FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date:	3/3/2021	**Collected By:**	Jeremy Parrish, Kimberly Applebee
Customer:	NE-DIST	**Sampling Agency:**	FDEP
RQ:	RQ-2021-02-22-16	**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
Escambia Slough at Escambia st.	G4NE0287

RELINQUISHED BY(SIGNATURE): Jeremy Parrish **DATE/TIME**: 3/3/2021

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: Escambia Slough at Escambia st. **Date:** 3/3/2021

WIN/Field ID: G4NE0287 **WBID:** 2124B **ENR:** - **Latitude:** 30.6773

County: NASSAU **Org ID:** 21FLA **Longitude:** -81.4594

Receiving Body of Water: Nassau - St. Marys **RQ-** 2021-02-22-16

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Jeremy Parrish		x		x	x
[x] Kimberly Applebee	x		x		
[ ]					
[ ]					

Sampling Equipment

- [x] Sample Container
- [ ] Dipper
- [ ] Syringe
- [ ] Carboy
- [ ] Van Dorn
- [x] Pole

Depth measured with: Meter
Secchi Equipment ID:

Collection Method

- [ ] **Wading**
- [x] **From Shore**
- [ ] **Other** _____
- [ ] **Canoe/Kayak**
- [ ] **Electric Motor**
- [ ] **Gasoline Motor**

Water Level: [ ] Normal [ ] Low [x] High [ ] Dry [ ] Pooled [ ] Flooded

Meter ID# DESI

Photos: NO **Flow:** FLOW **Tide:** RISING **Tide Times:** High: 1150 Low:

Biological Samples Collected: [x] None [ ] HA [ ] SCI [ ] RPS [ ] Algae ID [ ] LVS [ ] LVI Other:

SBIO ID Numbers:

Notes:

HIGH WATER LEVEL, TIDE STILL INCOMING 1 HR AFTER TIDE PREDICTION. CODE R FOR RECENT RAIN, LESS THAN 2IN IN PAST 48 HRS THOUGH.

Duplicate Sample

Time Zone: EST **Time:** _____ **Field ID:** N/A (WIN ID_DUP)

WIN DMT Activity ID: _____

Blank

Time Zone: _____ **Time:** _____ **Field ID:** _____ (Blank Type_DDMMYYYY)

DI Source: _____ **Location:** _____

DI Type: _____ **Equipment ID:** _____

DI Container (Name/ID): **DI Container Type:**

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 Jeremy Parrish (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

RQ-2021-02-22-16
Customer: WQAP
Project ID: SMP

Collected By: Jeremy Parrish, Kimberly Applebee
Field Report Prepared By: Jeremy Parrish
Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID: G4NE0287

Location: Escambia Slough at Escambia st.

Comments: Microbiology sample(s) submitted to contract laboratory

High water due to recent rain add * R code, North East wind causing high tide

Matrix: Marine

(Check one) ☒ GRAB ☐ COMPOSITE

Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C⁰)	pH	Sample Depth (m)	Secchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPTh)
3/3/2021	1320 EST	7.29	87.2	15.7	7.7	0.3	0.6 ☐ VOB (S)	1.1	43852	28.32
							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)	☒ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☒ Ice ☒ H_2SO_4*	☒ <2	1	A
	Lot # SA0293040 **Exp:**	10/19/21			
Metals (P-500ML)	☒ W-ICPMS ☒ W-ICP ☐ W-HARD	☒ Ice ☒ HNO_3*	☒ <2	1	A
	Lot # NA0344060 **Exp:**	1/4/22			
Filtered Nutrients (P125ML)	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter	☒ Ice		1	A
	Filter Lot # R0CB48647				
	Syringe Lot #				
Chlorophyll (BP-1L)	☒ CHLSUITE-W	☒ Ice		1	A
Physical/Aggregate (Fresh) (P-1L)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine) (P-1L)	☒ Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY	☒ Ice		1	A
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		1	A
Molecular (QPCR-P-500ML)	☒ PCR-HF183 ☒ PCR-BacR ☒ PCR-DG3 ☐ PCR-GULL2 ☐ PCR-GFD ☐	☒ Ice		1	A
Tracers (BG-500ML)	☒ W-E8321-DI ☒ W-E8321-MS	☒ Ice		1	A
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) ☐ W-DIELDRIN	☐ Ice			
Phytoplankton/Periphyton	☐ DTM-QL-C ☐ PEN-QL-C ☐ DTY-QN-C ☐ PKD-QN-C ☐ DTM-QN-C ☐ PRN-QN-C ☐ PKD-QN-BV	☐ Ice			

Name:
Jeremy Parrish
Kimberly Applebee

Signature:

Date:

*2.0 ml of Preservative used unless noted otherwise.
**MCAA: Monochloroacetic acid buffer solution

CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there are qualified data on this page.

