

(Initials/Date)



RQ-2020- _____
Customer: _____
Project ID: _____

Collected By: _____
Field Report Prepared By: _____
Sampling Agency: _____

Field/WIN ID → Location: Jackson Creek upstream of Prieto Drive						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 (PPT)
8/10	0910 EST / CST	7.12	89.5	27.4	6.15 5.65	0.05	0.1 ☒ VOB (S)	0.1	112.3	0.05
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-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-CLIC / 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 ☐ Contract Lab				☐ Ice				
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 ☐ W-E8321-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:

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

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