

Log-in Checklist

RQ- _____

Login Station ID: _____

Shipping Method: FedEx | UPS | HD | Greyhound

Date/Time of Receipt: _____

Cooler Temperature*	Samples Frozen	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Tracking # Damaged waybills only
					Present?		*Intact?		
	YES	HNO ₃	Formalin		Yes	No	Yes	No	

* HNO3 and Formalin persevered samples do **NOT** have a temperature requirement. For all others, if the temperature of a cooler is above 6.0 °C (or above 10.0 °C for W-1-4-DIOX and microbiology), or if Evidence Seal is damaged. Identify the containers in the affected cooler(s) on back of this form. **DOH coolers can exceed 2.0 °C above standard temperature without customer notification/confirmation.**

****Note:** If “No” is checked below, fill out the back of this form (Field ID, Test IDs, etc.) and generate an **NCR**.

**Chain of Custody/ Field Sheet(s) Included? Yes _____ No _____

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes _____ No _____

CONTAINER CHECK

****Evidence Tape on Bottles?** Yes _____ No _____ **If yes, is it intact?** Yes _____ No _____

****Caps on tight?** Yes _____ No _____ ****Containers intact?** Yes _____ No _____

****Sufficient Sample Volume:** Yes _____ No _____

CHLORINE CHECK REQUIRED? (Blue dot on container) Yes _____ No _____ Init: _____

Check the Box marked “Yes” or “No” for the Presence of Chlorine. If Cl detected, an NCR is required.					
Analysis	Yes	No	Analysis	Yes	No
W-1,4 DIOX			W-PC-AA-SF		
W-E8321-DI, -MS, -21			W-NP-AA-SF		
W-BNA (-625, -R)			W-PDQUAT		
W-CARB-AA (-CAB-AA-R)			W-PCL-SQ-R		
W-U2060-MS			W-TR-TQ		
W-PCB-R			W-CT-CI-R		
W-PAH (-R)			W-PSNP-TQ		
W-PFAS-MS					

PRESERVATION CHECK (EXCLUDING SAMPLES SENT TO OVERFLOW LABS, “OV-“)

****Acid Preserved Samples:** pH ≤ 2.0? Yes _____ No _____ NA _____ Init: _____

****W-1-4-DIOX (Green dot on container) preserved to pH < 4.0?** Yes _____ No _____ NA _____ Init: _____

Coolers Unpacked/Checked by: _____ **Date:** _____ **NCRs (Y/N)?** _____

Event ID: _____ **NCR #** _____

Log-in Checklist

Samples with Incorrect pH Preservation or presence of Chlorine

Field ID	Bottle Test ID(s)	pH / Cl	Action Taken

Samples in Coolers with Incorrect Preservation or Damaged Evidence Tape

Cooler ID	Field ID	Bottle Test ID(s)

Bottles Not Intact

Field ID	Bottle Test ID(s)	Loose Cap	Damaged Cap		Damaged Container		Evidence Tape Not Intact
			CK	BR	CK	BR	

Samples with Insufficient Volume for Analyses

Field ID	Bottle Test ID(s)	Action Taken

Additional Comments:

Infrared Thermometer ID:	
pH Paper 0.0 – 3.0 Lot #	
pH Paper 0 – 13 Lot #	
Chlorine Test Strips Lot #	

ENCORE SAMPLES

S-VOC-MS samples in Encores must be frozen within 48 hours of collection.

Were Encore samples received? Yes_____ No_____

Date and time placed in freezer _____

Were all samples placed in freezer within 48 hours of collection? Yes_____ If No_____

no, were samples shipped on dry ice? Yes_____ No_____

FOR CLEAN LAB USE ONLY – Total Mercury Preservation Check(W-HG-AF;W-HG-AF-F):

Samples preserved within 48 hours? Yes_____ No_____

Date and time samples preserved: _____

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: Desi

RQ: 2021-05-17-20

Project: To/omato

- 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 2/15/21

DO DEP SOP FT 1500	Name	Date	Time CT-ET	Temp °C	Baro- meter mmHg	D.O. Chart mg/Lg	Meter D.O. mg/L	% DO	Probe Charge	Probe Gain	Pass / Fail	Lab / Field
Calibr.	<u>Brian P.</u>	<u>5/17/21</u>	<u>741</u>	<u>23.2</u>	<u>765.1</u>	<u>8.8</u>	<u>8.8</u>	<u>100.7</u>	<u>✓</u>	<u>1.06</u>	<u>P/F</u>	<u>L/F</u>
ICV			<u>743</u>	<u>21.3</u>	<u>765.2</u>	<u>8.6</u>	<u>8.58</u>	<u>100.7</u>	<u>✓</u>	<u>1.06</u>	<u>P/F</u>	<u>L/F</u>
CCV			<u>1540</u>	<u>24.8</u>	<u>764.7</u>	<u>8.3</u>	<u>8.31</u>	<u>100.1</u>	<u>✓</u>	<u>1.06</u>	<u>P/F</u>	<u>L/F</u>
CCV											<u>P/F</u>	<u>L/F</u>

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 mhos/cm	Meter Reading μ mhos/cm	Pass / Fail	Lab / Field
Calibr.	<u>Brian P.</u>	<u>5/17/21</u>	<u>745</u>	<u>201222B</u>	<u>1/22</u>	<u>1000</u>	<u>1000</u>	<u>P/F</u>	<u>L/F</u>
ICV			<u>753</u>	<u>210426E</u>	<u>5/22</u>	<u>50,000</u>	<u>49292</u>	<u>P/F</u>	<u>L/F</u>
CCV			<u>1543</u>	<u>210426D</u>	<u>5/22</u>	<u>20,000</u>	<u>20101</u>	<u>P/F</u>	<u>L/F</u>
CCV								<u>P/F</u>	<u>L/F</u>

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.	<u>Brian P.</u>	<u>5/17/21</u>	<u>757</u>	<u>206F27</u>	<u>10/22</u>	<u>7.00</u>	<u>24.3</u>	<u>7.01</u>	<u>-58.3</u>	<u>P/F</u>	<u>L/F</u>
Calibr.			<u>758</u>	<u>2010C31</u>	<u>9/22</u>	<u>4.00</u>	<u>24.4</u>	<u>4.00</u>	<u>141.2</u>	<u>P/F</u>	<u>L/F</u>
Calibr.			<u>800</u>	<u>2012797</u>	<u>5/22</u>	<u>10.00</u>	<u>24.4</u>	<u>10.01</u>	<u>-210.5</u>	<u>P/F</u>	<u>L/F</u>
ICV			<u>805</u>	<u>2010F27</u>	<u>10/22</u>	<u>7.00</u>	<u>24.4</u>	<u>7.00</u>	<u>7.05</u>	<u>P/F</u>	<u>L/F</u>
CCV			<u>1553</u>	<u>2012797</u>	<u>5/22</u>	<u>10.00</u>	<u>25.5</u>	<u>10.04</u>	<u>-215.0</u>	<u>P/F</u>	<u>L/F</u>
CCV										<u>P/F</u>	<u>L/F</u>

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

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	<u>Brian P.</u>	<u>5/17/21</u>	<u>814</u>	<u>0.00</u>	<u>0.00</u>	<u>P/F</u>	<u>L/F</u>

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: 5/17/2021
Customer: NE-DIST
RQ: RQ-2021-05-17-20

Collected By: Kelly McDonald, Brian Davis
Sampling Agency: FDEP
Project ID: SMP

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

Number of Coolers Shipped: 0

Delivery Method: HandDelivered

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

Site Location	Field ID/WIN ID
---------------	-----------------

Enterro Sample Only

Place Label Here

WIN ID/Field ID:



G5NE0601

Location: Tolomato River 800 m N of Bridge

RELINQUISHED BY(SIGNATURE):

DATE/TIME: 5/17/2021
1600EST

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: Tolomato River 800 m N of Bridge **Date:** 5/17/2021
WIN/Field ID: G5NE0601 **WBID:** 236311 **ENR:** ENRT1 **Latitude:** 30.1372
County: ST. JOHNS **Org ID:** 21FLA **Longitude:** -81.39
Receiving Body of Water: Upper East Coast **RQ:** 2021-05-17-20

Sampling Team Members		WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
☒	Kelly McDonald		x			
☒	Brian Davis	x		x	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# DESI					
Photos: YES		Flow: FLOW		Tide: FALLING		Tide Times: High: 859 Low:					
Biological Samples Collected: ☒ None ☐ HA ☐ SCI ☐ RPS ☐ Algae ID ☐ LVS ☐ LVI Other:											
SBIO ID Numbers:											
Notes:											

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_DDDMMYY)
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: _____
(Initials/Date) (Initials/Date)
Scan/Save Field Sheets BD 05/17/21 Migrate Data to WIN: _____ Verify Data In WIN: _____
(Initials/Date) (Initials/Date) (Initials/Date)



RQ-2021-05-17-20

Customer: WQAP

Project ID: SMP

Collected By: Kelly McDonald, Brian Davis

Field Report Prepared By: Kelly McDonald

Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID:



G5NE0601

Location: Tolomato River 800 m N of Bridge

Comments: Microbiology sample(s) submitted to contract laboratory

Matrix: Marine

(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)
5/17/2021	1120 EST	7.24	99.9	24.9	7.4	0.3	0.8 ☐ VOB (S)	1.1	36371	22.99
							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 # _____ 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		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) ☐ 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:
Kelly McDonald
Brian Davis

Signature:

Date:

05/17/21

*2.0 ml of Preservative used unless noted otherwise.

**MCAA: Monochloroacetic acid buffer solution

[illegible]

Date of Request: 15-APR-2021
Created By: PARRISH_J On: 15-APR-2021
Modified By: JASROTIA_P On: 20-APR-2021
Customer: NE-DIST
Project: BMAP
Division: Division of Environmental Assessment and Restoration
District: Northeast District
Event Description: Continuous monitoring Bacteria

Send Coolers To:

Phone: 904-807-3300
8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish
Cooler Ship EMail: Jeremy.M.Parrish@dep.state.fl.us

Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By:
Biology Request Reviewed By: JASROTIA_P On: 20-APR-2021
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 17-MAY-2021
Logged In By: BAKER_A On: 21-MAY-2021

Send Final Report To:

8800 Baymeadows Way West
Suite 100
Jacksonville, FL 32256
Attn: Jeremy Parrish
Report Notification EMail: Jeremy.M.Parrish@dep.state.fl.us

Comments: Group A: (Surf-Salt) Bacteria,

NE-ALS-ENQ

Packing Notes:

Bottle Group A (Water) With 1 Samples:

Bottle Type: P-250ML-WI-THI Number of Bottles: 1 Preserved With: ICE
NE-ALS-ENQ Template: DEFAULT (ASTM D650399) Enterococci by Enterolert/QT by ALS in Jacksonville
ENTEROCOCCI-ENTEROLERT