Meter ID: Desi RQ-2021-0222.16 Project: Nassau North 2

Notes: (1) Always wait for meter to stabilize before recording any readings.
(2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).
(3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400 Date of Last Temperature Verification 2/15/2021

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro-meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	3/3/21	955	21.5	759.1	8.8	-	99.9	-	1.0594	(P) / F	(L) / F
ICV	↓	↓	957	21.4	759.1	8.8	8.84	99.9	—	1.0594	(P) / F	(L) / F
CCV	Jerry Lanch	3/3/21	1515	21.1	759.6	8.9	8.9	100.0	—	—	(P) / F	(L) / F
CCV											P / F	L / F

DO Acceptance criteria from Table ± 0.3 mg/L. **Rapid-Pulse Sensors:** DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.
Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. **Steady-state & Galvanic Sensors:** DO Gain & Charge N/A.

Spec. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	3/3/21	959	2012223	1/2022	1000	1000	(P) / F	(L) / F
ICV	↓	↓	1001	2009221	9/2021	1413	1413	(P) / F	(L) / F
CCV	J Panch	3/3/21	1517	2012226	1/22	50000	49970	(P) / F	(L) / F
CCV								P / F	L / F

Conductivity Acceptance criteria ± 5%

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	3/3/21	1004	2006552	6/2022	7.00	22.1	7.00	-33.6	(P) / F	(L) / F
Calibr.	↓	↓	1005	2912371	12/2021	4.00	22.1	4.00	146.4	(P) / F	(L) / F
Calibr.			1007	2006528	12/2021	10.00	22.5	10.00	-205.5	(P) / F	(L) / F
ICV	↓	↓	1009	2006552	6/2022	7.00	22.1	7.03	-32.0	(P) / F	(L) / F
CCV	J Panch	3/3/21	1018	2006528	12/21	10.00	22.2	10.09	+211.9	(P) / F	(L) / F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 50;
If mV are recorded: slope from 7 to 10 _____, slope from 4 to 7 _____ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)
If **YES**, complete daily Calibr. & ICV below and list date of last quarterly depth verification: _____
If **NO**, what will be used? (circle one) **Secchi Disk Line / Sonar** Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air	Kim Appleby	3/3/21	1003	0.00	0.00	(P) / F	(L) F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria ± 5 % or ± 0.05m, whichever is greater.

COMMENTS:

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

9143 Philips Highway, Suite 200 Jacksonville, FL 32256 / Ph(904) 739-2277 / FAX (904) 739-2011

SR #

ALS Contact: Mandy Sullivan

Client Name	Project Number
FDEP-NE ROC	RQ-2021- 02-22-16
Report To	Report CC
Dep-Overflowmicro@dep.state.fl.us	Jeremy Pavrish
Company/Address	
8800 Baymeadows Way W Jacksonville, Fl 32256	
Phone #	FAX #
904-256-1700	
Sampler's Signature	Sampler's Printed Name
	Kim Appleby

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	E.Coli	Enterocooi	Preservative	Preservative	REMARKS
						8	8			
G4NE0287		3/3/21	1320	SW	2	X	X			Salt

Preservative Key
0. None
1. HCL
2. HNO3
3. H2SO4
4. NaOH
5. Zn. Acetate
6. MeOH
7. NaHSO4
8. ICE

Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us

0.6

TURNAROUND REQUIREMENTS

___ RUSH (SURCHARGES APPLY)
X STANDARD

REQUESTED FAX DATE
N/A

REQUESTED REPORT DATE
N/A

REPORT REQUIREMENTS

___ I. Results Only
___ II. Results + QC Summaries (LCS, DUP, MS/MSD as required)
___ III. Results + QC and Calibration Summaries
___ IV. Data Validation Report with Raw Data

Edata ___ Yes ___ No

INVOICE INFORMATION

P.O. # B10739

Bill to:

Relinquished By	Received By	Relinquished By	Received By	Relinquished By	Received By
Signature	Signature	Signature	Signature	Signature	Signature
Printed Name: Kim Appleby	Printed Name: Cheryl Weigand	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP NE ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 3/3/21 1508	Date/Time: 3/3/21 1508	Date/Time	Date/Time	Date/Time	Date/Time