



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2019

Data Qualified?

Yes / No

WIN Station Name: Caney Creek above Hwy 2A

Date: 8/7/19

WIN/ Field ID: G4NW0397

WBID: 100

Latitude: 30.881510

County: Walton

ORG ID: 21FLPNS

Longitude: -86.219620

Receiving Body of Water: Big Swamp Creek

RQ-2019- 08-05-89

| Sampling Team Members                                                                     |      |                                                                                                                                                                                                                                                         |                  |                 | WQ Measurements                                  | Sample Collection                                                                               | Documentation | Preservation                            | Preservation Check | Sampling Equipment                                   |                                             |                               |  |  |
|-------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------|-----------------------------------------|--------------------|------------------------------------------------------|---------------------------------------------|-------------------------------|--|--|
| Mike King<br>Nathan Mickey                                                                |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    | <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn           | <input type="checkbox"/> Pole |  |  |
|                                                                                           |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    | <input type="checkbox"/> Carboy                      | <input checked="" type="checkbox"/> Syringe |                               |  |  |
|                                                                                           |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    | <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Other              |                               |  |  |
|                                                                                           |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    | Depth Measured with                                  |                                             |                               |  |  |
|                                                                                           |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    | Equipment ID                                         |                                             |                               |  |  |
|                                                                                           |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    | Collection Method                                    |                                             |                               |  |  |
|                                                                                           |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    | <input checked="" 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/ <u>Low</u> / Normal / High / Flooded                            |      |                                                                                                                                                                                                                                                         |                  |                 | Meter ID# 154179                                 |                                                                                                 |               | Matrix: <u>Fresh</u> / Marine / DI      |                    |                                                      |                                             |                               |  |  |
| Photos: <u>Yes</u> / No                                                                   |      |                                                                                                                                                                                                                                                         |                  |                 | Flow: No Flow / Intestinal / <u>Flowing</u> / NA |                                                                                                 |               | Tide: Rising/ Falling/ Slack/ <u>NA</u> |                    |                                                      | 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 (umhos/cm) | Temp. (C°)                                           |                                             |                               |  |  |
| EST                                                                                       | 1045 | 0.3                                                                                                                                                                                                                                                     | 0.2              | VOR             | 6.49                                             | 77.1                                                                                            | 5.74          | 0.01                                    | 32.6               | 24.0                                                 |                                             |                               |  |  |
| CEN                                                                                       |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    |                                                      |                                             |                               |  |  |
| Biological Samples Collected: None <u>HA</u> <u>SC</u> <u>RPS</u> Algae ID LVS LVI Other: |      |                                                                                                                                                                                                                                                         |                  |                 |                                                  |                                                                                                 |               |                                         |                    |                                                      |                                             |                               |  |  |
| SBIO ID Numbers: SBIO-ID: HA-ID: RPS-ID: Macrophyte-ID: <u>2m<sup>2</sup></u> 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 checked="" type="checkbox"/> Ice <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> |               | SA9010030                               | 4/10/20            | <input checked="" type="checkbox"/> <2               |                                             |                               |  |  |
| Metals                                                                                    |      | <input checked="" type="checkbox"/> W-ICPMS <input checked="" type="checkbox"/> W-ICP                                                                                                                                                                   |                  |                 |                                                  | <input checked="" type="checkbox"/> Ice <input type="checkbox"/> HNO <sub>3</sub>               |               | NA8344050                               | 12/10/19           | <input checked="" type="checkbox"/> <2               |                                             |                               |  |  |
| Filtered Nutrients                                                                        |      | <input type="checkbox"/> W-PO4-F <input checked="" type="checkbox"/> Field Filtered 0.45 um Filter                                                                                                                                                      |                  |                 |                                                  | <input checked="" type="checkbox"/> Ice                                                         |               |                                         |                    |                                                      |                                             |                               |  |  |
| Chlorophyll                                                                               |      | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                                                          |                  |                 |                                                  | <input checked="" type="checkbox"/> Ice                                                         |               |                                         |                    |                                                      |                                             |                               |  |  |
| Physical/Aggregate (Fresh)                                                                |      | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CI-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                                                                    |                  |                 |                                                  | <input checked="" type="checkbox"/> Ice                                                         |               |                                         |                    |                                                      |                                             |                               |  |  |
| Physical/Aggregate (Marine)                                                               |      | <input type="checkbox"/> Alkalinity / W-BR-IC / 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 checked="" type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enterococci                                                                                                                                         |                  |                 |                                                  | <input checked="" 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 checked="" type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-CT-CL-R <input checked="" type="checkbox"/> W-E8321-DI<br><input type="checkbox"/> W-PCL-SQ-R <input checked="" type="checkbox"/> WE8321-MS <input type="checkbox"/> W-CARB-AA |                  |                 |                                                  | <input checked="" type="checkbox"/> Ice                                                         |               |                                         |                    |                                                      |                                             |                               |  |  |
| Phytoplankton                                                                             |      | <input type="checkbox"/> OTY-QN-C <input type="checkbox"/> PKD-QN-C                                                                                                                                                                                     |                  |                 |                                                  |                                                                                                 |               |                                         |                    |                                                      |                                             |                               |  |  |

