

**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>        | Unnamed Ditch @ 30m west of Riverside Dr |                |         |               | <b>Sample Date:</b> | 1/9/2023      |  |
| <b>WIN / Field ID:</b>          | G5CE0120                                 | <b>ORG ID:</b> | 21FLCEN | <b>ENR:</b>   | -                   |               |  |
| <b>County:</b>                  | Volusia                                  | <b>WBID:</b>   | 2939    | <b>STREAM</b> |                     |               |  |
| <b>Receiving Body of Water:</b> | -                                        |                |         |               | <b>RQ-</b>          | 2023-01-09-53 |  |

| Sampling Team Members | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|-----------------------|-----------------|-------------------|---------------|--------------|--------------------|
| Katie March           |                 | x                 |               | x            | x                  |
| Jessie Atchison       | x               |                   | x             |              |                    |
|                       |                 |                   |               |              |                    |
|                       |                 |                   |               |              |                    |

| Sampling Equipment   |                  |                      |                |
|----------------------|------------------|----------------------|----------------|
| x                    | Sample Container |                      | Carboy         |
|                      | Dipper           |                      | Van Dorn       |
| x                    | Syringe          |                      | Pole           |
| Syringe Lot# 2090604 |                  | Filter Lot# 17413308 |                |
| Secchi Equipment ID: |                  | Light                |                |
| Collection Method    |                  |                      |                |
| x                    | Wading           |                      | Canoe/Kayak    |
|                      | From Shore       |                      | Electric Motor |
|                      |                  |                      | Gasoline Motor |
| Depth Measured With  |                  | Meter                |                |

|                        |             |
|------------------------|-------------|
| <b>Water Level:</b>    | Normal      |
| <b>Flow:</b>           | Flowing     |
| <b>Matrix:</b>         | Fresh       |
| <b>Tide Stage:</b>     | Falling     |
| <b>High Tide:</b>      | NA          |
| <b>Low Tide:</b>       | NA          |
| <b>Photos:</b>         | Yes         |
| <b>Meter ID:</b>       | Shrimp Trap |
| <b>Depth Gauge ID:</b> | 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       | 1330 | 0.3             | 0.15             | 7.4       | 83.1      | 20.9       | 7.43 | 0.3             | 729                | 0.36             |
|           |      |                 |                  |           |           |            |      |                 |                    |                  |
|           |      |                 |                  |           |           |            |      |                 |                    |                  |
|           |      |                 |                  |           |           |            |      | <b>VOB (s)</b>  |                    |                  |

**Biological Samples Collected:** HA LVS RPS Algal ID

SBIO Visit ID: 85990 HA ID: 18121 RPS ID: 10043 Macrophyte ID: 12364 LIMS Sample ID Entered Into The Macrophyte Module: 2379343

| Parameter Suite          | Parameter Methods (LIMS Test Codes)         |                               |                 | Preservation |                                                                                              |            |            |
|--------------------------|---------------------------------------------|-------------------------------|-----------------|--------------|----------------------------------------------------------------------------------------------|------------|------------|
|                          | Type                                        | Lot#                          | Expiration Date | pH Check     |                                                                                              |            |            |
| Microbiology             | E. coli                                     |                               |                 | ICE          |                                                                                              |            |            |
| Chlorophyll              | CHLSUITE-W                                  |                               |                 | ICE          |                                                                                              |            |            |
| Physical/Aggregate       | ALKALINITY, TURBIDITY, W-F, W-TSS           |                               |                 | ICE          |                                                                                              |            |            |
| Nutrients                | W-CL-IC, W-COLOR, W-SO4-IC, W-TDS           |                               |                 | ICE          |                                                                                              |            |            |
| Filtered Nutrients       | W-PO4-F                                     | Field Filtered 0.45 µm Filter |                 | ICE          | Syringe Lot#:2090604; Filter Lot#:17413308                                                   |            |            |
| Acid Preserved Nutrients | W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP | ICE                           | H2SO4*          | SA2229010    | 08/30/2023                                                                                   | H2SO4 pH<2 |            |
| Metals                   | W-ICPMS                                     | W-ICP                         | W-HARD          | ICE          | HNO3**                                                                                       | NA1105100  | 06/07/2023 |
| Organics (LC)            | W-E8321-DI                                  | W-E8321-MS                    |                 | Ice          |                                                                                              |            |            |
| Macroinvertebrates       |                                             |                               |                 |              |                                                                                              |            |            |
| Organics (GC)            | W-PSNP-TQ                                   | W-TR-SQ-R                     |                 | Ice          | *2.0 ml of H2SO4 Used Unless Noted Otherwise<br>**2.0 ml of HNO3 Used Unless Noted Otherwise |            |            |
| Molecular                |                                             |                               |                 |              |                                                                                              |            |            |
| Periphyton               | Algal ID                                    |                               |                 | Ice          |                                                                                              |            |            |
| Phytoplankton            |                                             |                               |                 |              |                                                                                              |            |            |
| BOD                      |                                             |                               |                 |              |                                                                                              |            |            |
| DOC                      |                                             |                               |                 |              |                                                                                              |            |            |
| Other(s)                 |                                             |                               |                 |              |                                                                                              |            |            |
| Field Comments:          | / Algal ID Collection Time: 1335            |                               |                 |              |                                                                                              |            |            |
| Comments on COC:         |                                             |                               |                 |              |                                                                                              |            |            |
| Relinquish Date:         | 01/09/2023                                  | Signature:                    |                 |              |                                                                                              |            |            |

