B-KIT

PAGE 1 OF ____

Data Qualified? Yes / (No)

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2017

STORET Station Name: Moccasin Creek Tidal **Date:** 09/18/2017 (mm/dd/yyyy)

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

County: Pinellas **RQ -** 2017-09-18-29 **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
Laurie Bachler		X			X
Sarah Meyer	X		X	X	

Sampling Equipment

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

Equipment ID ____

Collection Method

- [X] 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

Tide Falling: Yes / (No) / NA

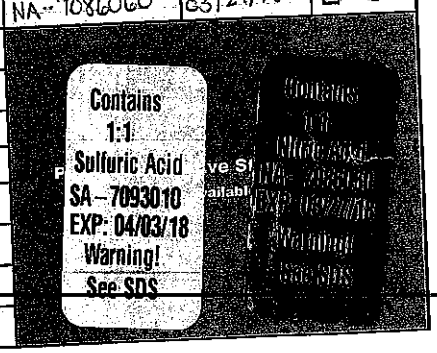
Meter ID# Weezey **Photos:** Yes / (No)

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)	1305	0.3	1.2	1.6	21	6.9	0.81	0.3	1597	29.0
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	[X] W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP	[X] Ice [X] H_2SO_4	SA-7093010	04/03/18	[X] <2
Metals	[X] W-ICPMS [X] W-ICP	[X] Ice [X] HNO_3	NA-7086060	03/27/18	[X] <2
Filtered Nutrients	[X] W-PO4-F [ ] Field Filtered 0.45 µm Filter	[X] Ice			
Chlorophyll	[X] CHLSUITE-W	[X] Ice			
Physical/Aggregate (Fresh)	[ ] Alkalinity / W-F / W-TSS / TURBIDITY / W-Cl-IC / W-COLOR / W-SO4-IC / W-TDS	[ ] Ice			
Physical/Aggregate (Marine)	[X] Alkalinity / W-F / W-TSS / TURBIDITY	[X] Ice			
Macroinvertebrates	[ ] MI-FW-QLDC	[ ] Formalin			
Periphyton	[ ] ALGAE-ID	[ ] Ice			
Microbiology	[ ] E Coli [ ] F Coli [X] Entero [X] PCR-FILTER	[X] Ice			
Tracers	[X] W-SUC-AA-R [X] W-UHERB-AA	[X] Ice			
Pesticides	[X] W-PSNP-TQ [X] W-AHERB-AA [X] W-PYR-AA-R [X] W-PCL-SQ-R [X] W-UHERB-AA [X] W-GLYPH	[X] Ice [ ] Other			



Notes:

RQ-2017-09-18-29
Date: 09-18-2017
Time:
Moccasin Crk

Field ID G1SW0051
STORET G1SW0051

Signature: Sarah Meyer **Date:** 09/18/2017

Field Parameters Entered into LIMS: SM 10/05/2017 (Initials/Date)

Field Parameters QC in LIMS: ____ (Initials/Date)

Date Migrated to STORET: ____ (Initials/Date)

Field Sheets Scanned/Saved: SM 10/05/2017 (Initials/Date)

LAB NUMBER:

Page 1 of 1

Advanced
Environmental Laboratories, Inc.
6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
☑ 9810 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84569
☐ 2105 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620
☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E83076

CLIENT NAME: FDEP - SW District	PROJECT NAME: TMDL / SMP		
ADDRESS: 13051 N. Telecom Pkwy	P.O. NUMBER/PROJECT NUMBER:		
Temple Terrace, FL 33637	PROJECT LOCATION: Florida		
PHONE: 813-470-5700	FAX: 813-470-5996		
CONTACT: Matthew Bearden ~~Sarah Ernst~~	SAMPLED BY: L Bachler & S Meyer		
TURN AROUND TIME:	REMARKS/SPECIAL INSTRUCTIONS:		
☑ STANDARD	PO AF315E		
☐ RUSH			

RQ-2017-09-18-29
Date: 09-18-2017 Field ID G2SW0016
Time:
STORET G2SW0016
Braden River

RQ-2017-09-18-29
Date: 09-18-2017 Field ID G2SW0015
Time:
STORET G2SW0015
Nonsense Crk

