



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End

of Day CCV

Yes / No

WIN Station Name: Big Coldwater Creek below CR191

Date: 08/05/2020
(mm/dd/yyyy)

WIN/ Field ID: G4NW0026

WBID: 18

Latitude: 30.708690001

(Decimal Degrees)

County: SANTA ROSA

ORG ID: 21FLPNS

Longitude: 86.97092

(Decimal Degrees)

Receiving Body of Water: Big Coldwater Creek

RQ-2020-08-03-48

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
S. Slade	X	X	X	X	X
E. Butera	X	X	X	X	X

Sampling Equipment	
☐ Sample Container	☐ Van Dorn
☒ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with VSF	
Equipment ID 155077	
Collection Method	
☒ Wading	☐ Canoe/Kayak
☐ From Shore	☐ Electric Motor
☐ Other	☐ Gasoline Motor

Water Level: Dry / Pooled / Low / Normal / High / Flooded		Meter ID# 155077	
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: EST CEN	Time: _____	Field ID: _____	(WIN ID_DUP)
WIN DMT Activity ID: _____			

Blank

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

Signature: <i>Stephen Blode</i>	Date: 8/5/20
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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- 08-03-48
Customer: NW-District
Project ID: SMP

Collected By: Frank Butera
Field Report Prepared By: Shirley Glade
Sampling Agency: FL DEP: NWROC

Field/WIN ID → Location: G4NW0026 Big Coldwater Creek Below CR191							Comments:				
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 (PPTH)	
8/5/20	11:15 EST CST	7.97	95.6	24.6	5.32	0.3	0.6 ☒ VOB (S)	0.6	34.4	0.01	
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 # <u>9354050</u>		Exp: <u>12/20/20</u>							
Metals (P-500ML)		☐ W-ICPMS ☐ W-ICP ☒ W-HARD				☒ Ice ☒ HNO3*		☒ <2	1	B	
		Lot # <u>9354060</u>		Exp: <u>12/20/20</u>							
Filtered Nutrients (P125ML)		☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter				☒ Ice			1	B	
		Filter Lot # <u>16953247</u>		Exp:							
		Syringe Lot # <u>9028899</u>		Exp: <u>9028898</u>							
		Lot # <u>9028898</u>		Exp:							
Chlorophyll (BP-1L)		☒ CHLSUITE-W				☒ Ice			1	B	
Physical/Aggregate (Fresh) (P-1L)		☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CHC / W-COLOR / W-S04-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 ☐ Contract Lab				☒ Ice			1	B	
Molecular (QPCR-P-500ML)		☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-DG3 ☐ PCR-GULL2 ☐ PCR-GFD ☐				☐ Ice					
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 ☐ W-PCL-SQ-R ☐ W-CAR8-AA (5 ml of MCAA** Buffer Solution)				☐ Ice					
						☐ Ice					
Relinquished By: <u>F Butera</u>		Date/Time: <u>08/05/2020</u>		Shipping Method: <u>Fed Ex</u>		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.