



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Gore Branch @ 724

Date: 06/24/2020
(mm/dd/yyyy)

WIN/ Field ID: G4SE0130

WBID: 3188B

Latitude: 27.416659

County: OKEECHOBEE

ORG ID: 21FLWPB

Longitude: -81.006839

Receiving Body of Water: _____

RQ-2020- 06-22-46

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
<u>DL</u>	☒	☒	☒	☒	☒
<u>KT</u>	☒	☒	☒	☒	☒
	☒	☒	☒	☒	☒
	☒	☒	☒	☒	☒
	☒	☒	☒	☒	☒

Sampling Equipment	
☒ Sample Container	☐ Van Dorn
☐ Syringe	☐ Pole
☐ Dipper	☐ Other
Depth Measured with <u>YSI</u>	
Equipment ID <u>1479</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>Arya</u>	
Photos: ☒ Yes ☐ No	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:

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>06/24/2020</u>
-------------------------------	-------------------------

LIMS EVENT ID: <u>SE-DIST-2020-06-25-01</u>	WIN Import ID: _____
Enter Field Parameters, Verify Station ID In LIMS DMT: <u>KT 06/25/20</u>	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- 06-22-46
Customer: SE-DIST
Project ID: SNP

Collected By: Kristene Taylor
Field Report Prepared By: Drew Liddick
Sampling Agency: 21FWPB

Location: Gore Branch @ 724

WIN ID/Field ID:



G4SE0130

Comments:

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 (PPT)
06/24/2020	1420 (EST) CST	3.10	40.5	29.7	6.73	0.3	0.4 ☐ VOB (S)	2.5	221.5	0.10

Cental Lab please use top row for login purposes

	1419 (EST) CST	2.70	35.3	29.3	6.68	2.0			220.8	0.10
--	-------------------	------	------	------	------	-----	--	--	-------	------

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 Lot # _____ Exp: _____	☒ Ice ☒ H2SO4* ☒ <2			
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD Lot # _____ Exp: _____	☐ Ice ☐ HNO3* ☐ <2			
Filtered Nutrients (P125ML)	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter Filter Lot # _____ Exp: _____ Syringe Lot # _____ Exp: _____	☒ Ice			
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: <u>FDEP</u>	Date/Time: <u>06/24/2020</u>	Shipping Method: <u>FEDEX</u>	Number of Coolers Shipped: <u>2</u>	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.