

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 μ hos/cm	Meter Reading μ hos/cm	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	6/23/21	815	210426B	5/22	1000	1000	P/F	L/F
ICV	↓	↓	820	200902L	9/21	1413	1405	P/F	L/F
CCV	↓	↓	1512	210426C	5/22	50000	49729	P/F	L/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.	Kim Appleby	6/23/21	825	2012E39	12/22	7.00	23.0	7.00	-27.9	P/F	L/F
Calibr.	↓	↓	827	2103659	7/23	4.00	23.0	4.00	148.3	P/F	L/F
Calibr.	↓	↓	829	2103F53	9/22	10.00	23.2	10.00	176.0	P/F	L/F
ICV	↓	↓	830	2103659	3/23	4.00	23.0	4.00	149.1	P/F	L/F
CCV	↓	↓	1520	2103F53	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 $+180 \pm 50$; 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: 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 $\pm 5\%$ or ± 0.05 m, 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:
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FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Egan creek at Atlantic

Date: 6/23/2021

WIN/Field ID: G4NE0285

WBID: 2127A

ENR: ENRCC3

Latitude: 30.6685

County: NASSAU

Org ID: 21FLA

Longitude: -81.44

Receiving Body of Water: Nassau - St. Marys

RQ: 2021-06-21-11

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Kimberly Appleby	x		x		
☒	Kelly McDonald		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 <u>Dock</u>	☐ Gasoline Motor

Water Level: ☐ Normal ☒ Low ☐ High ☐ Dry ☐ Pooled ☐ Flooded						Meter ID# BRUCE							
Photos: YES		Flow: FLOW		Tide: FALLING		Tide Times: High: 802 Low: 1356							
Biological Samples Collected: ☒ None ☐ HA ☐ SCI ☐ RPS ☐ Algae ID ☐ LVS ☐ LVI Other:													
SBIO ID Numbers:													
Notes: UNABLE TO MEASURE SECCHI DUE TO STRONG CURRENT. CODE R FOR RECENT RAIN, 1.4 INCHES IN PAST 48 HRS. TURBID. WEATHER: SUNNY, PARTLY CLOUDY, 80S.													

Duplicate Sample

Time Zone: EST	Time:	Field ID: N/A	(WIN ID_DUP)
WIN DMT Activity ID:			

Blank

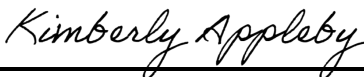
Time Zone:	Time:	Field ID:	(Blank Type_DDDMMYY)
DI Source:		Location:	
DI Type:		Equipment ID:	
DI Container (Name/ID):		DI Container Type:	

LIMS EVENT ID:	WIN Import ID:
Enter Field Parameters, Verify Station ID In LIMS DMT:	
QC Station ID, Field Parameters In LIMS DMT: BD 07/07/2021	
Scan/Save Field Sheets	Migrate Data to WIN:
Verify Data In WIN:	



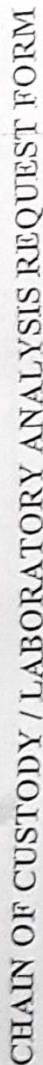
RQ-2021-06-21-11
Customer: WQAP
Project ID: SMP

Collected By: Kimberly Appleby, Kelly McDonald
Field Report Prepared By: Kimberly Appleby
Sampling Agency: FDEP

Place Label Here WIN ID/Field ID:  G4NE0285 Location: Egan creek at Atlantic						Comments: Microbiology sample(s) submitted to contract laboratory				
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)
6/23/2021	1250 EST	2.53	33.2	26.8	7.07	0.2	0 ☐ VOB (S)	0.463	13883	8
	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				☒ Ice ☒ H2SO4*		☒ <2	1	B
		Lot #	SA0353110		Exp:	1/11/22				
Metals (P-500ML)		☐ W-ICPMS ☐ W-ICP ☐ W-HARD				☐ Ice ☐ HNO3*		☐ <2		
		Lot #			Exp:					
Filtered Nutrients (P125ML)		☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter				☒ Ice			1	B
		Filter Lot #	RONB35407							
		Syringe Lot #								
Chlorophyll (BP-1L)		☒ CHLSUITE-W				☒ Ice			1	B
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	B
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	B
Molecular (QPCR-P-500ML)		☒ PCR-HF183 ☒ PCR-BacR ☒ PCR-DG3 ☐ PCR-GULL2 ☐ PCR-GFD ☐				☒ Ice			1	B
Tracers (BG-500ML)		☒ W-E8321-DI ☒ W-E8321-MS				☒ Ice			1	B
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)				☐ Ice				
Phytoplankton/Periphyton		☐ DTY-QN-C ☐ PKD-QN-BV				☐ Ice				
Name: Kimberly Appleby Kelly McDonald						Signature: 			Date: 6/23/21	

*2.0 ml of Preservative used unless noted otherwise.

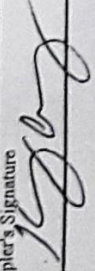
**MCAA: Monochloroacetic acid buffer solution

SR #

ALS Contact: Mandy Sullivan

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

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Client Name		Project Number		ANALYSIS REQUESTED (Include Method Number and Container Preservative)	
FDEP-NE ROC		RQ-2021-06-21-11		Preservative Key	
Report To		Report CC		0. None	
Dep-Overflowmicro@dep.state.fl.us		Nassau North 2		1. HCL	
Company/Address				2. HNO3	
8800 Baymeadows Way W				3. H2SO4	
Jacksonville, FL 32256				4. NaOH	
Phone #		FAX #		5. Zn. Acetate	
904-256-1700				6. MeOH	
Sampler's Signature		Sampler's Printed Name		7. NaHSO4	
		Kim Appleby		8. ICE	
CLIENT SAMPLE ID		LAB ID		REMARKS	
G4NE0287		SW		Salt	
G4NE0310		SW		Salt	
G4NE0311		SW		Fresh	
G4NE0312		SW		Fresh	
G4NE0290		SW		Salt	
G4NE0285		SW		Salt	
G4NE0305		SW		Fresh	
Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us		TURNAROUND REQUIREMENTS		REPORT REQUIREMENTS	
		RUSH (SURCHARGES APPLY)		I. Results Only	
		STANDARD		II. Results + QC Summaries (LCS, DUP, MS/MSD as required)	
		REQUESTED FAX DATE		III. Results + QC and Calibration Summaries	
		REQUESTED REPORT DATE		IV. Data Validation Report with Raw Data	
		N/A		Edata Yes No	
		N/A			
Received By		Relinquished By		Received By	
Signature		Signature		Signature	
Printed Name		Printed Name		Printed Name	
Firm		Firm		Firm	
Date/Time		Date/Time		Date/Time	