



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Lake Valrico Center

Date: 01/16/2020

(mm/dd/yyyy)

WIN/ Field ID: GZSW0005

WBID: 1547A

Latitude: _____

(Decimal Degrees)

County: Hillsborough

ORG ID: ZIKLTPA

Longitude: _____

(Decimal Degrees)

Receiving Body of Water: _____

RQ-2020- 01-13-72

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton	☒	☒	☒	☒	☒
Sarah Meyer	☒	☒	☒	☒	☒
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☐ Syringe	☐ Pole
☐ Dipper	☐ Other _____
Depth Measured with _____	
Equipment ID _____	
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>Chewy</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: _____			

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_DDDMMYYY)
DI Source: _____	Location: _____
☐ Field Blank ☐ Equipment Blank ☐ Field Cleaned Equipment Blank	Equipment ID: _____

Signature: <u>Sarah Meyer</u>	Date: <u>01/16/2020</u>
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LIMS EVENT ID: 2020-01-17-01 WIN Import ID: 18267

Enter Field Parameters, Verify Station ID In LIMS DMT: SM 01/23/2020 QC Station ID, Field Parameters In LIMS DMT: SM 04/06/2020

(Initials/Date)

(Initials/Date)

Scan/Save Field Sheets _____ Migrate Data to WIN: SM 04/06/2020 Verify Data In WIN: SM 05/26/2020

(Initials/Date)

(Initials/Date)

(Initials/Date)



RQ-2020-01-13-72
Customer: SW-DIST
Project ID: TMDL

Collected By: J Ashton
Field Report Prepared By: S Meyer
Sampling Agency: FDEP SW ROC

Field ID/WIN G2SW0005 							Comments:			
Site Name: Lake Valrico										
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)
01/16/2020	1020 ☒ EST ☐ CST	12.19	141.9	22.9	8.30 22.9	0.3	0.4 ☐ VOB (S)	2.5	172.1	0.08
Cental Lab please use top row for login purposes										
	1021 EST / CST	0.10	1.2	21.4	6.29	2.0			240.9	0.11
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 # SA9301030		Exp: 10/28/20						
Metals (P-500ML)		☒ W-ICPMS ☒ W-ICP ☒ W-HARD				☒ Ice ☒ HNO3*		☒ <2		
		Lot # NA9189080		Exp: 7/8/20						
Filtered Nutrients (P125ML)		☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter				☒ Ice				
		Filter Lot # 1696882		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-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 ☐ 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:		Date/Time: 1600 01/16/2020		Shipping Method: FedEx		Number of Coolers Shipped: 1		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.