



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End

of Day CCV

Yes / No

WIN Station Name: Bucket Branch end of Bucket Creek Rd

Date: 07/22/2020
(mm/dd/yyyy)

WIN/ Field ID: G4NW0059

WBID: 356

Latitude: 30.67213

(Decimal Degrees)

County: SANTA ROSA

ORG ID: 21FLPNS

Longitude: 86.96966

(Decimal Degrees)

Receiving Body of Water: Big Coldwater Creek

RQ-2020- 07-20-56

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>Frank Butera</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 <u>Low</u> / Normal / High / Flooded		Meter ID# _____	
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_DDMMYYYY)
DI Source: _____	Location: _____
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank	Equipment ID: _____

Signature: <u>Frank Butera</u>	Date: <u>07/22/2020</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 FB/07-22-2020 Migrate Data to WIN: _____ (Initials/Date) Verify Data In WIN: _____ (Initials/Date)



RQ-2020- 07-20-56
Customer: NW-DIST
Project ID: SMP

Collected By: Myranda Clark
Field Report Prepared By: F. Butler
Sampling Agency: FDEP-NWROC

Field/WIN ID Location: Bucket Branch end of Bucket Creek Rd							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 (PPTH)	
07/22	9:30 EST CST	5.17	62.4	25.1	5.57	0.1	0.2 ☒ VOB (S)	0.2	32.7	0.01	
Cental Lab please use top row for login purposes											
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 #	SA 9354050		Exp:	12/20/2020					
Metals (P-500ML)		☐ W-ICPMS ☐ W-ICP ☐ W-HARD				☐ Ice ☐ HNO3*	☐ <2		B		
		Lot #	SA 9354050		Exp:						
Filtered Nutrients (P125ML)		☒ W-P04-F ☒ Field Filtered 0.45 µm Filter				☒ Ice		1	B		
		Filter Lot #	16956247		Exp:						
		Syringe Lot #	9029988		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 / ☐ 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 TLH				☒ 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					
Pesticides (BG-500ML) (BG-1L)		☐ W-E8321-DI ☐ WE8321-MS ☐ W-PSNP-TQ ☐ W-CT-CL-R ☐ 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:	
PB		07/22/20		Fed Ex		1					

*2.0 ml of Preservative used unless noted otherwise.

** MCAA: Monochloroacetic acid buffer solution

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