



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Cleveland Cemetery Ditch @ Riverside Rd

Date: 03/05/2020
(mm/dd/yyyy)

WIN/ Field ID: G3SD0076

WBID: 2059

Latitude: 26.948429

(Decimal Degrees)

County: Charlotte

ORG ID: 21FLFTM

Longitude: -82.007693

(Decimal Degrees)

Receiving Body of Water: Peace River

RQ-2020- 03-82-78

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>Chris Harmuth</u>	☒	☒	☒	☒	☒
<u>Nicole Reistad</u>	☒	☒	☒	☒	☒
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

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

Water Level: Dry/ Pooled/ Low ☒ Normal / High / Flooded		Meter ID# <u>DEPLORABLE</u>	
Photos: Yes ☐ No ☒	Flow: No Flow ☐ Flowing ☒ NA	Tide: ☒ Rising/ ☐ Falling/ Slack/ NA	Tide Times: High Low
Biological Samples Collected: ☒ None 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_ODMMYYYY)
DI Source: _____	Location: _____
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank	Equipment ID: _____

Signature: <u>[Signature]</u>	Date: <u>03/05/20</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-2020-03-02-70
Customer: DEP-SOROC
Project ID: SMP

Collected By: Chris Hornum
Field Report Prepared By: Chris Hornum
Sampling Agency: DEP-SOROC

Field ID/WIN ID				G3SD0076							
Location				Cleveland Cemetery Ditch							
Matrix: Fresh ☒ 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)	
3/5	1005	1.60	20.0	21.99	6.44	0.3	0.6	0.6	24008	14.61	
EST / CST											
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	1	B	
		Lot #		SA9301030		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			1	B	
		Filter Lot #		17024921		Exp:					
		Syringe Lot #		9240147		Exp:		8/31/24			
Chlorophyll (BP-1L)		☒ CHLSUITE-W				☒ Ice			1	B	
Physical/Aggregate (Fresh) (P-1L)		☒ Alkalinity / ☒ W-F / ☒ W-TSS / ☒ TURBIDITY / ☒ W-CHC / ☒ W-COLOR / ☒ W-SO4-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 CH ☐ F Coli ☒ Enterococci				☒ Ice			1	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			1	B	
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.