B-KIT

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Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: MOCCASIN CREEK TIDAL **Date:** 4-13-17 (mm/dd/yyyy)

STORET Station ID: 28020958240534 **WBID:** 1530 **Latitude:** 28.0385 N (Decimal Degrees)

County: Pinellas **RQ -** 2017-04-10-25 **ORG ID:** 21FLTPA **Longitude:** 82.685W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** GISW0051

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

Sampling Equipment

☐ Sample Container ☐ Van Dorn ☐ Pole
☐ Carboy ☐ Syringe
☐ Dipper ☐ Other
Equipment ID _____

Collection Method

☐ Wading
☐ From Shore
☐ Other (note below)

Via Boat
☐ Canoe/Kayak
☐ Electric Motor
☐ Gasoline Motor

Water Level: Dry / Pooled / (Low) / Normal / High / Flooded

Matrix: Fresh / (Marine) / DI

Meter ID# YSI Sonde **Photos:** (Yes) / No

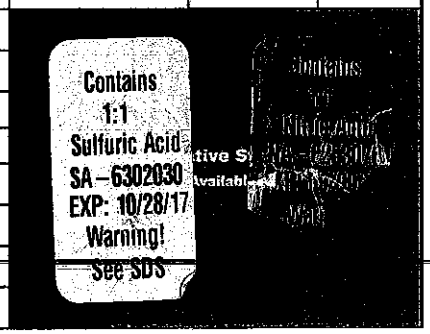
Tide Falling: Yes / (No) / NA

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)	1125	0.3	0.97	3.2	42	6.9	22.81	0.97 visible	36157	22.8
CEN										

Biological Samples Collected: (None) HA SCI RPS Algae ID LVS LVI Other _____

SBIO ID Numbers: SBIO-ID: RPS-ID: Macrophyte-ID: LIMS#:

Parameter Suite	Parameter Methods	Preservation	Acid Lot#	Expiration	pH Check
Preserved Nutrients	☒ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	☒ Ice ☒ H_2SO_4			☒ <2
Metals	☒ W-ICPMS ☐ W-ICP	☐ Ice ☒ HNO_2			☐ <2
Filtered Nutrients	☒ W-PO4-F ☐ Field Filtered 0.45 µm Filter	☒ Ice			
Chlorophyll	☒ CHLSUITE-W	☒ Ice			
Physical/Aggregate (Fresh)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
Physical/Aggregate (Marine)	☒ Alkalinity / W-F / W-TSS / TURBIDITY	☒ Ice			
Macroinvertebrates	☐ MI-FW-QLDC	☐ Formalin			
Periphyton	☐ ALGAE-ID	☐ Ice			
Microbiology	☒ E Coli ☐ F Coli ☒ Entero ☐ PCR-FILTER	☐ Ice			
Tracers	☐ W-SUC-AA-R ☒ W-UHERB-AA	☐ Ice			
Pesticides	☐ W-PSNP-TQ ☐ W-AHERB-AA ☐ W-PYR-AA-R ☐ W-PCL-SQ-R ☐ W-UHERB-AA ☐ W-GLYPH	☐ Ice ☐ Other			



Notes:

RQ-2017-04-10-25
Date: 04-13-17
Time: 13
Moccasin Crk

GISW0051
Field ID
STORET
GISW0051

Signature: _____ **Date:** 4-13-17

Field Parameters Entered into LIMS: SM 04/19/2017 Field Parameters QC in LIMS: LB 4/24/17 /MB-022
(Initials/Date)

Date Migrated to STORET: 6/8/17 MB 121630 Field Sheets Scanned/Saved: SM 06/22/2017
EVENT: 04-13-01 (Initials/Date) (Initials/Date)

1 of 2

Request Number: RQ-2017-04-10-25

RUN 11 Moccasin

Florida Department of Environmental Protection
Central Laboratory Submittal Form

last revised Apr 7, 2016

Customer: WQ-ASSESS

Project ID: SMP

Requester: Judy Ashton

Field Report Prepared By:

Collected By:

Sampling Agency:

Location: RQ-2017-04-10-25 / Date: 04-~~12~~ 13-17 / Time:	G1SW0051 Field ID ↑ STORET ↓	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 4-13-17 Time 1125 Eastern (circled) Central	Composite end ~~Date Time~~	Bottle Group(s) (See pg 2) A,B,C
Field ID		Matrix (type, e.g., Salt (circled), Fresh, etc)	Diss. Oxygen 3.2 ☒ mg/L ☐ % sat	Total Res. Chlorine ~~(mg/L)~~	
STORET: Moccasin Crk	G1SW0051	Temp (C) 22.8	pH 6.9	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 36157
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 22.81	Comments: Entero dropped off at AEL		

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		

Location		☐ Comp ☐ Grab	Collection (comp begin or grab) Date Time Eastern Central	Composite end Date Time	Bottle Group(s)
Field ID		Matrix (type, e.g., Salt, Fresh, etc)	Diss. Oxygen ☐ mg/L ☐ % sat	Total Res. Chlorine (mg/L)	
STORET #		Temp (C)	pH	Sample Depth ☐ ft ☐ m	Sp. Conductance (umho/cm)
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt)	Comments		

Relinquished By:	Date/Time	Shipping Method	Number of Coolers Shipped:	Received By:	Date/Time
[signature]	4-13-17	FedEx	2		

Group	Bottle Type	Analyses	# of Bottles	Preservative	Enter Number of Bottles Sent to Lab
A	P-1L	ALKALINITY TURBIDITY W-F W-TSS	1	ICE	1
A	BP-1L	CHLSUITE-W	1	ICE	1
A	P-500ML	W-ICP W-ICPMS	1	HNO3	1
A	P-500ML	W-NH3 W-NO2NO3 W-S-A-TP W-TKN W-TOC	1	ICE And H2SO4	1
A	P-125ML	W-PO4-F	1	ICE-FLTR	1
B	BG-1L	W-AHERB-AA W-GLYPH W-SUC-AA-R W-UHERB-AA	1	ICE	1
B	BG-500ML	W-CT-CI-R W-PCL-SQ-R	4	ICE	4
B	BG-1L	W-PSNP-TQ	4	ICE	4
B	BG-1L	W-PYR-AA-R	1	ICE	1
C	QPCR-P-250ML	PCR-FILTER	2	ICE	2
GROUP C	P-120ML-WC-TM	SWB-AEL-EN		ICE DROPPED W/ 2 ALL	# BOTTLES SENT Ø

FedEx Express **Package US Airbill**

FedEx Tracking Number 8113 0562 8498

Form ID No. 0215

From *Please print and press hard.*

Date _____ Sender's FedEx Account Number _____

Sender's Name _____ Phone (813) 5705770

Company FDEP SWROC

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.

City TALLAHASSEE State FL ZIP 32399

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.

0126430468

Shipping online just got easier.
Go to fedex.com/ship

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.
- [X] 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.

2 or 3 Business Days

- [ ] 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
- [X] 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.

- [X] 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.
- [X] 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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