



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
STRATEGIC MONITORING PROGRAM FIELD SHEET

June 2016

PAGE \_\_\_\_ OF \_\_\_\_

Data Qualified?

Yes / No

STORET Station Name: Titi Cr @ Eglin 220 AKA JAXGRD # 0701S007

Date:

07/07/16  
(mm/dd/yyyy)

STORET Station ID: 33040184

WBID: 321

Latitude: 30.69984288

(Decimal Degrees)

County: Walton

RQ - RQ-2016-07-04-35

ORG ID: 21FLPNS

Longitude: -86.46852822

(Decimal Degrees)

Receiving Body of Water:

Shoal River

Field ID: G4NW0368

| Sampling Team Members                                       |      |                                                                                                                                                                                                                                                                                                                                                                             |                 | WQ Measurements                     | Sample Collection                   | Documentation                                                                     | Preservation                        | Preservation Check                          | Sampling Equipment                                   |                                             |                               |  |
|-------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|------------------------------------------------------|---------------------------------------------|-------------------------------|--|
| RA<br>NM                                                    |      |                                                                                                                                                                                                                                                                                                                                                                             |                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> Sample Container | <input type="checkbox"/> Van Dorn           | <input type="checkbox"/> Pole |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             | <input type="checkbox"/> Carboy                      | <input checked="" type="checkbox"/> Syringe |                               |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             | <input type="checkbox"/> Dipper                      | <input type="checkbox"/> Other              |                               |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             | Equipment ID                                         |                                             |                               |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     | Collection Method                           |                                                      |                                             |                               |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     | <input checked="" type="checkbox"/> Wading  | <input type="checkbox"/> Via Boat                    |                                             |                               |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     | <input type="checkbox"/> From Shore         | <input type="checkbox"/> Canoe/Kayak                 |                                             |                               |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     | <input type="checkbox"/> Other (note below) | <input type="checkbox"/> Electric Motor              |                                             |                               |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             | <input type="checkbox"/> Gasoline Motor              |                                             |                               |  |
| Water Level: Dry / Low / Normal / High / Flooded            |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             | Matrix: Fresh / Marine / DI                          |                                             |                               |  |
| Meter ID# 113527                                            |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             | Photos: Yes / No                                     |                                             |                               |  |
|                                                             |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             | Tide Falling: Yes / No / NA                          |                                             |                               |  |
| Time Zone                                                   | Time | Sample Depth (m)                                                                                                                                                                                                                                                                                                                                                            | Total Depth (m) | DO (mg/L)                           | DO (%SAT)                           | pH                                                                                | Salinity (ppt)                      | Secchi Disk (m)                             | Sp COND (umhos/cm)                                   | Temp. (C°)                                  |                               |  |
| EST                                                         |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             |                                                      |                                             |                               |  |
| CEN                                                         | 1010 | 0.2                                                                                                                                                                                                                                                                                                                                                                         | 1.0             | 7.7                                 | 91                                  | 5.0                                                                               | 0.0                                 | VOB                                         | 15                                                   | 23.6                                        |                               |  |
| Biological Samples Collected: None HA SCI LVS RPS LVI Other |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             |                                                      |                                             |                               |  |
| Parameter Suite                                             |      | Parameter Methods                                                                                                                                                                                                                                                                                                                                                           |                 |                                     |                                     | Preservation                                                                      |                                     | Acid Lot#                                   |                                                      | Expiration                                  | pH Check                      |  |
| Preserved Nutrients                                         |      | <input checked="" type="checkbox"/> W-NH3 / <input checked="" type="checkbox"/> W-NO2NO3 / <input checked="" type="checkbox"/> W-TKN / <input checked="" type="checkbox"/> W-TOC / <input checked="" type="checkbox"/> W-S-A-TP                                                                                                                                             |                 |                                     |                                     | <input checked="" type="checkbox"/> Ice <input checked="" type="checkbox"/> H2SO4 |                                     |                                             |                                                      |                                             | <input type="checkbox"/> <2   |  |
| Metals                                                      |      | <input type="checkbox"/> W-ICPMS <input type="checkbox"/> W-JCP                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     | <input type="checkbox"/> Ice <input type="checkbox"/> HNO2                        |                                     |                                             |                                                      |                                             | <input type="checkbox"/> <2   |  |
