



## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## STRATEGIC MONITORING PLAN Field Sheet

July 2022

Meter  
Passed End  
of Day CCV

Yes / No

|                          |                                     |         |         |        |              |               |           |
|--------------------------|-------------------------------------|---------|---------|--------|--------------|---------------|-----------|
| WIN Station Name:        | Bull Creek @ Upstream of 441 Bridge |         |         |        | Sample Date: | 12/8/2022     |           |
| WIN / Field ID:          | G3CE0009                            | ORG ID: | 21FLCEN | ENR:   | -            | Latitude:     | 28.02896  |
| County:                  | Osceola                             | WBID:   | 3100    | STREAM |              | Longitude:    | -81.03932 |
| Receiving Body of Water: | Crabgrass Creek                     |         |         |        | RQ-          | 2022-10-10-13 |           |

| Sampling Team Members | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|-----------------|-------------------|---------------|--------------|--------------------|
| Katie March           | x               |                   | x             |              |                    |
| Victoria Schwartz     |                 | x                 |               | x            | x                  |
| Leif Boman            |                 | x                 |               | x            | x                  |
|                       |                 |                   |               |              |                    |

| Sampling Equipment  |                      |         |                |
|---------------------|----------------------|---------|----------------|
| x                   | Sample Container     |         | Carboy         |
|                     | Dipper               |         | Van Dorn       |
|                     | Syringe              |         | Pole           |
|                     | Syringe Lot#         | 2090604 | Filter Lot#    |
|                     | Secchi Equipment ID: | Light   |                |
| Collection Method   |                      |         |                |
| x                   | Wading               |         | Canoe/Kayak    |
|                     | From Shore           |         | Electric Motor |
|                     |                      |         | Gasoline Motor |
| Depth Measured With |                      | Secchi  |                |

|                 |             |
|-----------------|-------------|
| Water Level:    | Normal      |
| Flow:           | Flowing     |
| Matrix:         | Fresh       |
| Tide Stage:     |             |
| High Tide:      |             |
| Low Tide:       |             |
| Photos:         | Yes         |
| Meter ID:       | Shrimp Trap |
| Depth Gauge ID: | depth_gauge |
|                 |             |

| Time Zone | Time | Total Depth (m) | Sample Depth (m) | DO (mg/L) | DO (%SAT) | Temp. (°C) | pH   | Secchi Disk (m) | Sp COND (µmhos/cm) | Salinity (PPTth) |
|-----------|------|-----------------|------------------|-----------|-----------|------------|------|-----------------|--------------------|------------------|
| EST       | 1337 | 1               | 0.3              | 2.11      | 23.4      | 20.3       | 4.78 | 0.3             | 103.6              | 0.05             |
|           |      |                 |                  |           |           |            |      |                 |                    |                  |
|           |      |                 |                  |           |           |            |      |                 |                    |                  |

|                               |            |        |         |       |                |     |          |         |
|-------------------------------|------------|--------|---------|-------|----------------|-----|----------|---------|
| Biological Samples Collected: | HA LVS RPS |        |         |       |                |     |          |         |
| SBIO Visit ID:                | 85925      | HA ID: | RPS ID: | 10026 | Macrophyte ID: | N/A | LIMS ID: | 2374329 |

