



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

Meter Passed End
of Day CCV
Yes / No

January 2020

WIN Station Name: Trailer Park Canal @ Mouth

Date: 02/13/2020
(mm/dd/yyyy)

WIN/ Field ID: G3SD0072

WBID: 2053

Latitude: 26.96374

(Decimal Degrees)

County: Charlotte

ORG ID: 21FLFTM

Longitude: -82.203827

(Decimal Degrees)

Receiving Body of Water: Myakka River

RQ-2020- 02-10-54

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Nicole Reistad	X	X	X	X	X
Chris Hornoth	X	X	X	X	X

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☒ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with <u>latchi disk</u>	
Equipment ID <u>33128</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>SNEX</u>	
Photos: <u>Yes</u> / No	Flow: No Flow / <u>Flowing</u> / NA	Tide: Rising/ <u>Falling</u> / Slack/ NA	Tide Times: High <u>0546</u> Low <u>1204</u>
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_DDDMMYYYY)
DI Source: _____	Location: _____
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank	Equipment ID: _____

Signature: <u>Nicole Reistad</u>	Date: <u>02/13/2020</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- 02-10-54

Customer: 30-DIST

Project ID: SMP

Collected By: Chris Hornum

Field Report Prepared By: Nicole Reistack

Sampling Agency: FDEP-SROC

Field ID/WIN ID Location TrailerParkCanal@Mouth						Comments: Contains: 1:1 H2SO4 Lot No: SA9201030 Expires: 10/28/20 See Safety Data Sheet (SDS)				
Matrix: Fresh ☒ Marine						(Check one) ☒ GRAB ☐ COMPOSITE				
Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C°)	pH	Sample Depth (m)	Sacchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPT)
02/13/20	0950 EST / CST	6.06	82.0	24.2	7.51	0.3	0.6 VOB (S)	0.6	35075	22.08
Cental 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		
		Lot #		SA9201030		Exp:		10/28/20		
Metals (P-500ML)		☐ W-ICPMS ☐ W-ICP ☐ W-HARD				☐ Ice ☐ HNO3*		☐ <2		
		Lot #				Exp:				
Filtered Nutrients (P125ML)		☒ W-P04-F ☒ Field Filtered 0.45 µm Filter				☒ Ice				
		Filter Lot #		16989757		Exp:				
		Syringe Lot #		9240147		Exp:		08/31/24		
Chlorophyll (BP-1L)		☒ CHLSUITE-W				☒ Ice				
Physical/Aggregate (Fresh) (P-1L)		☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-CHC / W-COLOR / W-S04-IC / W-TDS				☐ Ice				
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 ☒ B Coll ☒ Enterococci				☒ Ice				
		☒ Contract Lab <i>Benchmark</i>								
Molecular (QPCR-P-500ML)		☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-DG3				☐ Ice				
		☐ PCR-GULL2 ☐ PCR-GFD								
Tracers (BG-500ML)		☐ W-E8321-DI ☐ W-E8321-MS				☐ Ice				
Pesticides (BG-500ML) (BG-1L)		☐ W-E8321-DI ☐ W-E8321-MS ☐ W-PSNP-TQ ☐ W-CT-CL-R				☐ Ice				
		☐ 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:

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

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