

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: 2021-05-24-09

Project: St. Augustine

- 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	5/27/21	0754	21.3	764.6	8.9	8.9	100.6	-	1.04	☒ P / ☒ F	☒ / ☒ F
ICV			0756	21.4	764.6	8.9	8.91	100.7	-	1.04	☒ P / ☒ F	☒ / ☒ F
CCV			1433	24.1	762.8	8.4	8.43	100.2	-	1.04	☒ P / ☒ F	☒ / ☒ 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.	J. Lee	5/27/21	0825	201222B	01/22	1,000	1,000	☒ P / ☒ F	☒ / ☒ F
ICV			0841	210426A	05/22	100	102.5	☒ P / ☒ F	☒ / ☒ F
CCV			1437	210426E	05/22	50000	59513	☒ P / ☒ F	☒ / ☒ 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	5/27/21	0845	2010F27	10/22	7.01	21.7	7.01	-18.3	☒ P / ☒ F	☒ / ☒ F
Calibr.			0853	2010C31	9/22	4.00	21.6	4.00	160.3	☒ P / ☒ F	☒ / ☒ F
Calibr.			0857	2103F53	9/22	10.02	22.7	10.02	-189.1	☒ P / ☒ F	☒ / ☒ F
ICV			0900	2010C31	9/22	4.00	21.7	3.99	159.9	☒ P / ☒ F	☒ / ☒ F
CCV			1440	2103F53	9/22	10.02	22.7	10.09	-194.6	☒ P / ☒ F	☒ / ☒ 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 +170.8 slope from 4 to 7 +142.0 (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	J. Lee	5/27/21	0901	0.05	0.00	☒ P / ☒ F	☒ / ☒ 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: 5/27/2021
Customer: NE-DIST
RQ: RQ-2021-05-24-09

Collected By: Kelly McDonald, Jessica Lee
Sampling Agency: FDEP
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: 1

Delivery Method: FedEx

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

Site Location	Field ID/WIN ID
Mill Creek at Powerline bridge	 G2NE1216
MILL CR @ SR 16	 20030474
RED HOUSE BR @ HEFFERON RD	 27010076
RED HOUSE BR @ LEWIS SPEEDWAY	 27010059
MOULTRIE CR @ US 1	 27010055

RELINQUISHED BY(SIGNATURE):



DATE/TIME: 5/27/2021
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: MILL CR @ SR 16

Date: 5/27/2021

WIN/Field ID: 20030474

WBID: 2460

ENR: -

Latitude: 29.9642

County: ST. JOHNS

Org ID: 21FLA

Longitude: -81.5

Receiving Body of Water: Lower St. Johns

RQ: 2021-05-24-09

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒ Kelly McDonald	☒	☒	☒	☒	☒
☒ Jessica Lee	☒	☒	☒	☒	☒
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

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:	Tide Times: High: Low:
Biological Samples Collected: ☒ None ☐ HA ☐ SCI ☐ RPS ☐ Algae ID ☐ LVS ☐ LVI Other:			
SBIO ID Numbers:			
Notes: CRYSTAL CLEAR			

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 7/7/21

Scan/Save Field Sheets 05/27/2021 Migrate Data to WIN: Verify Data in WIN:



RQ-2021-05-24-09

Customer: WQAP

Project ID: SMP

Collected By: Kelly McDonald, Jessica Lee

Field Report Prepared By: Kelly McDonald

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



20030474

Location: MILL CR @ SR 16

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)
5/27/2021	1030 EST	4.89	58.4	24.1	7.4	0.05	0.108 ☒ VOB (S)	0.108	679	0.33
							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 ☐ H2SO4*	☐ <2		
	Lot # Exp:				
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			
	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		1	B
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-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:
Kelly McDonald
Jessica Lee

Signature:

Jessica Lee

Date:

