# Log-in Checklist

**RQ-** 2021-10-18-22 **Login Station ID**: _____

Shipping Method: FedEx | UPS | HD | Greyhound Date/Time of Receipt: 10/26/21 @ 11:14

| 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 | |
| | | | | | | | | | |
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* HNO3 and Formalin persevered samples do **NOT** have a temperature requirement. For all others, if the temperature of a cooler is above 6.0 $^{O}$C (or above 10.0 $^{O}$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 $^{O}$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 X No_____

Micro-Biology Overflow Chain of Custody/ Field Sheet(s) Included? Yes X 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)?** N

**Event ID**: NW-DIST-2021-11-02-01 **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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

**Additional Comments:**

**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: _____

# FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
# CHAIN OF CUSTODY FORM

**Date**: 10/21/2021 **Collected By:** Myranda Butler, Lauren McNally
**Customer**: NW-DIST **Sampling Agency:** FDEP
**RQ**: RQ-2021-10-18-22 **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 |
|---|---|
| Judges Bayou Mouth | G4NW0441 |

**RELINQUISHED BY(SIGNATURE)**:
Myranda Butler

**DATE/TIME**: 10/21/2021
1200CEN

**THIS SECTION TO BE COMPLETED BY LABORATORY**

**Rec'd/Inspected By**: **Rec'd/Inspected Date**:

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: 15027 RQ- 2021-10-18-22 Project: SMP

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 6/1/21

| 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. | M. Butler | 10/21/21 | 8:31 | 23.2 | 764 | 8.6 | 8.6 | 100.1 | | | (P) F | (L) F |
| ICV | ↓ | ↓ | 8:34 | 23.2 | 764 | 8.6 | 8.64 | 100.4 | | | (P) F | (L) F |
| CCV | ↓ | ↓ | 13:43 | 22.8 | 764 | 8.7 | 8.61 | 99.4 | | | (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. | M. Butler | 10/21/21 | 8:37 | 2105250 | 6/22 | 1000 | 1000 | (P) F | (L) F |
| ICV | ↓ | ↓ | 8:39 | 2105258 | 6/22 | 100 | 101.2 | (P) F | (L) F |
| CCV | ↓ | ↓ | 13:45 | 2105250 | 6/22 | 10,000 | 9935 | 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. | M. Butler | 10/21/21 | 8:43 | 202114 | 5/22 | 7.0 | 22.9 | 7.01 | -11.9 | (P) F | (L) F |
| Calibr. | ↓ | ↓ | 8:47 | 205283 | 10/22 | 4.0 | 23.7 | 4.00 | 156.3 | (P) F | (L) F |
| Calibr. | ↓ | ↓ | 8:50 | 201473 | 5/22 | 10.0 | 23.7 | 10.00 | -187.1 | (P) F | (L) F |
| ICV | ↓ | ↓ | 8:55 | 205283 | 10/22 | 4.0 | 23.6 | 3.95 | 159.5 | (P) F | (L) F |
| CCV | ↓ | ↓ | 13:48 | 202114 | 5/22 | 7.0 | 23.2 | 7.18 | -25.0 | (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 _____, 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: 6/1/21
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 | M. Butler | 10/21/21 | 9:02 | 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-**2021-10-18-22
**Customer:** WQAP
**Project ID:** SMP

Collected By: Myranda Butler
Field Report Prepared By: Lauren McNally
Sampling Agency: FDEP

Place Label Here

**WIN ID/Field ID:** G4NW0441

**Location:** Judges Bayou Mouth

**Comments:** Microbiology sample(s) submitted to contract laboratory

**Matrix:** Marine

(Check one) ☒ GRAB ☐ COMPOSITE

| Date | Time | DO (mg/L) | DO (%SAT) | Temp. (C⁰) | pH | Sample Depth (m) | Secchi Disk (m) | Total Depth (m) | Sp COND (µmhos/cm) | Salinity (PPTh) |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1040 CEN | 7.62 | 90.2 | 23 | 6.69 | 0.3 | 0.4 ☐ VOB (S) | 1.8 | 7489 | 4.14 |
| 10/21/2021 | | | | | | | | | | |
| | 1045 CEN | 5.32 | 62.9 | 22.6 | 6.21 | 1.3 | | | 8889 | 4.97 |

| 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 | ☐ Ice ☐ $H_2SO_4$* | ☐ <2 | | |
| | **Lot #** **Exp:** | | | | |
| **Metals (P-500ML)** | ☐ W-ICPMS ☐ W-ICP ☐ W-HARD | ☐ Ice ☐ $HNO_3$* | ☐ <2 | | |
| | **Lot #** **Exp:** | | | | |
| **Filtered Nutrients (P125ML)** | ☐ W-PO4-F ☐ Field Filtered 0.45 µm Filter | ☐ Ice | | | |
| | **Filter Lot #** | | | | |
| | **Syringe Lot #** | | | | |
| **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:** **Myranda Butler**, Lauren McNally