| Parameter Suite          | Parameter Methods (LIMS Test Codes)         |                               |                 | Preservation |                                                                                              |           |            |            |
|--------------------------|---------------------------------------------|-------------------------------|-----------------|--------------|----------------------------------------------------------------------------------------------|-----------|------------|------------|
|                          | Type                                        | Lot#                          | Expiration Date | pH Check     |                                                                                              |           |            |            |
| Microbiology             | E. coli                                     |                               |                 | ICE          |                                                                                              |           |            |            |
| Chlorophyll              | CHLSUITE-W                                  |                               |                 | ICE          |                                                                                              |           |            |            |
| Physical/Aggregate       | ALKALINITY, TURBIDITY, W-F, W-TSS           |                               |                 | ICE          |                                                                                              |           |            |            |
| Nutrients                | W-CL-IC, W-COLOR, W-SO4-IC, W-TDS           |                               |                 | ICE          |                                                                                              |           |            |            |
| Filtered Nutrients       | W-PO4-F                                     | Field Filtered 0.45 µm Filter |                 | ICE          | Syring Lot#:2090604; Filter Lot#:17413308                                                    |           |            |            |
| Acid Preserved Nutrients | W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP |                               |                 | ICE          | H2SO4*                                                                                       | SA2229010 | 08/30/2023 | H2SO4 pH<2 |
| Metals                   | W-ICPMS                                     | W-ICP                         | W-HARD          | ICE          | HNO3**                                                                                       | NA1105100 | 06/07/2023 | HNO3 pH<2  |
| Organics (LC)            | W-E8321-DI                                  | W-E8321-MS                    |                 | Ice          |                                                                                              |           |            |            |
| Macroinvertebrates       |                                             |                               |                 |              |                                                                                              |           |            |            |
| Organics (GC)            | W-PSNP-TQ                                   | W-TR-SQ-R                     |                 | Ice          | *2.0 ml of H2SO4 Used Unless Noted Otherwise<br>**2.0 ml of HNO3 Used Unless Noted Otherwise |           |            |            |
| Molecular                |                                             |                               |                 |              |                                                                                              |           |            |            |
| Periphyton               |                                             |                               |                 |              |                                                                                              |           |            |            |
| Phytoplankton            |                                             |                               |                 |              |                                                                                              |           |            |            |
| BOD                      |                                             |                               |                 |              |                                                                                              |           |            |            |
| DOC                      |                                             |                               |                 |              | SyringLot#                                                                                   |           | FilterLot# |            |
| Other(s)                 |                                             |                               |                 |              |                                                                                              |           |            |            |
| Field Comments:          |                                             |                               |                 |              |                                                                                              |           |            |            |
| Comments on COC:         |                                             |                               |                 |              |                                                                                              |           |            |            |
| Relinquish Date:         | 12/08/2022                                  | Signature:                    |                 |              |                                                                                              |           |            |            |

LIMS EVENT ID: CEN-DIST-2022-12-12-01

WIN Import ID: 37731

Enter Field Parameters, Verify Station ID in LIMS DMT: KWM 12/20/22

QC Station ID, Field Parameters in LIMS DMT: VLS 1/10/23

Save Field Sheets on Network: KWM 1/27/23 (Initials/Date)

Migrate Data to WIN: KWM 1/27/23 (Initials/Date)

# DEP Form FD 9000-3 Physical/Chemical Characterization Field Sheet

SAMPLE ID \_\_\_\_\_ ORG ID \_\_\_\_\_ LATITUDE \_\_\_\_\_  
 COUNTY Osceola STORET # 63C20009 LONGITUDE \_\_\_\_\_  
 DATE 12/8/22 TIME \_\_\_\_\_ SAMPLING AGENCY \_\_\_\_\_  
 SITE NAME Little Creek / Bull Creek @ upstream of 441 Bridge  
 FIELD ID/NAME \_\_\_\_\_ RECEIVING BODY OF WATER \_\_\_\_\_