Notes:

Field/WIN ID: G4NW0397

Location: CANEY CREEK ABOVE HWY 2A

Signature: [Signature]

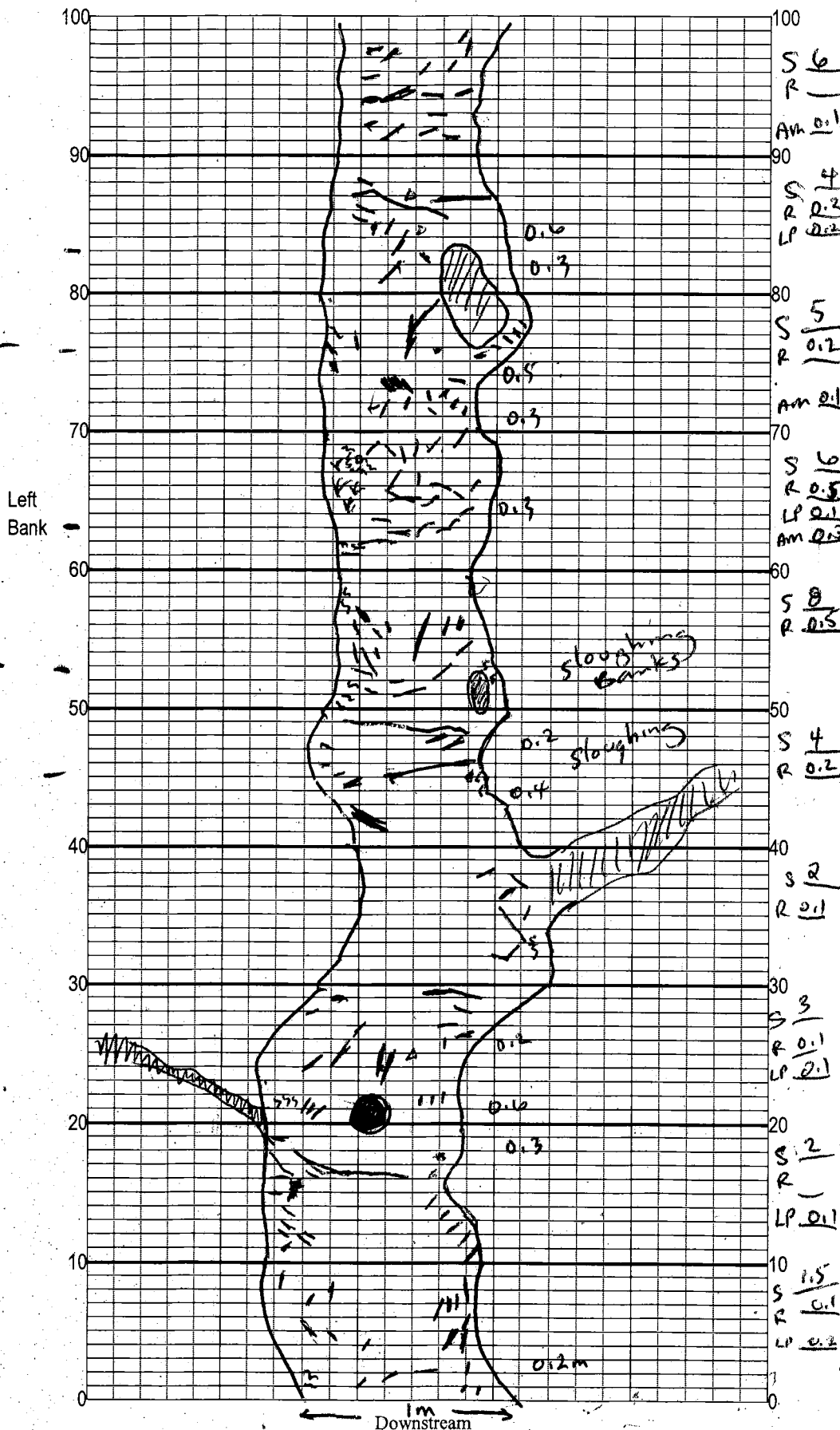
Date: 8/7/19

LIMS EVENT ID: WIN Import ID:

Enter Field Parameters, Verify Station ID in LIMS DMT: QC Station ID, Field Parameters in LIMS DMT:

Scan/Save Field Sheets: Migrate Data to WIN: Verify Data in WIN:

DEP Form FD 9000-4 Stream/River Habitat Assessment Sketch Sheet



Location: CANEY CREEK Hwy 2A

Date: 8/7/19

Sampler: M. KING / N. MURPHY

100 m: Latitude 30.88098  
Longitude 86.21984

0 m: Latitude 30.88030  
Longitude 86.21988

Substrates: Code key, draw proportionate habitat abundance. %

|  |                      |                                |                                |
|--|----------------------|--------------------------------|--------------------------------|
|  | Snags                | <u>41.5</u> <u>very silted</u> | <u>4</u>                       |
|  | Roots/undercut banks | <u>1.9</u>                     | <u>2</u>                       |
|  | Leaf Packs (or mats) | <u>0.4</u>                     | <u>0.4</u>                     |
|  | Aquatic Macrophytes  |                                |                                |
|  | Pools                | total # observed = <u>2</u>    | # range expected = <u>    </u> |

Average width 1.0 m

Average depth 0.4 m