LIMS EVENT ID: CEN-DIST-2023-01-10-02

WIN Import ID: 39473

Enter Field Parameters, Verify Station ID In LIMS DMT: KWM 1/27/23  
(Initials/Date)

QC Station ID, Field Parameters In LIMS DMT: JA 02/07/23

Save Field Sheets on Network: KWM 4/18/23  
(Initials/Date)Migrate Data to WIN: KWM 4/18/23  
(Initials/Date)

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

SAMPLE ID \_\_\_\_\_ ORG ID \_\_\_\_\_ LATITUDE \_\_\_\_\_  
 COUNTY \_\_\_\_\_ STORET # 65CE0120 LONGITUDE \_\_\_\_\_  
 DATE 1/9/22 TIME \_\_\_\_\_ SAMPLING AGENCY \_\_\_\_\_  
 SITE NAME Unnamed Ditches  
 FIELD ID/NAME \_\_\_\_\_ RECEIVING BODY OF WATER \_\_\_\_\_

## RIPARIAN ZONE / STREAM FEATURES

|                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                                                      |  |                                                                                                                                                                                                                          |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>PREDOMINANT LAND-USE IN WATERSHED</b> (specify relative percent in each category):<br>Forest/Natural <input type="checkbox"/> Silviculture <input type="checkbox"/> Field/Pasture <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input checked="" type="checkbox"/> 50 Commercial <input checked="" type="checkbox"/> 50 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 type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Heavy<br>Local Watershed NPS Pollution: <input type="checkbox"/> No evidence <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Heavy                                                                  |  |  |  |                                                                                                      |  |                                                                                                                                                                                                                          | <b>Typical Width (m) Depth (m)/Velocity (m/sec) Transect</b><br>_____ m wide<br>_____ m/s <u>0.14</u> m/s _____ m/s |
| <b>Width of Riparian Vegetation (m) on Each Buffer Side</b><br>Left Bank: <u>0</u> Right Bank: <u>0</u>                                                                                                                                                                                                                                                                                                                             |  |  |  | <b>Hydrologic Modification Score</b> (per FT 3101) <input type="checkbox"/>                          |  | _____ m deep <u>0.5</u> m deep _____ m deep                                                                                                                                                                              |                                                                                                                     |
| <b>High Water Mark:</b> <u>0.3</u> + <u>0.5</u> = <u>0.8</u><br>(m) (above present water level) (present depth) (above bed)                                                                                                                                                                                                                                                                                                         |  |  |  | <b>Artificially Impounded</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Artificially</b> <input type="checkbox"/> No <input type="checkbox"/> Mostly recovered, more sinuous<br><b>Channelized:</b> <input type="checkbox"/> Some recovery <input checked="" type="checkbox"/> Recent, severe |                                                                                                                     |
| <b>Canopy Cover %</b> <input checked="" type="checkbox"/> Open <input type="checkbox"/> Lightly Shaded (11-45%)<br><input 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 checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/><br>Silt Smothering: None <input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/><br>Algae Smothering: None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Severe <input type="checkbox"/> |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
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| <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>                                                                                                                                                                                                                                                                                                                                                       |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <th>% Coverage</th> <th>INVERT<br/># Times Sampled</th> <th>PERI<br/># Times Sampled</th> </tr> </thead> <tbody> <tr> <td>Woody Debris (Snags)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Undercut Banks / Roots</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Leaf Packs or Mat .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Aquatic Vegetation .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rock or Shell Rubble..</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sand.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mud / Muck / Silt .