

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:

DESE

RQ:

04-19-27
21-04-12-37

Project:

M. RANAR
LSJR EAST

- 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

2/15/2021

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. Parnish	4/21/21	835	22.4	760	8.7	8.7	100.1	—	1.0555	P/F	L/F
ICV	L	4/21/21	838	22.5	760	8.7	8.66	100	—	1.0555	P/F	L/F
CCV	Kim Appleby	4/21/21	1349	22.1	759.3	8.7	8.69	99.6	—	1.0555	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. Parnish	4/21/21	838	201222B	1/22	1000	999	P/F	L/F
ICV	L	4/21/21	839	201222A	1/22	100	102.6	P/F	L/F
CCV	Kim Appleby	4/21/21	1350	200902L	9/21	1413	1413	P/F	L/F
CCV	L	4/21/21	1352	200407B	4/21	20000	19609	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. Parnish	4/21/21	840	2010F27	10/22	7.00	23.3	7.01	45.0	P/F	L/F
Calibr.			841	2010C31	9/22	4.00	23.2	4.00	139.6	P/F	L/F
Calibr.			842	2012797	5/22	10.00	23.3	10.02	210.4	P/F	L/F
ICV			843	2010C31	9/22	4.00	23.2	4.04	135.2	P/F	L/F
CCV	Kim Appleby		1354	2012797	5/22	10.00	23.1	9.96	-210.4	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. Parnish	4/21/21	850	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: <u>4/21/2021</u>	Collected By: <u>Jeremy Parrish, Kimberly Appleby</u>
Customer: <u>NE-DIST</u>	Sampling Agency: <u>FDEP</u>
RQ: <u>RQ-2021-04-12-37</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
Greenfield cr. at Hodges rd.	 G2NE1145
GREENFIELD CREEK @ QUEENS HARBOUR BLVD.	 20030809
RED BAY BRANCH AT LONE STAR ROAD	 20030674
DRAINAGE DITCH PARENTAL HOME RD	 20030071
BIG POTTSBURG CR BOWDEN RD	 20030068
LITTLE POTTSBURG CREEK AT EMERSON	 20030070

RELINQUISHED BY(SIGNATURE):



DATE/TIME: 4/21/2021

1145

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: RED BAY BRANCH AT LONE STAR ROAD

Date: 4/21/2021

WIN/Field ID: 20030674

WBID: 2254

ENR: -

Latitude: 30.3351

County: DUVAL

Org ID: 21FLA

Longitude: -81.5807

Receiving Body of Water: Lower St. Johns

RQ: 2021-04-12-37

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Jeremy Parrish		x		x	x
☒	Kimberly Appleby	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 Bridge	☐ Gasoline Motor

Water Level: ☒ Normal ☐ Low ☐ High ☐ Dry ☐ Pooled ☐ Flooded						Meter ID# DESI					
Photos: NO		Flow: FLOW		Tide:		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_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: (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-2021-04-12-37

Customer: WQAP

Project ID: SMP

Collected By: Jeremy Parrish, Kimberly Appleby

Field Report Prepared By: Jeremy Parrish

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



20030674

Location: RED BAY BRANCH AT LONE STAR ROAD

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)
4/21/2021	1025 EST	5.75	64.7	21.1	6.95	0.1	0.2 ☒ VOB (S)	0.2	362.4	0.17
	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	E
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD Lot # Exp:	☐ Ice ☐ HNO3*	☐ <2		
Filtered Nutrients (P125ML)	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter Filter Lot # SA1J792H5 Syringe Lot #	☒ Ice		1	E
Chlorophyll (BP-1L)	☒ CHLSUITE-W	☒ Ice		1	E
Physical/Aggregate (Fresh) (P-1L)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CL-IC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice		1	E
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		1	E
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		1	E
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
Kimberly Appleby

Signature:

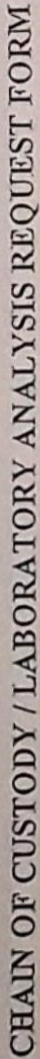
Kimberly Appleby

Date:

4/21/21

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution



SR #

ALS Contact: Mandy Sullivan

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

Page 1 of 1

ANALYSIS REQUESTED (Include Method Number and Container Preservative)					
Project Number	Report To	Report CC	E Coli	Enterocol	Preservative Key
FDEP-NE ROC	Dep-Overflowmicro@dep.state.fl.us	LSTK East			0. None 1. HCL 2. HNO3 3. H2SO4 4. NaOH 5. Zn. Acetate 6. MeOH 7. NaHSO4 8. ICE
Company/Address					
8800 Baymeadows Way W Jacksonville, FL 32256					
Phone #					
904-256-1700					
Sampler's Signature					
K. Appleby					
Sampler's Printed Name					
K. Appleby					
FAX #					
CLIENT SAMPLE ID	LAB ID	SAMPLE DATE	TIME	MATRIX	REMARKS
GZ NE 1145		4/21/21	930	SW	Fresh
20030809		4/21/21	950	SW	Fresh
20030674		4/21/21	1025	SW	Fresh
20030070		4/21/21		SW	
20030071		4/21/21	1100	SW	Fresh
20030068		4/21/21	1120	SW	Fresh
20030070		4/21/21	1145	SW	Fresh
Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us					
TURNAROUND REQUIREMENTS					
RUSH (SURCHARGES APPLY) ☒ STANDARD REQUESTED FAX DATE N/A REQUESTED REPORT DATE N/A					
REPORT REQUIREMENTS					
I. Results Only II. Results + QC Summaries (LCS, DUP, MSMSD as required) III. Results + QC and Calibration Summaries IV. Data Validation Report with Raw Data Edata Yes No					
INVOICE INFORMATION					
P.O.# B10739 Billed by					
Relinquished By					
Signature					
Printed Name					
Firm					
Date/Time					
Received By					
Signature					
Printed Name					
Firm					
Date/Time					