

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CHAIN OF CUSTODY FORM

**Date:** 9/9/2020  
**Customer:** SW-DIST  
**RQ:** RQ-2020-09-14-07

**Collected By:** Ben Paswater, Judy Ashton  
**Sampling Agency:** FDEP  
**Project ID:** SMP

PLEASE RETURN THE ORIGINAL OF THIS FORM WITH SAMPLE SUBMITTAL  
FORMS AND THE COOLER PACKING WORKSHEET TO THE LAB

**Number of Coolers Shipped:** 1

**FIELD ID (Labels) submitted under this RQ for this collection date.**

| Site Location   | Field ID/WIN ID                                                                                |
|-----------------|------------------------------------------------------------------------------------------------|
| Salt Springs #1 | <br>G5SW0158 |
|                 |                                                                                                |

RELINQUISHED BY(SIGNATURE):



DATE/TIME:

09/09/2020

**THIS SECTION TO BE COMPLETED BY LABORATORY**

**Rec'd/Inspected By:**

**Rec'd/Inspected Date:**



# FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End  
of Day CCV  
Yes / No

**WIN Station Name:** Salt Springs #1 **Date:** 9/9/2020  
**WIN/Field ID:** G5SW0158 **WBID:** 1439 **ENR:** **Latitude:**  
**County:** Pasco **Org ID:** SWROC **Longitude:**  
**Receiving Body of Water:** Gulf **RQ:** 2020-09-14-07

| Sampling Team Members               |              | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-------------------------------------|--------------|-----------------|-------------------|---------------|--------------|--------------------|
| <input checked="" type="checkbox"/> | Judy Ashton  |                 | x                 |               | x            | x                  |
| <input checked="" type="checkbox"/> | Ben Paswater | x               |                   | x             |              |                    |
| <input type="checkbox"/>            |              |                 |                   |               |              |                    |
| <input type="checkbox"/>            |              |                 |                   |               |              |                    |

| Sampling Equipment                                   |                                         |
|------------------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Carboy         |
| <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Van Dorn       |
| <input type="checkbox"/> Syringe                     | <input type="checkbox"/> Pole           |
| Depth measured with: Secchi                          |                                         |
| Secchi Equipment ID: Secchi #3                       |                                         |
| Collection Method                                    |                                         |
| <input type="checkbox"/> Wading                      | <input type="checkbox"/> Canoe/Kayak    |
| <input checked="" type="checkbox"/> From Shore       | <input type="checkbox"/> Electric Motor |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Gasoline Motor |

|                                                                                                                                                                                                                                                                        |  |                   |  |                      |  |                                  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|----------------------|--|----------------------------------|--|--|--|--|--|
| <b>Water Level:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Dry <input type="checkbox"/> Pooled <input type="checkbox"/> Flooded                                                |  |                   |  |                      |  | <b>Meter ID#</b> SWD             |  |  |  |  |  |
| <b>Photos:</b> YES                                                                                                                                                                                                                                                     |  | <b>Flow:</b> FLOW |  | <b>Tide:</b> FALLING |  | <b>Tide Times:</b><br>High: Low: |  |  |  |  |  |
| <b>Biological Samples Collected:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> HA <input type="checkbox"/> SCI <input type="checkbox"/> RPS <input type="checkbox"/> Algae ID <input type="checkbox"/> LVS <input type="checkbox"/> LVI Other: |  |                   |  |                      |  |                                  |  |  |  |  |  |
| <b>SBIO ID Numbers:</b>                                                                                                                                                                                                                                                |  |                   |  |                      |  |                                  |  |  |  |  |  |
| <b>Notes:</b>                                                                                                                                                                                                                                                          |  |                   |  |                      |  |                                  |  |  |  |  |  |

## Duplicate Sample

|                                   |                  |                      |              |
|-----------------------------------|------------------|----------------------|--------------|
| <b>Time Zone:</b> EST             | <b>Time:</b> N/A | <b>Field ID:</b> N/A | (WIN ID_DUP) |
| <b>WIN DMT Activity ID:</b> _____ |                  |                      |              |

## Blank

|                         |                  |                          |                       |
|-------------------------|------------------|--------------------------|-----------------------|
| <b>Time Zone:</b> _____ | <b>Time:</b> N/A | <b>Field ID:</b> N/A     | (Blank Type_DDDMMYYY) |
| <b>DI Source:</b> N/A   |                  | <b>Location:</b> N/A     |                       |
| <b>DI Type:</b> N/A     |                  | <b>Equipment ID:</b> N/A |                       |

**LIMS EVENT ID:** \_\_\_\_\_ **WIN Import ID:** \_\_\_\_\_  
**Enter Field Parameters, Verify Station ID In LIMS DMT:** \_\_\_\_\_ **QC Station ID, Field Parameters In LIMS DMT:** \_\_\_\_\_  
(Initials/Date) (Initials/Date)  
**Scan/Save Field Sheets** \_\_\_\_\_ **Migrate Data to WIN:** \_\_\_\_\_ **Verify Data In WIN:** \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date)



RQ-2020-09-14-07

Customer: WQAP

Project ID: SMP

Collected By: Judy Ashton, Ben Paswater

Field Report Prepared By: Judy Ashton

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



G5SW0158

Location: Salt Springs #1

Comments:

Matrix: 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) |
|----------|--------------|-----------|-----------|------------|------|------------------|-----------------------------------------|-----------------|--------------------|----------------|
| 9/9/2020 | 11:30<br>EST | 0.26      | 3.8       | 26.6       | 6.88 | 0.3              | 0.6<br><input type="checkbox"/> VOB (S) | 1               | 30895              | 19.16          |

Central Lab please use top row for login purposes

|  |     |  |  |  |  |  |  |  |  |  |
|--|-----|--|--|--|--|--|--|--|--|--|
|  |     |  |  |  |  |  |  |  |  |  |
|  | EST |  |  |  |  |  |  |  |  |  |

| Parameter Suite                    | Parameter Methods                                                                                                                                                                                                                                        | Preservation                                                            | pH Check                               | # Bottles sent to Lab | Bottle Group |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------|-----------------------|--------------|
| Preserved Nutrients (P-500ML)      | <input checked="" type="checkbox"/> W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP<br>Lot # _____ Exp: _____                                                                                                                                                | <input checked="" type="checkbox"/> Ice <input type="checkbox"/> H2SO4* | <input checked="" type="checkbox"/> <2 | 1                     | A            |
| Metals (P-500ML)                   | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-ICP <input type="checkbox"/> W-HARD<br>Lot # _____ Exp: _____                                                                                                                                | <input type="checkbox"/> Ice <input type="checkbox"/> HNO3*             | <input type="checkbox"/> <2            |                       |              |
| Filtered Nutrients (P125ML)        | <input checked="" type="checkbox"/> W-PO4-F <input checked="" type="checkbox"/> Field Filtered 0.45 µm Filter<br>Filter Lot # _____<br>Syringe Lot # _____                                                                                               | <input checked="" type="checkbox"/> Ice                                 |                                        | 1                     | A            |
| Chlorophyll (BP-1L)                | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Ice                                 |                                        | 1                     | A            |
| Physical/Aggregate (Fresh) (P-1L)  | <input type="checkbox"/> Alkalinity / W-F / W-TSS / TURBIDITY / W-CL-IC / W-COLOR / W-SO4-IC / W-TDS                                                                                                                                                     | <input type="checkbox"/> Ice                                            |                                        |                       |              |
| Physical/Aggregate (Marine) (P-1L) | <input checked="" type="checkbox"/> Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY                                                                                                                                                                       | <input checked="" type="checkbox"/> Ice                                 |                                        | 1                     | A            |
| Macroinvertebrates (PJ-2L)         | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                                                      | <input type="checkbox"/> Formalin                                       |                                        |                       |              |
| Periphyton (PT-50ML)               | <input type="checkbox"/> ALGAE-ID                                                                                                                                                                                                                        | <input type="checkbox"/> Ice                                            |                                        |                       |              |
| Microbiology (Contract Lab Bottle) | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Enterococci<br><input type="checkbox"/> Contract Lab                                                                                                            | <input type="checkbox"/> Ice                                            |                                        |                       |              |
| Molecular (QPCR-P-500ML)           | <input type="checkbox"/> PCR-HF183 <input type="checkbox"/> PCR-BacR <input type="checkbox"/> PCR-DG3<br><input type="checkbox"/> PCR-GULL2 <input type="checkbox"/> PCR-GFD                                                                             | <input type="checkbox"/> Ice                                            |                                        |                       |              |
| Tracers (BG-500ML)                 | <input type="checkbox"/> W-E8321-DI <input type="checkbox"/> W-E8321-MS                                                                                                                                                                                  | <input type="checkbox"/> Ice                                            |                                        |                       |              |
| Pesticides (BG-500ML) (BG-1L)      | <input type="checkbox"/> W-E8321-DI <input type="checkbox"/> WE8321-MS <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-CT-CL-R<br><input type="checkbox"/> W-PCL-SQ-R <input type="checkbox"/> W-CARB-AA ( 5 ml of MCAA** Buffer Solution) | <input type="checkbox"/> Ice                                            |                                        |                       |              |
|                                    |                                                                                                                                                                                                                                                          | <input type="checkbox"/> Ice                                            |                                        |                       |              |

Name:  
Judy Ashton  
Ben Paswater

Signature:

Date:

9/9/2020

\*2.0 ml of Preservative used unless noted otherwise.

\*\*MCAA: Monochloroacetic acid buffer solution