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |                           |                          |                                                                                                                                                                                                                                                                                                                                                                            | % Coverage | INVERT<br># Times Sampled | PERI<br># Times Sampled | Woody Debris (Snags)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Undercut Banks / Roots | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Leaf Packs or Mat ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aquatic Vegetation ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rock or Shell Rubble.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sand..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mud / Muck / Silt ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depth (M) Temp. (°C) pH (SU) D.O. (MG/L) D.O. Sat (%) Cond. (UMHO/CM) Salinity (PPT) SECCHI (M)<br>Top: _____<br>Mid: _____<br>Bottom: _____<br>Meter ID: _____ |  |  |  | Water Odors Normal <input checked="" type="checkbox"/> Petroleum <input type="checkbox"/><br>Sewage <input type="checkbox"/> Chemical <input type="checkbox"/> Other <input type="checkbox"/><br>Water Sample Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Sample Preserved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Lot Number: _____ Exp: _____<br>Algae Sample Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Sample Preserved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Lot Number: _____ Exp: _____ |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | % Coverage               | INVERT<br># Times Sampled | PERI<br># Times Sampled  |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Woody Debris (Snags)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Undercut Banks / Roots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Leaf Packs or Mat .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Aquatic Vegetation .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Rock or Shell Rubble..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Sand.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Mud / Muck / Silt .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                            |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>  | <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"/><br>Color Tannic <input checked="" type="checkbox"/> Green (Algae) <input type="checkbox"/><br>Clear <input type="checkbox"/> Other (Specify) <input type="checkbox"/> |            |                           |                         | <b>Clarity</b> Clear <input checked="" type="checkbox"/> Slightly Turbid <input type="checkbox"/><br>Turbid <input type="checkbox"/> Opaque <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <b>ABUNDANCE</b> Not Obs. Rare Common Abundant<br>Periphyton: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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>System Type:</b> Stream <input type="checkbox"/> Lake <input type="checkbox"/> Wetland <input type="checkbox"/> Estuary <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> <u>canal</u>                                                                                                                                                       |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                           |                          | <b>AMBIENT FIELD CONDITIONS / NOTES:</b><br><input type="checkbox"/> The antecedent hydrologic conditions have been met to my best knowledge.                                                                                                                                                                                                                              |            |                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                        |                          |                          |                          |                         |                          |                          |                          |                          |                          |                          |                          |                        |                          |                          |                          |           |                          |                          |                          |                         |                          |                          |                          |             |                          |                          |                          |             |                          |                          |                          |                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |

SAMPLING TEAM Katie March, Jessie Atchinson SIGNATURE: KMarch DATE: 1/9/23

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

|                  |         |                                        |                                |                          |
|------------------|---------|----------------------------------------|--------------------------------|--------------------------|
| SAMPLING AGENCY: |         | STORET STATION NUMBER: <u>GSC00120</u> | DATE (MM/DD/YY): <u>1/9/22</u> | RECEIVING BODY OF WATER: |
| REMARKS:         | COUNTY: | LOCATION: <u>Unnamed Ditches</u>       |                                | FIELD ID/NAME:           |

