Login Checklist

RQ- 2021 - 09 - 27 - 11 Login Station ID: # 3

Shipping Method: FedEx | UPS | HD | Greyhound Date/Time of Receipt: 10-14-2021 / 09:15

*Cooler Temperature	Samples Frozen?	* All Samples in Cooler Preserved with		Number of Sample Containers in Cooler	Evidence Tape				Waybill Tracking #
					Present?		*Intact?		
	YES	HNO_3	Formalin		Yes	No	Yes	No	
2.4C				1		X			9293 8011 3540

COOLER CHECK

***All samples received on ice unless otherwise noted. HNO3 and Formalin preserved samples do NOT have a temperature requirement.**

- If the temperature of a cooler exceeds 6.0 oC (above 10.0 oC for W-1-4-DIOX and microbiology) or received without ice, identify affected samples in an NCR. **NCR#** _____
- DOH coolers can exceed 2.0 °C above the standard temperature (6.0 or 10.0 °C for W-1-4-DIOX) without login confirmation from customer for samples requiring ice preservation; identify affected samples in an NCR. **NCR#** _____
- If cooler or samples are received with a damaged Evidence Seal; identify the affected samples in an NCR. **NCR#** _____
- If coolers or samples are received late; identify the affected samples in an NCR. **NCR#** _____

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

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

CONTAINER CHECK

Evidence Tape on Bottles? Yes ____ No ____ NA X Evidence Tape intact? Yes _____ No _____

If Criminal, photographs taken? Yes ____ No ____ Containers intact? Yes X No _____

Caps on tight? Yes X No ____

Sufficient Sample Volume: Yes X No ____

If NO is checked above, generate an NCR listing affected sample IDs in its appropriate category. NCR# _____

CHLORINE CHECK REQUIRED? *(Blue dot on container)* Yes_____ No x Init: ABS /

Chlorine detected? *(One container checked per Field ID)* Yes_____ No _____ Init: ABS /

If chlorine is detected, generate an NCR listing affected sample IDs . NCR# _____

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

**Acid Preserved Samples: pH< 2.0? Yes ABS / X / No_____ NA X Init: ABS /

**W-1-4-DIOX *(Green dot on container)* preserved to pH<4.0? Yes_____ No_____ NA X Init: ABS /

If samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# _____

Coolers Unpacked/Checked by: ABS / **Date:** 10-14-2021 **Event contains NCRs (Y/N)?** N

Event ID: NE - DIST - 2021 - 10 - 14 -01

Login Checklist

Login Preservation Equipment	Lot # & Exp: Date
Infrared Thermometer ID:	IRTG # 3 EXP:10/28/2021
pH Test Strips 0 – 6	Lot # 232518V EXP:NOV 30 2021
pH Paper 0 – 3	N/A
pH Paper 0 – 13	Lot # 231019 EXP:NOV 1 2022
Chlorine Test Strips	0261 2023 / 05

Additional Comments:

ENCORE SAMPLES

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

Were Encore samples received? Yes_____ Init: ABS

Date and time placed in freezer _____

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

If no, were samples shipped on dry ice? Yes_____ No_____

If S-VOC-MS samples were not preserved correctly, generate an NCR listing affected sample IDs . NCR# _____

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: _____

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
CHAIN OF CUSTODY FORM

Date:	10/13/2021	**Collected By:**	Jessica Lee, Brian Davis
Customer:	NE-DIST	**Sampling Agency:**	FDEP
RQ:	RQ-2021-09-27-11	**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: 1 **Delivery Method:** FedEx

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

Site Location	Field ID/WIN ID
Tolomato River 800 m N of Bridge	G5NE0601

RELINQUISHED BY(SIGNATURE):

DATE/TIME: 10/13/2021 1600EST

THIS SECTION TO BE COMPLETED BY LABORATORY

Rec'd/Inspected By: A.SHAIK **Rec'd/Inspected Date:** 10-14-2021

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: ~~2021 69~~ Brule RQ- 2021-09-27-11 Project: SMP Tolomato

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 8/16/21

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.	J. Lee	10/13/21	0836	21.1	761.7	8.9	8.9	100.2	—	1.038	P / F	L / F
ICV			0837	21.1	761.8	8.9	8.92	100.2	—	1.038	P / F	L / F
CCV			1313	23.9	760	8.4	8.51	100.9	—	1.038	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 µmhos/cm	Meter Reading µmhos/cm	Pass / Fail	Lab / Field
Calibr.	J. Lee	10/15/21	2331	2104268	5/22	1000	1000	P / F	L / F
ICV			0534	2104260	5/22	20000	20025	P / F	L / F
CCV			1315	2109170	9/22	50000	49070	P / F	L / F
CCV								P / F	L / F

Conductivity Acceptance criteria ± 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.	J. Lee	10/14/21	0440	2107F56	7/23	7.01	21.8	7.01	-44.8	P / F	L / F
Calibr.			0843	2107G40	7/23	4.00	21.9	4.00	132.6	P / F	L / F
Calibr.			0845	2101250	6/22	10.03	21.8	10.03	-205.2	P / F	L / F
ICV			0848	2107F56	7/23	7.01	21.8	7.08	-44.2	P / F	L / F
CCV			1321	2101250	6/22	10.03	21.6	10.03	-211.6	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 ± 50 mV pH 10 Range -180 ± 50,
If mV are recorded: slope from 7 to 10 16.44 slope from 4 to 7 177.4 (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 8/14/21
If NO, what will be used? 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	J. Lee	10/13/21	0849	0.00	0.00	P / F	L / F

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

COMMENTS:

RQ-2021-09-27-11
Customer: WQAP
Project ID: SMP

Collected By: Jessica Lee, Brian Davis
Field Report Prepared By: Jessica Lee
Sampling Agency: FDEP

Place Label Here

WIN ID/Field ID: G5NE0601

Location: Tolomato River 800 m N of Bridge

Comments:

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 (PPTh)
10/13/2021	1120 EST	4.22	56.9	26.6	7.04	0.3	0.75 ☐ VOB (S)	0.9	23266	14.04
	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 ☐ H_2SO_4*	☐ <2		
Metals (P-500ML)	☐ W-ICPMS ☐ W-ICP ☐ W-HARD Lot # Exp:	☐ Ice ☐ HNO_3*	☐ <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 Lot #	☐ 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-TQ-R W-CARB-AA (5 ml of MCAA** Buffer Solution)	☐ Ice			
Phytoplankton/Periphyton	DTY-QN-C PKD-QN-BV	☐ Ice			

Name:	Signature:	Date:
Jessica Lee Brian Davis	Jessica Lee	10/13/2021

*2.0 ml of Preservative used unless noted otherwise.
**MCAA: Monochloroacetic acid buffer solution

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
STRATEGIC MONITORING PLAN FIELD SHEET

January 2020

Meter Passed End of Day CCV
Yes / No

WIN Station Name: Tolomato River 800 m N of Bridge **Date:** 10/13/2021

WIN/Field ID: G5NE0601 **WBID:** 2363I1 **ENR:** ENRT1 **Latitude:** 30.1372

County: ST. JOHNS **Org ID:** 21FLA **Longitude:** -81.39

Receiving Body of Water: Upper East Coast **RQ-** 2021-09-27-11

Sampling Team Members	WQ Measurements	Sample Collection	Documentation	Preservation	Preservation Check
[x] Jessica Lee		x		x	x
[x] Brian Davis	x		x		
[ ]					
[ ]					

Sampling Equipment

- [x] Sample Container
- [ ] Dipper
- [ ] Syringe
- [ ] Carboy
- [ ] Van Dorn
- [ ] Pole

Depth measured with: Meter

Secchi Equipment ID:

Collection Method

- [ ] **Wading**
- [ ] **From Shore**
- [ ] **Other** _____
- [ ] **Canoe/Kayak**
- [ ] **Electric Motor**
- [x] **Gasoline Motor**

Water Level: [X] Normal [ ] Low [ ] High [ ] Dry [ ] Pooled [ ] Flooded

Meter ID# BRUCE

Photos: NO **Flow:** NA **Tide:** FALLING

Tide Times: High: 17:41 Low 1040

Biological Samples Collected: [X] 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_DDMMYYYY)

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: _____ (Initials/Date) **QC Station ID, Field Parameters In LIMS DMT:** _____ (Initials/Date)

Scan/Save Field Sheets JL 10/13/2021 (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

RQ-2021-09-27-11

Date of Request: 16-AUG-2021
Created By: PARRISH_J On: 16-AUG-2021
Modified By: JASROTIA_P On: 18-AUG-2021
Customer: NE-DIST
Project: SMP
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: 18-AUG-2021
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 27-SEP-2021
Logged In By: SHAIK_A On: 14-OCT-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

ENT-24-QT