Velocity measured at 60 meter mark.

WQ & chemistry taken at 0 meter mark.

Habitat Smothering:  
Note areas (on map) where sand or silt is smothering substrates, limiting habitability.

Bank Stability:  
Note areas (on map) with unstable, eroding banks.

Riparian Buffer Width:  
Note areas (on map) where natural vegetation is altered or eliminated.

Plants observed / other notes:

scirpus  
cinnamon fern  
smart weed  
lycopus  
umbrella sedge  
false nettle  
rhynchospora  
xyris  
sparganium  
bacopa

# DEP FORM FD 9000-25 Rapid Periphyton Survey Field Sheet

Site: CANEY CREEK Hwy 2A County: WATSON Date: 8/7/13 Investigators: M. K. King

Transect t (m) Point 1=right 9=left Algal Thickness Rank (N-6, X) Estimated Canopy Cover

0 1 N 2 3 4 5 6 7 8 9 60 1 N 2 3 4 5 6 7 8 9 76

10 1 N 2 3 4 5 6 7 8 9 70 1 N 2 3 4 5 6 7 8 9 80

20 1 N 2 3 4 5 6 7 8 9 80 1 N 2 3 4 5 6 7 8 9 72

30 1 N 2 3 4 5 6 7 8 9 90 1 N 2 3 4 5 6 7 8 9 88

40 1 N 2 3 4 5 6 7 8 9 100 1 N 2 3 4 5 6 7 8 9 70

50 1 N 2 3 4 5 6 7 8 9 78

STORED Station Number: 64NW0397

Secchi depth 0.6  
Estimated? ☒

# points ranked 4-6 0  
total points assessed 99  
% points ranked 4-6 0

Check accompanying data collected at same site/date.  
Algal mat sample ☐  
Linear Veg Survey ☐  
Habitat Assessment ☒  
SC/Biorecon ☒  
Water sample ☒  
RQ- 2011-08-05-89

