FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PLAN FIELD SHEET

January 2020

Meter Passed End of Day CCV Yes / No

WIN Station Name: PELLICER CR AT US 1 **Date:** 8/25/2021

WIN/Field ID: 27010016 **WBID:** 2580B **ENR:** ENRT4 **Latitude:** 29.6513

County: FLAGLER **Org ID:** 21FLA **Longitude:** -81.29

Receiving Body of Water: Upper East Coast **RQ-** 2021-08-23-12

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Kimberly Appleby		x		x	x
[x] Brian Davis	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# DESI

Photos: NA **Flow:** FLOW **Tide:** RISING **Tide Times:** High: Low:

Biological Samples Collected: [x] 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_DDMMYYYY)

DI Source: _____ **Location:** _____

DI Type: _____ **Equipment ID:** _____

DI Container (Name/ID): **DI Container Type:**

28840

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:** BD 09/07/2021 (Initials/Date)

Scan/Save Field Sheets BD 09/07/2021 (Initials/Date) **Migrate Data to WIN:** JP 9/29/2021 (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

RQ-2021-08-23-12
Customer: WQAP
Project ID: SMP

Collected By: Kimberly Appleby, Brian Davis
Field Report Prepared By: Kimberly Appleby
Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID: 27010016

Location: PELLICER CR AT US 1

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Fresh

(Check one) ☒ GRAB ☐ COMPOSITE

Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C⁰)	pH	Sample Depth (m)	Secchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPTh)
	1400 EST	3.98	50.3	27.3	7.11	0.3	0.5 ☐ VOB (S)	3.5	220.2	0.1
8/25/2021										
	1403 EST	4.07	49.3	25	7	3			211.2	0.1

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		
	Lot # **Exp:**				
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD	☐ Ice ☐ HNO_3*	☐ <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 Lot #**	☐ Formalin			
Periphyton (PT-50ML)	☐ ALGAE-ID	☐ Ice			
Microbiology (Contract Lab Bottle)	☒ E Coli ☒ F Coli ☐ Enterococci ☒ Contract Lab	☒ Ice		2	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: Kimberly Appleby, Brian Davis

Signature: Kimberly Appleby

Date: 8/25/2021

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

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

ALS Environmental

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

SR #

ALS Contact: Mandy Sullivan

Client Name	Project Number
FDEP-NE ROC	RQ-2021- 08-23-17
Report To	**Report CC**
Dep-Overflowmicro@dep.state.fl.us	
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	Enterocool	F. Coli																REMARKS
					eservat	8	8																	
27010016		8/25/21	1400	SW	2	X		X																Fresh

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: Chelsea Weigand	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP NE ROC	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 8/25/21 1549	Date/Time: 8/25/21 1549	Date/Time	Date/Time	Date/Time	Date/Time