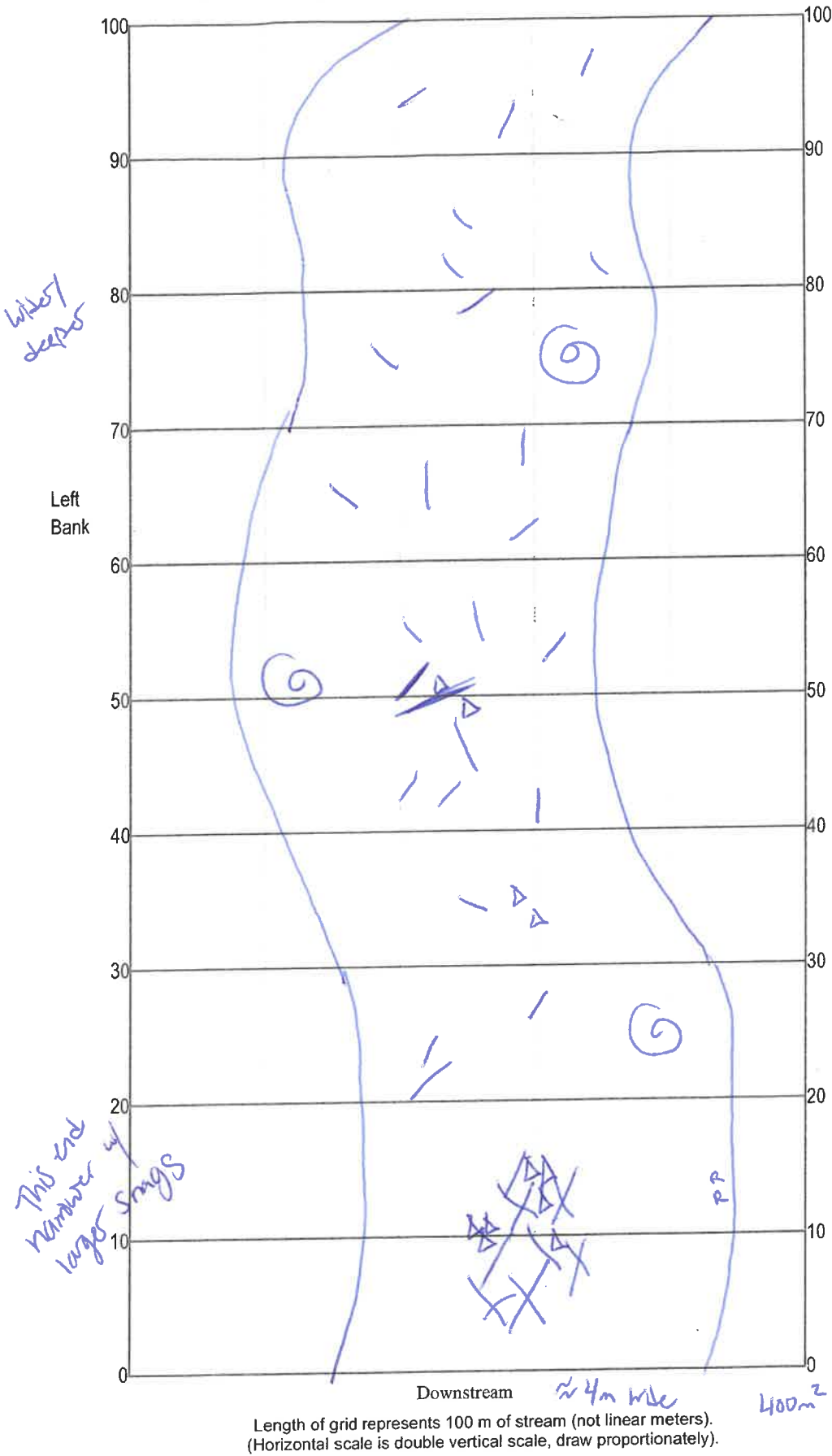
## RIPARIAN ZONE / STREAM FEATURES

|                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                                                                              |  |  |  |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------|
| <b>PREDOMINANT LAND-USE IN WATERSHED</b> (specify relative percent in each category):<br>Forest/Natural <u>100</u> Silviculture _____ Field/Pasture _____ Agricultural _____ Residential _____ Commercial _____ Industry _____ Other (Specify) _____                                                                                                               |  |  |  |                                                                                                                                                                                                              |  |  |  | <b>Landscape Development Intensity Index (LDI)</b><br>_____ |
| Local Watershed Erosion (select one): <input type="checkbox"/> None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy<br>Local Watershed NPS Pollution: <input type="checkbox"/> No evidence <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy |  |  |  | <b>Typical Width (m) Depth (m)/Velocity (m/sec) Transect</b><br>_____ m wide<br>_____ m/s <u>6.1</u> m/s _____ m/s<br>_____ m deep <u>1</u> m deep _____ m deep                                              |  |  |  |                                                             |
| <b>Width of Riparian Vegetation (m) on Each Buffer Side</b><br>Left Bank: <u>&gt;18</u> Right Bank: <u>&gt;18</u>                                                                                                                                                                                                                                                  |  |  |  | <b>Hydrologic Modification Score</b> (per FT 3101) _____                                                                                                                                                     |  |  |  |                                                             |
| <b>High Water Mark:</b> <u>0.4</u> + <u>1</u> = <u>1.4</u><br>(m) (above present water level) (present depth) (above bed)                                                                                                                                                                                                                                          |  |  |  | <b>Artificially Impounded</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                         |  |  |  |                                                             |
| <b>Artificially</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Mostly recovered, more sinuous<br><b>Channelized:</b> <input type="checkbox"/> Some recovery <input type="checkbox"/> Recent, severe                                                                                                                                           |  |  |  | <b>Canopy Cover %</b> <input type="checkbox"/> Open <input type="checkbox"/> Lightly Shaded (11-45%)<br><input type="checkbox"/> Heavily Shaded <input checked="" type="checkbox"/> Moderate Shaded (46-80%) |  |  |  |                                                             |