**Signature:**

**Date:**

*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:** Judges Bayou Mouth **Date:** 10/21/2021

**WIN/Field ID:** G4NW0441 **WBID:** 493B **ENR:** ENRL7 **Latitude:** 30.5603

**County:** SANTA ROSA **Org ID:** 21FLPNS **Longitude:** -87.14

**Receiving Body of Water:** Pensacola **RQ-** 2021-10-18-22

| Sampling Team Members | WQ Measurements | Sample Collection | Documentation | Preservation | Preservation Check |
|---|---|---|---|---|---|
| [x] Myranda Butler | | x | | x | x |
| [X] Lauren McNally | 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#** 155077 (PRODSS)

**Photos:** NO **Flow:** NA **Tide:** RISING **Tide Times:** High: Low: 951

**Biological Samples Collected:** [X] None [ ] HA [ ] SCI [ ] RPS [ ] Algae ID [ ] LVS [ ] LVI Other:

**SBIO ID Numbers:**

**Notes:**

BIOSHEEN PRESENT AT SAMPLING SITE.

## Duplicate Sample

**Time Zone:** CEN **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** _____ (Initials/Date) **Migrate Data to WIN:** _____ (Initials/Date) **Verify Data In WIN:** _____ (Initials/Date)

SAMPLE TRANSMITTAL FORM
Document Reference # 05.1.0

Project: FDEP | Laboratory: Wetlands Research Laboratory | Sampler's intials: MB + LM

Method of transport: on ice by hand | Page 1 of 1

Samples delivered by: L. McNally of FDEP | Date/Time: 10/21/21 / 1203

Sample received by: [illegible] of WRL | Date/Time: 10/21/21 / 1203

Instructions: Fill in all fields except "Lab ID" on sample transport form completely. Each sample container must use a separate line. Place this form in a waterproof bag and place it with the samples for transport. If a field log or other chain of custody is attached, that information may be referenced on this form and the log or COC attached.

CST

| Lab ID | Sample ID | Matrix[1] | Type[2] | Container Type | Analyses Requested | Preservative | Sample (°C)[3] | Sampling Date/Time |
|---|---|---|---|---|---|---|---|---|
| 21-98656 | G4NW0441 Judges Bayou | BW/SW | G | Sterile plastic | Enterolert 24-QT | ice/$Na_2S_2O_3$ | 5.1 | 10/21/21 10:40 |
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Comments: **Sample Container lot# L20020** Surface water, no chlorine expected

**RQ -** 2021-10-18-22

Contact organization FDEP | Contact name Mike King | Phone: 850-595-0605

Address 160 Governmental Center, suite 308, Pensacola, FL 32502 | Sampler's name: M. Butler

[1]Matrix examples: SW = surface water, PW = pore water, GW = ground water, FW = Freshwater, MW = Marine Water, BW = Brackish Water, S = soil/sediment, Other X =

[2]Type codes: G = grab, C = composite, X =

[3] Recorded using IRT-2

# RQ-2021-10-18-22



Date of Request: 20-SEP-2021
Created By: KING_M On: 20-SEP-2021
Modified By: JASROTIA_P On: 21-SEP-2021
Customer: NW-DIST
Project: SMP
Division: Division of Environmental Assessment and Restoration
District: Northwest District
Event Description: Escambia Bay Whaler Run

**Send Coolers To:**

Phone: 850-595-0605
160 Government Center
Suite 208
Pensacola, FL 32502-5794
Attn: Michael King
Cooler Ship EMail: michael.king@dep.state.fl.us

Priority: 3
Event Status: R
Criminal Investigation: NO
Chemistry Request Reviewed By:
Biology Request Reviewed By: JASROTIA_P On: 21-SEP-2021
Sampling Kit Required: NO Ship on:
Sampling Kit Shipped:
Sampling Kit Packed By:
Preservatives Needed: NO
Date to Receive Samples: 18-OCT-2021
Logged In By: HOMANN_L On: 02-NOV-2021

**Send Final Report To:**

160 Government Center
Suite 208
Pensacola, FL 32502-5794
Attn: Myranda Butler
Report Notification EMail:
Michael.King@dep.state.fl.us;myranda.k.butler@dep.state.fl.us

Comments: Group A: (WBID 493B) Contract Lab Bacteria

## Bottle Group A (Water) With 1 Samples:

Bottle Type: TEST HAS NO Number of Bottles: 1 Preserved With: ICE
NW-UWF-ENQ Template: DEFAULT (Enterolert/QT) Enterococci by Enterolert/QT by UWF in Pensacola
Enterococci-Quanti-Tray