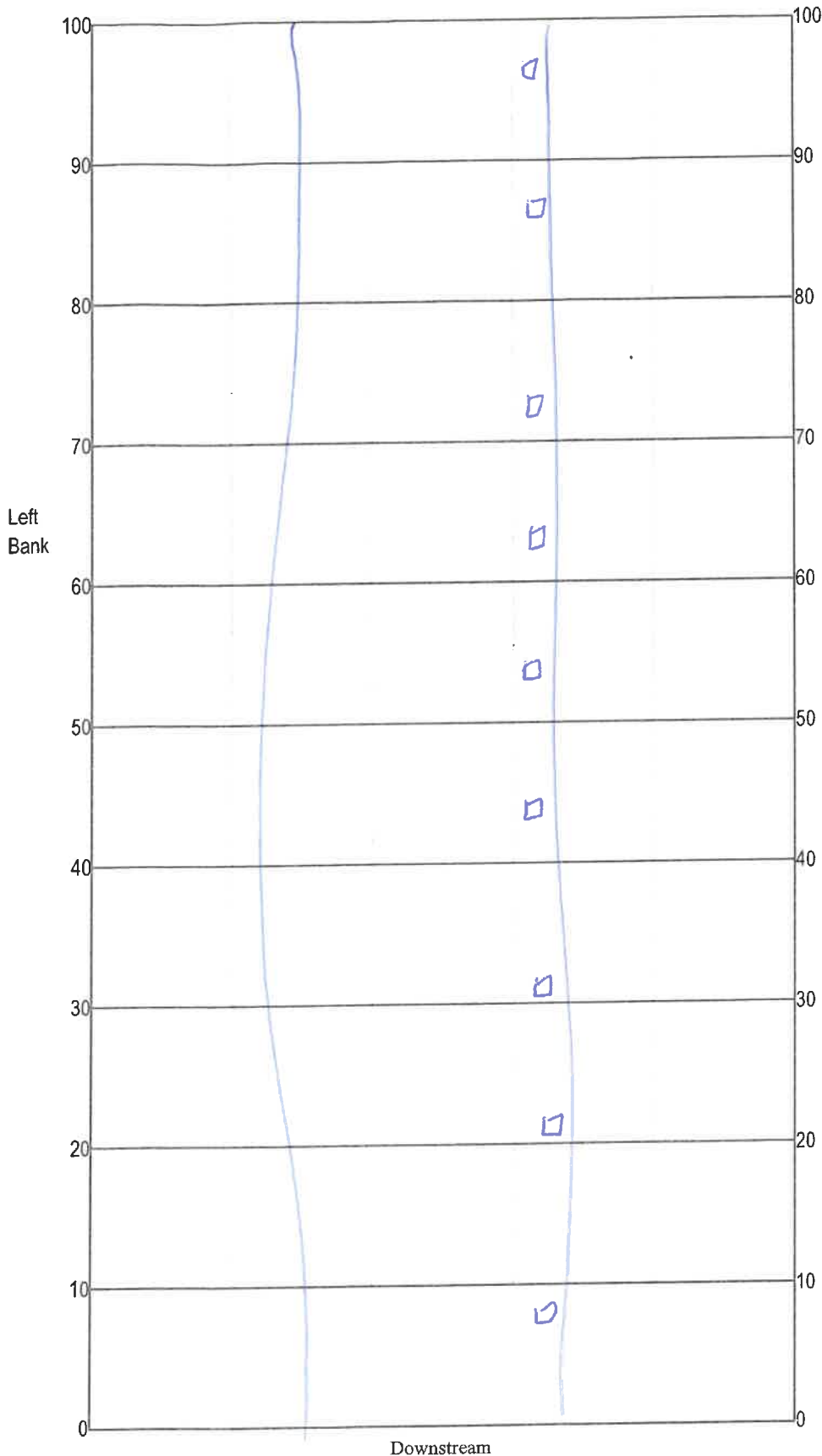
| Habitat Parameter                                                               | Optimal                                                                                                                                                                                                           | Suboptimal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

33

**TOTAL SCORE**

|                     |                                              |                          |
|---------------------|----------------------------------------------|--------------------------|
| Date: <u>1/9/22</u> | Analyst: <u>Katie March, Jessie Atkinson</u> | Signature: <u>KMarch</u> |
|---------------------|----------------------------------------------|--------------------------|

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



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

Location: G5CED120  
Date: 1/9/23  
Sampler: K. March, J. Atchinson

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

Plants observed / other notes:

Macrophytes mostly just along right bank. Left bank more algae accumulation. Heavier silt smothering than

G5CED154. Left bank mostly bare, very steep, road. Right bank also v. steep, more veg. houses.

Revision Date: March 1, 2014

[illegible]

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

Site: Unnamed Ditches County: \_\_\_\_\_ Date: 1/9/22 Investigators: K. Marsh, J. Atkinson

