



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End

of Day CCV

Yes / No

WIN Station Name: Weekly Bayou Near MouthDate: 07/09/2020
(mm/dd/yyyy)WIN/ Field ID: G5NW0158WBID: 935Latitude: 30.351962

(Decimal Degrees)

County: EscambiaORG ID: 21FLPNSLongitude: -87.414081

(Decimal Degrees)

Receiving Body of Water: Perdido BayRQ-2020- 07-06-58

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check	Sampling Equipment	
						Sample Container	Van Dorn
<u>Stephen Skale</u> <u>Frank Butler</u>	☒	☒	☒	☒	☒	☐ Syringe	☐ Pole
	☐	☐	☐	☐	☐	☐ Dipper	☐ Other
	Depth Measured with <u>VSE</u>		Equipment ID <u>154179</u>				
						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 / Flowing / NA		Tide: <u>Rising</u> / Falling / Slack / NA		Tide Times: High <u>1612</u> Low <u>0459</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: <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_DDDMMYYYY)	
DI Source: _____		Location: _____	
☐ Field Blank	☐ Equipment Blank	☐ Field Cleaned Equipment Blank	Equipment ID: _____

Signature: <u>Frank Butler</u>	Date: <u>07/09/2020</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 SS 7/9/20 (Initials/Date) Migrate Data to WIN: _____ (Initials/Date) Verify Data In WIN: _____ (Initials/Date)



RQ-2020-07-06-58

Customer: NW-DIST

Project ID: SMP

Collected By: F. F. S. Slade
Field Report Prepared By: F. Butera
Sampling Agency: NWROC

Field/WIN ID →						Comments:				
Location:						G5NW0158				
Weekly Bayou Near Mouth										
Matrix: Fresh / <u>Marine</u>						(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)
7/9/20	10:40	5.68	79.0	29.5	6.79	0.3	1.7	1.7	19175	11.32
Cental Lab please use top row for login purposes										
7/9/20		5.56	78.7	29.2	7.42	1.2			24714	14.95
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	C
		Lot #		SA9354050		Exp:		12/20/2020		
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			1	C
		Filter Lot #		16953247		Exp:				
		Syringe Lot #		9029988		Exp:				
Chlorophyll (BP-1L)		☒ CHLSUITE-W				☒ Ice			1	C
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			1	C
Macroinvertebrates (PJ-2L)		☐ MI-FW-QLDC				☐ Formalin				
Periphyton (PT-50ML)		☐ ALGAE-ID				☐ Ice				
Microbiology (Contract Lab Bottle)		☐ E Coli ☐ F Coli ☒ Enterococci				☒ Ice			1	C
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				
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:
FB		07/09/2020		Fed Ex		2				

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

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