

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**

## STRATEGIC MONITORING PLAN Field Sheet

July 2022

Meter  
Passed End  
of Day CCV  
Yes / No

|                                 |                                        |                |         |               |                     |               |  |
|---------------------------------|----------------------------------------|----------------|---------|---------------|---------------------|---------------|--|
| <b>WIN Station Name:</b>        | Bonnet Creek @ SR 64                   |                |         |               | <b>Sample Date:</b> | 8/31/2022     |  |
| <b>WIN / Field ID:</b>          | G4SD0107                               | <b>ORG ID:</b> | 21FLFTM | <b>ENR:</b>   | -                   |               |  |
| <b>County:</b>                  | Highlands                              | <b>WBID:</b>   | 1761I   | <b>STREAM</b> | 3F                  |               |  |
| <b>Receiving Body of Water:</b> | Arbuckle Creek Above Morgan Hole Creek |                |         |               | <b>RQ-</b>          | 2022-08-22-38 |  |

| Sampling Team Members | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|-----------------|-------------------|---------------|--------------|--------------------|
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |
| Nicole Reistad        | x               |                   | x             |              |                    |
| Thomas Baker          |                 | x                 |               | x            | x                  |
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |

| Sampling Equipment         |                  |                      |  |
|----------------------------|------------------|----------------------|--|
| x                          | Sample Container | Carboy               |  |
|                            | Dipper           | Van Dorn             |  |
| x                          | Syringe          | Pole                 |  |
| Syringe Lot# 1363442       |                  | Filter Lot# 17347262 |  |
| Secchi Equipment ID:       |                  | 3312A                |  |
| Collection Method          |                  |                      |  |
| x                          | Wading           | Canoe/Kayak          |  |
|                            | From Shore       | Electric Motor       |  |
|                            |                  | Gasoline Motor       |  |
| Depth Measured With Secchi |                  |                      |  |

|                     |                   |
|---------------------|-------------------|
| <b>Water Level:</b> | Normal            |
| <b>Flow:</b>        | Flowing           |
| <b>Matrix:</b>      | Fresh             |
| <b>Tide Stage:</b>  |                   |
| <b>High Tide:</b>   |                   |
| <b>Low Tide:</b>    |                   |
| <b>Photos:</b>      | Yes               |
| <b>Meter ID:</b>    | President Camacho |
|                     |                   |
|                     |                   |

| 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       | 1040 | 1               | 0.3              | 5.58      | 68.1      | 25.4       | 5.97 | 0.3             | 129.3              | 0.06             |
|           |      |                 |                  |           |           |            |      |                 |                    |                  |
|           |      |                 |                  |           |           |            |      |                 |                    |                  |

Biological Samples Collected: HA LVS RPS

SBIO Visit ID: HA ID: RPS ID: Macrophyte ID: LIMS Sample ID Entered Into The Macrophyte Module:

| Parameter Suite          | Parameter Methods (LIMS Test Codes)         |                               |        | Preservation |                                                                                              |                 |          |  |  |  |
|--------------------------|---------------------------------------------|-------------------------------|--------|--------------|----------------------------------------------------------------------------------------------|-----------------|----------|--|--|--|
|                          |                                             |                               |        | Type         | Lot#                                                                                         | Expiration Date | pH Check |  |  |  |
| Microbiology             |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| 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          |                                                                                              |                 |          |  |  |  |
| Acid Preserved Nutrients | W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP |                               |        | ICE          | H2SO4*                                                                                       | 132275          | 12/07/22 |  |  |  |
| Metals                   | W-ICPMS                                     | W-ICP                         | W-HARD | ICE          | HNO3**                                                                                       | NA1105100       | 06/07/23 |  |  |  |
| Organics (LC)            |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| Macroinvertebrates       |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| Organics (GC)            |                                             |                               |        |              | *2.0 ml of H2SO4 Used Unless Noted Otherwise<br>**2.0 ml of HNO3 Used Unless Noted Otherwise |                 |          |  |  |  |
| Molecular                |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| Periphyton               |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| Phytoplankton            |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| BOD                      |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| Other(s)                 |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| Field Comments:          |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| Comments on COC:         |                                             |                               |        |              |                                                                                              |                 |          |  |  |  |
| Relinquish Date:         | 08/31/2022                                  | Signature:                    |        |              |                                                                                              |                 |          |  |  |  |