STORET Station Number: GSCE0120

| Transect (m) | Point<br>1=right<br>9=left | Algal Thickness Rank<br>(N-6, X) | Estimated | Canopy Cover | Transect (m) | Point<br>1=right<br>9=left | Algal Thickness Rank<br>(N-6, X) | Estimated | Canopy Cover |
|--------------|----------------------------|----------------------------------|-----------|--------------|--------------|----------------------------|----------------------------------|-----------|--------------|
| 0            | 1                          | 2                                |           |              | 60           | 1                          | 2                                |           |              |
|              | 2                          | 2                                |           |              |              | 2                          | 2                                |           |              |
|              | 3                          | 2                                |           |              |              | 3                          | 2                                |           |              |
|              | 4                          | 2                                |           |              |              | 4                          | 2                                |           |              |
|              | 5                          | 2                                |           | 12           |              | 5                          | 2                                |           | 8            |
|              | 6                          | 2                                |           |              |              | 6                          | 2                                |           |              |
|              | 7                          | 2                                |           |              |              | 7                          | 2                                |           |              |
|              | 8                          | 2                                |           |              |              | 8                          | 2                                |           |              |
|              | 9                          | 2                                |           |              |              | 9                          | 2                                |           |              |
| 10           | 1                          | 2                                |           |              | 70           | 1                          | 2                                |           |              |
|              | 2                          | 2                                |           |              |              | 2                          | 2                                |           |              |
|              | 3                          | 2                                |           |              |              | 3                          | 2                                |           |              |
|              | 4                          | 2                                |           |              |              | 4                          | 2                                |           |              |
|              | 5                          | 2                                |           | 8            |              | 5                          | 2                                |           | 12           |
|              | 6                          | 2                                |           |              |              | 6                          | 2                                |           |              |
|              | 7                          | 2                                |           |              |              | 7                          | 2                                |           |              |
|              | 8                          | 2                                |           |              |              | 8                          | 2                                |           |              |
|              | 9                          | 2                                |           |              |              | 9                          | 2                                |           |              |
| 20           | 1                          | 2                                |           |              | 80           | 1                          | 2                                |           |              |
|              | 2                          | 2                                |           |              |              | 2                          | 2                                |           |              |
|              | 3                          | 2                                |           |              |              | 3                          | 2                                |           |              |
|              | 4                          | 2                                |           |              |              | 4                          | 2                                |           |              |
|              | 5                          | 2                                |           | 0            |              | 5                          | 2                                |           | 0            |
|              | 6                          | 2                                |           |              |              | 6                          | 2                                |           |              |
|              | 7                          | 2                                |           |              |              | 7                          | 2                                |           |              |
|              | 8                          | 2                                |           |              |              | 8                          | 2                                |           |              |
|              | 9                          | 2                                |           |              |              | 9                          | 2                                |           |              |
| 30           | 1                          | 2                                |           |              | 90           | 1                          | 2                                |           |              |
|              | 2                          | 2                                |           |              |              | 2                          | 2                                |           |              |
|              | 3                          | 2                                |           |              |              | 3                          | 2                                |           |              |
|              | 4                          | 2                                |           |              |              | 4                          | 2                                |           |              |
|              | 5                          | 2                                |           | 0            |              | 5                          | 2                                |           | 4            |
|              | 6                          | 2                                |           |              |              | 6                          | 2                                |           |              |
|              | 7                          | 2                                |           |              |              | 7                          | 2                                |           |              |
|              | 8                          | 2                                |           |              |              | 8                          | 2                                |           |              |
|              | 9                          | 2                                |           |              |              | 9                          | 2                                |           |              |
| 40           | 1                          | 2                                |           |              | 100          | 1                          | 2                                |           |              |
|              | 2                          | 2                                |           |              |              | 2                          | 2                                |           |              |
|              | 3                          | 2                                |           |              |              | 3                          | 2                                |           |              |
|              | 4                          | 2                                |           |              |              | 4                          | 2                                |           |              |
|              | 5                          | 2                                |           | 16           |              | 5                          | 2                                |           | 24           |
|              | 6                          | 2                                |           |              |              | 6                          | 2                                |           |              |
|              | 7                          | 2                                |           |              |              | 7                          | 2                                |           |              |
|              | 8                          | 2                                |           |              |              | 8                          | 2                                |           |              |
|              | 9                          | 2                                |           |              |              | 9                          | 2                                |           |              |
| 50           | 1                          | 2                                |           |              |              | 1                          | 2                                |           |              |
|              | 2                          | 2                                |           |              |              | 2                          | 2                                |           |              |
|              | 3                          | 2                                |           |              |              | 3                          | 2                                |           |              |
|              | 4                          | 2                                |           |              |              | 4                          | 2                                |           |              |
|              | 5                          | 2                                |           | 0            |              | 5                          | 2                                |           |              |
|              | 6                          | 2                                |           |              |              | 6                          | 2                                |           |              |
|              | 7                          | 2                                |           |              |              | 7                          | 2                                |           |              |
|              | 8                          | 2                                |           |              |              | 8                          | 2                                |           |              |
|              | 9                          | 2                                |           |              |              | 9                          | 2                                |           |              |

Secchi depth 0.3  
Estimated?

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

Check accompanying data collected at same site/date.

Algal mat sample ✓  
Linear Veg Survey ✓  
Habitat Assessment ✓  
SCI/Biorecon ✓  
Water sample ✓

RQ- 2023-01-09-53

| 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%.