



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Trailer Park Canal @ Mouth

Date: 03/24/2020
(mm/dd/yyyy)

WIN/ Field ID: G3SD0072

WBID: 2053

Latitude: 26.96374

County: Charlotte

ORG ID: 21FLFTM

(Decimal Degrees)

Longitude: -82.203827

(Decimal Degrees)

Receiving Body of Water: Myakka River

RQ-2020- 03-23-38

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Chris Hormuth		X	X	X	
John Barrington	X		X	X	X

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☐ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with <u>SECCN</u>	
Equipment ID <u>33125</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>SN6K</u>	
Photos: Yes <u>No</u>	Flow: No Flow / <u>Flowing</u> / NA	Tide: <u>Rising</u> / Falling / Slack / NA	Tide Times: High Low
Biological Samples Collected: None <u>HA</u> 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

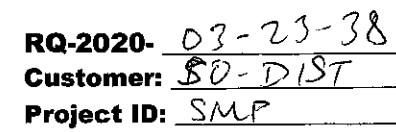
Time Zone: EST CEN Time: _____ Field ID: _____ (Blank Type_DDMMYYYY)
DI Source: _____ Location: _____
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank
Equipment ID: _____

Signature: _____ Date: 3/24/20

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: CHRIS HORNUTH
Field Report Prepared By: JOHN BARRIN (EW)
Sampling Agency: DEP SOROC

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

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