RQ-2017-09-18-29
Date: 09-18-2017 Field ID G2SW0018
Time:
STORET G2SW0018
Cedar Crk

RQ-2017-09-18-29
Date: 09-18-2017 Field ID G2SW0017
Time:
STORET G2SW0017
Rattlesnake Slough

RQ-2017-09-18-29
Date: 09-18-2017 Field ID G1SW0051
Time:
STORET G1SW0051
Moccasin Crk

	Grab/Comp	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. COUNT	Preserv	Ice, T	BOTTLE SIZE & TYPE: Sterile Plastic Bottle	Fecal Coliforms	E. Coli	Enterococcus	LAB NUMBER
1	Grab	09/18/2017	10 15	SW	1					✓		
2	Grab	09/18/2017	10 30	SW	1					✓		
3	Grab	09/18/2017	11 10	SW	1					✓		
4	Grab	09/18/2017	11 30	SW	1					✓		
5	Grab	9/18/2017	1305	SW	1						✓	
6	Grab			SW								

AR NE AQ LU YI SR IE SD

Affected to contain chlorine water O=oil A=air SO=soil SL=sludge

Relinquish by:	Date	Time	Received by:	Date	Time
1 L. Bachler	9/18/17	1411		9/19/17	1415
2					
3					
4					

Sample Kit Cooler #
RB D/T
AB D/T
Trip BL

Via:
Via:
Ret:
☐ received
☐ sent

revised 1/12

last revised Apr 7, 2016

Request Number: RQ-2017-09-18-29

RUN 11 Moccasin

Florida Department of Environmental Protection
Central Laboratory Submittal Form

Customer: WQ-ASSESS

Project ID: SMP

Requester: Judy Ashton

Collected By: L Boehler & S Meyer

Field Report Prepared By: S Meyer

Sampling Agency: FDEP SW ROC

Location	RQ-2017-09-18-29 Date: 09-18-2017 Time:	☐ Comp ☒ Grab	Collection (comp begin or grab) Date 09/18/2017 Time 1305	Eastern Central	Composite end Date Time	Bottle Group(s) (See pg 2) A/B
Field ID	G1SW0051	Matrix (type, e.g., Salt, Fresh, etc): Fresh (circled)	Diss. Oxygen 1.6	☒ mg/L ☐ % sat	Total Res. Chlorine (mg/L) —	
STORET	G1SW0051	Temp (C) 29.0	pH 6.9	Sample Depth 0.3 ☐ ft ☒ m	Sp. Conductance (umho/cm) 1597	
Latitude	Moccasin Crk ☐ dms	☐ dd ☐ dms	Salinity (ppt) 0.81	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 (signature)	09/18/2017 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:	QPCR-P-250ML	# of Bottles: 2	Preservative:	ICE	Enter Number of Bottles Sent to Lab	2
	PCR-FILTER, PCR-HF183						
Group: B	Bottle Type:	P-120ML-WC-THI	# of Bottles: 1	Preservative:	ICE	Enter Number of Bottles Sent to Lab	Ø
	SWD-AEL-EN						
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

Group: B	Bottle Type: W-PSNP-TQ	BG-1L	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	4
Group: C	Bottle Type: SWD-AEL-EC	P-120ML-WC-THI	# of Bottles: 4	Preservative:	ICE	**Enter Number of Bottles Sent to Lab**	0

MUR 4

FedEx Express — Package US Airbill

FedEx Tracking Number: 8115 9627 9970

Form ID No. 0215

From *Please print and press hard.*

Date 9-18-17 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 (We cannot deliver to P.O. boxes or P.O. ZIP codes.) Dept./Floor/Suite/Room

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.

0126912290

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.

Signature options:

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

MUR 4

FedEx Express — Package US Airbill

FedEx Tracking Number: 8119 3898 8320

Form ID No. 0215

From Please print and press hard.

Date 9-18-17 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 (We cannot deliver to P.O. boxes or P.O. ZIP codes.) Dept./Floor/Suite/Room

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.

0127681333

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

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- [ ] 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.

Signature options:

- [ ] 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	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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