

CALIBRATION AND VERIFICATION LOG (FDEP SOP FT 1000-FT 1500, FD 1000-FD 4000)

Boldly "X" this box if there are qualified data on this page.

Meter ID: Bruce

RQ- 2021-06-21-11

Project: SMP Nassau

North L

- Notes: (1) Always wait for meter to stabilize before recording any readings.
 (2) Report all digits displayed. Do not round before reporting measurements. (See special instructions for depth).
 (3) For Calibrations, record calibrated meter reading. Do not record initial meter reading before calibration.

Temperature (Quarterly) FT 1400

Date of Last Temperature Verification 5/17/21

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro-meter mmHg	D.O. Chart mg/L	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	6/23/21	811	23.1	763.1	8.6	—	100.6	—	1.029	(P) F	(L) F
ICV	↓	↓	813	23.2	763.1	8.6	8.58	100.7	—	1.029	(P) F	(L) F
CCV	↓	↓	1510	24.0	762.8	8.5	8.28	98.4	—	1.029	(P) F	(L) F
CCV											P / F	L / F

DO Acceptance criteria from Table ± 0.3 mg/L.

Rapid-Pulse Sensors: DO Gain Range 0.7 to 1.4; DO Charge Range 25-75.

Optical: DO gain range 0.85 to 1.15 (Pro DSS 0.75 to 1.50); DO charge N/A. Steady-state & Galvanic Sensors: DO Gain & Charge N/A.

Spec. Cond. FT 1200	Name	Date	Time CT-ET	Lot #	Expir. Date	Standard μ hos/cm	Meter Reading μ hos/cm	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	6/23/21	815	210426B	5/22	1000	1000	(P) F	(L) F
ICV	↓	↓	820	200902L	9/21	1413	1405	(P) F	(L) F
CCV	↓	↓	1512	210426C	5/22	50000	49729	(P) F	(L) F
CCV								P / F	L / F

Conductivity Acceptance criteria $\pm 5\%$

pH DEP SOP FT 1100	Name	Date	Time CT-ET	Lot #	Expir. Date	pH Buffer SU	Temp °C	Meter reading SU	mV	Pass / Fail	Lab / Field
Calibr.	Kim Appleby	6/23/21	825	2012E39	12/22	7.00	23.0	7.00	-27.9	(P) F	(L) F
Calibr.	↓	↓	827	2103659	7/23	4.00	23.0	4.00	148.3	(P) F	(L) F
Calibr.	↓	↓	829	2103F53	9/22	10.00	23.2	10.00	176.0	(P) F	(L) F
ICV	↓	↓	830	2103659	3/23	4.00	23.0	4.00	149.1	(P) F	(L) F
CCV	↓	↓	1520	2103F53	9/22	10.00	23.3	10.03	-199.5	(P) F	(L) F
CCV										P / F	L / F

pH Acceptance criteria ± 0.2 SU; mV pH 7 Range 0 ± 50 ; mV pH 4 Range $+180 \pm 50$; mV pH 10 Range -180 ± 50 ;

If mV are recorded: slope from 7 to 10 _____, slope from 4 to 7 _____ (both must be between 165 and 180 mV)

Does meter have a depth sensor that will be used to measure total depth & sample depth? YES / NO / NA (not surf. water project)

If YES, complete daily Calibr. & ICV below and list date of last quarterly depth verification: 5/17/21

If NO, what will be used? (circle one) Secchi Disk Line / Sonar Unique ID: _____; Date of last verification: _____

Depth Sensor (Daily Calibration & ICV)	Name	Date	Time CT-ET	Calibrated Value (0.00 or Offset), meters	ICV Value, meters	Pass / Fail	Lab / Field
Pressure mode in air	Kim Appleby	6/23/21	836	0.00	0.00	(P) F	(L) F

Report two decimal places. Round numbers ≤ 4 down, ≥ 5 up. ICV acceptance criteria $\pm 5\%$ or ± 0.05 m, whichever is greater.

COMMENTS:

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date: <u>6/23/2021</u>	Collected By: <u>Kimberly Appleby, Kelly McDonald</u>
Customer: <u>NE-DIST</u>	Sampling Agency: <u>FDEP</u>
RQ: <u>RQ-2021-06-21-11</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: 2

Delivery Method: FedEx

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

Site Location	Field ID/WIN ID
Escambia Slough at Escambia st.	 G4NE0287
Escambia slough at Dade st.	 G4NE0310
Escambia slough at Calhoun st.	 G4NE0311
Escambia slough at Broome st.	 G4NE0312
Egans Creek at N. 14th	 G4NE0290
Egan creek at Atlantic	 G4NE0285
Egans Creek at Jasmine st.	 G4NE0305

RELINQUISHED BY(SIGNATURE):



DATE/TIME: 6/23/2021

1600EST

THIS SECTION TO BE COMPLETED BY LABORATORY

Rec'd/Inspected By:	Rec'd/Inspected Date:
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FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION STRATEGIC MONITORING PROGRAM FIELD SHEET

January 2020

Meter Passed End
of Day CCV
Yes / No

WIN Station Name: Escambia slough at Calhoun st. **Date:** 6/23/2021
WIN/Field ID: G4NE0311 **WBID:** 2124B **ENR:** - **Latitude:** 30.6746
County: NASSAU **Org ID:** 21FLA **Longitude:** -81.46
Receiving Body of Water: Nassau - St. Marys **RQ:** 2021-06-21-11