Algal Thickness Rank  
N rough, no algae, slimy, algae up to 1mm  
3 >1mm - 6mm  
4 >6mm - 20mm  
5 >20mm - 10 cm  
6 >10 cm

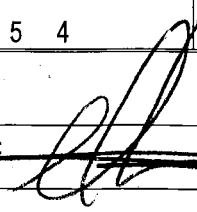
Record "N" and check "Estimated" for points deeper than the Secchi depth; algae are presumed absent. Check "Estimated" if thickness estimated for deep points which can be seen but not reached.  
Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.  
Record canopy cover as the number of small densiometer quadrants (out of 96) that HAVE canopy cover. Measure facing upstream at point 4, 5, or 6.  
Collect algal mat sample following DEP SOP FS 7240 if the percentage of total sampled points with a thickness rank of 4, 5, or 6 is >20%.

DEP Form FD 9000-5 Stream/River Habitat Assessment Field Sheet

|                                       |                          |                                            |                                     |                                                    |
|---------------------------------------|--------------------------|--------------------------------------------|-------------------------------------|----------------------------------------------------|
| SAMPLING AGENCY:<br><b>DEP NW ROC</b> |                          | STORET STATION NUMBER:<br><b>44NW0397</b>  | DATE (MM/DD/YY):<br><b>08/07/19</b> | RECEIVING BODY OF WATER:<br><b>Big Swamp Creek</b> |
| REMARKS:                              | COUNTY:<br><b>WALTON</b> | LOCATION:<br><b>Caney Creek abv Hwy 20</b> | FIELD ID/NAME:<br><b>44NW0397</b>   |                                                    |

