



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End

of Day CCV

Yes / No

WIN Station Name: Escambia Slough at Escambia St.

Date: 03/16/2020

(mm/dd/yyyy)

WIN/ Field ID: G4NE0287

WBID: 2124B

Latitude: 30.67727

(Decimal Degrees)

County: Nassau

ORG ID: 21 FLA

Longitude: -81.459408

(Decimal Degrees)

Receiving Body of Water: St. Marys River

RQ-2020- 03-16-12

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Jeremy Parrish		X		X	X
Kelly McDonald	X		X		X

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☐ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with	
Equipment ID Ortho Kit #44	
Collection Method	
☐ Wading	☐ Canoe/Kayak
☒ From Shore	☐ Electric Motor
☐ Other	☐ Gasoline Motor

Water Level: Dry/ Pooled/ Low / Normal / High / Flooded		Meter ID# Pro DSS Stitch	
Photos: Yes / No	Flow: No Flow / Flowing / NA	Tide: Rising / Falling / Slack / NA	Tide Times: High 1526 Low 0920
Biological Samples Collected: None HA SCI RPS Algae ID LVS LVI Other:			
SBIO ID Numbers:	SBIO-ID:	HA-ID:	RPS-ID:
Macrophyte-ID:		LIMS#:	
Notes: Awful smell in area			

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: _____		

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