

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date: 5/20/2021 **Collected By:** Jeremy Parrish,
Customer: NE-DIST **Sampling Agency:** FDEP
RQ: RQ-2021-05-03-29 **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: 3 **Delivery Method:** fed ex

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

Site Location	Field ID/WIN ID
Blockhouse at Broward Rd.	 G2NE1180
Tributary to Trout at Bessent Rd.	 G2NE1207
Tributary to Trout at Capper Rd.	 G2NE1208
Blockhouse 100m abv Irma rd.	 G2NE1159
LONG BR AT EVERGREEN AVE.	 G2NE0735

RELINQUISHED BY(SIGNATURE):



DATE/TIME: 5/20/2021
1600EST

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: Bruce

RQ: 2021-05-03-29

Project: LSJR North

- 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.	J. Lee	5/20/21	0754	23.4	767.7	8.6	8.6	101.0	—	1.04	P/F	L/F
ICV			0755	23.5	767.9	8.6	8.58	101.1	—	1.04	P/F	L/F
CCV			1340	23.9	768.8	8.5	8.54	101.3	—	1.04	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 mhos/cm	Meter Reading μ mhos/cm	Pass / Fail	Lab / Field
Calibr.	J. Lee	5/20/21	0758	201222B	4/22/2022	1000	1000	P/F	L/F
ICV			0803	201222A	01/2022	100	102.6	P/F	L/F
CCV			1347	210426E	05/22	50000	49794	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.	J. Lee	5/20/21	0807	2010F27	10/22	7.00	24.7	7.00	-17.3	P/F	L/F
Calibr.			0810	2010C31	09/22	4.00	24.7	4.00	161.7	P/F	L/F
Calibr.			0814	2012797	5/22	10.01	24.4	10.01	-188.1	P/F	L/F
ICV			0817	2010F27	10/22	7.00	24.6	7.05	-17.1	P/F	L/F
CCV			1349	2012797	05/22	9.99	25.5	9.99	-189.1	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: _____

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	J. Lee	5/20/21		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 STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: LONG BR AT EVERGREEN AVE. **Date:** 5/20/2021
WIN/Field ID: G2NE0735 **WBID:** 2233 **ENR:** nonENR **Latitude:** 30.3642
County: DUVAL **Org ID:** 21FLA **Longitude:** -81.64
Receiving Body of Water: Lower St. Johns **RQ:** 2021-05-03-29

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Jeremy Parrish	x	x	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# Bruce					
Photos: NO		Flow: FLOW		Tide: N/A		Tide Times: High: Low:					
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_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 (Initials/Date) Migrate Data to WIN: (Initials/Date) Verify Data In WIN: (Initials/Date)



RQ-2021-05-03-29

Customer: WQAP

Project ID: SMP

Collected By: Jeremy Parrish,

Field Report Prepared By: Jeremy Parrish

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



G2NE0735

Location: LONG BR AT EVERGREEN AVE.

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Fresh

(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)
5/20/2021	1145 EST	4.61	53.4	22.5	7.28	0.1	0.17 ☒ VOB (S)	0.17	506	0.24
	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 # Na0344060 Exp: 1	☒ Ice ☒ H2SO4*	☒ <2	1	A
Metals (P-500ML)	☒ W-ICPMS ☒ W-ICP ☐ W-HARD Lot # Sa0353110 Exp: 1/11/22	☒ 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		1	A
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

Signature:

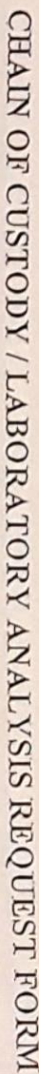
Jeremy Parrish

Date:

5/20/2021

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution



Page 1 of 1

SR #

AL.S Contact: Mandy Sullivan

ANALYSIS REQUESTED (Include Method Number and Container Preservative)									
Preservative Key	0. None	1. HCL	2. HNO3	3. H2SO4	4. NaOH	5. Zn Acetate	6. MeOH	7. NaHSO4	8. ICE
Client Name	FEDER-NE ROC								
Project Number	RO-2021-05-03-29								
Report To	Report CC								
Dep-Overflow/micro	LSJN N65TH								
Company/Address	8800 Baymeadows Way W Jacksonville, FL 32256								
Phone #	904-256-1700								
FAX #									
Sampler's Signature	Jenny Lam								
Sampler's Printed Name	Jenny Lam								
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	TIME	Matrix	NUMBER OF CONTAINERS				
G2NE1180	5120151180	930		SW	1	X			
G2NE1207	5120151207	1005			1	X			
G2NE1208	5120151208	1025			1	X			
G2NE1159	5120151159	1050			1	X			
G2NE0735	5120150735	1145				X			
Special Instructions/Comments: Email Report to: Dep-Overflow/micro@dep.state.fl.us					TUB/ABOARD REQUIREMENTS				
Relinquished By: Jenny Lam					Signature: [Signature]				
Printed Name: Jenny Lam					Printed Name: [Name]				
Firm: [Firm]					Firm: [Firm]				
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