



# FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End

of Day CCV

Yes No

WIN Station Name: MHI Log Cr Downstream of Test Site

Date: 02-12-2020

(mm/dd/yyyy)

WIN/ Field ID: 20030304

WBID: 2423

Latitude: 30.079166

(Decimal Degrees)

County: Clay

ORG ID: 21FLA

Longitude: -81.760833

(Decimal Degrees)

Receiving Body of Water: Black Creek

RQ-2020- 02-10-16

| Sampling Team Members | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|-----------------|-------------------|---------------|--------------|--------------------|
| Jeremy Parrish        |                 |                   |               |              |                    |
| Kim Appleby           |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |

| Sampling Equipment                                   |                                         |
|------------------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn       |
| <input checked="" type="checkbox"/> Syringe          | <input type="checkbox"/> Pole           |
| <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Other          |
| Depth Measured with <u>meter</u>                     |                                         |
| Equipment ID                                         |                                         |
| Collection Method                                    |                                         |
| <input 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# <u>Desi</u>                    |                               |
| Photos: Yes / <u>No</u>                                                      | Flow: No Flow / <u>Flowing</u> / NA | Tide: Rising/ <u>Falling</u> / Slack/ NA | 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: EST CEN Time: _____ | Field ID: _____ (WIN ID_DUP) |
| WIN DMT Activity ID: _____     |                              |

## Blank

|                                                                                                                                      |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Time Zone: EST CEN Time: _____                                                                                                       | Field ID: _____ (Blank Type_DDDMMYYY) |
| DI Source: _____                                                                                                                     | Location: _____                       |
| <input type="checkbox"/> Field Blank <input type="checkbox"/> Equipment Blank <input type="checkbox"/> 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)

Collected By: J. Amsh + K. Appleby  
Field Report Prepared By: K. Appleby  
Sampling Agency: FDER NE ROC

\_\_\_\_\_

### Mill Log Cr Downstream of Test Site

Contains: 1:1 H2SO4  
Lot No.: SA9203100  
Expires: 07/22/20

[illegible]

(Check one) ☒ GRAB ☐ COMPOSITE

WEST PCST

EST / CST

$$\begin{array}{c|c} \cancel{A} & 1 \rightarrow A \\ \hline & \text{SEM to } A \\ & \text{ALS} \end{array}$$

Kimberly Appleby

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