| Filtered Nutrients                                          |      | <input checked="" type="checkbox"/> W-PO4-F <input checked="" type="checkbox"/> Field Filtered 0.45 um Filter                                                                                                                                                                                                                                                               |                 |                                     |                                     | <input checked="" type="checkbox"/> Ice                                           |                                     |                                             |                                                      |                                             |                               |  |
| Chlorophyll                                                 |      | <input checked="" type="checkbox"/> CHLSUITE-W                                                                                                                                                                                                                                                                                                                              |                 |                                     |                                     | <input checked="" type="checkbox"/> Ice                                           |                                     |                                             |                                                      |                                             |                               |  |
| BOD                                                         |      | <input type="checkbox"/> BOD-UNIN                                                                                                                                                                                                                                                                                                                                           |                 |                                     |                                     | <input type="checkbox"/> Ice                                                      |                                     |                                             |                                                      |                                             |                               |  |
| Physical/Aggregate (Fresh)                                  |      | <input checked="" type="checkbox"/> Alkalinity / <input checked="" type="checkbox"/> W-F / <input checked="" type="checkbox"/> W-TSS / <input checked="" type="checkbox"/> TURBIDITY / <input checked="" type="checkbox"/> W-CH-IC / <input checked="" type="checkbox"/> W-COLOR / <input checked="" type="checkbox"/> W-SO4-IC / <input checked="" type="checkbox"/> W-TDS |                 |                                     |                                     | <input checked="" type="checkbox"/> Ice                                           |                                     |                                             |                                                      |                                             |                               |  |
| Physical/Aggregate (Marine)                                 |      | <input type="checkbox"/> Alkalinity / <input type="checkbox"/> W-F / <input type="checkbox"/> W-TSS / <input type="checkbox"/> TURBIDITY                                                                                                                                                                                                                                    |                 |                                     |                                     | <input type="checkbox"/> Ice                                                      |                                     |                                             |                                                      |                                             |                               |  |
| Macroinvertebrates                                          |      | <input type="checkbox"/> MI-FW-QLDC                                                                                                                                                                                                                                                                                                                                         |                 |                                     |                                     | <input type="checkbox"/> Formalin                                                 |                                     |                                             |                                                      |                                             |                               |  |
| Microbiology                                                |      | <input type="checkbox"/> E Coli <input type="checkbox"/> F Coli <input type="checkbox"/> Entero <input type="checkbox"/> QPCR                                                                                                                                                                                                                                               |                 |                                     |                                     | <input type="checkbox"/> Ice                                                      |                                     |                                             |                                                      |                                             |                               |  |
| Periphyton                                                  |      | <input type="checkbox"/> ALGAE-ID                                                                                                                                                                                                                                                                                                                                           |                 |                                     |                                     | <input type="checkbox"/> Ice                                                      |                                     |                                             |                                                      |                                             |                               |  |
| Pesticides                                                  |      | <input type="checkbox"/> W-PSNP-TQ <input type="checkbox"/> W-AHERB-AA <input type="checkbox"/> W-PYR-AA-R<br><input type="checkbox"/> W-PC-AA-SF <input type="checkbox"/> W-UHERB-AA <input type="checkbox"/> W-GLYPH                                                                                                                                                      |                 |                                     |                                     | <input type="checkbox"/> Ice<br><input type="checkbox"/> Other                    |                                     |                                             |                                                      |                                             |                               |  |
| Place Preservative Sticker(s) Here (If Available)           |      |                                                                                                                                                                                                                                                                                                                                                                             |                 |                                     |                                     |                                                                                   |                                     |                                             |                                                      |                                             |                               |  |

Notes:

Location: Titi Cr @ Eglin  
220 AKA JAXGRD # 0701S007  
RQ-2016-07-04-35(WBID 321)  
Date: 7/7/16  
Time: 1010 CST

G4NW0368  
Field ID ↑  
STORET ↓  
33040184

Signature:

Date:

7/7/16

Field Parameters Entered into LIMS:

(Initials/Date)

Field Parameters QC in LIMS:

Field Sheets Scanned/Saved:

(Initials/Date)

Date Migrated to STORET:

(Initials/Date)

(Initials/Date)