

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: BAD LARRY

RQ-2023-02-27-11

Project: CONT MONT

- 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 1/18/23

Date of Last Temperature Verification <u>11/16/23</u>												
DO	Depth	Date	Time	Temp	DO	DO	DO	DO	DO	DO		
Factor												
Calibr.	BARRINGTON	3/11/23	0810	22.6	763.0	8.7	8.69	100.4	-	0.97	P/F	L/F
ICV	↓	↓	0812	22.6	763.0	8.7	8.69	100.6	-	-	P/F	L/F
CCV	NICOLE REISTAD	03/15/23	1500	20.2	763.4	9.1	9.26	102.4	-	-	P/F	L/F
CCV											P/F	L/F

DO Acceptance criteria from Table ± 0.3 mg/L

Rapid-Pulse Sensors DO Gain

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. **Rapid-Pulse Sensors:** DO Gain Range 0.7 to 1.4; DO Charge Range 25-75. **Steady-state & Galvanic Sensors:** DO Gain & Charge N/A.

Calibr.	ICV	CCV	CCV
BARRINGTON	↓	NICOLE REISTAD	NICOLE REISTAD
3/1/23	↓	03/15/23	03/15/23
0814	0816	1505	1508
2209K36	2205408	2207G95	2209K36
9/24	5/24	07/24	09/24
50000	10000	100	50,000
50000	10165	103.6	49,687
P/F	P/F	P/F	P/F
L/F	L/F	L/F	L/F

Conductivity Acceptance criteria ± 5%

Conductivity Acceptance criteria $\pm 5\%$ [illegible]

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 10 154.4, slope from 4 to 7 160.9 (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: _____

[illegible]

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

COMMENTS: