input type="checkbox"/> <2   |  |  |
| Metals                                                                |      | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                                                                                     |                                           |                 |           |                                  | <input type="checkbox"/> Ice <input type="checkbox"/> HNO3     |                |                      |                    |                                                            |                                         | <input type="checkbox"/> <2   |  |  |
| Filtered Nutrients                                                    |      | <input type="checkbox"/> W-PO4-F <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                                                                                             |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                | 13615055             |                    | Place Preservative Sticker(s) Here<br>(If Available)       |                                         |                               |  |  |
| Chlorophyll                                                           |      | <input type="checkbox"/> CHLSUITE-W                                                                                                                                                                                                                                                 |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                |                      |                    |                                                            |                                         |                               |  |  |
| Physical/Aggregate (Fresh)                                            |      | <input type="checkbox"/> Alkalinity / <input type="checkbox"/> W-F / <input type="checkbox"/> W-TSS / <input type="checkbox"/> TURBIDITY / <input type="checkbox"/> W-CI-IC / <input type="checkbox"/> W-COLOR / <input type="checkbox"/> W-SO4-IC / <input type="checkbox"/> W-TDS |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                |                      |                    |                                                            |                                         |                               |  |  |
| Physical/Aggregate (Marine)                                           |      | <input type="checkbox"/> Alkalinity / <input type="checkbox"/> W-F / <input type="checkbox"/> W-TSS / <input type="checkbox"/> TURBIDITY                                                                                                                                            |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                |                      |                    |                                                            |                                         |                               |  |  |
| Macroinvertebrates                                                    |      | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                                                                                 |                                           |                 |           |                                  | <input type="checkbox"/> Formalin                              |                |                      |                    |                                                            |                                         |                               |  |  |
| Periphyton                                                            |      | <input type="checkbox"/> ALGAE-ID                                                                                                                                                                                                                                                   |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                |                      |                    |                                                            |                                         |                               |  |  |
| Microbiology                                                          |      | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enterococci                                                                                                                                                                                |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                |                      |                    |                                                            |                                         |                               |  |  |
| Molecular                                                             |      | <input type="checkbox"/> PCR-FILTER <input type="checkbox"/> PCR-BacR <input type="checkbox"/> PCR-GULL2<br><input type="checkbox"/> PCR-HF183 <input type="checkbox"/> PCR-DG3 <input type="checkbox"/> PCR-GFD                                                                    |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                |                      |                    |                                                            |                                         |                               |  |  |
| Tracers                                                               |      | <input type="checkbox"/> W-E8321-DI <input type="checkbox"/> W-E8321-MS                                                                                                                                                                                                             |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                |                      |                    |                                                            |                                         |                               |  |  |
| Pesticides                                                            |      | <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-CT-CL-R <input type="checkbox"/> W-E8321-DI<br><input type="checkbox"/> W-PCL-SQ-R <input type="checkbox"/> WE8321-MS <input type="checkbox"/> W-CARB-AA                                                              |                                           |                 |           |                                  | <input type="checkbox"/> Ice<br><input type="checkbox"/> Other |                |                      |                    |                                                            |                                         |                               |  |  |
| Phytoplankton                                                         |      | <input type="checkbox"/> DTY-QN-C <input type="checkbox"/> PKD-QN-C                                                                                                                                                                                                                 |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                   |                |                      |                    |                                                            |                                         |                               |  |  |
| Notes:                                                                |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  | Place or Type Label Here<br><br>WIN ID / FIELD ID:             |                |                      |                    |                                                            |                                         |                               |  |  |
| Signature: _____                                                      |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    |                                                            |                                         |                               |  |  |
| Date: _____                                                           |      |                                                                                                                                                                                                                                                                                     |                                           |                 |           |                                  |                                                                |                |                      |                    |                                                            |                                         |                               |  |  |