



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Hatchett Creek @ Pinebrook Rd

Date: 1/23/2020
(mm/dd/yyyy)

WIN/ Field ID: G3SD0103

WBID: 2015A

Latitude: 27.089683

(Decimal Degrees)

County: Sarasota

ORG ID: 21FLFTM

Longitude: -82.415555

(Decimal Degrees)

Receiving Body of Water: Roberts Bay

RQ-2020- 01-20-36

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Miranda Carroll	X	X	X	X	X
Gary Swirek	X	X	X	X	X

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☒ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with <u>Seach</u>	
Equipment ID <u>3312B</u>	
Collection Method	
☐ Wading	☐ Canoe/Kayak
☒ From Shore	☐ Electric Motor
☐ Other	☐ Gasoline Motor

Water Level: Dry/ Pooled/ Low / <u>Normal</u> / High / Flooded		Meter ID# <u>SNEK</u>	
Photos: Yes / <u>No</u>	Flow: No Flow / <u>Flowing</u> / NA	Tide: Rising/ Falling/ 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: <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: _____

Signature: <u>[Signature]</u>	Date: <u>1/23/20</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)



RQ-2020- 01-20-36

Customer: SODIST

Project ID: SMP

Collected By: MC GS

Field Report Prepared By: MC

Sampling Agency: ZIFLFTM

Field IDWIN ID Location Hatchett@PinebrookRd						Comments: * Tracer bottle included in pesticide bottle count				
Matrix: <u>Fresh</u> Marine						(Check one) ☒ GRAB ☐ COMPOSITE				
Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C°)	pH	Sample Depth (m)	Secchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPTth)
4/23/20	1140	10.70	115.1	18.8	7.55	0.15	0.3	0.3	1227	0.61
EST / CST										
Central Lab please use top row for login purposes										
EST / CST										
Parameter Suite		Parameter Methods				Preservation		pH Check	# Bottles sent to Lab	Bottle Group
Preserved Nutrients (P-500ML)		☒ W-NH3 / ☒ W-NO2NO3 / ☒ W-TKN / ☒ W-TOC / ☒ W-S-A-TP				☒ Ice ☒ H2SO4*		☒ <2	1	B
		Lot #		SA 9203100		Exp:		7/22/20		
Metals (P-500ML)		☒ W-ICPMS ☒ W-ICP ☒ W-HARD				☒ Ice ☒ HNO3*		☒ <2	1	B
		Lot #		NA 9254150		Exp:		9/11/20		
Filtered Nutrients (P125ML)		☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter				☒ Ice			1	B
		Filter Lot #		17020459		Exp:				
		Syringe Lot #		9240147		Exp:				
Chlorophyll (BP-1L)		☒ CHLSUITE-W				☒ Ice			1	B
Physical/Aggregate (Fresh) (P-1L)		☒ Alkalinity / ☒ W-F / ☒ W-TSS / ☒ TURBIDITY / ☒ W-CL-IC / ☒ W-COLOR / ☒ W-SO4-IC / ☒ W-TDS				☒ Ice			1	B
Physical/Aggregate (Marine) (P-1L)		☐ Alkalinity / ☐ W-BR-IC / ☐ W-F / ☐ W-TSS / ☐ TURBIDITY				☐ Ice				
Macroinvertebrates (PJ-2L)		☐ MI-FW-QLDC				☐ Formalin				
Periphyton (PT-50ML)		☐ ALGAE-ID				☐ Ice				
Microbiology (Contract Lab Bottle)		☒ E Coli ☐ F Coli ☐ Enterococci				☒ Ice			0	B
		☒ Contract Lab								
Molecular (QPCR-P-500ML)		☒ PCR-HF183 ☒ PCR-BacR ☒ PCR-DG3				☒ Ice			1	B
		☐ PCR-GULL2 ☐ PCR-GFD ☐								
Tracers (BG-500ML)		☒ W-E8321-DI ☒ W-E8321-MS				☒ Ice			6	B
Pesticides (BG-500ML) (BG-1L)		☒ W-E8321-DI ☒ W-E8321-MS ☒ W-PSNP-TQ ☒ W-CT-CL-R				☒ Ice			6	B
		☒ W-PCL-SQ-R ☒ W-CARB-AA (5 ml of MCAA** Buffer Solution)				☐ Ice				
						☐ Ice				
Relinquished By:		Date/Time		Shipping Method		Number of Coolers Shipped:		Received By:		Date/Time:
[Signature]		11/23/20 1500		FedEx		4		[Signature]		

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

Email Submittal form to : lab.receiving@floridadep.gov.