



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End

of Day CCV

Yes / No

3/12/20

(mm/dd/yyyy)

WIN Station Name: ST MARYS RIVER AT SR121 GA LINE

Date:

WIN/ Field ID: 19010002

WBID: 20971

Latitude: 30.362102

(Decimal Degrees)

County: Nassau

ORG ID: 21.FLA

Longitude: -82.134463

(Decimal Degrees)

Receiving Body of Water: Atlantic Ocean

RQ-2020- 03-09-16

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Kimberly Appleby					
Brian Davis					

Sampling Equipment	
☒ Sample Container	☒ Van Dorn
☐ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with <u>Desi</u>	
Equipment ID <u>01960 #3</u>	
Collection Method	
☐ Wading	☐ Canoe/Kayak
☐ From Shore	☐ Electric Motor
☒ Other <u>Bridge</u>	☐ Gasoline Motor

Water Level: Dry/ Pooled/ Low / <u>Normal</u> / High / Flooded		Meter ID# <u>Desi</u>	
Photos: Yes / <u>No</u>	Flow: No Flow / <u>Flowing</u> / NA	Tide: Rising/ Falling/ Slack/ <u>NA</u>	Tide Times: High — Low —
Biological Samples Collected: <u>None</u> HA SCI RPS Algae ID LVS LVI Other:			
SBIO ID Numbers:	SBIO-ID: <u>None</u>	HA-ID:	RPS-ID: Macrophyte-ID: LIMS#:
Notes:			

Duplicate Sample

Time Zone: EST CEN Time: _____	Field ID: _____ (WIN ID_DUP)
WIN DMT Activity ID: _____	

Blank

Time Zone: EST CEN Time: _____	Field ID: _____ (Blank Type_DDMMYYYY)
DI Source: _____	Location: _____
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank	Equipment ID: _____

Signature: <u>[Signature]</u>	Date: <u>3/12/20</u>
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LIMS EVENT ID: _____ WIN Import ID: _____

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ (Initials/Date) QC Station ID, Field Parameters In LIMS DMT: _____ (Initials/Date)

Scan/Save Field Sheets _____ (Initials/Date) Migrate Data to WIN: _____ (Initials/Date) Verify Data In WIN: _____ (Initials/Date)

*2.0 ml of Preservative used unless noted otherwise.
**MCAA; Monochloroacetic acid buffer solution