| Habitat Parameter                                                                                                   | Optimal                                                                                                                                                                                                                          | Suboptimal                                                                                                                                                              | Marginal                                                                                                                                          | Poor                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Habitat Components                                                                                          | Four or more major productive habitats present (snags, tree roots, aquatic vegetation, leaf packs (partially decayed), rock)                                                                                                     | Three major productive habitats present. Adequate habitat. Some substrates may be new fall (fresh leaves or snags)                                                      | Two major productive habitats present. Less than desirable habitat, frequently disturbed or removed                                               | One or less major productive habitat. Lack of habitat is obvious, substrates unstable or smothered                                         |
| Substrate Diversity <u>5</u>                                                                                        | 20 19 18 17 16                                                                                                                                                                                                                   | 15 14 13 12 11                                                                                                                                                          | 10 9 8 7 6                                                                                                                                        | <u>5</u> 4 3 2 1                                                                                                                           |
| Substrate Availability <u>7</u>                                                                                     | Greater than 30% major productive habitat present at site<br>20 19 18 17 16                                                                                                                                                      | 16% to 30% major productive habitat, by aerial extent<br>15 14 13 12 11                                                                                                 | 6% to 15% major productive habitat<br>10 9 8 <u>7</u> 6                                                                                           | Less than 5% major productive habitat<br>5 4 3 2 1                                                                                         |
| Water Velocity <u>16</u>                                                                                            | Max. observed at typical transect: > 0.25 m/sec. But < 1 m/sec<br>≥0.33 0.31 0.29 0.27 >0.25<br>20 19 18 17 <u>16</u>                                                                                                            | Max. observed at typical transect: >0.1 to 0.25 m/sec<br>0.25 0.21 0.17 0.13 >0.1<br>15 14 13 12 11                                                                     | Max. observed at typical transect: 0.05 to 0.1 m/sec<br>0.1 0.09 0.07 0.06 0.05<br>10 9 8 7 6                                                     | Max. observed at typical transect: <0.05 m/sec; or spate occurring: > 1 m/sec<br><0.05 0.04 0.03 0.01 <0.01<br>5 4 3 2 1                   |
| Habitat Smothering <u>11</u><br>-----<br>Primary Score <u>39</u>                                                    | Adequate number of stable pools (1-2 per 12 times width) and <25% of habitats affected by sand, silt, or algae.<br>20 19 18 17 16                                                                                                | Adequate number of stable pools (1-2 per 12 times width) and >25% of habitats affected by sand, silt, or algae.<br>15 14 13 12 <u>11</u>                                | Does not have required number of stable pools (1-2 per 12 x width) and/or has shallow pools (<2 x prevailing depth).<br>10 9 8 7 6                | Stable pools are absent. Most habitats affected by sand, silt, or algae accumulation.<br>5 4 3 2 1                                         |
| Secondary Habitat Components<br>Artificial Channelization <u>20</u>                                                 | Expected sinuosity given the stream width. No evidence of dredging or artificial straightening. No spoil banks.<br><u>20</u> 19 18 17 16                                                                                         | Good sinuosity within old channelized area. Evidence of dredging or straightening in the past (>25 yrs) but mostly recovered.<br>15 14 13 12 11                         | Straightened with trapezoidal cross section, but has a small degree of sinuosity developed within channelized area.<br>10 9 8 7 6                 | Straightened or engineered by dredging, has trapezoidal or box cut cross section, lacks required pools. May have spoil banks.<br>5 4 3 2 1 |
| Bank Stability<br>Right Bank <u>6</u><br>Left Bank <u>8</u>                                                         | Bankfull > 60% of bank height. Slope of bank ≤ 60° from bankfull to top of bank. Bankfull is within or above the woody root zone with few raw, eroded areas.<br>10 9                                                             | Only meets 2 of the 3 requirements for optimal bank stability.<br><u>8</u> 7 <u>6</u>                                                                                   | Only meets 1 of the 3 requirements for optimal bank stability.<br>5 4                                                                             | Bankfull < 60% of bank height. Slope of bank > 60°. Bankfull is below the woody root zone with raw, eroded areas.<br>3 2 1                 |
| Riparian Buffer Zone Width<br>Right Bank <u>10</u><br>Left Bank <u>10</u>                                           | Width of vegetation greater than 18 m<br><u>10</u> 9                                                                                                                                                                             | Width of vegetation >12 to 18m<br>8 7 6                                                                                                                                 | Width of vegetation 6 to 12 m. human activities close to system<br>5 4                                                                            | Less than 6 m of buffer zone due to intensive human activities<br>3 2 1                                                                    |
| Riparian Zone Vegetation Quality<br>Right Bank <u>9</u><br>Left Bank <u>9</u><br>-----<br>Secondary Score <u>72</u> | Over 80% of riparian surfaces consist of normal, expected plant community for given sunlight & habitat conditions (e.g., native plants; tree, shrub, and forbs represented, if appropriate). Minimal disturbance.<br>10 <u>9</u> | >50% to 80% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Some disruption in community observed.<br>8 7 6 | 25% to 50% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Disruption obvious.<br>5 4 | Less than 25% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions).<br>3 2 1         |

111 TOTAL SCORE

|                     |                           |                                                                                                  |
|---------------------|---------------------------|--------------------------------------------------------------------------------------------------|
| Date: <u>8/7/19</u> | Analyst: <u>MIKE KING</u> | Signature:  |
|---------------------|---------------------------|--------------------------------------------------------------------------------------------------|

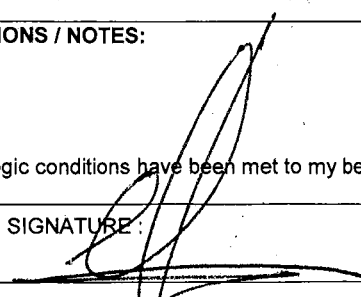
DEP Form FD 9000-3 Physical/Chemical Characterization Field Sheet

SAMPLE ID \_\_\_\_\_ ORG ID 21FLPNS LATITUDE 30.88098  
 COUNTY WALTON STORET # 64NW0397 LONGITUDE 86.21986  
 DATE 8/7/19 TIME 1045 SAMPLING AGENCY FDEP NW ROC  
 SITE NAME CANEY CREEK ABOVE HWY 2A  
 FIELD ID/NAME 64NW0397 RECEIVING BODY OF WATER Big Swamp Creek

