



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End

of Day CCV

Yes / No

WIN Station Name: Huckleberry Creek

Date: 03/04/2020
(mm/dd/yyyy)

WIN/ Field ID: G3NW0135

WBID: 246

Latitude: 30.808769

County: Walton

ORG ID: 21FLPNS

Longitude: -86.089558
(Decimal Degrees)

Receiving Body of Water: Camp Creek

RQ-2020- 03-02-35
(Decimal Degrees)

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>SS</u> <u>LM</u>					

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☒ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with Equipment ID	
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>154179</u>				
Photos: Yes / <u>No</u>	Flow: No Flow / <u>Flowing</u> / NA	Tide: Rising/ Falling/ Slack/ <u>NA</u>	Tide Times: High Low		
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> <u>CEN</u> Time: _____	Field ID: _____ (WIN ID_DUP)
WIN DMT Activity ID: _____	

Blank

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

Signature: <u>[Signature]</u>	Date: <u>3/4/20</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-

Customer:

Project ID:

Collected By: _____

Field Report Prepared By: _____

Sampling Agency: _____

Field/WIN ID



G3NW0135

Location:



HUCKLEBERRY CREEK

Comments:

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)
3/4/20	1005 EST CST	8.31	87.5	17.7	5.33	0.2		0.5	339	0.01

Cental Lab please use top row for login purposes

EST / CST										
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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-PO4-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-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 Coll ☐ F Coll ☐ Enterococci	☒ Ice		1	B
	☐ Contract Lab				
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		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: _____
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*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

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