

2021-01-11-46

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

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

Meter ID: DesiRQ: 2021-01-11-45Project: JBMAP2

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

Temperature (Quarterly) FT 1400

Date of Last Temperature Verification 10/14/20

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro- meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	1/12/21	940	21.2	761.8	8.9	8.93	100.6	-	1.0546	(P/F)	(L/F)
ICV	↓	↓	941	21.2	764.8	8.9	8.93	100.6	-	1.0546	(P/F)	(L/F)
CCV	↓	↓	1642	21.6	765.0	8.9	8.88	100.8	-	1.0546	P/F	L/F
CCV											P/F	L/F

DO Acceptance criteria from Table ± 0.3 mg/L.

Rapid-Pulse Sensors: DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.

Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. Steady-state & Galvanic Sensors: DO Gain & Charge N/A.

Spec. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard μ mhos/cm	Meter Reading μ mhos/cm	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	1/12/21	945	2012228	1/2-22	1000	1000	(P/F)	(L/F)
ICV	↓	↓	947	200702A	9/2021	100	104.5	(P/F)	(L/F)
CCV	↓	↓	1643	200902L	9/2021	1413	1400	(P/F)	(L/F)
CCV								P/F	L/F

Conductivity Acceptance criteria $\pm 5\%$

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	1/12/21	948	2006F52	6/22	7.00	22.3	7.00	-30.0	(P/F)	(L/F)
Calibr.	↓	↓	950	2912B71	12/21	4.00	22.1	4.00	152.8	(P/F)	(L/F)
Calibr.	↓	↓	952	2006F28	12/21	10.00	22.4	10.00	206.2	(P/F)	(L/F)
ICV	↓	↓	956	2006F52	6/22	7.00	22.3	7.05	-28.4	(P/F)	(L/F)
CCV	↓	↓	1645	791237H	12/21	4.00	22.4	4.09	147.2	(P/F)	(L/F)
CCV										P/F	L/F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50 ; mV pH 4 Range $+180 \pm 50$; mV pH 10 Range -180 ± 50 ;

If mV are recorded: slope from 7 to 10 _____, slope from 4 to 7 _____ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)If YES, complete daily Calibr. & ICV below and list date of last quarterly depth verification: 10/14/20

If NO, what will be used? (circle one) Secchi Disk Line / Sonar Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air	Kim Appleby	1/12/21	950	0.00	0.00	(P/F)	(L/F)

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

COMMENTS:



Florida DEP North East District ROC BMAP Field sheet

Date: 1/12/2021 RQ#: 2021-01-11-45 2021-01-11-46Event Name: 88 km BMAP 2 Meter ID: Pro DSS DESISampling Team Members: K. McDonald, K. Appleby

All bacteria samples taken are surface water grab samples.

WIN ID/Field ID:  20030848					WBID Number <u>2299B</u>		Matrix: Surface ☒ Fresh ☒ Surface Salt ☐		Sample Type: E. coli ☒ Enterococcus ☐ Fecal ☐		Initials Sample & Preservation <u>KM</u>		Initials Documentation <u>KA</u>	
NW TRIBUTARY TO OPEN CR AT HODGES					Sample Access: Wading ☐ Dock ☐ From Shore ☒ Bridge ☐		Sample Ice Preserved in 15 minutes? Yes ☒ No ☐							
Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppt	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack				
<u>1210</u>	<u>0.31</u>	<u>0.15</u>	<u>15.6</u>	<u>436.6</u>	<u>0.21</u>	<u>7.33</u>	<u>8.66</u>	<u>87.1</u>	<u>0.31(5)</u>	<u>N/A</u>				
Comments and Weather:														

WIN ID/Field ID:  20030653					WBID Number <u>2204</u>		Matrix: Surface ☒ Fresh ☒ Surface Salt ☐		Sample Type: E. coli ☒ Enterococcus ☐ Fecal ☐		Initials Sample & Preservation <u>KM</u>		Initials Documentation <u>KA</u>	
TERRAPIN CR AT FAYE ROAD					Sample Access: Wading ☐ Dock ☐ From Shore ☒ Bridge ☐		Sample Ice Preserved in 15 minutes? Yes ☒ No ☐							
Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppt	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack				
<u>1320</u>	<u>0.1</u>	<u>0.05</u>	<u>14.9</u>	<u>183.0</u>	<u>0.09</u>	<u>6.71</u>	<u>6.76</u>	<u>67.1</u>	<u>0.1(5)</u>	<u>N/A</u>				
Comments and Weather:														

WIN / Field ID:  20030123					WBID Number <u>2203B</u>		Matrix: Surface ☒ Fresh ☒ Surface Salt ☒		Sample Type: E. coli ☐ Enterococcus ☒ Fecal ☐		Initials Sample & Preservation <u>KM</u>		Initials Documentation <u>KA</u>	
TROUT R @ DINSMORE BOAT RAMP DOCK NR US 1					Sample Access: Wading ☐ Dock ☒ From Shore ☐ Bridge ☐		Sample Ice Preserved in 15 minutes? Yes ☒ No ☐							
Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity µmhos	Salinity ppt	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack				
<u>1345</u>	<u>0.4</u>	<u>0.2</u>	<u>12.5</u>	<u>417.3</u>	<u>0.20</u>	<u>6.92</u>	<u>7.66</u>	<u>71.9</u>	<u>0.4(5)</u>	<u>Ebb</u>				
Comments and Weather:														