RIPARIAN ZONE / STREAM FEATURES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                                                                                                                                                              |  |  |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------|
| <b>PREDOMINANT LAND-USE IN WATERSHED</b> (specify relative percent in each category):<br>Forest/Natural <input checked="" type="checkbox"/> Silviculture <input checked="" type="checkbox"/> Field/Pasture <input checked="" type="checkbox"/> Agricultural <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industry <input type="checkbox"/> Other (Specify) <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                              |  |  | <b>Landscape Development Intensity Index (LDI)</b><br><input type="text"/> |
| Local Watershed Erosion (select one): <input type="checkbox"/> None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy<br>Local Watershed NPS Pollution: <input type="checkbox"/> No evidence <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy                                                                                             |  |  |  | <b>Typical Width (m) Depth (m)/Velocity (m/sec) Transect</b><br>_____ m wide<br>_____ m/s _____ m/s _____ m/s<br>_____ m deep _____ m deep _____ m deep                                                      |  |  |                                                                            |
| <b>Width of Riparian Vegetation (m) on Each Buffer Side</b><br>Left Bank: <u>110</u> Right Bank: <u>118</u>                                                                                                                                                                                                                                                                                                                                                    |  |  |  | <b>Hydrologic Modification Score</b> (per FT 3101) <input type="text"/>                                                                                                                                      |  |  |                                                                            |
| <b>High Water Mark:</b> <u>0.5</u> + <u>0.6</u> = <u>1.1</u><br>(m) (above present water level) (present depth) (above bed)                                                                                                                                                                                                                                                                                                                                    |  |  |  | <b>Artificially Impounded</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                         |  |  |                                                                            |
| <b>Artificially</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Mostly recovered, more sinuous<br><b>Channelized:</b> <input type="checkbox"/> Some recovery <input type="checkbox"/> Recent, severe                                                                                                                                                                                                                                       |  |  |  | <b>Canopy Cover %</b> <input type="checkbox"/> Open <input type="checkbox"/> Lightly Shaded (11-45%)<br><input type="checkbox"/> Heavily Shaded <input checked="" type="checkbox"/> Moderate Shaded (46-80%) |  |  |                                                                            |