## SEDIMENT / SUBSTRATE

| <b>Sediment Oils</b><br><input checked="" type="checkbox"/> Absent <input type="checkbox"/> Slight<br><input type="checkbox"/> Moderate <input type="checkbox"/> Profuse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                           | <b>Sediment Odors</b><br><input type="checkbox"/> Normal <input type="checkbox"/> Sewage <input type="checkbox"/> Petroleum<br><input type="checkbox"/> Chemical <input type="checkbox"/> Anaerobic<br><input type="checkbox"/> Other (Specify): _____ |             |                           | <b>Smothering of Substrates</b><br>Sand Smothering: None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/><br>Silt Smothering: None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/><br>Algae Smothering: None <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------|--|--|------------------------|--|--|--|-------------------------|--|--|--|--------------------------|--|--|--|------------------------|--|--|--|-----------|--|--|--|-------------------------|--|--|--|-------------|--|--|--|-------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|-----------|------------|---------|-------------|--------------|-----------------|----------------|------------|------|--|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|------------------------------|--------|--|--|--|--|--|--|--|--|
| <b>SUBSTRATE TYPE</b><br>Assessment Tool: <input type="checkbox"/> SCI <input checked="" type="checkbox"/> RPS <input type="checkbox"/> LVS<br><input type="checkbox"/> LCI <input type="checkbox"/> BioRecon<br><table border="1"> <thead> <tr> <th></th> <th>% Coverage</th> <th>INVERT<br/># Times Sampled</th> <th>PERI<br/># Times Sampled</th> </tr> </thead> <tbody> <tr><td>Woody Debris (Snags)</td><td></td><td></td><td></td></tr> <tr><td>Undercut Banks / Roots</td><td></td><td></td><td></td></tr> <tr><td>Leaf Packs or Mat .....</td><td></td><td></td><td></td></tr> <tr><td>Aquatic Vegetation .....</td><td></td><td></td><td></td></tr> <tr><td>Rock or Shell Rubble..</td><td></td><td></td><td></td></tr> <tr><td>Sand.....</td><td></td><td></td><td></td></tr> <tr><td>Mud / Muck / Silt .....</td><td></td><td></td><td></td></tr> <tr><td>Other .....</td><td></td><td></td><td></td></tr> <tr><td>Other .....</td><td></td><td></td><td></td></tr> </tbody> </table> |            |                           |                                                                                                                                                                                                                                                        | % Coverage  | INVERT<br># Times Sampled | PERI<br># Times Sampled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Woody Debris (Snags) |                              |  |  | Undercut Banks / Roots |  |  |  | Leaf Packs or Mat ..... |  |  |  | Aquatic Vegetation ..... |  |  |  | Rock or Shell Rubble.. |  |  |  | Sand..... |  |  |  | Mud / Muck / Silt ..... |  |  |  | Other ..... |  |  |  | Other ..... |  |  |  | <b>WATER QUALITY</b><br><table border="1"> <thead> <tr> <th></th> <th>Depth (M)</th> <th>Temp. (°C)</th> <th>pH (SU)</th> <th>D.O. (MG/L)</th> <th>D.O. Sat (%)</th> <th>Cond. (UMHO/CM)</th> <th>Salinity (PPT)</th> <th>SECCHI (M)</th> </tr> </thead> <tbody> <tr><td>Top:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Mid:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> VOB</td></tr> <tr><td>Bottom</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> Meter ID: _____ |  |  |  |  |  |  | Depth (M) | Temp. (°C) | pH (SU) | D.O. (MG/L) | D.O. Sat (%) | Cond. (UMHO/CM) | Salinity (PPT) | SECCHI (M) | Top: |  |  |  |  |  |  |  |  | Mid: |  |  |  |  |  |  |  | <input type="checkbox"/> VOB | Bottom |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | % Coverage | INVERT<br># Times Sampled | PERI<br># Times Sampled                                                                                                                                                                                                                                |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Woody Debris (Snags)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Undercut Banks / Roots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Leaf Packs or Mat .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Aquatic Vegetation .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Rock or Shell Rubble..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Sand.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Mud / Muck / Silt .