A-KIT

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

February 2016

Data Qualified? Yes / No

STORET Station Name: MOON LAKE E. Date: 11-7-16 (mm/dd/yyyy)

STORET Station ID: 65SW0101 Latitude: (Decimal Degrees)

WBID: 1409A RQ - 2016-11-07-48 ORG ID: 21FLTPA Longitude: (Decimal Degrees)

Receiving Body of Water: Field ID: 65SW0101 County: PASCO

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton	X		X		X
Scottie Ashton		X		X	

Sampling Equipment

- [X] Sample Container
- [ ] Carboy
- [ ] Dipper
- [ ] Van Dorn
- [X] Syringe
- [ ] Other
- [ ] Pole

Equipment ID

Collection Method

- [ ] Wading
- [ ] From Shore
- [ ] Other (note below)

Via Boat
- [X] Canoe/Kayak
- [X] Electric Motor
- [ ] Gasoline Motor

Water Level: Dry / Low / Normal / High / Flooded

Matrix: Fresh / Marine / DI

Meter ID# LIL JON

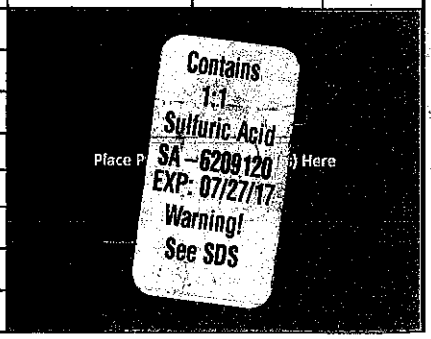
Photos: Yes / No

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 (µmhos/cm)	Temp. (C°)
EST	11:55	0.3	3.8	8.7	104	7.3	0.06	1.8	138	24.2
CEN		3.2		8.7	103	7.4	0.06		138	24.1

Biological Samples Collected: None HA SCI LVS RPS LVI Other

Parameter Suite	Parameter Methods	Preservation	Acid Lot#	Expiration	pH Check
Preserved Nutrients	[X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[X] Ice [X] H_2SO_4			[X] <2
Metals	[ ] W-ICPMS [ ] W-ICP	[ ] Ice [ ] HNO_3			[ ] <2
Filtered Nutrients	[X] W-PO4-F [X] Field Filtered 0.45 µm Filter	[X] Ice			
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
BOD	[ ] BOD-UNIN	[ ] Ice			
Physical/Aggregate (Kit A)	[X] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[X] Ice			
Physical/Aggregate (Kit B)	[ ] Alkalinity / W-F / W-TSS / TURBIDITY	[ ] Ice			
Macroinvertebrates	[ ] MI-FW-QLDC	[ ] Formalin			
Microbiology	[ ] E Coli [ ] F Coli [ ] Entero [ ] QPCR	[ ] Ice			
Periphyton	[ ] ALGAE-ID	[ ] Ice			
Pesticides	[ ] W-PSNP-TQ [ ] W-AHERB-AA [ ] W-PYR-AA-R [ ] W-PC-AA-SF [ ] W-UHERB-AA [ ] W-GLYPH	[ ] Ice [ ] Other			
Flow m/s	"J" Qualify Flow				



Notes:

RQ-2016-11-07-48
Date: 11/7/16
Time:
Moon Lake E

G5SW0101
Field ID
STORET

Signature: Date: 11-7-16

Field Parameters Entered into LIMS: SC 11/15/16 (Initials/Date)

Field Parameters QC in LIMS: SC 01-05-17 SE 1/10/17 (Initials/Date)

Date Migrated to STORET: (Initials/Date)

Field Sheets Scanned/Saved: (Initials/Date)

2016-11-07-48

Request Number: RQ-2016-10-31-60

Anclote, Hiawatha, Green

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: SW-DIST

Project ID: SMP

Requester: Judy Ashton

Collected By: J. Ashton, Stephen Glassman

Field Report Prepared By: Judy Ashton

Sampling Agency: FSAS

RQ-2016-11-07-48
Date: 11/7/16
Time:
Bear Creek @ Beacon
G5SW0102
Field ID STORET
G5SW0102

Location | Field ID | STORET | Latitude ☐dms | ☐dd ☐dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 11-7-16 Time 10:15 Eastern Central | Composite end Date Time | Bottle Group(s) (See pg 2): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 3.8 mg/L 43 % sat | Total Res. Chlorine (mg/L)

Temp (C) 21.6 | pH 6.9 | Sample Depth 0.3 ☐ft ☒m | Sp. Conductance (umho/cm) 901

Salinity (ppt) 0.44 | Comments

RQ-2016-11-07-48
Date: 11/7/16
Time:
Bear Creek @ Beacon DUPLICATE
G5SW0102
Field ID STORET
G5SW0102

Location | Field ID | STORET | Latitude ☐dms | ☐dd ☒dms

☒ Comp ☒ Grab | Collection (comp begin or grab) Date 11-7-16 Time 10:25 Eastern Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 3.5 mg/L 43 % sat | Total Res. Chlorine (mg/L)

Temp (C) 21.6 | pH 6.9 | Sample Depth 0.3 ☐ft ☒m | Sp. Conductance (umho/cm) 901

Salinity (ppt) 0.44 | Comments

RQ-2016-11-07-48
Date: 11/7/16
Time:
FIELD BLANK
BLANK
Field ID STORET
BLANK

Location | Field ID | STORET | Latitude ☐dms | ☐dd ☐dms

☐ Comp ☐ Grab | Collection (comp begin or grab) Date 11-7-16 Time 10:30 Eastern Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen ☐ mg/L ☐ % sat | Total Res. Chlorine (mg/L)

Temp (C) | pH | Sample Depth ☐ft ☐m | Sp. Conductance (umho/cm)

Salinity (ppt) | Comments

RQ-2016-11-07-48
Date: 11/7/16
Time:
Moon Lake W
G5SW0100
Field ID STORET
G5SW0100

Location | Field ID | STORET | Latitude ☐dms | ☐dd ☐dms

☐ Comp ☒ Grab | Collection (comp begin or grab) Date 11-7-16 Time 11:45 Eastern Central | Composite end Date Time | Bottle Group(s): A

Matrix (type, e.g., Salt, Fresh, etc) | Diss. Oxygen 8.4 mg/L 100 % sat | Total Res. Chlorine (mg/L)

Temp (C) 24.1 | pH 6.8 | Sample Depth 0.3 ☐ft ☒m | Sp. Conductance (umho/cm) 138

Salinity (ppt) 0.06 | Comments

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
Judy Ashton	11-7-16 16:00	FSAS Exp	1		

Group: A	Bottle Type:	P-1L	# of Bottles: 5	Preservative:	ICE	**Enter Number of Bottles Sent to Lab** 5
	ALKALINITY					
	TURBIDITY					
	W-CL-IC					
	W-COLOR					
	W-F					
	W-SO4-IC					
	W-TDS					
	W-TSS					
Group: A	Bottle Type:	BP-1L	# of Bottles: 5	Preservative:	ICE	**Enter Number of Bottles Sent to Lab** 5
	CHLSUITE-W					
Group: A	Bottle Type:	P-500ML	# of Bottles: 5	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab** 5
	W-NH3					
	W-NO2NO3					
	W-S-A-TP					
	W-TKN					
	W-TOC					
Group: A	Bottle Type:	P-125ML	# of Bottles: 5	Preservative:	ICE-FLTR	**Enter Number of Bottles Sent to Lab** 5
	W-PO4-F					

FedEx Express **Package US Airbill**

FedEx Tracking Number **8103 9283 9806**

Form ID No. **0215**

From *Please print and press hard.*

Date 11/07/16 Sender's FedEx Account Number

Sender's Name FDEP Phone (813) 470-5700

Company

Address 13051 N Telecom Pkwy Dept./Floor/Suite/Room

City Temple Terrace State FL ZIP 33637

Your Internal Billing Reference
First 24 characters will appear on invoice.

To

Recipient's Name SAMPLE RECEIVING Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

Hold Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Hold Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

City TALLAHASSEE State FL ZIP 32399

0124031825

4 Express Package Service

* To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2nd Business Day

- ☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected.
- ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging

* Declared value limit $500.

☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☒ Other

6 Special Handling and Delivery Signature Options

Fees may apply. See the FedEx Service Guide.

☐ Saturday Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required — Package may be left without obtaining a signature for delivery.
☐ Direct Signature — Someone at recipient's address may sign for delivery.
☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

One box must be checked.

☐ No ☐ Yes — As per attached Shipper's Declaration. ☐ Yes — Shipper's Declaration not required. ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide. ☐ Cargo Aircraft Only

7 Payment *Bill to:*

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. / Credit Card No. 4490-2262-9 Exp. Date

Total Packages 1 Total Weight 50 lbs. Total Declared Value† $ ____.00

†Our liability is limited to US$100 unless you declare a higher value. See back for details. By using this airbill you agree to the service conditions on the back of this airbill and in the current FedEx Service Guide, including terms that limit our liability.

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.