FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

STRATEGIC MONITORING PLAN Field Sheet

July 2022

Meter Passed End of Day CCV

Yes / No

WIN Station Name:	LAKE POWELL DRAIN EAST ARM					**Sample Date:**	4/26/2023
WIN / Field ID:	G3NW0009	**ORG ID:**	21FLPNS	**ENR:**	-	**Latitude:**	30.26183
County:	BAY	**WBID:**	1055B	ESTUARY	3M	**Longitude:**	-85.95008
Receiving Body of Water:	Lake Powell					**RQ-**	2023-04-24-23

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Lauren McNally	x		x		
Brook Olin		x		x	x

Sampling Equipment					
x	Sample Container			Carboy	
	Dipper			Van Dorn	
	Syringe			Pole	
Syringe Lot#			**Filter Lot#**		
Secchi Equipment ID:	*Secchi -1*				

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

Water Level:	*Normal*
Flow:	*NA*
Matrix:	*Marine*
Tide Stage:	*Rising*
High Tide:	*1251*
Low Tide:	*0005*
Photos:	*No*
Meter ID:	*155077 (ProDSS)*
Depth Gauge ID:	**depth_gauge**

Time Zone	Time	Total Depth (m)	Sample Depth (m)	DO (mg/L)	DO (%SAT)	Temp. (ºC)	pH	Secchi Disk (m)	Sp COND (µmhos/cm)	Salinity (PPTh)
CEN	1030	2	0.3	3	43.3	27.9	6.8	1.8	33740	20.93
	1032		1.5	3.63	52.2	27.7	6.92		34495	21.6

Biological Samples Collected: None

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

Parameter Suite	Parameter Methods (LIMS Test Codes)	Preservation Type		Lot#	Expiration Date	pH Check
Microbiology	Contract Lab / Enterococci *UWF*	ICE				
Chlorophyll	CHLSUITE-W	ICE				
Physical/Aggregate Nutrients	ALKALINITY, TURBIDITY, W-F, W-TSS; W-CL-IC, W-COLOR, W-SO4-IC, W-TDS	ICE				
Filtered Nutrients				Syring Lot#:; Filter Lot#:		
Acid Preserved Nutrients	W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	ICE	H2SO4*	*2299040*	*11/4/23*	*H2SO4 pH<2*
Metals						
Organics (LC)						
Macroinvertebrates						
Organics (GC)						
Molecular						
Periphyton						
Phytoplankton						
BOD						
DOC						
Other(s)						

*2.0 ml of H2SO4 Used Unless Noted Otherwise

SyringLot# FilterLot#

Field Comments:	
Comments on COC:	Microbiology sample(s) submitted to contract laboratory.
Relinquish Date:	04/26/2023
Signature:	

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

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

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

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

Migrate Data to WIN: _____ (Initials/Date)