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Depth (M)  | Temp. (°C)                | pH (SU)                                                                                                                                                                                                                                                | D.O. (MG/L) | D.O. Sat (%)              | Cond. (UMHO/CM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Salinity (PPT)       | SECCHI (M)                   |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Top:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Mid:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | <input type="checkbox"/> VOB |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| Bottom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                           | <b>Water Odors</b> Normal <input checked="" type="checkbox"/> Petroleum <input type="checkbox"/><br>Sewage <input type="checkbox"/> Chemical <input type="checkbox"/> Other <input type="checkbox"/>                                                   |             |                           | <b>Water Surface Oils</b> Normal <input checked="" type="checkbox"/> Sheen <input type="checkbox"/><br>Globbs <input type="checkbox"/> Slick <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                          |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                           | Water Sample Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Sample Preserved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: _____ Exp: _____                                       |             |                           | <b>Color</b> Tannic <input checked="" type="checkbox"/> Green (Algae) <input type="checkbox"/><br>Clear <input type="checkbox"/> Other (Specify) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                     |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                           | Algae Sample Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Sample Preserved? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: _____ Exp: _____                                                  |             |                           | <b>Clarity</b> Clear <input checked="" type="checkbox"/> Slightly Turbid <input type="checkbox"/><br>Turbid <input type="checkbox"/> Opaque <input type="checkbox"/><br><u>very dark but not turbid</u>                                                                                                                                                                                                                                                                                                                       |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| <b>ABUNDANCE</b><br>Not Obs. Rare Common Abundant<br>Periphyton: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Fish: <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/><br>Aquatic Plants: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Iron/Sulfur Bacteria: <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                |            |                           | <b>System Type:</b> Stream <input type="checkbox"/> Lake <input type="checkbox"/> Wetland <input type="checkbox"/> Estuary <input type="checkbox"/> Other (Specify) <input type="checkbox"/>                                                           |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| <b>AMBIENT FIELD CONDITIONS / NOTES:</b><br><input type="checkbox"/> The antecedent hydrologic conditions have been met to my best knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                           |                                                                                                                                                                                                                                                        |             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |
| <b>SAMPLING TEAM</b> <u>Katie March, Jeff Boman, Victoria Schwartz</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                           | <b>SIGNATURE:</b> <u>KMarch</u>                                                                                                                                                                                                                        |             |                           | <b>DATE:</b> <u>12/8/22</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                              |  |  |                        |  |  |  |                         |  |  |  |                          |  |  |  |                        |  |  |  |           |  |  |  |                         |  |  |  |             |  |  |  |             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |           |            |         |             |              |                 |                |            |      |  |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |                              |        |  |  |  |  |  |  |  |  |

# DEP Form FD 9000-4 Stream/River Habitat Assessment Sketch Sheet



Location: Little Creek

Date: 12/8/22

Sampler: Boman, March, Scher <sup>ant2</sup>

|                                                                                                                |                                                      |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 100 m: Latitude _____                                                                                          | Longitude _____                                      |
| 0 m: Latitude _____                                                                                            | Longitude _____                                      |
| Substrates: Code key, draw proportionate habitat abundance. %                                                  |                                                      |
| <input checked="" type="checkbox"/> Snags                                                                      | _____ %                                              |
| <input checked="" type="checkbox"/> Roots/undercut banks                                                       | _____ %                                              |
| <input checked="" type="checkbox"/> Leaf Packs (or mats)                                                       | _____ %                                              |
| <input type="checkbox"/> Aquatic Macrophytes                                                                   | _____ %                                              |
| <input type="checkbox"/>                                                                                       | _____ %                                              |
| <input type="checkbox"/>                                                                                       | _____ %                                              |
| <input checked="" type="checkbox"/> Pools                                                                      | total # observed = _____<br># range expected = _____ |
| Average width <u>4</u> m                                                                                       |                                                      |
| Average depth _____ m                                                                                          |                                                      |
| Velocity measured at _____ meter mark.                                                                         |                                                      |
| WQ & chemistry taken at _____ meter mark.                                                                      |                                                      |
| Habitat Smothering:<br>Note areas (on map) where sand or silt is smothering substrates, limiting habitability. |                                                      |
| Bank Stability:<br>Note areas (on map) with unstable, eroding banks.                                           |                                                      |
| Riparian Buffer Width:<br>Note areas (on map) where natural vegetation is altered or eliminated.               |                                                      |

Plants observed / other notes:

Lemma (barely any)

Deepest part ≈ 1m

DEP FORM FD 9000-32: LINEAR VEGETATION SURVEY FIELD SHEET

|                         |               |           |                         |
|-------------------------|---------------|-----------|-------------------------|
| Waterbody: Little Creek | Date: 12/8/20 | County: 0 | Storet Number: G3LEB000 |
|-------------------------|---------------|-----------|-------------------------|

Analyst: \_\_\_\_\_ Signature: K March

Comments: no LVS,  $< 2m^2$  veg

Instructions: Note taxa growing in the water with a checkmark if present, "D" if dominant, and "C" if codominant (dominance only if 1m<sup>2</sup> of taxa present). Note in the boxes below if no dominant are selected, and note total macrophyte abundance rank for each section. Only the most common taxa are listed, so use blank spaces for additional taxa names.

[illegible]

Leif Boman  
Katie March

# DEP FORM FD 9000-25 Rapid Periphyton Survey Field Sheet

| Site: <u>Little Creek</u> |                            |                                  |           |              | County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            | Date: <u>12/8/22</u>             |           | Investigators: <u>Wm Victoria Schwab</u> |                                                      |
|---------------------------|----------------------------|----------------------------------|-----------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-----------|------------------------------------------|------------------------------------------------------|
| Transect (m)              | Point<br>1=right<br>9=left | Algal Thickness Rank<br>(N-6, X) | Estimated | Canopy Cover | Transect (m)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Point<br>1=right<br>9=left | Algal Thickness Rank<br>(N-6, X) | Estimated | Canopy Cover                             | STORET Station Number: <u>63CED009</u>               |
|                           |                            |                                  |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          | 0                                                    |
| 2                         | 2                          |                                  |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 3                         | 2                          | ✓                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 4                         | 2                          | ✓                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 5                         | X                          | ✓                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 6                         | X                          | ✓                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 7                         | 2                          | ✓                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 8                         | 2                          |                                  |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 9                         | 2                          |                                  |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 10                        | 1                          | 2                                |           | 37           | 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                          | 2                                |           | 42 30                                    | # points ranked 4-6 <u>0</u>                         |
|                           | 2                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 3                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 4                          | X                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 5                          | X                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 6                          | X                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 7                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 8                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 9                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 20                        | 1                          | 2                                |           | 67           | 80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                          | 2                                |           | 27                                       | total points assessed                                |
|                           | 2                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 3                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 4                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 5                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 6                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 7                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 8                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 9                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 30                        | 1                          | 2                                |           | 82           | 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                          | 2                                |           | 17                                       | % points ranked 4-6                                  |
|                           | 2                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 3                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 4                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 5                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 6                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 7                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 8                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 9                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 40                        | 1                          | 2                                |           | 78           | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                          | 2                                |           | 20                                       | Check accompanying data collected at same site/date. |
|                           | 2                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 3                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 4                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 5                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 6                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 7                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 8                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 9                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
| 50                        | 1                          | 2                                |           | 72           | <p>Record "N" and check "Estimated" for points deeper than the Secchi depth; algae are presumed absent. Check "Estimated" if thickness estimated for deep points which can be seen but not reached.</p> <p>Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.</p> <p>Record canopy cover as the number of small densiometer quadrants (out of 96) that HAVE canopy cover. Measure facing upstream at point 4, 5, or 6.</p> <p>Collect algal mat sample following DEP SOP FS 7240 if the percentage of total sampled points with a thickness rank of 4, 5, or 6 is &gt;20%.</p> |                            |                                  |           |                                          |                                                      |
|                           | 2                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 3                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 4                          | X                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 5                          | X                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 6                          | 2                                | ✓         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 7                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 8                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |
|                           | 9                          | 2                                |           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |           |                                          |                                                      |

