



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes ☒ No ☐

WIN Station Name: MILLS CREEK AT US 301/US1

Date: 02-24-2020
(mm/dd/yyyy)

WIN/ Field ID: 19020048

WBID: 2120B

Latitude: 30.6389138

(Decimal Degrees)

County: Nassau

ORG ID: 21 FLA

Longitude: -81.86306

(Decimal Degrees)

Receiving Body of Water: Nassau River

RQ-2020- 02-24-12

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Kim Appleby		☒		☒		
Amy Kalmbacher			☒	☒		

Sampling Equipment	
☐ Sample Container	☒ Van Dorn
☐ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with <u>meter</u>	
Equipment ID <u>Ortho Kit 44</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>YSI Pro DSS 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:	HA-ID:	RPS-ID: Macrophyte-ID: LIMS#:
Notes:			

Duplicate Sample

Time Zone: <u>EST</u> CEN Time: _____	Field ID: _____ (WIN ID_DUP)
WIN DMT Activity ID: _____	

Blank

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

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)

****MCAA: Monochloroacetic acid buffer solution**