B-KIT

PAGE 1 OF 1

Data Qualified? Yes / No

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Moccasin Creek Tidal **Date:** 08/14/2017 (mm/dd/yyyy)

STORET Station ID: G1SW0051 **WBID:** 1530 **Latitude:** 28.0385 N (Decimal Degrees)

County: Pinellas **RQ -** 2017-08-14-24 **ORG ID:** 21FLTPA **Longitude:** 82.685 W (Decimal Degrees)

Receiving Body of Water: _____ **Field ID:** G1SW0051

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
Judy Ashton		X		X	X
Sarah Meyer	X		X	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# Busta **Photos:** Yes / (No)

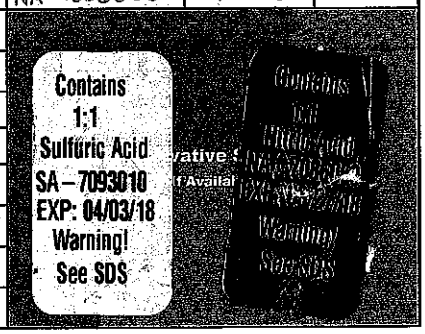
Tide Falling: Yes / No / NA

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)	0950	0.3	1.5	2.2	30	7.2	10.65	0.8	18036	29.5
CEN		1.0		3.0	42	7.2	12.9		21689	29.8

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	SA-7093010	04/03/18	☒ <2
Metals	☐ W-ICPMS ☐ W-ICP	☒ Ice ☒ HNO_3	NA-7086060	03/27/18	☒ <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: ACA-FILTER

RQ-2017-08-14-24
Date: 08-14-2017
Time:
Moccasin Crk

G1SW0051
Field ID
STORET
G1SW0051

Signature: Sarah Meyer **Date:** 08/14/2017

Field Parameters Entered into LIMS: SM 08/24/2017 (Initials/Date) Field Parameters QC in LIMS: SM 10/17/2017 (Initials/Date)

Date Migrated to STORET: _____ (Initials/Date) Field Sheets Scanned/Saved: SM 10/17/2017 (Initials/Date)

Request Number: RQ-2017-08-14-24

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

Collected By: J Ashton & S Meyer

Field Report Prepared By: S Meyer

Sampling Agency: FDEP SW ROC

Location RQ-2017-08-14-24 Date: 08-14-2017 Time:	G1SW0051 Field ID ↕ STORET G1SW0051	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 08/14/2017 Time 0950	(Eastern) Central	Composite end Date —— Time ——	Bottle Group(s) (See pg 2) A/B/C
Field ID		Matrix (type, e.g. (Salt) Fresh, etc)		Diss. Oxygen 2.2 ☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) ——	
STORET Moccasin Crk		Temp (C) 29.5	pH 7.2	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 18036	
Latitude ☐ dd ☐ dms	Longitude ☐ dd ☐ dms	Salinity (ppt) 10.65	Comments Entero dropped off @ 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
Sarah Meyer	08/14/2017 1630	FedEx	2		

Group: A	Bottle Type:	P-1L	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	ALKALINITY						
✓	TURBIDITY						
	W-F						
	W-TSS						
Group: A	Bottle Type:	BP-1L	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
✓	CHLSUITE-W						
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	HNO3	**Enter Number of Bottles Sent to Lab**	1
✓	W-ICP						
	W-ICPMS						
Group: A	Bottle Type:	P-500ML	# of Bottles: 1	Preservative:	ICE And H2SO4	**Enter Number of Bottles Sent to Lab**	1
	W-NH3						
	W-NO2NO3						
✓	W-S-A-TP						
	W-TKN						
	W-TOC						
Group: A	Bottle Type:	P-125ML	# of Bottles: 1	Preservative:	ICE-FLTR	**Enter Number of Bottles Sent to Lab**	1
✓	W-PO4-F						
Group: B	Bottle Type:	BG-1L	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
	W-AHERB-AA						
	W-GLYPH						
✓	W-PYR-AA-R						
	W-SUC-AA-R						
	W-UHERB-AA						
Group: B	Bottle Type:	BG-500ML	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	4
✓	W-CT-CI-R						
	W-PCL-SQ-R						
Group: B	Bottle Type:	BG-1L	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	4
✓	W-PSNP-TQ						
Group: C	Bottle Type:	QPCR-P-250ML	# of Bottles: 2	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	2
✓	PCR-FILTER						
Group: C	Bottle Type:	P-120ML-WC-THI	# of Bottles: 1	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	1
	E. Coli						

