



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Major Lake Center

Date: 01/13/2020
(mm/dd/yyyy)

WIN/ Field ID: G3TLHR0011

WBID: 526B

Latitude: 30.4982

(Decimal Degrees)

County: Washington

ORG ID: 21FLTLHR

Longitude: 85.7144

(Decimal Degrees)

Receiving Body of Water: NA

RQ-2020- 01-13-56

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>Jon Woods</u>	☒	☒			
<u>Jade Butcher</u>		☒		☒	☒

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☒ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with <u>YSI Pro DSS</u>	
Equipment ID <u>153464</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>153464</u>	
Photos: Yes ☒ No	Flow: No Flow / Flowing <u>NA</u>	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:			
Nutrients (fresh)			

Duplicate Sample

Time Zone: <u>EST</u> CEN Time: _____	Field ID: _____ (WIN ID_DUP)
WIN DMT Activity ID: _____	

Blank

Time Zone: <u>EST</u> CEN 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>1/13/20</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- 01-13-56

Customer: TLH-ROC

Project ID: SMP

Collected By: Jon Woods / Jade ButchettField Report Prepared By: SWSampling Agency: FDEP - TLHR

Field/WIN ID → Location ↓ MAJOR LAKE CENTER							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)	
1/13/20	1330 <u>EST</u> CST	9.56	100.6	17.9	5.61	0.3	3.0 ☐ VOB (S)	7.4	15.3	0.01	
Cental Lab please use top row for login purposes											
	1335 <u>EST</u> CST	8.67	86.6	15.3	5.27	7.3			15.7	0.01	
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	A	
		Lot #	9203100		Exp:						
Metals (P-500ML)		☐ W-ICPMS ☐ W-ICP ☐ W-HARD				☐ Ice ☐ HNO3*		☐ <2			
		Lot #			Exp:						
Filtered Nutrients (P125ML)		☒ W-P04-F ☒ Field Filtered 0.45 µm Filter				☒ Ice					
		Filter Lot #			Exp:						
		Syringe Lot #	9056849		Exp:						
Chlorophyll (BP-1L)		☒ CHLSUITE-W				☒ Ice					
Physical/Aggregate (Fresh) (P-1L)		☒ Alkalinity / ☒ W-F / ☒ W-TSS / ☒ TURBIDITY / ☒ W-CHC / ☒ W-COLOR / ☒ W-S04-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 ☐ 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: <u>SW</u>		Date/Time: <u>1/13/20 1557</u>		Shipping Method: <u>HD</u>		Number of Coolers Shipped: <u>2</u>		Received By: <u>[Signature]</u>		Date/Time: <u>1/14/20 1600</u>	

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

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