05/27/2021

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

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)																																																																																																													
Client Name	Project Number	Report To	Report CC	Dep-Overflowmicro@dep.state.fl.us	Company/Address	Phone #	FAX #	Sampler's Signature	Sampler's Printed Name																																																																																																				
FDEP-NE ROC	RQ-2021-05-24-09	Report To	St. Aug.		8800 Baymeadows Way W Jacksonville, FL 32256	904-256-1700		J. Lee	J. Lee																																																																																																				
<table border="1"> <thead> <tr> <th>CLIENT SAMPLE ID</th> <th>LAB ID</th> <th>SAMPLING DATE</th> <th>SAMPLING TIME</th> <th>Matrix</th> <th>NUMBER OF CONTAINERS</th> <th>E. Coli</th> <th>Enterococci</th> <th>Preservative Key</th> <th>REMARKS</th> </tr> </thead> <tbody> <tr> <td>G2NE1216</td> <td></td> <td>5/27/21</td> <td>1005</td> <td>SW</td> <td>1</td> <td>X</td> <td></td> <td>0. None</td> <td>Fresh</td> </tr> <tr> <td>20030474</td> <td></td> <td></td> <td>1030</td> <td></td> <td>1</td> <td>X</td> <td></td> <td>1. HCL</td> <td>Fresh</td> </tr> <tr> <td>27010070</td> <td></td> <td></td> <td>1110</td> <td></td> <td>1</td> <td>X</td> <td></td> <td>2. HNO3</td> <td>Fresh</td> </tr> <tr> <td>27010059</td> <td></td> <td></td> <td>1130</td> <td></td> <td>1</td> <td>X</td> <td></td> <td>3. H2SO4</td> <td>Salt</td> </tr> <tr> <td>27010055</td> <td></td> <td></td> <td>1305</td> <td></td> <td>1</td> <td>X</td> <td></td> <td>4. NaOH</td> <td>Salt</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5. Zn. Acetate</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>6. MeOH</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>7. NaHSO4</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>8. ICE</td> <td></td> </tr> </tbody> </table>										CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	E. Coli	Enterococci	Preservative Key	REMARKS	G2NE1216		5/27/21	1005	SW	1	X		0. None	Fresh	20030474			1030		1	X		1. HCL	Fresh	27010070			1110		1	X		2. HNO3	Fresh	27010059			1130		1	X		3. H2SO4	Salt	27010055			1305		1	X		4. NaOH	Salt									5. Zn. Acetate										6. MeOH										7. NaHSO4										8. ICE	
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	E. Coli	Enterococci	Preservative Key	REMARKS																																																																																																				
G2NE1216		5/27/21	1005	SW	1	X		0. None	Fresh																																																																																																				
20030474			1030		1	X		1. HCL	Fresh																																																																																																				
27010070			1110		1	X		2. HNO3	Fresh																																																																																																				
27010059			1130		1	X		3. H2SO4	Salt																																																																																																				
27010055			1305		1	X		4. NaOH	Salt																																																																																																				
								5. Zn. Acetate																																																																																																					
								6. MeOH																																																																																																					
								7. NaHSO4																																																																																																					
								8. ICE																																																																																																					
<table border="1"> <thead> <tr> <th colspan="2">TURNAROUND REQUIREMENTS</th> <th colspan="2">REPORT REQUIREMENTS</th> <th colspan="2">INVOICE INFORMATION</th> </tr> </thead> <tbody> <tr> <td colspan="2"> RUSH (SURCHARGES APPLY) ☒ STANDARD REQUESTED FAX DATE N/A REQUESTED REPORT DATE N/A </td> <td colspan="2"> 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 </td> <td colspan="2"> P.O. # B10739 Bill to: </td> </tr> </tbody> </table>										TURNAROUND REQUIREMENTS		REPORT REQUIREMENTS		INVOICE INFORMATION		RUSH (SURCHARGES APPLY) ☒ STANDARD REQUESTED FAX DATE N/A REQUESTED REPORT DATE N/A		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		P.O. # B10739 Bill to:																																																																																									
TURNAROUND REQUIREMENTS		REPORT REQUIREMENTS		INVOICE INFORMATION																																																																																																									
RUSH (SURCHARGES APPLY) ☒ STANDARD REQUESTED FAX DATE N/A REQUESTED REPORT DATE N/A		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		P.O. # B10739 Bill to:																																																																																																									
<table border="1"> <thead> <tr> <th colspan="2">Relinquished By</th> <th colspan="2">Received By</th> </tr> </thead> <tbody> <tr> <td>Signature</td> <td>Signature</td> <td>Signature</td> <td>Signature</td> </tr> <tr> <td>Printed Name</td> <td>Printed Name</td> <td>Printed Name</td> <td>Printed Name</td> </tr> <tr> <td>Firm</td> <td>Firm</td> <td>Firm</td> <td>Firm</td> </tr> <tr> <td>Date/Time</td> <td>Date/Time</td> <td>Date/Time</td> <td>Date/Time</td> </tr> </tbody> </table>										Relinquished By		Received By		Signature	Signature	Signature	Signature	Printed Name	Printed Name	Printed Name	Printed Name	Firm	Firm	Firm	Firm	Date/Time	Date/Time	Date/Time	Date/Time																																																																																
Relinquished By		Received By																																																																																																											
Signature	Signature	Signature	Signature																																																																																																										
Printed Name	Printed Name	Printed Name	Printed Name																																																																																																										
Firm	Firm	Firm	Firm																																																																																																										
Date/Time	Date/Time	Date/Time	Date/Time																																																																																																										
Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us																																																																																																													