Advanced
Environmental Laboratories, Inc.
6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
☑ 9510 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
2105 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
526 S. North Lake Blvd., Ste. 1015 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E83076

LAB NUMBER:

Page 1 of 1

CLIENT NAME: FDEP - SW District
ADDRESS: 13051 N. Telecom Pkwy
Temple Terrace, FL 33637
PHONE: 813-470-5700
CONTACT: Matthew Bearden Sarah Ernst
TURN AROUND TIME:
☑ STANDARD
☐ RUSH

PROJECT NAME: TMDL / SMP
P.O. NUMBER/PROJECT NUMBER:
PROJECT LOCATION: Florida
FAX: 813-470-5996
SAMPLED BY: J. Ashton & S Meyer
REMARKS/SPECIAL INSTRUCTIONS:
PO AF315E

Samples are ambient water and not suspected to contain chlorine

WW=waste water SW=surface water GW=ground water DW=drinking water O=oil A=air SO=soil SL=sludge

	Grab Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	BOTTLE SIZE & TYPE	Preserv	Ice, T	Sterile Plastic Bottle	Fecal Coliforms	Entero	LAB NUMBER
RQ-2017-08-14-24 Date: 08-14-2017 Time: G1SW0051 Field ID STORET G1SW0051 Moccasin Crk	Grab	08/14/2017	0950	SW	1	ARNEAQLUYISRIESD					✓	
	Grab			SW								
	Grab			SW								
	Grab			SW								
	Grab			SW								
	Grab			SW								

I-Ice H=(HCl) S=(H_2SO_4) N=(HNO_3) T=(Sodium Thiosulfate)

Shipment Out: Ret: Method Via: Via: Sample Kit RB D/T AB D/T Trip Bl. Cooler#

Received on Ic ☐ Yes ☐ No QC ☐ sent ☐ received

	Relinquish by:	Date	Time	Received by:	Date	Time
1	Sarah Ernst	08/14/17	1113		8/14	1109
2						
3						
4						

revised 1/12

MCFA 2316

MUR3

FedEx Express Package US Airbill

FedEx Tracking Number 8085 1642 7632

Form ID No. 0215

From *Please print and press hard.*

Date 08/14/2017 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company F DEP

Address 13051 N Telecom Pkwy 101 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 32399-6542

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.

0119899085

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4 Express Package Service * To most locations.

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

NOTE: Service order has changed. Please select carefully.

Next Business Day	2 or 3 Business Days
☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
☒ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.	☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.	☐ 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

☐ 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. *Fee applies.*
☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

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

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ 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	Total Weight	Total Declared Value†
1	50 lbs.	$ — .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.

611

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MUR3

FedEx Express Package US Airbill

FedEx Tracking Number 8085 1642 7643

Form ID No. 0215

From Please print and press hard.

Date 08/14/2017 Sender's FedEx Account Number

Sender's Name Phone (813) 470-5700

Company F DEP

Address 13051 N Telecom Pkwy 101 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

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

City TALLAHASSEE State FL ZIP 32399-6542

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.

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NOTE: Service order has changed. Please select carefully.

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☒ 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 ☒ Other

6 Special Handling and Delivery Signature Options

☐ 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. Fee applies.
☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

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

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ 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	Total Weight	Total Declared Value†
1	50 lbs.	$ — .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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