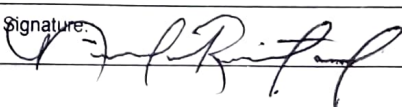
LIMS EVENT ID: WIN Import ID:  
Enter Field Parameters, Verify Station ID In LIMS DMT: QC Station ID, Field Parameters In LIMS DMT:  
(Initials/Date) (Initials/Date)  
Save Field Sheets on Network: Migrate Data to WIN:  
(Initials/Date) (Initials/Date)

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

|                                         |                            |                                         |                         |                                                |
|-----------------------------------------|----------------------------|-----------------------------------------|-------------------------|------------------------------------------------|
| SAMPLING AGENCY<br><b>DEP-DEAR-SROC</b> | COUNTY<br><b>Highlands</b> | STATION NUMBER<br><b>GASD0107</b>       | DATE<br><b>08/31/22</b> | RECEIVING BODY OF WATER<br><b>Abnash Creek</b> |
| REMARKS                                 |                            | LOCATION<br><b>Bonnet Creek @ SR164</b> |                         | FIELD ID NAME<br><b>1010 Creek</b>             |

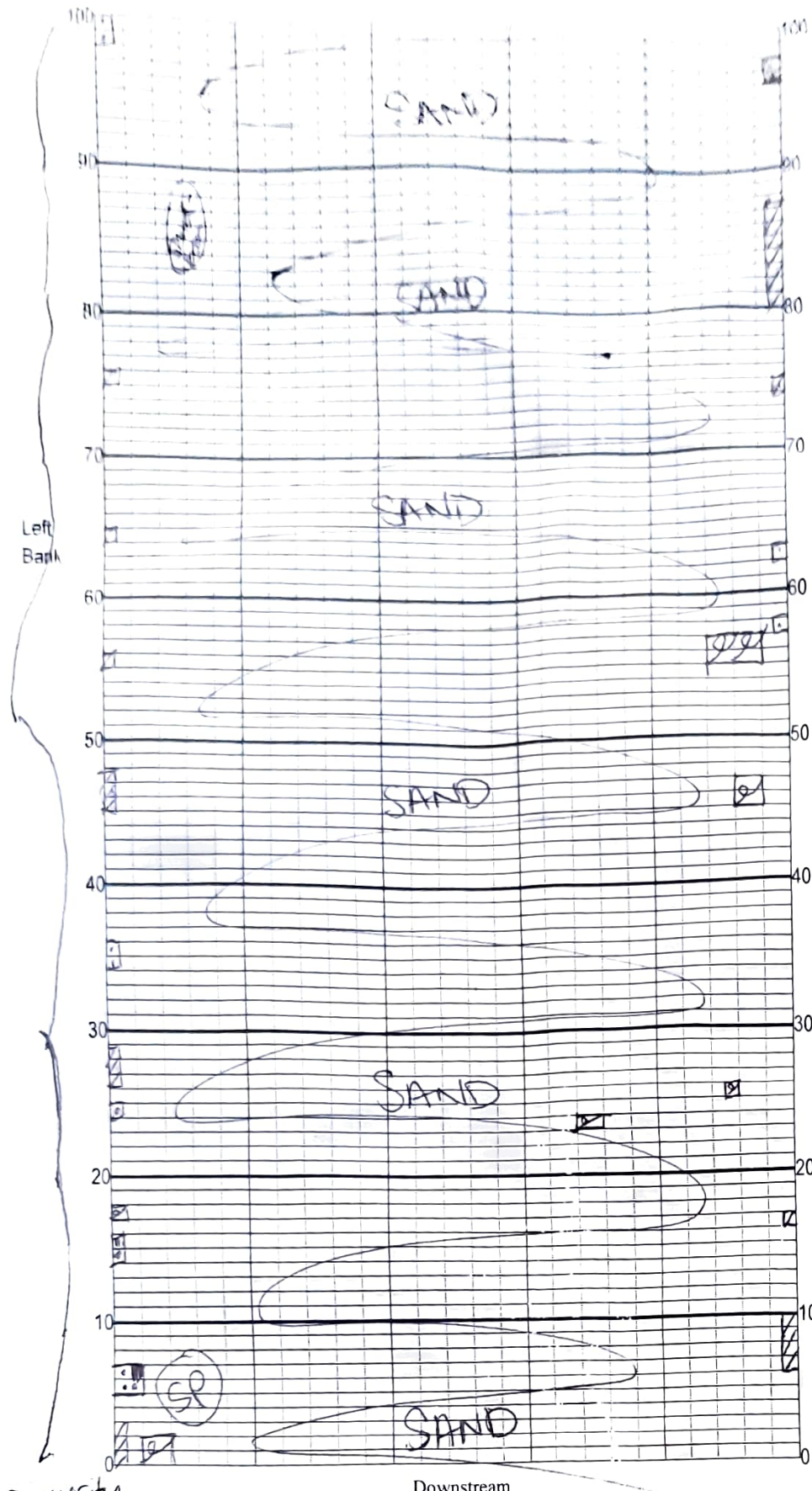
| Habitat Parameter                | Optimal                                                                                                                                                                                                                   | Suboptimal                                                                                                                                                               | 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 <b>6</b>     | 20 19 18 17 16                                                                                                                                                                                                            | 15 14 13 12 11                                                                                                                                                           | 10 9 8 7 <b>6</b>                                                                                                                                                      | 5 4 3 2 1                                                                                                                                  |
| Substrate Availability <b>1</b>  | 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 <b>1</b>                                                                                  |
| Water Velocity <b>14</b>         | 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 <b>14</b> 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 <b>3</b>      | Adequate number of stable pools (1-2 per 12 times width) and < 25% of habitats affected by sand, silt, or algae.<br>20 19 18 17 16                                                                                        | Adequate number of stable pools (1-2 per 12 times width) and > 25% of habitats affected by sand, silt, or algae.<br>15 14 13 12 11                                       | Does not have required number of stable pools (1-2 per 12 x width) and/or has shallow pools (< 2 x prevailing depth).<br>10 9 8 7 6                                    | Stable pools are absent. Most habitats affected by sand, silt, or algae accumulation.<br>5 4 3 2 1                                         |
| Primary Score <b>24</b>          | 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.<br><b>20</b> 19 18 17 16                                                                                  | Good sinuosity within old channelized area. Evidence of dredging or straightening in the past (> 25 yrs) but mostly recovered.<br>15 14 13 12 11                         | Straightened with trapezoidal cross section, but has a small degree of sinuosity developed within channelized area.<br>10 9 8 7 6                                      | Straightened or engineered by dredging, has trapezoidal or box cut cross section, lacks required pools. May have spoil banks.<br>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.<br>10 <b>9</b> <b>L,R</b>                                    | Only meets 2 of the 3 requirements for optimal bank stability.<br>8 7 6                                                                                                  | Only meets 1 of the 3 requirements for optimal bank stability.<br>5 4                                                                                                  | Bankfull < 60% of bank height. Slope of bank > 60°. Bankfull is below the woody root zone with raw, eroded areas.<br>3 2 1                 |
| Riparian Buffer Zone Width       | Width of vegetation greater than 18 m<br>10 <b>9</b> <b>L,R</b>                                                                                                                                                           | Width of vegetation > 12 to 18 m<br>8 7 6                                                                                                                                | Width of vegetation 6 to 12 m. human activities close to system<br>5 4                                                                                                 | Less than 6 m of buffer zone due to intensive human activities<br>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.<br>10 9 | > 50% to 80% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Some disruption in community observed.<br>8 7 6 | 25% to 50% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions). Disruption obvious.<br><b>L,R</b><br>5 <b>4</b> | Less than 25% of riparian zone is undisturbed (normal, expected plant community for given sunlight & habitat conditions).<br>3 2 1         |
| Secondary Score <b>64</b>        | 10 9                                                                                                                                                                                                                      | 8 7 6                                                                                                                                                                    | 5 <b>4</b>                                                                                                                                                             | 3 2 1                                                                                                                                      |

**TOTAL SCORE**

|                       |                                              |                                                                                                 |
|-----------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------|
| Date: <b>08/31/22</b> | Analyst: <b>NICOLE REISTAD, THOMAS BAKER</b> | Signature:  |
|-----------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------|



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



Location Bonnet Creek @ CR-61

Date 08/31/2022

Sampler NICOLE PEYERSTAD

100 m Latitude 27.6403188

Longitude -81.4088406

0 m Latitude 27.6397310

Longitude -81.4083213

Substrates: Code key, draw proportionate habitat abundance %

☒ Snags 0.40

☒ Roots/undercut banks 0.52

☒ Leaf Packs (or mats) 0

☒ Aquatic Macrophytes 0.30

☒ Rocks 0

☐

☐ Pools total # observed = 0

# range expected =

Average width 18.5 m

Average depth 0.5 m

Velocity measured at 0 meter mark.