SEDIMENT / SUBSTRATE

| <b>Sediment Oils</b><br><input checked="" type="checkbox"/> Absent <input type="checkbox"/> Slight<br><input type="checkbox"/> Moderate <input type="checkbox"/> Profuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                           | <b>Sediment Odors</b><br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum<br><input type="checkbox"/> Chemical <input type="checkbox"/> Anaerobic<br><input type="checkbox"/> Other (Specify): _____ |                                                                                                           |                           | <b>Smothering of Substrates</b><br>Sand Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" type="checkbox"/><br>Silt Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/><br>Algae Smothering: None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------|-----------|--|------------------------|----------|----------|--|-------------------------|--------------|----------|--|--------------------------|--|--|--|------------------------|--|--|--|-----------|--|----------|--|-------------------------|--|--|--|-------------|--|--|--|-------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>SUBSTRATE TYPE</b><br>Assessment Tool: <input checked="" type="checkbox"/> SCI <input checked="" type="checkbox"/> RPS <input type="checkbox"/> LVS<br><input type="checkbox"/> LCI <input type="checkbox"/> BioRecon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                           | <b>WATER QUALITY</b>                                                                                                                                                                                                                                              |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <table border="1"> <thead> <tr> <th></th> <th>% Coverage</th> <th>INVERT<br/># Times Sampled</th> <th>PERI<br/># Times Sampled</th> </tr> </thead> <tbody> <tr> <td>Woody Debris (Snags)</td> <td><u>4</u></td> <td><u>10</u></td> <td></td> </tr> <tr> <td>Undercut Banks / Roots</td> <td><u>2</u></td> <td><u>6</u></td> <td></td> </tr> <tr> <td>Leaf Packs or Mat .....</td> <td><u>&lt;1</u></td> <td><u>2</u></td> <td></td> </tr> <tr> <td>Aquatic Vegetation .....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rock or Shell Rubble..</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sand.....</td> <td></td> <td><u>2</u></td> <td></td> </tr> <tr> <td>Mud / Muck / Silt .....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other .....</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other .....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                           |                                                                                                                                                                                                                                                                   | % Coverage                                                                                                | INVERT<br># Times Sampled | PERI<br># Times Sampled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Woody Debris (Snags)          | <u>4</u> | <u>10</u> |  | Undercut Banks / Roots | <u>2</u> | <u>6</u> |  | Leaf Packs or Mat ..... | <u>&lt;1</u> | <u>2</u> |  | Aquatic Vegetation ..... |  |  |  | Rock or Shell Rubble.. |  |  |  | Sand..... |  | <u>2</u> |  | Mud / Muck / Silt ..... |  |  |  | Other ..... |  |  |  | Other ..... |  |  |  | Depth (M) Temp. (°C) pH (SU) D.O. (MG/L) D.O. Sat (%) Cond. (UMHO/CM) Salinity (PPT) SECCHI (M)<br>Top: <u>0.2</u> <u>24.0</u> <u>5.74</u> <u>6.49</u> <u>77.1</u> <u>32.6</u> <u>0.01</u> <u>0.6</u><br>Mid: _____ _____ _____ _____ _____ _____ _____ <input checked="" type="checkbox"/> VOB<br>Bottom: _____ _____ _____ _____ _____ _____ _____<br>Meter ID: <u>154179</u> TOTAL DEPTH <u>0.6</u> |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | % Coverage   | INVERT<br># Times Sampled | PERI<br># Times Sampled                                                                                                                                                                                                                                           |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Woody Debris (Snags)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>4</u>     | <u>10</u>                 |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Undercut Banks / Roots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>2</u>     | <u>6</u>                  |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Leaf Packs or Mat .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>&lt;1</u> | <u>2</u>                  |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Aquatic Vegetation .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                           |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Rock or Shell Rubble..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                           |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Sand.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | <u>2</u>                  |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Mud / Muck / Silt .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                           |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                           |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                           | <b>Water Odors</b> Normal <input checked="" type="checkbox"/> Petroleum <input type="checkbox"/><br>Sewage <input type="checkbox"/> Chemical <input type="checkbox"/> Other <input type="checkbox"/>                                                              |                                                                                                           |                           | <b>Water Surface Oils</b> Normal <input checked="" type="checkbox"/> Sheen <input type="checkbox"/><br>Globbs <input type="checkbox"/> Slick <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                           | Water Sample Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Sample Preserved? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: _____ Exp: _____                                                             |                                                                                                           |                           | Color Tannic <input checked="" type="checkbox"/> Green (Algae) <input type="checkbox"/><br>Clear <input type="checkbox"/> Other (Specify) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                            |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                           | Algae Sample Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Sample Preserved? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: _____ Exp: _____                                                             |                                                                                                           |                           | Clarity Clear <input checked="" type="checkbox"/> Slightly Turbid <input type="checkbox"/><br>Turbid <input type="checkbox"/> Opaque <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                 |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <b>ABUNDANCE</b> Not Obs. Rare Common Abundant<br>Periphyton: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Fish: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/><br>Aquatic Plants: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/><br>Iron/Sulfur Bacteria: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                            |              |                           | <b>System Type:</b> Stream <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Wetland <input type="checkbox"/> Estuary <input type="checkbox"/> Other (Specify) <input type="checkbox"/>                                                           |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <b>AMBIENT FIELD CONDITIONS / NOTES:</b><br><input checked="" type="checkbox"/> The antecedent hydrologic conditions have been met to my best knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                           |                                                                                                                                                                                                                                                                   |                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| <b>SAMPLING TEAM</b><br><u>M. King / N. Mulvey</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                           |                                                                                                                                                                                                                                                                   | <b>SIGNATURE:</b><br> |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DATE:</b><br><u>8/7/19</u> |          |           |  |                        |          |          |  |                         |              |          |  |                          |  |  |  |                        |  |  |  |           |  |          |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |