

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date:	<u>12/21/2020</u>	Collected By:	<u>Judy Ashton, Sarah Meyer</u>
Customer:	<u>SW-DIST</u>	Sampling Agency:	<u>FDEP</u>
RQ:	<u>RQ-2020-06-22-20</u>	Project ID:	<u>SMP</u>

PLEASE RETURN THE ORIGINAL OF THIS FORM WITH SAMPLE SUBMITTAL
FORMS AND THE COOLER PACKING WORKSHEET TO THE LAB

Number of Coolers Shipped: 1

FIELD ID (Labels) submitted under this RQ for this collection date.

Site Location	Field ID/WIN ID
Wahneta Farm Drain @ 19th Street	 G3SW0083

RELINQUISHED BY(SIGNATURE):

Sarah Meyer

DATE/TIME: 12/21/2020 1400

THIS SECTION TO BE COMPLETED BY LABORATORY

Rec'd/Inspected By:

Rec'd/Inspected Date:



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Wahneta Farm Drain @ 19th Street **Date:** 12/21/2020
WIN/Field ID: G3SW0083 **WBID:** 1580 **ENR:** **Latitude:** 27.9367
County: Polk **Org ID:** 21FLTPA **Longitude:** 0.8173175
Receiving Body of Water: Peace River **RQ:** 2020-06-22-20

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Judy Ashton		x		x	x
☒	Sarah Meyer	x		x		
☐						
☐						

Sampling Equipment	
☒ Sample Container	☐ Carboy
☐ Dipper	☐ Van Dorn
☐ Syringe	☐ Pole
Depth measured with: Sonar	
Secchi Equipment ID:	
Collection Method	
☒ Wading	☐ Canoe/Kayak
☐ From Shore	☐ Electric Motor
☐ Other _____	☐ Gasoline Motor

Water Level: ☒ Normal ☐ Low ☐ High ☐ Dry ☐ Pooled ☐ Flooded						Meter ID# SWD					
Photos: YES		Flow: FLOW		Tide:		Tide Times: High: Low:					
Biological Samples Collected: ☒ None ☐ HA ☐ SCI ☐ RPS ☐ Algae ID ☐ LVS ☐ LVI Other:											
SBIO ID Numbers:											
Notes:											

Duplicate Sample

Time Zone: EST	Time: N/A	Field ID: N/A	(WIN ID_DUP)
WIN DMT Activity ID: _____			

Blank

Time Zone: _____	Time: N/A	Field ID: N/A	(Blank Type_DDDMMYY)
DI Source: N/A		Location: N/A	
DI Type: N/A		Equipment ID: N/A	

LIMS EVENT ID: _____ WIN Import ID: _____
Enter Field Parameters, Verify Station ID In LIMS DMT: _____ QC Station ID, Field Parameters In LIMS DMT: _____
(Initials/Date) (Initials/Date)
Scan/Save Field Sheets _____ Migrate Data to WIN: _____ Verify Data In WIN: _____
(Initials/Date) (Initials/Date) (Initials/Date)



RQ-2020-06-22-20

Customer: WQAP

Project ID: SMP

Collected By: Judy Ashton, Sarah Meyer

Field Report Prepared By: Judy Ashton

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



G3SW0083

Location: Wahneta Farm Drain @ 19th Street

Comments:

Matrix: Fresh

(Check one)

☒ GRAB☐ COMPOSITE

Date	Time	DO (mg/L)	DO (%SAT)	Temp. (C°)	pH	Sample Depth (m)	Secchi Disk (m)	Total Depth (m)	Sp COND (µmhos/cm)	Salinity (PPT _h)
12/21/2020	1105 EST	7.55	79.9	18	6.9	0.3	0.4 ☐ VOB (S)	0.6	197.2	0.09

Central Lab please use top row for login purposes

	EST									

Parameter Suite	Parameter Methods	Preservation	pH Check	# Bottles sent to Lab	Bottle Group
Preserved Nutrients (P-500ML)	☒ W-NH3 / W-NO2NO3 / W-TKN / W-TOC / W-S-A-TP Lot # SA0293040 Exp: 10/19/21	☒ Ice ☒ H2SO4*	☒ <2	1	A
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD Lot # Exp:	☐ Ice ☐ HNO3* ☐ <2			
Filtered Nutrients (P125ML)	☒ W-PO4-F ☒ Field Filtered 0.45 µm Filter Filter Lot # 17020459 Syringe Lot # 0114693	☒ Ice		1	A
Chlorophyll (BP-1L)	☒ CHLSUITE-W	☒ Ice		1	A
Physical/Aggregate (Fresh) (P-1L)	☒ Alkalinity / W-F / W-TSS / TURBIDITY / W-CL-IC / W-COLOR / W-SO4-IC / W-TDS	☒ Ice		1	A
Physical/Aggregate (Marine) (P-1L)	☐ Alkalinity / W-BR-IC / W-F / W-TSS / TURBIDITY	☐ Ice			
Macroinvertebrates (PJ-2L)	☐ MI-FW-QLDC	☐ Formalin			
Periphyton (PT-50ML)	☐ ALGAE-ID	☐ Ice			
Microbiology (Contract Lab Bottle)	☒ E Coli ☐ F Coli ☐ Enterococci ☐ Contract Lab	☒ Ice		1	A
Molecular (QPCR-P-500ML)	☐ PCR-HF183 ☐ PCR-BacR ☐ PCR-DG3 ☐ PCR-GULL2 ☐ PCR-GFD	☐ Ice			
Tracers (BG-500ML)	☐ W-E8321-DI ☐ W-E8321-MS	☐ Ice			
Pesticides (BG-500ML) (BG-1L)	☐ W-E8321-DI ☐ WE8321-MS ☐ W-PSNP-TQ ☐ W-CT-CL-R ☐ W-PCL-SQ-R ☐ W-CARB-AA (5 ml of MCAA** Buffer Solution)	☐ Ice			
		☐ Ice			

Name: Judy Ashton Sarah Meyer	Signature:	Date:
-------------------------------------	------------	-------

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution