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 Broome st. **Date:** 6/23/2021

WIN/Field ID: G4NE0312 **WBID:** 2124B **ENR:** - **Latitude:** 30.6733

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] 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: 802 Low:

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

SBIO ID Numbers:

Notes:

CODECR FOR RECENT RAIN, 1.7 INCHES LAST 48HRS. TURBID. OIL SHEEN SEEN ON SURFACE AROUND CULVERT. SWAMPY SURROUNDING AREA. 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: G4NE0312

Location: Escambia slough at Broome st.

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Fresh

(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	1110 EST	0.39	4.3	24.7	6.9	0.1	0.1 ☐ VOB (S)	0.285	756	0.37
							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		
	Lot # Exp:				
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD	☐ Ice ☐ HNO_3*	☐ <2		
	Lot # Exp:				
Filtered Nutrients (P125ML)	☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☐ Ice			
	Filter Lot #				
	Syringe Lot #				
Chlorophyll (BP-1L)	☐ CHLSUITE-W	☐ Ice			
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			
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	D
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-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 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