|                    |   |
|--------------------|---|
| Algal mat sample   |   |
| Linear Veg Survey  |   |
| Habitat Assessment | ✓ |
| SCI/Biorecon       |   |
| Water sample       | ✓ |
| RQ- 2022-10-10-13  |   |

| Algal Thickness Rank |                                         |
|----------------------|-----------------------------------------|
| N                    | rough, no algae, slimy, algae up to 1mm |
| 3                    | >1mm - 6mm                              |
| 4                    | >6mm - 20mm                             |
| 5                    | >20mm - 10 cm                           |
| 6                    | >10 cm                                  |

- Not very deep but very dark water
- transects 0/10 m had large fallen trees center of stream

# DEP Form FD 9000-5 Stream/River Habitat Assessment Field Sheet

|                  |                           |                                           |                                 |                          |
|------------------|---------------------------|-------------------------------------------|---------------------------------|--------------------------|
| SAMPLING AGENCY: |                           | STORET STATION NUMBER:<br><u>G3CE0009</u> | DATE (MM/DD/YY):<br><u>12/8</u> | RECEIVING BODY OF WATER: |
| REMARKS:         | COUNTY:<br><u>Osceola</u> | LOCATION:<br><u>Little Creek</u>          | FIELD ID/NAME:<br><u>Snags</u>  |                          |

