

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: Pro DSS Bruce

RQ: 2021-05-17-16

Project: SMP Pellicer +

Tribs

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.	K McDonald	6/3/21	0728	23.2	761.9	8.6	-	100.2	-	1.039	P/F	L/F
ICV	↓	↓	0729	23.2	761.9	8.6	8.58	100.4	-	1.039	P/F	L/F
CCV	B Davis	↓	1623	21.3	761.1	8.9	8.84	99.7	/	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.	K McDonald	6/3/21	0731	201222B	01/2022	1000	1000	P/F	L/F
ICV	↓	↓	0735	200902C	09/2021	1413	1403	P/F	L/F
CCV	B Davis	↓	1626	201222A	1/22	100	102.6	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.	K McDonald	6/3/21	0739	2010F27	10/2022	7.00	23.6	7.00	-24.0	P/F	L/F
Calibr.	↓	↓	0741	2103G59	03/2023	4.00	23.6	4.00	145.0	P/F	L/F
Calibr.	↓	↓	0745	2103F53	09/2022	10.02	23.2	10.02	-189.1	P/F	L/F
ICV	↓	↓	0749	2103G59	03/2023	4.00	23.6	4.00	145.0	P/F	L/F
CCV	B Davis	↓	1627	2010F27	10/22	7.01	22.2	7.01	-23.0	P/F	L/F
CCV	↓	↓	1629	2103F53	9/22	10.02	22.3	10.03	-190.5	P/F	L/F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 $\pm$ 50; mV pH 4 Range +180 $\pm$ 50; mV pH 10 Range -180 $\pm$ 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	K McDonald	6/3/21	0750	0.000	000	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:

Also applies to RQ-2021-05-17-37

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date: <u>6/3/2021</u> Customer: <u>NE-DIST</u> RQ: <u>RQ-2021-05-17-16</u>	Collected By: <u>Kelly McDonald, Brian Davis</u> Sampling Agency: <u>FDEP</u> Project ID: <u>SMP</u>
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PLEASE RETURN THE ORIGINAL OF THIS FORM WITH SAMPLE SUBMITTAL
FORMS AND THE COOLER PACKING WORKSHEET TO THE LAB

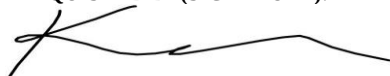
Number of Coolers Shipped: 2

Delivery Method: FedEx

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

Site Location	Field ID/WIN ID
Stevens Branch East Branch at CR204	 G5NE0600
STEVENS BRANCH S OF PELICER CEMETERY OFF CR 204	 27010070
PRINGLE BR UNNAMED DIRT RD 0.5MI S DAVE BR	 27010203
PELLICER CREEK above Schoolhouse Br	 G5NE0598
SchoolHouse Branch at RR tracks	 G5NE0599
Cracker Branch @ Pellicer Creek campground	 G5NE0582
CRACKER BRANCH 1.3MI N CR 204	 27010063

RELINQUISHED BY(SIGNATURE):



DATE/TIME: 6/3/2021
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: Stevens Branch East Branch at CR204 **Date:** 6/3/2021
WIN/Field ID: G5NE0600 **WBID:** 2551A **ENR:** - **Latitude:** 29.6564
County: ST. JOHNS **Org ID:** 21FLA **Longitude:** -81.33
Receiving Body of Water: Upper East Coast **RQ:** 2021-05-17-16

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Kelly McDonald		x		x	x
☒	Brian Davis	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# PRO DSS BRUCE					
Photos: YES		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: BD 07/07/2021
Enter Field Parameters, Verify Station ID In LIMS DMT: QC Station ID, Field Parameters In LIMS DMT: (Initials/Date) (Initials/Date)
Scan/Save Field Sheets Migrate Data to WIN: Verify Data In WIN: (Initials/Date) (Initials/Date) (Initials/Date)



RQ-2021-05-17-16

Customer: WQAP

Project ID: SMP

Collected By: Kelly McDonald, Brian Davis

Field Report Prepared By: Kelly McDonald

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



G5NE0600

Location: Stevens Branch East Branch at CR204

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)
6/3/2021	1030 EST	6.65	78.3	23.4	7.74	0.1	0.2 ☒ VOB (S)	0.2	544	0.26
	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 # _____ Exp: _____	☐ Ice ☐ H2SO4*	☐ <2		
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 # _____ Syringe Lot # _____	☐ Ice			
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	C
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
Brian Davis

Signature:

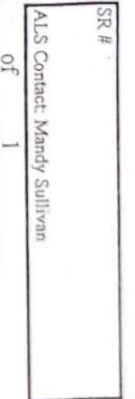
Kelly A. McDonald

Date:

6/3/2021

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution



ATC Contact: Mandy Sullivan

Client Name FDEP-NE ROC						Project Number RO-2021-05-17-110								
Report To Dep-OverFlowmicro@dep.state.fl.us						Report CC								
Company/Address 8800 Baymeadows Way W Jacksonville, FL 32256														
Phone # 904-256-1700						FAX #								
Sampler's Signature <i>Kelly McDonald</i>						Sampler's Printed Name Kelly A McDonald								
CLIENT SAMPLE ID		LAB ID		SAMPLING DATE TIME		Matrix		NUMBER OF CONTAINERS						
G5NE06000				6/3	1030	SW	1	X	E.Coli					
27010070					1100		1	X	Enterococci					
27010203					1135		1	X						
G5NE0599					1330		1	X						
G5NE0598					1315		1	X						
G5NE0582					1415		1	X						
270100103				V	1430	V	1	X						
Special Instructions/Comments: Email Report to: Dep-OverFlowmicro@dep.state.fl.us														
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														
REMARKS Fresh														
TURNAROUND REQUIREMENTS RUSH (SURCHARGES APPLY) X STANDARD REQUESTED FAX DATE REQUESTED REPORT DATE														
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 Bill to:														
Relinquished By Signature <i>Kelly McDonald</i> Printed Name Kelly A McDonald Firm FDEP NE ROC Date/Time 6/3/21 1538			Received By Signature <i>[Signature]</i> Printed Name Chris Weigand Firm ATIS Date/Time 6/3/21 1539			Relinquished By Signature Printed Name Firm Date/Time			Received By Signature Printed Name Firm Date/Time					