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Kimberly Appleby	x		x		
☒	Kelly McDonald		x		x	
☐						
☐						

Sampling Equipment	
☒ Sample Container	☐ Carboy
☐ Dipper	☐ Van Dorn
☐ Syringe	☒ Pole
Depth measured with: Meter	
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# BRUCE							
Photos: YES		Flow: FLOW		Tide: FALLING		Tide Times: High: 802 Low: 1356							
Biological Samples Collected: ☒ None ☐ HA ☐ SCI ☐ RPS ☐ Algae ID ☐ LVS ☐ LVI Other:													
SBIO ID Numbers:													
Notes: CODE R FOR RECENT RAIN, 1.7 INCHES PAST 48 HRS. TURBID. OIL SHEEN ON SURFACE NEAR CULVERT. TRASH AROUND STREAM NEAR ROAD. Weather: partly cloudy, 80s.													

Duplicate Sample

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

Blank

Time Zone: _____	Time: _____	Field ID: _____	(Blank Type_DDMYYYY)
DI Source: _____	Location: _____		
DI Type: _____	Equipment ID: _____		
DI Container (Name/ID):		DI Container Type:	

LIMS EVENT ID: _____ WIN Import ID: _____
Enter Field Parameters, Verify Station ID In LIMS DMT: _____ QC Station ID, Field Parameters In LIMS DMT: BD 07/07/2021
(Initials/Date) (Initials/Date)
Scan/Save Field Sheets _____ Migrate Data to WIN: _____ Verify Data In WIN: _____
(Initials/Date) (Initials/Date) (Initials/Date)



RQ-2021-06-21-11

Customer: WQAP

Project ID: SMP

Collected By: Kimberly Appleby, Kelly McDonald

Field Report Prepared By: Kimberly Appleby

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



G4NE0311

Location: Escambia slough at Calhoun st.

Comments: Microbiology sample(s) submitted to contract laboratory

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)
6/23/2021	1040 EST	2.4	29.1	25.1	7.26	0.2	0.44 ☒ VOB (S)	0.44	1982	1.01
	EST						Central Lab please use top row for login purposes			

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 # _____ Exp: _____	☐ Ice ☐ H2SO4*	☐ <2		
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 # _____ Syringe Lot # _____	☐ Ice			
Chlorophyll (BP-1L)	☐ CHLSUITE-W	☐ Ice			
Physical/Aggregate (Fresh) (P-1L)	☐ Alkalinity / W-F / W-TSS / TURBIDITY / W-CL-IC / W-COLOR / W-SO4-IC / W-TDS	☐ Ice			
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		2	D
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-TQ-R ☐ W-CARB-AA (5 ml of MCAA** Buffer Solution) ☐ W-DIELDRIN	☐ Ice			
Phytoplankton/Periphyton	DTM-QL-C ☐ PEN-QL-C ☐ DTY-QN-C ☐ PKD-QN-C DTM-QN-C ☐ PRN-QN-C ☐ PKD-QN-BV	☐ Ice			

Name:
Kimberly Appleby
Kelly McDonald

Signature:

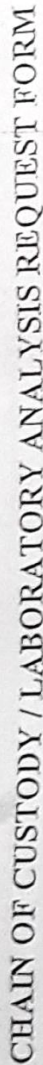
Kimberly Appleby

Date:

6/23/21

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

SR II

ALS Contact: Mandy Sullivan

9143 Phillips Highway, Suite 200 Jacksonville, FL 32256 / PH(904) 739-2277 / FAX (904) 739-2011

Page 1 of 1

Client Name		Project Number		ANALYSIS REQUESTED (Include Method Number and Container Preservative)	
FDEP-NE ROC		RQ-2021-06-21-11		Preservative Key	
Report To		Report CC		0. None	
Dep-Overflowmicro@dep.state.fl.us		Nassau North 2		1. HCL	
Company/Address				2. HNO3	
8800 Baymeadows Way W				3. H2SO4	
Jacksonville, FL 32256				4. NaOH	
Phone #		FAX #		5. Zn. Acetic	
904-256-1700				6. MeOH	
Sampler's Signature		Sampler's Printed Name		7. NaHSO4	
		Kim Appleby		8. ICE	
CLIENT SAMPLE ID		LAB ID		REMARKS	
G4NE0287		6/23/21	950	SW	Salt
G4NE0310		6/23/21	1025	SW	Salt
G4NE0311		6/23/21	1040	SW	fresh
G4NE0312		6/23/21	1110	SW	fresh
G4NE0290		6/23/21	1130	SW	Salt
G4NE0285		6/23/21	1250	SW	Salt
G4NE0305		6/23/21	1325	SW	fresh

Special Instructions/Comments: Email Report to: Dep-Overflowmicro@dep.state.fl.us		TURNAROUND REQUIREMENTS		REPORT REQUIREMENTS		INVOICE INFORMATION	
		RUSH (SURCHARGES APPLY) X STANDARD		I. Results Only II. Results + QC Summaries (LCS, DUP, MS/MSD as required) III. Results + QC and Calibration Summaries IV. Data Validation Report with Raw Data		P.O. # D10739 Bill to:	
		REQUESTED FAX DATE N/A		Requested Report Date N/A			
1.7				Edata Yes No			

Relinquished By		Received By	
Signature	Printed Name	Signature	Printed Name
Kim Appleby	Kim Appleby		
FDEP NE ROC	FDEP NE ROC		
Date/Time 6/23/21 1446	Date/Time 6/23/21 1446		