



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PLAN FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: PRINGLE BR UNNAMED DIRT RD 0.5MI S DAVE BR **Date:** 8/25/2021
WIN/Field ID: 27010203 **WBID:** 2577 **ENR:** - **Latitude:** 29.6327
County: FLAGLER **Org ID:** 21FLA **Longitude:** -81.31
Receiving Body of Water: Upper East Coast **RQ:** 2021-08-16-14

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Jeremy Parrish		x		x	x
☒	Jessica Lee	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:		Tide Times: High: Low:							
Biological Samples Collected: ☒ None ☐ HA ☐ SCI ☐ RPS ☐ Algae ID ☐ LVS ☐ LVI Other:													
SBIO ID Numbers:													
Notes: HUMID													

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_DDDMMYYY)
DI Source:		Location:	
DI Type:		Equipment ID:	
DI Container (Name/ID):		DI Container Type:	

LIMS EVENT ID: WIN Import ID: 28839
Enter Field Parameters, Verify Station ID In LIMS DMT: QC Station ID, Field Parameters In LIMS DMT: BD 09/07/2021
(Initials/Date) (Initials/Date)
Scan/Save Field Sheets *JP* 08/25/2021 Migrate Data to WIN: JP 9/29/2021 Verify Data In WIN:
(Initials/Date) (Initials/Date) (Initials/Date)



RQ-2021-08-16-14

Customer: WQAP

Project ID: SMP

Collected By: Jeremy Parrish, Jessica Lee

Field Report Prepared By: Jeremy Parrish

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



27010203

Location: PRINGLE BR UNNAMED DIRT RD 0.5MI S
DAVE BR

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Fresh

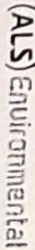
(Check one)

☒ 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)		
	1035 EST	5.55	66.3	24.1	7.13	0.04	0.221 ☒ VOB (S)	0.221	279.3	0.13		
8/25/2021												
	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	1	A		
		Lot #	Sa1105060		Exp:	4-30-22						
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			1	A		
		Filter Lot #	R1cb73980									
		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			1	A		
Physical/Aggregate (Marine) (P-1L)		☐ Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY				☐ Ice						
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	☐ Ice						
Phytoplankton/Periphyton		W-PCL-TQ-R	W-CARB-AA (5 ml of MCAA** Buffer Solution)	DTY-QN-C	PKD-QN-BV	☐ Ice						
Name: Jeremy Parrish Jessica Lee					Signature: <i>Jessica Lee</i>				Date: 08/25/2021			

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution



SR #

ALS Contact Mandy Sullivan

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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	FDEP-NE ROC								
Project Number	RO-2021-08-16-14								
Report To	Report CC								
Dep-Overflowmicro@dep.state.fl.us	Felliceel Tribbs								
Company/Address	8800 Baymeadows Way W Jacksonville, FL 32256								
Phone #	904-256-1700								
FAX #									
Sampler's Signature	Jenny Lemel								
Sampler's Printed Name	Jenny Lemel								
CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	TIME	MATRIX	NUMBER OF CONTAINERS				
65NE0598		8/25/21	900	SW	1	X			
65NE0599			915	1	X				
65NE0600			945	1	X				
27010062			955	1	X				
27010070			1015	1	X				
27010203			1035	1	X				
65NE0582			1100	1	X				
27010063			1115	1	X				
Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us					TURNAROUND REQUIREMENTS				
Retinquished By: <u>Jenny Lemel</u> Signature: <u>[Signature]</u> Printed Name: <u>Jenny Lemel</u> Firm: <u>ATIS</u> Date/Time: <u>8/25/21 1205</u>					REPORT REQUIREMENTS				
Received By: <u>[Signature]</u> Signature: <u>[Signature]</u> Printed Name: <u>[Name]</u> Firm: <u>[Firm]</u> Date/Time: <u>[Date/Time]</u>					INVOICE INFORMATION				
Requested By: <u>[Signature]</u> Signature: <u>[Signature]</u> Printed Name: <u>[Name]</u> Firm: <u>[Firm]</u> Date/Time: <u>[Date/Time]</u>					P.O. # <u>B10739</u> Bill to: <u>[Address]</u> Requested Report Date: <u>[Date]</u> Requested Report Date: <u>[Date]</u> Requested Report Date: <u>[Date]</u>				