



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Carrell Canal Above Weir

Date: 07/06/2020
(mm/dd/yyyy)

WIN/ Field ID: G3SD0167

WBID: 3240W

Latitude: 26.61147288
(Decimal Degrees)

County: Lee

ORG ID: 21FLFTM

Longitude: -81.88402252
(Decimal Degrees)

Receiving Body of Water: Caloosahatchee

RQ-2020- 03-30-26

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>JOHN BARRINGTON</u>		☒	☒	☒	☒	☒
<u>MIRANDA CORRELL</u>		☒	☒	☒	☒	☒
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

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

Water Level: Dry/ Pooled/ Low / <u>Normal</u> / High / Flooded		Meter ID# <u>PRO MOVE</u>	
Photos: Yes / <u>No</u>	Flow: No Flow / <u>Flowing</u> / NA	Tide: Rising/ Falling/ Slack/ <u>NA</u>	Tide Times: High <u>Low</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: <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_DDDMMYYY)
DI Source: _____	Location: _____
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank	Equipment ID: _____

Signature: <u>[Signature]</u>	Date: <u>7/6/20</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- 03-30-26

Customer: SD-DIST

Project ID: SMF

Collected By: MIRANDA (PAPEROL)

Field Report Prepared By: JONN BARRINGTON

Sampling Agency: FDEP SOROC

Field ID/WIN ID							Comments:			
Location										
Carrell Canal above Weir										
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 (PPT _h)
7/6/20	0935	6.72	89.6	30.4	7.61	0.3	1.0	1.2	787	0.38
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		
		Lot #		Exp:						
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 #		Exp:						
		Syringe Lot #		Exp:						
Chlorophyll (BP-1L)		☐ CHLSUITE-W				☐ Ice				
Physical/Aggregate (Fresh) (P-1L)		☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-C / 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 ☐ F Coli ☐ Enterococci				☒ Ice			1	B
		Contract Lab SANDIGERS								
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 ☐ WE8321-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:
[Signature]		7/6/20		FedEx		2				

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

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