FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End of Day CCV
Yes / No

WIN Station Name: Tolomato River 800 m N of Bridge **Date:** 7/20/2021

WIN/Field ID: G5NE0601 **WBID:** 2363I1 **ENR:** ENRT1 **Latitude:** 30.14

County: ST. JOHNS **Org ID:** 21FLA **Longitude:** -81.39

Receiving Body of Water: Upper East Coast **RQ-** 2021-07-19-28

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Jeremy Parrish		x		x	x
[x] Kimberly Appleby	x		x		
[ ]					
[ ]					

Sampling Equipment

- [x] Sample Container
- [ ] Dipper
- [ ] Syringe
- [ ] Carboy
- [ ] Van Dorn
- [ ] Pole

Depth measured with: Meter
Secchi Equipment ID:

Collection Method

- [ ] Wading
- [ ] From Shore
- [ ] Other _____
- [ ] Canoe/Kayak
- [ ] Electric Motor
- [x] Gasoline Motor

Water Level: [x] Normal [ ] Low [ ] High [ ] Dry [ ] Pooled [ ] Flooded

Meter ID# BRUCE

Photos: NO **Flow:** FLOW **Tide:** FALLING

Tide Times: High: 740 Low: 1300

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

SBIO ID Numbers:

Notes:

WEATHER: 80S, SUNNY

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:** 28173

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ (Initials/Date) **QC Station ID, Field Parameters In LIMS DMT:** BD 08/10/21 (Initials/Date)

Scan/Save Field Sheets BD 08/10/21 (Initials/Date) **Migrate Data to WIN:** JP 8/20/21 (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

RQ-2021-07-19-28
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: G5NE0601

Location: Tolomato River 800 m N of Bridge

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 (PPTh)
	900 EST	3.57	50.6	30.5	7.01	0.3	0.45 ☐ VOB (S)	4	18381	10.8
7/20/2021										
	902 EST	2.76	39.5	30.5	6.99	3.5			21435	12.77

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 # NA1105100 **Exp:**	6/7/22			
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 Lot #**	☐ 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			
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)	☐ Ice			
Phytoplankton/Periphyton	DTY-QN-C PKD-QN-BV	☐ Ice			

Name: Jeremy Parrish, Kimberly Appleby
Signature: Kimberly Appleby
Date: 7/20/21

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

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SMP CONTINUOUS MONITORING SHEET

August 2017

PAGE ____ OF ____

Data Qualified? Yes / (No)

STORET Station Name: Toloneto River 800m N of Bridge **WBID:** 2363T1

STORET Station ID: 6ENE0601 **ORG ID:** 21FLA

Field ID: _____ **County:** St Johns **RQ -** 2021-07-12-28

Meter ID# : LiLO

Pre-Deployment Setup

Date: 7/13/21 **Performed by:** Blick Davis

Parameters Recorded: ☑ Date ☑ Time ☐ Temp.(C°) ☑ Sp. Cond. ☑ DOSAT ☑ DO (mg/L) ☐ pH ☑ Depth

Sampling Interval (min): 15	**Free Memory (days):** 99%	**Expected Battery Life:** 2.90 V	**Programmed Duration:** 7/365
Sonde Filename: tm07132021			**Reset Clock? (Y or N)** N
Programmed Start Date/Time: 7/13/21 (mm/dd/yyyy) 11:00:00 (hh:mm:ss) (Cent. / East)			**Wipers Park Correctly?** Y
Programmed End Date/Time: (mm/dd/yyyy) (hh:mm:ss) (Cent. / East)			**Calibration Date** 7/13/21

Deployment

Date: ~~8/27/21 RP~~ 7/13/21 **Time Into Water:** 1030 **Time Zone:** Cent. / (East.)

Deployed Sonde Latitude:		**Deployed By: (print all staff present)**	BD KA
Deployed Sonde Longitude:			

Notes: (how to get to, landmarks, site considerations & concerns, etc.)

Photos : Yes / (No)

Retrieval

Date: 7/20/21 **Time Out Of Water:** 915 **Time Zone:** Cent. / East.

Mounting left or removed?		**Retrieved By:**	JP / KA

Notes: (significant fouling, signs of human disturbance, site considerations and concerns, etc.)

fouling, cable severed

Post-Deployment

Date: 7/20/21 **Performed by:** K. Appleby

Data File Downloaded? (Yes) / No **Archived Filename:** Datahaw-07132021

Meter Verification Date: 7/20/21

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

SR #

ALS Contact: Mandy Sullivan

ALS Environmental

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

Page 1 of 1

Client Name	Project Number
FDEP-NE ROC	RQ-2021-07-19-28
Report To	**Report CC**
Dep-Overflowmicro@dep.state.fl.us	Tolomato CM
Company/Address	
8800 Baymeadows Way W Jacksonville, Fl 32256	
Phone #	**FAX #**
904-256-1700	
Sampler's Signature	**Sampler's Printed Name**
	Kim Appleby

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	E.Coli	Enterococci	Preservative	Preservative	REMARKS
						8	8			
GSNE0602		7/20/21	900	SW	1		X			Salt

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**

0.7

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: 7/20/21 1315	Date/Time: 7/20/21 1315	Date/Time	Date/Time	Date/Time	Date/Time