



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End

of Day CCV

Yes No

WIN Station Name: Basin Bayou at Inlet

Date: 3/24/20  
(mm/dd/yyyy)

WIN/ Field ID: G3NW0101

WBID: 742

Latitude: 30.487719001

County: Walton

ORG ID: 21FLPNS

Longitude: 86.247929

Receiving Body of Water: Choctawhatchee Bay

RQ-2020-03-23-18  
(Decimal Degrees)

| Sampling Team Members | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|-----------------|-------------------|---------------|--------------|--------------------|
| NM                    |                 | X                 |               |              |                    |
| MC                    |                 | X                 |               |              |                    |
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |

| Sampling Equipment                                   |                                                    |
|------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn                  |
| <input type="checkbox"/> Syringe                     | <input type="checkbox"/> Pole                      |
| <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Other                     |
| Depth Measured with <u>ProDSS</u>                    |                                                    |
| Equipment ID                                         |                                                    |
| Collection Method                                    |                                                    |
| <input type="checkbox"/> Wading                      | <input type="checkbox"/> Canoe/Kayak               |
| <input type="checkbox"/> From Shore                  | <input checked="" type="checkbox"/> Electric Motor |
| <input type="checkbox"/> Other                       | <input checked="" type="checkbox"/> 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 / Flowing <u>NA</u> | Tide: <u>Rising</u> / Falling / Slack / NA | Tide Times: High <u>12:07</u> Low <u>9:50</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: EST CEN Time: _____ | Field ID: _____ (WIN ID_DUP) |
| WIN DMT Activity ID: _____     |                              |

Blank

|                                                                                                                                      |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Time Zone: EST CEN Time: _____                                                                                                       | Field ID: _____ (Blank Type_DDDMMYY) |
| DI Source: _____                                                                                                                     | Location: _____                      |
| <input type="checkbox"/> Field Blank <input type="checkbox"/> Equipment Blank <input type="checkbox"/> Field Cleaned Equipment Blank | Equipment ID: _____                  |

|                               |                      |
|-------------------------------|----------------------|
| Signature: <u>[Signature]</u> | Date: <u>3/24/20</u> |
|-------------------------------|----------------------|

|                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 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 Sheet: <u>MC 3/31/20</u> Migrate Data to WIN: _____ (Initials/Date) | Verify Data in WIN: _____ (Initials/Date)                          |



RQ-2020-03-23-18

Customer: \_\_\_\_\_

Project ID: \_\_\_\_\_

Collected By: \_\_\_\_\_

Field Report Prepared By: \_\_\_\_\_

Sampling Agency: \_\_\_\_\_

Field/WIN ID



G3NW0101

Location:

Basin Bayou at Inlet

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) |
|-----------|-------|-----------|-----------|------------|------|------------------|-----------------------|-----------------|--------------------|----------------|
| 3/24/20   | 11:05 | 7.24      | 87.3      | 24.8       | 6.82 | 0.3              | 1.3<br>+ 1.5<br>= 2.8 | 1.5             | 1405               | 0.70           |
| 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)      | <input type="checkbox"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP                                                                                                                                                                                    | <input type="checkbox"/> Ice <input type="checkbox"/> H2SO4* | <input type="checkbox"/> <2 |                       |              |
|                                    | Lot # _____ Exp: _____                                                                                                                                                                                                                                  |                                                              |                             |                       |              |
| Metals (P-500ML)                   | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP <input type="checkbox"/> W-HARD                                                                                                                                                         | <input type="checkbox"/> Ice <input type="checkbox"/> HNO3*  | <input type="checkbox"/> <2 |                       |              |
|                                    | Lot # _____ Exp: _____                                                                                                                                                                                                                                  |                                                              |                             |                       |              |
| Filtered Nutrients (P125ML)        | <input type="checkbox"/> W-PO4-F <input type="checkbox"/> Field Filtered 0.45 µm Filter                                                                                                                                                                 | <input type="checkbox"/> Ice                                 |                             |                       |              |
|                                    | Filter Lot # _____ Exp: _____                                                                                                                                                                                                                           |                                                              |                             |                       |              |
|                                    | Syringe Lot # _____ Exp: _____                                                                                                                                                                                                                          |                                                              |                             |                       |              |
| Chlorophyll (BP-1L)                | <input type="checkbox"/> CHLSUITE-W                                                                                                                                                                                                                     | <input type="checkbox"/> Ice                                 |                             |                       |              |
| Physical/Aggregate (Fresh) (P-1L)  | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CH-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                                                                    | <input type="checkbox"/> Ice                                 |                             |                       |              |
| Physical/Aggregate (Marine) (P-1L) | <input type="checkbox"/> Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY                                                                                                                                                                                 | <input type="checkbox"/> Ice                                 |                             |                       |              |
| Macroinvertebrates (P-J-2L)        | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                                                     | <input type="checkbox"/> Formalin                            |                             |                       |              |
| Periphyton (PT-50ML)               | <input type="checkbox"/> ALGAE-ID                                                                                                                                                                                                                       | <input type="checkbox"/> Ice                                 |                             |                       |              |
| Microbiology (Contract Lab Bottle) | <input type="checkbox"/> E Coli <input checked="" type="checkbox"/> F Coli <input checked="" type="checkbox"/> Enterococci                                                                                                                              | <input checked="" type="checkbox"/> Ice                      |                             | 1                     | B            |
| Molecular (QPCR-P-500ML)           | <input type="checkbox"/> PCR-HF183 <input type="checkbox"/> PCR-BacR <input type="checkbox"/> PCR-DG3<br><input type="checkbox"/> PCR-GULL2 <input type="checkbox"/> PCR-GFD <input type="checkbox"/>                                                   | <input type="checkbox"/> Ice                                 |                             |                       |              |
| Tracers (BG-500ML)                 | <input type="checkbox"/> W-E8321-DI <input type="checkbox"/> W-E8321-MS                                                                                                                                                                                 | <input type="checkbox"/> Ice                                 |                             |                       |              |
| Pesticides (BG-500ML) (BG-1L)      | <input type="checkbox"/> W-E8321-DI <input type="checkbox"/> WE8321-MS <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-CT-CL-R<br><input type="checkbox"/> W-PCL-SQ-R <input type="checkbox"/> W-CAR8-AA (5 ml of MCAA** Buffer Solution) | <input type="checkbox"/> Ice                                 |                             |                       |              |
|                                    |                                                                                                                                                                                                                                                         | <input type="checkbox"/> 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