



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, / 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 <sub>h</sub> ) | 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 checked="" type="checkbox"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP                                                                                                                                        |                                           |                 |           |                                  | <input type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> |                              |                      |                    |                                                               |                                         | <input type="checkbox"/> <2   |  |  |
| Metals                                                                |      | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP                                                                                                                                                        |                                           |                 |           |                                  | <input type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>               |                              |                      |                    |                                                               |                                         | <input type="checkbox"/> <2   |  |  |
| Filtered Nutrients                                                    |      | <input checked="" type="checkbox"/> W-PO4-F <input checked="" type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                          |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                                         |                              | 13615055             |                    | Place Preservative Sticker(s) Here<br>(If Available)          |                                         |                               |  |  |
| Chlorophyll                                                           |      | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                         |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                                         |                              |                      |                    |                                                               |                                         |                               |  |  |
| Physical/Aggregate (Fresh)                                            |      | <input checked="" type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                        |                                           |                 |           |                                  | <input type="checkbox"/> Ice                                                         |                              |                      |                    |                                                               |                                         |                               |  |  |
| Physical/Aggregate (Marine)                                           |      | <input type="checkbox"/> Alkalinity / W-F / W-TSS / 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 Label Here<br><br>WIN/FIELD ID:<br>WIN STATION NAME (WBID #)                   |                              |                      |                    |                                                               |                                         |                               |  |  |
| Signature:                                                            |      |                                                                                                                                                                                                                        |                                           | Date:           |           |                                  |                                                                                      |                              |                      |                    |                                                               |                                         |                               |  |  |