

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date: <u>4/12/2021</u>	Collected By: <u>Jeremy Parrish, Brian Davis</u>
Customer: <u>NE-DIST</u>	Sampling Agency: <u>FDEP</u>
RQ: <u>RQ-2021-04-12-36</u>	Project ID: <u>SMP</u>

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

Number of Coolers Shipped: 2

Delivery Method: FedEx

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

Site Location	Field ID/WIN ID
Escambia Slough at Escambia st.	 G4NE0287
Escambia slough at Dade st.	 G4NE0310
Escambia slough at Calhoun st.	 G4NE0311
Egans Creek at N. 14th	 G4NE0290
Egan creek at Atlantic	 G4NE0285
Egans Creek at Jasmine st.	 G4NE0305

DATE/TIME:
4/12/2021 1600

RELINQUISHED BY(SIGNATURE):

Jen Pan

THIS SECTION TO BE COMPLETED BY LABORATORY

Rec'd/Inspected By:

Rec'd/Inspected Date:

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: Stitch

RQ: 302-04+12-36

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

2/15/21

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.	Brian D.	4/12/21	744	21.9	757.0	8.7	—	99.6	—	1.03	P/F	D/F
ICV			750	22.0	757.1	8.7	8.71	99.7	—	1.03	P/F	D/F
CCV	J. Parnish	4/12/21	1536	24.2	757.5	8.9	8.38	99.7	—	1.03	P/F	D/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 μ hos/cm	Meter Reading μ hos/cm	Pass / Fail	Lab / Field
Calibr.	Brian D.	4/12/21	754	201222B	1/22	1000	1000	P/F	D/F
ICV			756	201222C	1/22	50,000	49879	P/F	D/F
CCV	J. Parnish	4/12/21	1539	200407B	4/21	20,000	19315	P/F	D/F
CCV								P/F	L/F

Conductivity Acceptance criteria $\pm 5\%$

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.	Brian D.	4/12/21	800	2010F27	10/22	7.01	22.7	7.01	-19.2	P/F	D/F
Calibr.			805	2010C31	9/22	4.00	22.6	4.00	158.1	P/F	L/F
Calibr.			808	2012797	5/22	10.02	22.6	10.03	-191.8	P/F	L/F
ICV			813	2010F27	10/22	7.01	22.6	7.04	-19.0	P/F	D/F
CCV	J. Parnish		1540	2012797	5/22	10.00	22.7	10.09	-196.5	P/F	D/F
CCV										P/F	L/F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50 ; mV pH 4 Range $+180 \pm 50$; 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	Brian D.	4/12/21	817	0.00	0.00	P/F	D/F

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

COMMENTS:



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:** 4/12/2021
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:** 2021-04-12-36

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Jeremy Parrish	x		x		
☒	Brian Davis		x		x	x
☐						
☐						

Sampling Equipment	
☒ Sample Container	☐ Carboy
☐ Dipper	☐ Van Dorn
☐ Syringe	☒ Pole
Depth measured with: Meter	
Secchi Equipment ID:	
Collection Method	
☐ Wading	☐ Canoe/Kayak
☒ From Shore	☐ Electric Motor
☐ Other _____	☐ Gasoline Motor

Water Level: ☒ Normal ☐ Low ☐ High ☐ Dry ☐ Pooled ☐ Flooded						Meter ID# STITCH					
Photos: No		Flow: FLOW		Tide: FALLING		Tide Times: High: 1000 Low: 1400					
Biological Samples Collected: ☒ None ☐ HA ☐ SCI ☐ RPS ☐ Algae ID ☐ LVS ☐ LVI Other:											
SBIO ID Numbers:											
Notes:											

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_DDDMMYY)
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: _____ 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-2021-04-12-36

Customer: WQAP

Project ID: SMP

Collected By: Jeremy Parrish, Brian Davis

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

Samples are R qualified.

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 _h)
4/12/2021	1215 EST	5.9	76.6	21.1	7.62	0.3	1 ☒ VOB (S)	1	38570	24.56
	EST						Central Lab please use top row for login purposes			

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 # Sa0293040 Exp: 10/19/21	☒ Ice ☒ H2SO4*	☒ <2	1	A
Metals (P-500ML)	☒ W-ICPMS ☒ W-ICP ☐ W-HARD Lot # Na0344060 Exp: 1/4/22	☒ Ice ☒ HNO3*	☒ <2	1	A
Filtered Nutrients (P125ML)	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter Filter Lot # Ronb29490 Syringe Lot #	☒ Ice		1	A
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
Brian Davis

Signature:

Jeremy Parrish

Date:

4/12/2021

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution



CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

9143 Philips Highway, Suite 120. Jacksonville, FL 32256

Phone (904) 739-2277 / 800-695-7222 x06 / FAX (904) 739-2011

SR #
ALS Contact

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www.alsglobal.com

Project Name Nassau North 2		Project Number RQ-2021-04-12-36		ANALYSIS REQUESTED (Include Method Number and Container Preservative)																		
Report To DEP-Ocean@floridadep.gov J Peris		Report CC J Peris		Preservative																Preservative Key		
Company/Address 8800 Baymeadows Way Suite 100		Phone # 904-256-1700		FAX #		NUMBER OF CONTAINERS E.coli Enteroc																REMARKS
Sampler's Signature B = D =		Sampler's Printed Name Brian Davis																				
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	TIME	Matrix																		
G4NE0287		4/12/21	1215	SV	2	✓	✓															Murice
G4NE0310		1	1235	1	2	✓	✓															↓
G4NE0311		1	1245	1	2	✓	✓															Flesh
G4NE0290		1	1305	1	1	✓	✓															Murice
G4NE0285		1	1320	1	1	✓	✓															↓
G4NE0305		1	1345	1	1	✓	✓															↓
Special Instructions/Comments:					TURNAROUND REQUIREMENTS RUSH (SURCHARGES APPLY) STANDARD REQUESTED FAX DATE REQUESTED REPORT DATE				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. # Bill to:									
SAMPLE RECEIPT: CONDITION/COOLER TEMP:					CUSTODY SEALS: Y N																	
Relinquished By Signature B = D = Printed Name Brian Davis Firm DEARNED Date/Time 4/12/21 1503		Received By Signature Cher Weigand Printed Name Cher Weigand Firm ALS Date/Time 4/12/21 1503		Relinquished By Signature Printed Name Firm Date/Time		Received By Signature Printed Name Firm Date/Time		Relinquished By Signature Printed Name Firm Date/Time		Received By Signature Printed Name Firm Date/Time												