



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
☒ Yes ☐ No

WIN Station Name: NEWCASTLE CR @ FT CAROLINE HILLS RD

Date: 02-18-2020

(mm/dd/yyyy)

WIN/ Field ID: 20030872

WBID: 2235

Latitude: 30.36576

(Decimal Degrees)

County: Duval

ORG ID: 21 FLA

Longitude: -81.57967

Receiving Body of Water: LSJR

RQ-2020- 02-17-31

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Brian Davis		☒			
Amy Kalmbacher	☒			☒	
K. McDonald			☒		

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☐ Syringe	☒ Pole
☐ Dipper	☐ Other
Depth Measured with <u>USI</u>	
Equipment ID <u>ortho kit #7</u>	
Collection Method	
☒ Wading - <u>km</u>	☐ Canoe/Kayak
☒ From Shore	☐ Electric Motor
☐ Other	☐ Gasoline Motor

Water Level: Dry/ Pooled/ <u>Low</u> <u>Normal</u> / High / Flooded	Meter ID# <u>Pro DSS stitch</u>
Photos: Yes ☐ No ☒	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_DDMYYYY)
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