| Habitat Parameter                           | Optimal                                                                                                                                                                                                           | Suboptimal                                                                                                                                                     | Marginal                                                                                                                                   | Poor                                                                                                                          |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Primary Habitat Components                  | Four or more major productive habitats present (snags, tree roots, aquatic vegetation, leaf packs (partially decayed), rock)                                                                                      | Three major productive habitats present. Adequate habitat. Some substrates may be new fall (fresh leaves or snags)                                             | Two major productive habitats present. Less than desirable habitat, frequently disturbed or removed                                        | One or less major productive habitat. Lack of habitat is obvious, substrates unstable or smothered                            |
| Substrate Diversity <u>6</u>                | 20 19 18 17 16                                                                                                                                                                                                    | 15 14 13 12 11                                                                                                                                                 | 10 9 8 7 6                                                                                                                                 | 5 4 3 2 1                                                                                                                     |
| Substrate Availability <u>3</u>             | Greater than 30% major productive habitat present at site<br>20 19 18 17 16                                                                                                                                       | 16% to 30% major productive habitat, by aerial extent<br>15 14 13 12 11                                                                                        | 6% to 15% major productive habitat<br>10 9 8 7 6                                                                                           | Less than 5% major productive habitat<br>5 4 3 2 1                                                                            |
| Water Velocity <u>11</u>                    | Max. observed at typical transect: > 0.25 m/sec. But < 1 m/sec<br>≥0.33 0.31 0.29 0.27 >0.25<br>20 19 18 17 16                                                                                                    | Max. observed at typical transect: >0.1 to 0.25 m/sec<br>0.25 0.21 0.17 0.13 >0.1<br>15 14 13 12 11                                                            | Max. observed at typical transect: 0.05 to 0.1 m/sec<br>0.1 0.09 0.07 0.06 0.05<br>10 9 8 7 6                                              | Max. observed at typical transect: <0.05 m/sec; or spate occurring: > 1 m/sec<br><0.05 0.04 0.03 0.01 <0.01<br>5 4 3 2 1      |
| Habitat Smothering <u>18</u>                | Adequate number of stable pools (1-2 per 12 times width) and <25% of habitats affected by sand, silt, or algae.                                                                                                   | Adequate number of stable pools (1-2 per 12 times width) and >25% of habitats affected by sand, silt, or algae.                                                | Does not have required number of stable pools (1-2 per 12 x width) and/or has shallow pools (<2 x prevailing depth).                       | Stable pools are absent. Most habitats affected by sand, silt, or algae accumulation.                                         |
| Primary Score <u>38</u>                     | 20 19 18 17 16                                                                                                                                                                                                    | 15 14 13 12 11                                                                                                                                                 | 10 9 8 7 6                                                                                                                                 | 5 4 3 2 1                                                                                                                     |
| Secondary Habitat Components                | Expected sinuosity given the stream width. No evidence of dredging or artificial straightening. No spoil banks.                                                                                                   | Good sinuosity within old channelized area. Evidence of dredging or straightening in the past (>25 yrs) but mostly recovered.                                  | Straightened with trapezoidal cross section, but has a small degree of sinuosity developed within channelized area.                        | Straightened or engineered by dredging, has trapezoidal or box cut cross section, lacks required pools. May have spoil banks. |
| Artificial Channelization <u>20</u>         | 20 19 18 17 16                                                                                                                                                                                                    | 15 14 13 12 11                                                                                                                                                 | 10 9 8 7 6                                                                                                                                 | 5 4 3 2 1                                                                                                                     |
| Bank Stability                              | Bankfull > 60% of bank height. Slope of bank ≤ 60° from bankfull to top of bank. Bankfull is within or above the woody root zone with few raw, eroded areas.                                                      | Only meets 2 of the 3 requirements for optimal bank stability.                                                                                                 | Only meets 1 of the 3 requirements for optimal bank stability.                                                                             | Bankfull < 60% of bank height. Slope of bank > 60°. Bankfull is below the woody root zone with raw, eroded areas.             |
| Right Bank <u>10</u><br>Left Bank <u>10</u> | 10 9                                                                                                                                                                                                              | 8 7 6                                                                                                                                                          | 5 4                                                                                                                                        | 3 2 1                                                                                                                         |
| Riparian Buffer Zone Width                  | Width of vegetation greater than 18 m                                                                                                                                                                             | Width of vegetation >12 to 18m                                                                                                                                 | Width of vegetation 6 to 12 m. human activities close to system                                                                            | Less than 6 m of buffer zone due to intensive human activities                                                                |
| Right Bank <u>10</u><br>Left Bank <u>10</u> | 10 9                                                                                                                                                                                                              | 8 7 6                                                                                                                                                          | 5 4                                                                                                                                        | 3 2 1                                                                                                                         |
| Riparian Zone Vegetation Quality            | Over 80% of riparian surfaces consist of normal, expected plant community for given sunlight & habitat conditions (e.g., native plants; tree, shrub, and forbs represented, if appropriate). Minimal disturbance. | >50% to 80% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Some disruption in community observed. | 25% to 50% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Disruption obvious. | Less than 25% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions).     |
| Right Bank <u>10</u><br>Left Bank <u>9</u>  | 10 9                                                                                                                                                                                                              | 8 7 6                                                                                                                                                          | 5 4                                                                                                                                        | 3 2 1                                                                                                                         |
| Secondary Score <u>77</u>                   | 10 9                                                                                                                                                                                                              | 8 7 6                                                                                                                                                          | 5 4                                                                                                                                        | 3 2 1                                                                                                                         |

**TOTAL SCORE**

115

|                      |                                                            |                          |
|----------------------|------------------------------------------------------------|--------------------------|
| Date: <u>12/8/22</u> | Analyst: <u>Katie Munch, Leif Boman, Victoria Schwartz</u> | Signature: <u>KMunch</u> |
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