



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Williford Spring

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

WIN/ Field ID: G3TLHR0009

WBID: 553Y

Latitude: 30.4386

(Decimal Degrees)

County: Washington

ORG ID: 21FTLHR

Longitude: 85.5478

(Decimal Degrees)

Receiving Body of Water: Chipola River

RQ-2020- 0113-56

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>Jon Woods</u>	☒	☒	☒	☒	☒
<u>Sade Butchett</u>	☒	☒	☒	☒	☒
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☒ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with <u>VSI</u> <u>PO 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 / <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: Nutrients (fresh)			

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_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: JW/SB

Field Report Prepared By: JW

Sampling Agency: FDEP - TLHR

Field/WIN ID → Location ↓							Comments:			
G3TLHR0009 WILLIFORD SPRING										
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)
1/13/20	1100	0.71	8.0	21.3	8.17	0.3	1.3	1.3	141.0	0.07
☒ 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)		☒ W-NH3 / ☐ W-NO2NO3 / ☐ W-TKN / ☐ W-TOC / ☐ W-S-A-TP				☒ Ice ☒ H2SO4*		☒ <2	1	A
		Lot #		9203100		Exp:		7/22/20		
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	A
		Filter Lot #		9056849		Exp:				
		Syringe Lot #		0		Exp:				
Chlorophyll (BP-1L)		☒ CHLSUITE-W				☒ Ice			1	A
Physical/Aggregate (Fresh) (P-1L)		☒ Alkalinity / ☐ W-F / ☐ W-TSS / ☐ TURBIDITY / ☐ W-CHC / ☐ W-COLOR / ☐ W-SO4-IC / ☐ W-TDS				☒ Ice			1	A
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				☐ Ice				
		☐ Contract Lab								
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:
JW		1/13/2020 1557		HO		2		[Signature]		1/13/2020 1600

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

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