Login Checklist

RQ-2022-09-05-62 Login Station ID: _____

Shipping Method: FedEx | UPS | HD | Greyhound Date/Time of Receipt: 9/20/2022 14:56

*Cooler Temperature	Samples Frozen?	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Waybill Tracking #
					Present?		*Intact?		
	YES	HNO_3	Formalin		Yes	No	Yes	No	

COOLER CHECK

***All samples received on ice unless otherwise noted. HNO3 and Formalin preserved samples do NOT have a temperature requirement.**

- If the temperature of a cooler exceeds 6.0 oC (above 10.0 oC for W-1-4-DIOX and microbiology) or received without ice, identify affected samples in an NCR. **NCR#** _____
- DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C for W-1-4-DIOX) without login confirmation from customer for samples requiring ice preservation; identify affected samples in an NCR. **NCR#** _____
- If cooler or samples are received with a damaged Evidence Seal; identify the affected samples in an NCR. **NCR#** _____
- If coolers or samples are received late; identify the affected samples in an NCR. **NCR#** _____

Chain of Custody/ Field Sheet(s) Included? Yes X No_____

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes X No_____

CONTAINER CHECK

Evidence Tape on Bottles? Yes ____ No ____ NA X Evidence Tape intact? Yes _____ No _____

If Criminal, photographs taken? Yes ____ No ____ Containers intact? Yes _____ No _____

Caps on tight? Yes ____ No ____

Sufficient Sample Volume: Yes ____ No ____

If NO is checked above, generate an NCR listing affected sample IDs in its appropriate category. NCR# _____

CHLORINE CHECK REQUIRED? *(Blue dot on container)* Yes_____ No _____Init:_____

Chlorine detected? *(One container checked per Field ID)* Yes_____ No _____Init:_____

If chlorine is detected, generate an NCR listing affected sample IDs . NCR# _____

PRESERVATION CHECK *(EXCLUDING SAMPLES SENT TO OVERFLOW LABS, "OV-")*

**Acid Preserved Samples: pH< 2.0? Yes_____No_____ NA _____ Init: _____

**W-1-4-DIOX *(Green dot on container)* preserved to pH< 4.0? Yes_____No_____ NA _____ Init: _____

If samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# _____

Coolers Unpacked/Checked by: _____ **Date:** _____ **Event contains NCRs (Y/N)?** _____

Event ID: NW-DIST-2022-09-21-01

Login Checklist

Login Preservation Equipment	Lot # & Exp: Date
Infrared Thermometer ID:	
pH Test Strips 0 – 6	
pH Paper 0 – 3	
pH Paper 0 – 13	
Chlorine Test Strips	

Additional Comments:

ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes_____ Init:_____

Date and time placed in freezer _____

Were all samples placed in freezer within 48 hours of collection? Yes_____ No_____

If no, were samples shipped on dry ice? Yes_____ No_____

If S-VOC-MS samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# _____

FOR CLEAN LAB USE ONLY – Total Mercury Preservation Check (W-HG-AF;W-HG-AF-F):

Samples preserved within 48 hours? Yes_____ No_____

Date and time samples preserved: _____

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date: 9/6/2022
Customer: NW-DIST
RQ: RQ-2022-09-05-62

Collected By: Hannah Henning, Nathan Mulkey
Sampling Agency: FDEP
Project ID: SMP

PLEASE RETURN THE ORIGINAL OF THIS FORM WITH SAMPLE SUBMITTAL FORMS AND THE COOLER PACKING WORKSHEET TO THE LAB

Number of Coolers Shipped: 1

Delivery Method: FedEx

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

Site Location	Field ID/WIN ID
Dry Ford Branch above SR189	G4NW0528
Big Horse Creek upstream of Old River Road	G4NW0298

RELINQUISHED BY(SIGNATURE):

DATE/TIME: 9/6/2022
1600CEN

THIS SECTION TO BE COMPLETED BY LABORATORY

Rec'd/Inspected By:

Rec'd/Inspected Date:

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STRATEGIC MONITORING PLAN Field Sheet