Signature: Kelly McDonald Date: 1/12/21

Field Sheet Scanned (Initials/date): _____ Parameters uploaded to LIMs (Initials/date): _____

Data QC'd in LIMs (Initials/date): BD 2/9/21 Data Migrated to WIN (Initials/date): _____

WIN / Field ID:



20030753

TROUT RIVER AT
OLD KINGS RD

WBID Number

2203

Matrix:
Surface ☒
Fresh ☒
Surface Salt ☐Sample Type:
E. coli ☒
Enterococcus ☐
Fecal ☐Initials
Sample &
PreservationInitials
Document-
ationSample Access:
Wading ☐ Dock ☐
From Shore ☒ Bridge ☐Sample Ice Preserved in 15
minutes?
Yes ☒
No ☐

KM

KA

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity μmhos	Salinity ppt	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack
1110	0.55	0.25	13.4	133.5	0.06	6.35	8.49	81.3	0.53	N/A

Comments and Weather:

WIN / Field ID:



20030897

MONCRIEF CR @ 21ST ST

WBID Number

2228B

Matrix:
Surface ☒
Fresh ☒
Surface Salt ☐Sample Type:
E. coli ☒
Enterococcus ☐
Fecal ☐Initials
Sample &
PreservationInitials
Document-
ationSample Access:
Wading ☐ Dock ☐
From Shore ☐ Bridge ☒Sample Ice Preserved in 15
minutes?
Yes ☒
No ☐

KM

KA

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity μmhos	Salinity ppt	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack
1430	0.1	0.05	17.8	475.6	0.23	7.21	6.35	66.9	0.15	N/A

Comments and Weather:

WIN / Field ID:



20030726

MONCRIEF CR AT MONCRIEF ROAD

WBID Number

2228B

Matrix:
Surface ☒
Fresh ☒
Surface Salt ☐Sample Type:
E. coli ☒
Enterococcus ☐
Fecal ☐Initials
Sample &
PreservationInitials
Document-
ationSample Access:
Wading ☐ Dock ☐
From Shore ☒ Bridge ☐Sample Ice Preserved in 15
minutes?
Yes ☒
No ☐

KM

KA

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity μmhos	Salinity ppt	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack
1445	0.58	0.3	15.2	434.6	0.21	7.39	7.77	77.5	0.58	Low

Comments and Weather:

WIN Number / Site Name

WBID Number

Matrix:
Surface ☐
Fresh ☐
Surface Salt ☐Sample Type:
E. coli ☐
Enterococcus ☐
Fecal ☐Initials
Sample &
PreservationInitials
Document-
ationSample Access:
Wading ☐ Dock ☐
From Shore ☐ Bridge ☐Sample Ice Preserved in 15
minutes?
Yes ☐
No ☐

Time	Total depth(m)	Sample depth(m)	Temp °C	Conductivity μmhos	Salinity ppt	pH s.u.	D.O. mg/L	D.O. % sat	Secchi m	Tide Ebb/ Flood Slack

Comments and Weather:

CHAIN OF CUSTODY / LABORATORY ANALYSIS REQUEST FORM



9143 Phillips Highway, Suite 200 Jacksonville, FL 32256 / PH(904) 739-2277 / FAX (904) 739-2011

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SIR #
ALS Contact: Mandy Sullivan

Client Name FDPEP-NE ROC		Project Number 2021-01-11-46		ANALYSIS REQUESTED (Include Method Number and Container Preservative)											
Report To Report CC		Report CC Terry Parish		Preservative Key											
Company/Address 8800 Baymeadows Way W Jacksonville, FL 32256		Phone # 904-256-1700		FAX #											
Sampler's Signature <i>[Signature]</i>		Sampler's Printed Name K'm Appleby													
CLIENT SAMPLE ID	LAB ID	SAMPLE NO	DATE	TIME	Matrix										
20030842		1/12/20	1210		SW	1	X								
20030653		1/12/20	1320		SW	1	X								
20030123		1/12/20	1345		SW	1	X								
20030753		1/12/20	1410		SW	1	X								
20030897		1/12/20	1430		SW	1	X								
20030726		1/12/20	1445		SW	1	X								
NUMBER OF CONTAINERS															
E.Coli						8	8								
Enterococci						8	8								
Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us															
Requesting By <i>[Signature]</i>				Received By <i>[Signature]</i>				Retain Requested By <i>[Signature]</i>				Received By <i>[Signature]</i>			
Printed Name K'm Appleby				Printed Name Terry Parish				Printed Name Terry Parish				Printed Name Terry Parish			
Firm FDPEP NE ROC				Firm ALS				Firm ALS				Firm ALS			
Date/Time 1/12/20 1507				Date/Time 1/12/20 1507				Date/Time 1/12/20 1507				Date/Time 1/12/20 1507			
TURNS/ROUND REQUIREMENTS				REPORT REQUIREMENTS				INVOICE INFORMATION							
X STANDARD				I. Results Only				P.O. #							
				II. Results + QC Summaries				Bill to:							
				III. Results + QC and Calibration Summaries											
				IV. Data Validation Report with Raw Data											
REQUESTED REPORT DATE				Edata Yes No											