## 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: Bruce RQ- 2021-06-21-11 Project: SMP Nassau North L

**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 5/17/21

| 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. | Kim Appleby | 6/23/21 | 811 | 23.1 | 763.1 | 8.6 | — | 100.6 | - | 1.029 | P / F | L / F |
| ICV | ↓ | ↓ | 813 | 23.2 | 763.1 | 8.6 | 8.58 | 100.7 | - | 1.029 | P / F | L / F |
| CCV | ↓ | ↓ | 1510 | 24.0 | 762.8 | 8.5 | 8.28 | 98.4 | - | 1.029 | 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 | 6/23/21 | 815 | 21042G3 | 5/22 | 1000 | 1000 | P / F | L F |
| ICV | ↓ | ↓ | 820 | 20090ZL | 9/21 | 1413 | 1405 | P / F | L F |
| CCV | ↓ | ↓ | 1512 | 21042G[illegible] | 5/22 | 50000 | 49729 | 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 | 6/23/21 | 825 | 20126E39 | 12/22 | 7.00 | 23.0 | 7.00 | -27.9 | P / F | L / F |
| Calibr. | ↓ | ↓ | 827 | 21036G59 | 3/23 | 4.00 | 23.0 | 4.00 | 178.3 | P / F | L / F |
| Calibr. | ↓ | ↓ | 829 | 21035F53 | 9/22 | 10.00 | 23.2 | 10.00 | 196.0 | P / F | L / F |
| ICV | ↓ | ↓ | 830 | 21036G59 | 3/23 | 4.00 | 23.0 | 4.00 | 149.1 | P / F | L / F |
| CCV | ↓ | ↓ | 1520 | 21035F53 | 9/22 | 10.00 | 23.3 | 10.03 | -199.5 | 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: 5/17/21
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 | 6/23/21 | 836 | 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:**

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

| | | | |
|---|---|---|---|
| **Date**: | 6/23/2021 | **Collected By:** | Kimberly Appleby,Kelly McDonald |
| **Customer**: | NE-DIST | **Sampling Agency:** | FDEP |
| **RQ**: | RQ-2021-06-21-11 | **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**: 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 |
| Escambia slough at Broome st. | G4NE0312 |
| Egans Creek at N. 14th | G4NE0290 |
| Egan creek at Atlantic | G4NE0285 |
| Egans Creek at Jasmine st. | G4NE0305 |

**RELINQUISHED BY(SIGNATURE)**:

**DATE/TIME**: 6/23/2021 1600EST

**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:** 6/23/2021

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

**County:** NASSAU **Org ID:** 21FLA **Longitude:** -81.46

**Receiving Body of Water:** Nassau - St. Marys **RQ-** 2021-06-21-11

| Sampling Team Members | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|---|---|---|---|---|---|
| [x] Kelly McDonald | | x | | x | x |
| [x] Kimberly Appleby | 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#** BRUCE

**Photos:** YES **Flow:** FLOW **Tide:** FALLING

**Tide Times:** High: 0802 Low: 1356

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

**SBIO ID Numbers:**

**Notes:**

CODE R FOR RECENT RAIN, 1.7 INCHES IN PAST 48 HRS. TURBIDITY FLOWING FROM UPSTREAM SIDE OF ROAD. WEATHER: PARTLY CLOUDY, 80S.

**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:** BD 07/07/2021 (Initials/Date)

**Scan/Save Field Sheets** _____ (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

**RQ-**2021-06-21-11
**Customer:** WQAP
**Project ID:** SMP

Collected By: Kelly McDonald, Kimberly Appleby
Field Report Prepared By: Kelly McDonald
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

**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) |
|---|---|---|---|---|---|---|---|---|---|---|
| 6/23/2021 | 950 EST | 2.52 | 35.1 | 25.7 | 7.09 | 0.3 | 0.7 ☐ VOB (S) | 0.932 | 34615 | 21.51 |
| | | | | | | | 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 #** | SA0353110 | **Exp:** | 1/11/22 | | | |
| **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 #** | R0NB35407 | | | | | |
| | **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 | | 2 | 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-TQ-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:**
Kelly McDonald
Kimberly Appleby

**Signature:** Kimberly Appleby

**Date:** 6/23/21

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

# CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

SR #

ALS Contact: Mandy Sullivan

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



| Client Name | Project Number |
|---|---|
| FDEP-NE ROC | RQ-2021-06-21-11 |
| **Report To** | **Report CC** |
| Dep-Overflowmicro@dep.state.fl.us | Nassau North 2 |
| **Company/Address** | |
| 8800 Baymeadows Way W<br>Jacksonville, Fl 32256 | |
| **Phone #** | **FAX #** |
| 904-256-1700 | |
| **Sampler's Signature** | **Sampler's Printed Name** |
| | Kim Appleby |

| CLIENT SAMPLE ID | LAB ID | SAMPLING DATE | SAMPLING TIME | Matrix | NUMBER OF CONTAINERS | E.Coli | Enterococci | Preservative | REMARKS |
|---|---|---|---|---|---|---|---|---|---|
| G4NE0287 | | 6/23/21 | 950 | SW | 2 | X | X | | Salt |
| G4NE0310 | | 6/23/21 | 1025 | SW | 2 | X | X | | Salt |
| G4NE0311 | | 6/23/21 | 1040 | SW | 2 | X | X | | Fresh |
| G4NE0312 | | 6/23/21 | 1110 | SW | 2 | X | X | | Fresh |
| G4NE0290 | | 6/23/21 | 1130 | SW | ~~2~~ 1 | ~~X~~ | X | | Salt |
| G4NE0285 | | 6/23/21 | 1250 | SW | 1 | | X | | Salt |
| G4NE0305 | | 6/23/21 | 1325 | SW | 1 | | X | | Fresh |

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

1.7

**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: Chet Weigand | Printed Name | Printed Name | Printed Name | Printed Name |
| Firm: FDEP NE ROC | Firm: ALS | Firm | Firm | Firm | Firm |
| Date/Time: 6/23/21 1446 | Date/Time: 6/23/21 1446 | Date/Time | Date/Time | Date/Time | Date/Time |