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:** 9/2/2021

WIN/Field ID: 27010016 **WBID:** 2580B **ENR:** **Latitude:** 29.651333

County: FLAGLER **Org ID:** 21FLA **Longitude:** -81.286556

Receiving Body of Water: - **RQ-** 2021-08-30-19

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

Photos: NO **Flow:** FLOW **Tide:** FALLING **Tide Times:** High: 750 Low: 1350

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

SBIO ID Numbers:

Notes:
PARTLY CLOUDY

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:** 29216 JP 10/22/21

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

Scan/Save Field Sheets (Initials/Date) **Migrate Data to WIN:** (Initials/Date) **Verify Data In WIN:** (Initials/Date)

RQ-2021-08-30-19
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)
	1105 EST	5.49	66.3	24.9	6.78	0.3	0.4 ☐ VOB (S)	2.4	166.4	0.08
9/2/2021										
	1112 EST	5.59	67.5	24.9	6.91	1.9			176.5	0.08

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 ☐ H_2SO_4*	☐ <2		
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD **Lot #** **Exp:**	☐ Ice ☐ HNO_3*	☐ <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 Lot #**	☐ Formalin			
Periphyton (PT-50ML)	☐ ALGAE-ID	☐ Ice			
Microbiology (Contract Lab Bottle)	☐ E Coli ☒ F Coli ☒ Enterococci ☒ Contract Lab	☒ Ice		2	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-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: 9/2/21

*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- 08-30-19
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	Enterococci	F. Coli	REMARKS
27010016		9/2/21	1105	SW	2		X	X	Fresh
GSNE0593		9/2/21	1150	SW	2		X	X	Fresh
27010965		9/2/21	1215	SW	2		X	X	~~Salt~~ 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

1.5

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: Victoria Spears	Printed Name:	Printed Name:	Printed Name:	Printed Name:
Firm: FDEP NE ROC	Firm: ALS	Firm:	Firm:	Firm:	Firm:
Date/Time: 9/2/21 1426	Date/Time: 9/2/21 1426	Date/Time:	Date/Time:	Date/Time:	Date/Time: