

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: **154179**

RQ: **2021-02-01-64**

Project: **SMP**

- 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 **2/9/21**

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.	M. Butler	4/14/21	8:02	22.5	762	8.7	8.69	100.1			P F	L F
ICV	↓	↓	8:16	21.4	764	8.9	9.18	103.6			P F	L F
CCV	↓	↓	13:40	21.7	765	8.9	9.17	103.9			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 hos/cm	Meter Reading μ hos/cm	Pass / Fail	Lab / Field
Calibr.	MB	4/14/21	8:05	200124B	8/21	1000	1000	P F	L F
ICV	↓	↓	8:07	201013A	10/21	100	102.2	P F	L F
CCV	↓	↓	13:30	201013A	10/21	100	103.2	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.	MB	4/14/21	8:08	202114	5/22	7.0	22.0	7.01	-38.7	P F	L F
Calibr.	↓	↓	8:11	203620	6/22	4.0	22.0	4.00	142.2	P / F	L / F
Calibr.	↓	↓	8:13	201473	5/22	10.0	22.0	10.00	209.2	P / F	L / F
ICV	↓	↓	8:15	203620	6/22	4.0	22.1	3.90	146.4	P F	L F
CCV	↓	↓	13:32	202114	5/22	7.0	21.9	6.98	-34.2	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 $+180 \pm 50$; mV pH 10 Range -180 ± 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: **2/9/21**

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	M. Butler	4/14/21	8:20	0.00	0.00	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:

DO acting funny. Barely passed

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date: 4/14/2021
Customer: NW-DIST
RQ: RQ-2021-02-01-64

Collected By: Miranda Butler, Nathan Mulkey
Sampling Agency: FDEP
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: 1

Delivery Method: UPS

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

Site Location	Field ID/WIN ID
Eagle Creek upstream of Hwy 20	 G3NW0151

RELINQUISHED BY(SIGNATURE):



DATE/TIME: 4/14/2021

1000

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: Eagle Creek upstream of Hwy 20 **Date:** 4/14/2021
WIN/Field ID: G3NW0151 **WBID:** 751 **ENR:** **Latitude:** 30.46382129
County: WALTON **Org ID:** 21FLPNS **Longitude:** -86.3762151
Receiving Body of Water: Choctawhatchee - St. Andrew **RQ:** 2021-02-01-64

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Myranda Butler		x		x	
☒	Nathan Mulkey	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# 154179 (PRODSS)					
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: CEN	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:
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-2021-02-01-64

Customer: WQAP

Project ID: SMP

Collected By: Myranda Butler, Nathan Mulkey

Field Report Prepared By: Myranda Butler

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



G3NW0151

Location: Eagle Creek upstream of Hwy 20

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)
4/14/2021	1000 CEN	4.3	46.7	19.6	4.82	0.3	0.5 ☒ VOB (S)	0.5	27	0.01
							Central Lab please use top row for login purposes			
	CEN									

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 # 0293040 Exp: 10/19/2021				
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 # 17097890				
	Syringe Lot # 0079929				
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			
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 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	☐ Ice			
	☐ W-PCL-SQ-R ☐ W-CARB-AA (5 ml of MCAA** Buffer Solution) ☐ W-DIELDRIN				
Phytoplankton/Periphyton	☐ DTM-QL-C ☐ PEN-QL-C ☐ DTY-QN-C ☐ PKD-QN-C	☐ Ice			
	☐ DTM-QN-C ☐ PRN-QN-C ☐ PKD-QN-BV				

Name:
Myranda Butler
Nathan Mulkey

Signature:

Nathan Mulkey

Date:

4/14/2021

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

SAMPLE TRANSMITTAL FORM
Document Reference # 05.1.0

Project: FDEP

Page 1 of 1

Date/Time: 4/14/21 / 1135

Date/Time: 4/14/2021 1135

Instructions: Fill in ~~all~~ fields except "Lab ID" on sample transport form completely. Each sample container must use a separate line. Place this form in a waterproof bag and place it with the samples for transport. If a field log or other chain of custody is attached, that information may be referenced on this form and the log or COC attached.

[illegible]

Comments: Sample Container lot# L19303
Surface water, no chlorine expected

RQ - 2021-02-01-64

Contact organization FDEP

Contact name Myranda Butler

Phone: 850-630-4849

Address 160 Governmental Center, suite 308, Pensacola, FL 32502

Sampler's name: M. Butler

¹Matrix examples: SW = surface water, PW = pore water, GW = ground water, FW = Freshwater, MW = Marine Water, BW = Brackish Water, S = soil/sediment, Other X =

²Type codes: G = grab, C = composite, X =

Eurofins TestAmerica, Pensacola
3355 McLemore Drive
Pensacola, FL 32514-7045
phone 850.474.1001 fax 850.474.4789 or 850.478.2671

Chain of Custody Record



Environment Testing
TestAmerica

TestAmerica Laboratories, Inc. d/b/a Eurofins TestAmerica

Regulatory Program: ☐ DW ☐ NPDES ☐ RCRA ☒ Other: TMDL

Project Manager: Kara Sprague

Email: dep-overflowmicro@dep.state.fl.us

Tel/Fax: 850-245-8826

Analysis Turnaround Time

☒ CALENDAR DAYS ☐ WORKING DAYS

TAT if different from Below

☒ 2 weeks

☐ 1 week

☐ 2 days

☐ 1 day

Project Name: NW/ROC-SMP RQ-2021-02-01-64

Site: Eagle Creek Cont Mont Run

P O # B7CCF3

Client Contact

Florida Department of Environmental Protection

2600 Blair Stone Rd.

Tallahassee, FL 32301

Phone

FAX

Contact: Michael King

Contact #: 850-595-0605

Date: 4/14/21 11:52

Carrier: Hand delivered

COC No: 660-90793-29403.1

1 of 1 COCs

Sampler: M. Butler

For Lab Use Only:

Walk-in Client:

Lab Sampling:

Job / SDG No.:

Sample Identification

G3NW0151 Eagle Creek

Sample Date

4/14/21 10:00

Sample Time (CTZ)

G

Sample Type (C=Comp, G=Grab)

W

Matrix

N

of Cont.

1

Filtered Sample (Y/N)

N

Perform MS / MSD (Y/N)

X

9222D - Fecal Coliforms (Membrane Filter)

Sample Specific Notes:

Preservation Used: 1= Ice, 2= HCl, 3= H2SO4, 4=HNO3, 5=NaOH, 6= Other

Possible Hazard Identification:

Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the sample in the Comments Section if the lab is to dispose of the sample.

☐ Non-Hazard

☐ Flammable

☐ Skin Irritant

☐ Poison B

☐ Unknown

☐ Return to Client

☐ Disposal by Lab

☐ Archive for Months

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

Custody Seals Intact: ☐ Yes ☐ No

Relinquished by:

Myrcanda Butler

Relinquished by:

Relinquished by:

Relinquished by:

Custody Seal No.:

Company: FDEP

Company:

Company:

Cooler Temp. (°C): Obs'd:

Received by:

Received by:

Received in laboratory by:

Therm ID No.:

Date/Time:

Date/Time:

Date/Time: