



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STRATEGIC MONITORING PLAN Field Sheet

July 2022

Meter
Passed End
of Day CCV
Yes / No

WIN Station Name:	MILL BR. @ OLD SAN MATEO RD.				Sample Date:	3/9/2023	
WIN / Field ID:	20030577	ORG ID:	21FLA	ENR:	-		
County:	Putnam	WBID:	2592	STREAM	3F		
Receiving Body of Water:	St Johns River Above Rice Creek				RQ-	2023-02-20-27	

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Jeremy Parrish		x		x	x
Niki Barham	x		x		

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

Water Level:	Normal
Flow:	Flowing
Matrix:	Fresh
Tide Stage:	
High Tide:	
Low Tide:	
Photos:	No
Meter ID:	Bruce
Depth Gauge ID:	depth_gauge

Time Zone	Time	Total Depth (m)	Sample Depth (m)	DO (mg/L)	DO (%SAT)	Temp. (°C)	pH	Secchi Disk (m)	Sp COND (µmhos/cm)	Salinity (PPTth)
EST	945	0.5	0.3	7.5	78.9	17.3	6.77	0.3	2681	1.39

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	Lot#	Expiration Date	pH Check
Microbiology					
Chlorophyll					
Physical/Aggregate Nutrients					
Filtered Nutrients			Syringe Lot#; Filter Lot#:		
Acid Preserved Nutrients					
Metals					
Organics (LC)					
Macroinvertebrates					
Organics (GC)	W-CT-CI-R W-PSNP-TQ	W-PCL-TQ-R W-TR-SQ-R	W-PCB-TQ-R	Ice	
Molecular					
Periphyton					
Phytoplankton					
BOD					
DOC					
Other(s)					
Field Comments:					
Comments on COC:					
Relinquish Date:	03/09/2023	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: _____ NB _____ Migrate Data to WIN: _____
(Initials/Date) (Initials/Date)