WQ & chemistry taken at 100 meter mark.

Habitat Smothering:  
Note areas (on map) where sand or silt is smothering substrates, limiting habitability.

Bank Stability:  
Note areas (on map) with unstable, eroding banks.

Riparian Buffer Width:  
Note areas (on map) where natural vegetation is altered or eliminated.

Plants observed / other notes:

Om v = 5 sec

sand/muck substrate

S = 2.0 m<sup>2</sup>

R = 2.6 m<sup>2</sup>

L = 0

AM = 1.5 m<sup>2</sup>

A = 0

Length of grid represents 100 m of stream (not linear meters).  
(Horizontal scale is double vertical scale, draw proportionately).

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

SAMPLE ID: 2353504 ORG ID: 111111 LATITUDE: 27.64095  
 COUNTY: Highlands STORET #: 64100107 LONGITUDE: -81.40969  
 DATE: 08/31/22 TIME: \_\_\_\_\_ SAMPLING AGENCY: NER SPOL  
 SITE NAME: Parrot Creek FIELD ID/NAME: 64520107 Parrot Creek RECEIVING BODY OF WATER: Archie Creek Above Morgan Hole Creek

## RIPARIAN ZONE / STREAM FEATURES

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                                                                              |  |  |  |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PREDOMINANT LAND-USE IN WATERSHED</b> (specify relative percent in each category):<br>Forest/Natural <input type="checkbox"/> Silviculture <input type="checkbox"/> Field/Pasture <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industry <input type="checkbox"/> Other (Specify) <input type="checkbox"/> |  |  |  |                                                                                                                                                                                                              |  |  |  | <b>Landscape Development Intensity Index (LDI)</b><br><input type="checkbox"/>                                                                                                            |
| 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 checked="" type="checkbox"/> No evidence <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy                                                 |  |  |  |                                                                                                                                                                                                              |  |  |  | <b>Typical Width (m) Depth (m)/Velocity (m/sec) Transect</b><br><input type="checkbox"/> m wide<br><input type="checkbox"/> m/s <input type="checkbox"/> m/s <input type="checkbox"/> m/s |
| <b>Width of Riparian Vegetation (m) on Each Buffer Side</b><br>Left Bank: <input type="checkbox"/> Right Bank: <input type="checkbox"/>                                                                                                                                                                                                                                                                            |  |  |  | <b>Hydrologic Modification Score</b> (per FT 3101) <input type="checkbox"/>                                                                                                                                  |  |  |  | <input type="checkbox"/> m deep <input type="checkbox"/> m deep <input type="checkbox"/> m deep                                                                                           |
| <b>High Water Mark:</b> <input type="checkbox"/> + <input type="checkbox"/> = <input type="checkbox"/><br>(m) (above present water level) (present depth) (above bed)                                                                                                                                                                                                                                              |  |  |  | <b>Artificially Impounded</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                         |  |  |  | <input type="checkbox"/> m deep <input type="checkbox"/> m deep <input type="checkbox"/> m deep                                                                                           |
| <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 checked="" type="checkbox"/> Heavily Shaded <input 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 checked="" type="checkbox"/> Anaerobic<br><input type="checkbox"/> Other (Specify): _____ |                          |                          | <b>Smothering of Substrates</b><br>Sand Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input checked="" 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 checked="" type="checkbox"/> LVS<br><input type="checkbox"/> LCI <input type="checkbox"/> BioRecon                                                                                                                                                                                                                                                                                                                                                       |  |  | <b>WATER QUALITY</b>                                                                                                                                                                                                                                              |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                                 |                          |  |
| Invert PERI<br>Coverage % # Times Sampled # Times Sampled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | Depth (M)                                                                                                                                                                                                                                                         | Temp. (°C)               | pH (SU)                  | D.O. (MG/L)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D.O. Sat (%)             | Cond. (UMHO/CM)          | Salinity (PPT)                  | SECCHI (M)               |  |
| Woody Debris (Snags) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  | Top: <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |  |
| Undercut Banks / Roots <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | Mid: <input type="checkbox"/>                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |  |
| Leaf Packs or Mat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | Bottom: <input type="checkbox"/>                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |  |
| Aquatic Vegetation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | Meter ID: <u>President Camacho</u>                                                                                                                                                                                                                                |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                                 |                          |  |
| Rock or Shell Rubble <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  | <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"/>                                                                                                                                                                                                                                                                                                                          |                          |                          |                                 |                          |  |
| Sand <input type="checkbox"/> <input type="checkbox"/> <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: <u>SA 132275</u> Exp: <u>12/07/22</u>                             |                          |                          | Color Tannic <input checked="" type="checkbox"/> Green (Algae) <input type="checkbox"/><br>Clear <input type="checkbox"/> Other (Specify) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                                 |                          |  |
| Mud / Muck / Silt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | Algae Sample Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Sample Preserved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Lot Number: _____ Exp: _____                                                  |                          |                          | Clarity Clear <input checked="" type="checkbox"/> Slightly Turbid <input type="checkbox"/><br>Turbid <input type="checkbox"/> Opaque <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                                 |                          |  |
| Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  | <b>System Type:</b> Stream <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Wetland <input type="checkbox"/> Estuary <input type="checkbox"/> Other (Specify) <input type="checkbox"/>                                                           |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                                 |                          |  |
| Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  | <b>AMBIENT FIELD CONDITIONS / NOTES:</b><br><input checked="" type="checkbox"/> The antecedent hydrologic conditions have been met to my best knowledge.                                                                                                          |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                                 |                          |  |
| <b>ABUNDANCE</b> 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 type="checkbox"/> <input checked="" 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>SAMPLING TEAM</b><br><u>Ronny Baker, Nicole Kerstad</u>                                                                                                                                                                                                        |                          |                          | <b>SIGNATURE:</b><br><u>Shonny Baker</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                          | <b>DATE:</b><br><u>08/31/22</u> |                          |  |



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

| Site: <u>G45D0107 Bonnet Creek</u> |                      |                                |           |              | County: <u>Highland</u> |                      | Date: <u>04/11/17</u>          |           | Investigator: <u>Theresa Moley Nicks, Rebecca</u> |                                       |  |
|------------------------------------|----------------------|--------------------------------|-----------|--------------|-------------------------|----------------------|--------------------------------|-----------|---------------------------------------------------|---------------------------------------|--|
| Transec 1 (m)                      | Point 1=right 9=left | Algal Thickness Rank (N, 6, X) | Estimated | Canopy Cover | Transec 1 (m)           | Point 1=right 9=left | Algal Thickness Rank (N, 6, X) | Estimated | Canopy Cover                                      | STORET Station Number <u>G45D0107</u> |  |
| 0                                  | 1                    | N                              | N         |              | 60                      | 1                    | N                              | N         |                                                   | 76                                    |  |
|                                    | 2                    |                                |           |              |                         | 2                    |                                |           |                                                   |                                       |  |
|                                    | 3                    |                                |           |              |                         | 3                    |                                |           |                                                   |                                       |  |
|                                    | 4                    |                                |           |              |                         | 4                    |                                |           |                                                   |                                       |  |
|                                    | 5                    |                                |           |              |                         | 5                    |                                |           |                                                   |                                       |  |
|                                    | 6                    |                                |           |              |                         | 6                    |                                |           |                                                   |                                       |  |
|                                    | 7                    |                                |           |              |                         | 7                    |                                |           |                                                   |                                       |  |
|                                    | 8                    | N                              | N         |              |                         | 8                    | N                              | N         |                                                   |                                       |  |
|                                    | 9                    | N                              | N         |              |                         | 9                    | N                              | N         |                                                   |                                       |  |
| 10                                 | 1                    | N                              | N         |              | 70                      | 1                    | N                              | N         |                                                   | 96                                    |  |
|                                    | 2                    |                                |           |              |                         | 2                    |                                |           |                                                   |                                       |  |
|                                    | 3                    |                                |           |              |                         | 3                    |                                |           |                                                   |                                       |  |
|                                    | 4                    |                                |           |              |                         | 4                    |                                |           |                                                   |                                       |  |
|                                    | 5                    |                                |           |              |                         | 5                    |                                |           |                                                   |                                       |  |
|                                    | 6                    |                                |           |              |                         | 6                    |                                |           |                                                   |                                       |  |
|                                    | 7                    |                                |           |              |                         | 7                    |                                |           |                                                   |                                       |  |
|                                    | 8                    | N                              | N         |              |                         | 8                    | N                              | N         |                                                   |                                       |  |
|                                    | 9                    | N                              | N         |              |                         | 9                    | N                              | N         |                                                   |                                       |  |
| 20                                 | 1                    | N                              | N         |              | 80                      | 1                    | N                              | N         |                                                   | 91                                    |  |
|                                    | 2                    |                                |           |              |                         | 2                    |                                |           |                                                   |                                       |  |
|                                    | 3                    |                                |           |              |                         | 3                    |                                |           |                                                   |                                       |  |
|                                    | 4                    |                                |           |              |                         | 4                    |                                |           |                                                   |                                       |  |
|                                    | 5                    |                                |           |              |                         | 5                    |                                |           |                                                   |                                       |  |
|                                    | 6                    |                                |           |              |                         | 6                    |                                |           |                                                   |                                       |  |
|                                    | 7                    |                                |           |              |                         | 7                    |                                |           |                                                   |                                       |  |
|                                    | 8                    | N                              | N         |              |                         | 8                    | N                              | N         |                                                   |                                       |  |
|                                    | 9                    | N                              | N         |              |                         | 9                    | N                              | N         |                                                   |                                       |  |
| 30                                 | 1                    | N                              | N         |              | 90                      | 1                    | N                              | N         |                                                   | 91                                    |  |
|                                    | 2                    |                                |           |              |                         | 2                    |                                |           |                                                   |                                       |  |
|                                    | 3                    |                                |           |              |                         | 3                    |                                |           |                                                   |                                       |  |
|                                    | 4                    |                                |           |              |                         | 4                    |                                |           |                                                   |                                       |  |
|                                    | 5                    |                                |           |              |                         | 5                    |                                |           |                                                   |                                       |  |
|                                    | 6                    |                                |           |              |                         | 6                    |                                |           |                                                   |                                       |  |
|                                    | 7                    |                                |           |              |                         | 7                    |                                |           |                                                   |                                       |  |
|                                    | 8                    | N                              | N         |              |                         | 8                    | N                              | N         |                                                   |                                       |  |
|                                    | 9                    | N                              | N         |              |                         | 9                    | N                              | N         |                                                   |                                       |  |
| 40                                 | 1                    | N                              | N         |              | 100                     | 1                    | N                              | N         |                                                   | 95                                    |  |
|                                    | 2                    |                                |           |              |                         | 2                    |                                |           |                                                   |                                       |  |
|                                    | 3                    |                                |           |              |                         | 3                    |                                |           |                                                   |                                       |  |
|                                    | 4                    |                                |           |              |                         | 4                    |                                |           |                                                   |                                       |  |
|                                    | 5                    |                                |           |              |                         | 5                    |                                |           |                                                   |                                       |  |
|                                    | 6                    |                                |           |              |                         | 6                    |                                |           |                                                   |                                       |  |
|                                    | 7                    |                                |           |              |                         | 7                    |                                |           |                                                   |                                       |  |
|                                    | 8                    | N                              | N         |              |                         | 8                    | N                              | N         |                                                   |                                       |  |
|                                    | 9                    | N                              | N         |              |                         | 9                    | N                              | N         |                                                   |                                       |  |
| 50                                 | 1                    | N                              | N         |              | 62                      | 1                    | N                              | N         |                                                   |                                       |  |
|                                    | 2                    |                                |           |              |                         | 2                    |                                |           |                                                   |                                       |  |
|                                    | 3                    |                                |           |              |                         | 3                    |                                |           |                                                   |                                       |  |
|                                    | 4                    |                                |           |              |                         | 4                    |                                |           |                                                   |                                       |  |
|                                    | 5                    |                                |           |              |                         | 5                    |                                |           |                                                   |                                       |  |
|                                    | 6                    |                                |           |              |                         | 6                    |                                |           |                                                   |                                       |  |
|                                    | 7                    |                                |           |              |                         | 7                    |                                |           |                                                   |                                       |  |
|                                    | 8                    | N                              | N         |              |                         | 8                    | N                              | N         |                                                   |                                       |  |
|                                    | 9                    | N                              | N         |              |                         | 9                    | N                              | N         |                                                   |                                       |  |

Secchi depth 0.3  
Estimated? N

# points ranked 4-6 1  
total points assessed 1  
% points ranked 4-6 100

Check accompanying data collected at same site/date:  
Algal mat sample ☐  
Linear Veg Survey ☒  
Habitat Assessment ☒  
SCI/Biorecon ☐  
Water sample ☒  
RQ: 2022-08-22-38

| 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                                  |

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.  
Record "X" for points shallower than Secchi depth for which substrate cannot be seen or reached with the hand. No estimated rank.  
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.  
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 >20%.

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

|           |                              |      |            |           |           |                |         |
|-----------|------------------------------|------|------------|-----------|-----------|----------------|---------|
| Waterbody | G4 (North Branch) Creek      | Date | 10/13/2016 | County    | Highlands | Station Number | 4456010 |
| Analyst   | Dennis Miller, Natchezkeeper |      |            | Signature |           | Dennis Miller  |         |
| Comments  |                              |      |            |           |           |                |         |

Comments

Instructions: Note taxa growing in the water with a check mark if present, "D" if dominant, and "C" if codominant (dominance only if first 2 taxa present). Note in the boxes below if no dominant are selected, and note total macrophyte abundance (taxa) for each section. Only the most common taxa are listed, so use blank spaces for additional taxa names.

| HERBACEOUS SPECIES |  | Upper Mud |       |       |       |       |       |       |       |       |         | Upper Silt |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |
|--------------------|--|-----------|-------|-------|-------|-------|-------|-------|-------|-------|---------|------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|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|                    |  | 9-19      | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80-89 | 90-99 | 100-109 | 110-119    | 120-129 | 130-139 | 140-149 | 150-159 | 160-169 | 170-179 | 180-189 | 190-199 | 200-209 | 210-219 | 220-229 | 230-239 | 240-249 | 250-259 | 260-269 | 270-279 | 280-289 | 290-299 | 300-309 | 310-319 | 320-329 | 330-339 | 340-349 | 350-359 | 360-369 | 370-379 | 380-389 | 390-399 | 400-409 | 410-419 | 420-429 | 430-439 | 440-449 | 450-459 | 460-469 | 470-479 | 480-489 | 490-499 | 500-509 | 510-519 | 520-529 | 530-539 | 540-549 | 550-559 | 560-569 | 570-579 | 580-589 | 590-599 | 600-609 | 610-619 | 620-629 | 630-639 | 640-649 | 650-659 | 660-669 | 670-679 | 680-689 | 690-699 | 700-709 | 710-719 | 720-729 | 730-739 | 740-749 | 750-759 | 760-769 | 770-779 | 780-789 | 790-799 | 800-809 | 810-819 | 820-829 | 830-839 | 840-849 | 850-859 | 860-869 | 870-879 | 880-889 | 890-899 | 900-909 | 910-919 | 920-929 | 930-939 | 940-949 | 950-959 | 960-969 | 970-979 | 980-989 | 990-999 | 1000-1009 | 1010-1019 | 1020-1029 | 1030-1039 | 1040-1049 | 1050-1059 | 1060-1069 | 1070-1079 | 1080-1089 | 1090-1099 | 1100-1109 | 1110-1119 | 1120-1129 | 1130-1139 | 1140-1149 | 1150-1159 | 1160-1169 | 1170-1179 | 1180-1189 | 1190-1199 | 1200-1209 | 1210-1219 | 1220-1229 | 1230-1239 | 1240-1249 | 1250-1259 | 1260-1269 | 1270-1279 | 1280-1289 | 1290-1299 | 1300-1309 | 1310-1319 | 1320-1329 | 1330-1339 | 1340-1349 | 1350-1359 | 1360-1369 | 1370-1379 | 1380-1389 | 1390-1399 | 1400-1409 | 1410-1419 | 1420-1429 | 1430-1439 | 1440-1449 | 1450-1459 | 1460-1469 | 1470-1479 | 1480-1489 | 1490-1499 | 1500-1509 | 1510-1519 | 1520-1529 | 1530-1539 | 1540-1549 | 1550-1559 | 1560-1569 | 1570-1579 | 1580-1589 | 1590-1599 | 1600-1609 | 1610-1619 | 1620-1629 | 1630-1639 | 1640-1649 | 1650-1659 | 1660-1669 | 1670-1679 | 1680-1689 | 1690-1699 | 1700-1709 | 1710-1719 | 1720-1729 | 1730-1739 | 1740-1749 | 1750-1759 | 1760-1769 | 1770-1779 | 1780-1789 | 1790-1799 | 1800-1809 | 1810-1819 | 1820-1829 | 1830-1839 | 1840-1849 | 1850-1859 | 1860-1869 | 1870-1879 | 1880-1889 | 1890-1899 | 1900-1909 | 1910-1919 | 1920-1929 | 1930-1939 | 1940-1949 | 1950-1959 | 1960-1969 | 1970-1979 | 1980-1989 | 1990-1999 | 2000-2009 | 2010-2019 | 2020-2029 | 2030-2039 | 2040-2049 | 2050-2059 | 2060-2069 | 2070-2079 | 2080-2089 | 2090-2099 | 2100-2109 | 2110-2119 | 2120-2129 | 2130-2139 | 2140-2149 | 2150-2159 | 2160-2169 | 2170-2179 | 2180-2189 | 2190-2199 | 2200-2209 | 2210-2219 | 2220-2229 | 2230-2239 | 2240-2249 | 2250-2259 | 2260-2269 | 2270-2279 | 2280-2289 | 2290-2299 | 2300-2309 | 2310-2319 | 2320-2329 | 2330-2339 | 2340-2349 | 2350-2359 | 2360-2369 | 2370-2379 | 2380-2389 | 2390-2399 | 2400-2409 | 2410-2419 | 2420-2429 | 2430-2439 | 2440-2449 | 2450-2459 | 2460-2469 | 2470-2479 | 2480-2489 | 2490-2499 | 2500-2509 | 2510-2519 | 2520-2529 | 2530-2539 | 2540-2549 | 2550-2559 | 2560-2569 | 2570-2579 | 2580-2589 | 2590-2599 | 2600-2609 | 2610-2619 | 2620-2629 | 2630-2639 | 2640-2649 | 2650-2659 | 2660-2669 | 2670-2679 | 2680-2689 | 2690-2699 | 2700-2709 | 2710-2719 | 2720-2729 | 2730-2739 | 2740-2749 | 2750-2759 | 2760-2769 | 2770-2779 | 2780-2789 | 2790-2799 | 2800-2809 | 2810-2819 | 2820-2829 | 2830-2839 | 2840-2849 | 2850-2859 | 2860-2869 | 2870-2879 | 2880-2889 | 2890-2899 | 2900-2909 | 2910-2919 | 2920-2929 | 2930-2939 | 2940-2949 | 2950-2959 | 2960-2969 | 2970-2979 | 2980-2989 | 2990-2999 | 3000-3009 | 3010-3019 | 3020-3029 | 3030-3039 | 3040-3049 | 3050-3059 | 3060-3069 | 3070-3079 | 3080-3089 | 3090-3099 | 3100-3109 | 3110-3119 | 3120-3129 | 3130-3139 | 3140-3149 | 3150-3159 | 3160-3169 | 3170-3179 | 3180-3189 | 3190-3199 | 3200-3209 | 3210-3219 | 3220-3229 | 3230-3239 | 3240-3249 | 3250-3259 | 3260-3269 | 3270-3279 | 3280-3289 | 3290-3299 | 3300-3309 | 3310-3319 | 3320-3329 | 3330-3339 | 3340-3349 | 3350-3359 | 3360-3369 | 3370-3379 | 3380-3389 | 3390-3399 | 3400-3409 | 3410-3419 | 3420-3429 | 3430-3439 | 3440-3449 | 3450-3459 | 3460-3469 | 3470-3479 | 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