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: Desi RQ- 2021-06-21-15 Project: SMP-Pellicer Beat

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 5/18/21

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	6/22/21	0737	21.5	760.4	8.8	8.81	100.1	-	1.06	(P) / F	(L) F
ICV			0738	21.6	760.4	8.8	8.81	100.0	-	1.06	(P) / F	(L) F
CCV			1253	23.7	760.6	8.5	8.48	100.1	-	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 µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	J. Lee	6/22/21	0744	210426B	5/22	1000	1000	(P) / F	(L) / F
ICV			0749	210426A	5/22	100	101.9	(P) F	(L) / F
CCV			1259	210426D	5/22	20000	20057	(P) / F	(L) / F
CCV								P / F	L / F

Conductivity Acceptance criteria ± 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	6/22/21	0751	2012E39	12/22	7.02	20.7	7.02	-14.1	(P) / F	(L) / F
Calibr.			0753	2103G59	3/22	4.00	20.7	4.00	165.1	(P) / F	(L) / F
Calibr.			0754	2103F53	9/22	10.04	21.1	10.04	-183.6	(P) / F	(L) / F
ICV			0756	2103G59	3/22	4.00	20.8	4.00	163.2	(P) / F	(L) / F
CCV			1305	2103F53	9/22	10.03	21.8	10.09	-188.8	(P) / F	(L) / F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 50;
If mV are recorded: slope from 7 to 10 169.5, slope from 4 to 7 179.2 (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: 5/27/21
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	6/22/21	0757	0.00	0.00	(P) / F	(L) F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria ± 5 % or ± 0.05m, whichever is greater.

COMMENTS:

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date:	6/22/2021	**Collected By:**	6/22/2021 1600
Customer:	NE-DIST	**Sampling Agency:**	FDEP
RQ:	RQ-2021-06-21-15	**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: 2 **Delivery Method:** FedEx

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

Site Location	Field ID/WIN ID
PELLICER CR AT US 1	27010016
Pellicer 1.3 mi downstream of I95	G5NE0593
PELLICER CR. AT FAVER DYKES BT.RMP.	27010965

RELINQUISHED BY(SIGNATURE):

DATE/TIME: 6/22/2021 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: Pellicer 1.3 mi downstream of I95 **Date:** 6/22/2021

WIN/Field ID: G5NE0593 **WBID:** 2580B **ENR:** ENRT4 **Latitude:** 29.6595

County: ST. JOHNS **Org ID:** 21FLA **Longitude:** -81.27

Receiving Body of Water: Upper East Coast **RQ-** 2021-06-21-15

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Jessica Lee		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**
- [x] **Electric Motor**
- [ ] **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:**

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 07/07/2021 (Initials/Date)

Scan/Save Field Sheets JL 06/22/2021 (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

RQ-2021-06-21-15
Customer: WQAP
Project ID: SMP

Collected By: Jessica Lee, Brian Davis
Field Report Prepared By: Jessica Lee
Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID: G5NE0593

Location: Pellicer 1.3 mi downstream of I95

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Marine

(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)
6/22/2021	1000 EST	4.74	59.2	26.3	7.08	0.3	0.7 ☐ VOB (S)	1.8	1281	0.64
	1002 EST	4.16	51.8	26.7	7.02	1.3	Central Lab please use top row for login purposes		2594	1.33

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 ☒ $H2SO_4$*	☒ <2	1	B
	Lot # SA0293040 **Exp:**	10/19/21			
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		1	B
	Filter Lot # R0NB29490				
	Syringe Lot #				
Chlorophyll (BP-1L)	☒ CHLSUITE-W	☒ Ice		1	B
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		1	B
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		2	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-TQ-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:
Jessica Lee
Brian Davis

Signature: Jessica Lee

Date: 06/22/2021

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

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CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM

SR #

ALS Contact: Mandy Sullivan

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

Client Name: FDEP-NE ROC	Project Number: Petticoat RQ-2021- 06-21-15
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: J Lee	Sampler's Printed Name: J. Lee

ANALYSIS REQUESTED (Include Method Number and Container Preservative)

CLIENT SAMPLE ID	LAB ID	SAMPLING DATE	SAMPLING TIME	Matrix	NUMBER OF CONTAINERS	Preservat 8 (Treated Eff)	8 Enterococci	REMARKS
27010016		6/22/21	0935	SW	2	X	X	Marine
G5NE0593			1000		2	X	X	
27010965			1025		2	X	X	

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

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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: J Lee	Signature: Chelsea Weigand	Signature	Signature	Signature	Signature
Printed Name: J. Lee	Printed Name: Chelsea Weigand	Printed Name	Printed Name	Printed Name	Printed Name
Firm: FDEP	Firm: ALS	Firm	Firm	Firm	Firm
Date/Time: 6/22/21 1157	Date/Time: 6/22/21 1157	Date/Time	Date/Time	Date/Time	Date/Time