July 2022

Meter Passed End of Day CCV: Yes / No

WIN Station Name:	Dry Ford Branch above SR189					**Sample Date:**	9/6/2022
WIN / Field ID:	G4NW0528	**ORG ID:**	21FLPNS	**ENR:**		**Latitude:**	30.97356
County:	Okaloosa	**WBID:**	28	STREAM	3F	**Longitude:**	-86.63139
Receiving Body of Water:	Yellow River					**RQ-**	2022-09-05-62

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Hannah Henning					
Nathan Mulkey					

Sampling Equipment					
x	Sample Container			Carboy	
	Dipper			Van Dorn	
	Syringe			Pole	
Syringe Lot#			Filter Lot#		
Secchi Equipment ID:					

Collection Method			
x	Wading		Canoe/Kayak
	From Shore		Electric Motor
			Gasoline Motor
Depth Measured With	*Meter*		

Water Level:	*Low*
Flow:	*Flowing*
Matrix:	*Fresh*
Tide Stage:	
High Tide:	
Low Tide:	
Photos:	*No*
Meter ID:	*154179 (ProDSS)*

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 (PPTh)
CEN	940	0.3	0.15	5.77	69.3	24.5	5.19	0.3	30.9	0.01
								VOB (s)		

Biological Samples Collected: None

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	Preservation Lot#	Preservation Expiration Date	Preservation pH Check
Microbiology	E. coli			ICE			
	Contract Lab	*UWF*					
Chlorophyll							
Physical/Aggregate Nutrients							
Filtered Nutrients							
Acid Preserved Nutrients							
Metals							
Organics (LC)							
Macroinvertebrates							
Organics (GC)							
Molecular							
Periphyton							
Phytoplankton							
BOD							
Other(s)							
Field Comments:							
Comments on COC:	Microbiology sample(s) submitted to contract laboratory.						
Relinquish Date:	09/06/2022	**Signature:**					

LIMS EVENT ID: _____ **WIN Import ID:** _____

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ (Initials/Date)

QC Station ID, Field Parameters In LIMS DMT: _____ (Initials/Date)

Save Field Sheets on Network: _____ (Initials/Date)

Migrate Data to WIN: _____ (Initials/Date)

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STRATEGIC MONITORING PLAN Field Sheet

July 2022

Meter Passed End of Day CCV

Yes / No

WIN Station Name:	Big Horse Creek upstream of Old River Road					**Sample Date:**	9/6/2022
WIN / Field ID:	G4NW0298	**ORG ID:**	21FLPNS	**ENR:**		**Latitude:**	30.91441
County:	Okaloosa	**WBID:**	28	STREAM	3F	**Longitude:**	-86.579745
Receiving Body of Water:	Yellow River					**RQ-**	2022-09-05-62

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Nathan Mulkey	x		x		
Hannah Henning		x		x	

Sampling Equipment					
x	Sample Container			Carboy	
	Dipper			Van Dorn	
	Syringe			Pole	
Syringe Lot#			Filter Lot#		
Secchi Equipment ID:					

Collection Method			
x	Wading		Canoe/Kayak
	From Shore		Electric Motor
			Gasoline Motor
Depth Measured With	*Meter*		

Water Level:	*Low*
Flow:	*Flowing*
Matrix:	*Fresh*
Tide Stage:	
High Tide:	
Low Tide:	
Photos:	*No*
Meter ID:	*154179 (ProDSS)*

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 (PPTh)
CEN	1005	0.3	0.15	8.23	95.8	23	5.96	0.3	20.2	0.01
								VOB (s)		

Biological Samples Collected: None

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	Preservation Lot#	Preservation Expiration Date	Preservation pH Check
Microbiology	E. coli			ICE			
	Contract Lab	*UWF*					
Chlorophyll							
Physical/Aggregate Nutrients							
Filtered Nutrients							
Acid Preserved Nutrients							
Metals							
Organics (LC)							
Macroinvertebrates							
Organics (GC)							
Molecular							
Periphyton							
Phytoplankton							
BOD							
Other(s)							
Field Comments:							
Comments on COC:	Microbiology sample(s) submitted to contract laboratory.						
Relinquish Date:	09/06/2022	**Signature:**					

LIMS EVENT ID: _____ WIN Import ID: _____

Enter Field Parameters, Verify Station ID In LIMS DMT: _____ (Initials/Date)

QC Station ID, Field Parameters in LIMS DMT: _____ (Initials/Date)

Save Field Sheets on Network: _____ (Initials/Date)

Migrate Data to WIN: _____ (Initials/Date)

SAMPLE TRANSMITTAL FORM
Document Reference # 05 1 0

Project: FDEP | Laboratory: UWF Wetlands Research Laboratory | Sampler's intials : NM

Method of transport: on ice by hand | Page 1 of 1

Samples delivered by: [signature] of FDEP | Date/Time: 9/6/22 1212

Sample received by: [signature] of WRL | Date/Time: 9/6/22 1222

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

CST

Lab ID	Sample ID	Matrix[1]	Type[2]	Container Type	Analyses Requested	Preservative	Sample (°C)[3]	Sampling Date/Time
22-50	G4NW0528 Dry Ford Branch	FW	G	Sterile plastic	Escherichia coli 18-QT	ice/$Na_2S_2O_3$	5.6	9/6/22 / 0940
~~22-50 188~~	~~G4NW0181 Olive Branch~~	~~FW~~	~~G~~	~~Sterile plastic~~	~~Escherichia coli 18-QT~~	~~ice/$Na_2S_2O_3$~~		
22-50 189	G4NW0298 Big Horse Creek	FW	G	Sterile plastic	Escherichia coli 18-QT	ice/$Na_2S_2O_3$	5.3	9/6/22 / 1055
187								

Comments: Sample Container lot# 21347 | PO # C01214 | Surface water, no chlorine expected

RQ - 2022-09-05-62

Contact organization FDEP | Contact name Mike King | Phone: 850-595-8300

Address 160 Governmental Center, suite 308, Pensacola, FL 32502 | Sampler's name: [signature]

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

[2]Type codes: G = grab, C = composite, X = | [3] Recorded using IRT-2

CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there are qualified data on this page.

Meter ID: 154179 RQ- 2022-09-08-02 Project: SMP

Notes: (1) Always wait for meter to stabilize before recording any readings.
(2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).
(3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400 Date of Last Temperature Verification 6/27/22

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro-meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	NM	9/6/22	0830	27.3	762	7.9	7.99	100.0			P / F	(L) F
ICV	↓	↓	0832	27.6	762	7.9	7.99	100.1			(P) F	(L) F
CCV	↓	↓	1500	24.1	762	8.4	8.70	103.8			(P) F	(L) F
CCV											P / F	L / F

DO Acceptance criteria from Table ± 0.3 mg/L. **Rapid-Pulse Sensors:** DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.
Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. **Steady-state & Galvanic Sensors:** DO Gain & Charge N/A.

Spec. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	NM	9/6/22	0834	220413C	4/23	1000	1000	P / F	(L) F
ICV	↓	↓	0836	220413D	4/23	100	104	(P) F	(L) F
CCV	↓	↓	1502	↓	↓	↓	103	(P) F	(L) F
CCV								P / F	L / F

Conductivity Acceptance criteria ± 5%

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	NM	9/6/22	0840	213754	6/23	7.	27.5	7.0		P / F	(L) F
Calibr.	↓	↓	0842	216477	7/23	4.	↓	4.0		P / F	(L) F
Calibr.	↓	↓	0844	205284	10/22	10.	↓	10.0		P / F	(L) F
ICV	↓	↓	0846	216477	7/23	4.0	↓	4.03	151.6	(P) F	(L) F
CCV	↓	↓	1504	213754	6/23	7.0	27.6	7.04	27.6	(P) F	(L) F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50; mV pH 4 Range +180 ± 50; mV pH 10 Range -180 ± 50;
If mV are recorded: slope from 7 to 10 _____, slope from 4 to 7 _____ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? (YES) / NO / **NA** (not surf. water project)
If **YES**, complete daily Calibr. & ICV below and list date of last quarterly depth verification: 6/27/22
If **NO**, what will be used? (circle one) **Secchi Disk Line / Sonar** Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air	NM	9/6/22	0848	0.00	0.00	(P) / F	(L) F

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

COMMENTS: