**EMRT Process, Tiered by Project Type**

All new or modified environmental monitoring projects using Water Quality Bureau (WQB) resources must be reviewed by the Environmental Monitoring Review Team (EMRT) process. The extent of the review, however, is tailored by the project history, duration and magnitude. Projects are divided into **six project types** in relation to actions or authorizations needed for the EMRT process. In coordination with the Comprehensive Everglades Restoration Plan (CERP) Quality Assurance Oversight Team (QAOT), the EMRT process has been expanded to include requests for WQB support on CERP projects managed by the U.S. Army Corps of Engineers (USACE). Examples of USACE requests include water quality monitoring, laboratory analyses, or data uploads to DBHYDRO, DataOne, or ERDP databases. EMRT requests submitted by USACE staff must be signed by the requestor and approved by the designated USACE manager (Section E).

**Project Name:**

Click here to enter text.

**EMRT Number** (to be assigned by Process Coordinator):

YYYYMM-#

Please select the **project type** from the list below that best fits your project:

[ ]  1) New projects requiring all information requested on this Form 1367 and requiring requesting Bureau sign off and a formal presentation to the EMRT.

[ ]  2) Ongoing projects (many smaller efforts) with no prior EMRT review or authorization evident in the record requiring some level of EMRT evaluation, WQB approval and sign-off by the requesting Bureau. This form includes modifications to the project [ ]

[ ]  3) Ongoing projects with EMRT review over three years ago or by earlier review processes. These will require updated information, some level of EMRT evaluation depending on resource requirements and WQB approval. This form includes modifications to the project [ ]

[ ]  4) Ongoing projects with modifications to monitoring with recent EMRT processing will require only updated information and WQB approval. Minor [ ]  Major [ ]

[ ]  5) Closeout existing project. Partial [ ]  Total [ ]

[ ]  6) CERP projects managed by the USACE that require WQB support.

Was it reviewed by QAOT? [ ] YES [ ] NO. QAOT meeting date Click or tap here to enter text.

For all monitoring projects using WQB resources, WQB management and EMRT staff will tailor the path forward to ensure that consistent information and authorization are in place for all projects without regard to date of origination and level of effort. This form 1367 should be used for all EMRT evaluations, but the expectations for the level of detail and attached documentation can be adjusted greatly to accommodate projects of different types, magnitudes, and durations. The EMRT Process Coordinator, is available to guide each requestor through the tiered process at EMRT@sfwmd.gov.

**EMRT Process Initiation and Basic Information**

EMRT can provide technical guidance at an initial meeting, formal review and project recommendations for Types 1, 2, and 6 projects or simply updated information and WQB approval for on-going projects in Types 3,4 and 5.

Please provide as much of the requested information on this form as possible and appropriate for the project type and status. Forward it, along with any supporting information, to Process Coordinator at EMRT@sfwmd.gov.

For all new, Type 1 projects and larger Type 2 projects, the requestor will need to prepare a concise presentation for the EMRT. USACE CERP project managers requesting WQB support (Type 6 projects) will also need to prepare an EMRT presentation. Presenters will need to be able to explain why the District needs to do this monitoring speaking to both the merits and technical flaws of the project. In addition, potential political and/or technical issues should be identified. Presentations should include any maps or other supporting data/information about the monitoring project to provide as complete a picture as possible to the EMRT. Presentations should typically be limited to 20 minutes and clients should expect about the same amount of discussion. EMRT meeting ends with recommendations for revision or implementation.

Please provide the following **background information** for all six project types:

[ ] YES [ ] NO Has a Monitoring Plan including all subjects (Water Quality, Hydrology, Ecology and Groundwater) been developed?

[ ] YES [ ] NO Is the Quality System (QA/QC) included in the Monitoring Plan?

[ ] YES [ ] NO Has a Data Management Plan been developed for this monitoring?

[ ] YES [ ] NO Has the PM consulted Naming Authority for Station Registration for this monitoring?

[ ] YES [ ] NO Were there permits issued, or are they under development?

[ ] YES [ ] NO If this work will be contracted out, is there a Statement of Work developed or is under development?

[ ] YES [ ] NO Do you have the budget information for this project?

[ ] YES [ ] NO Do you have any attachments to this form? If yes, please add a description. Click or tap here to enter text.

If you answered NO to any of the questions above, please contact EMRT Process Coordinator at EMRT@sfwmd.gov for a template or a point of contact in specific discipline. You can find templates on the [Water Resources SharePoint](https://sfwmdoffice.sharepoint.com/sites/collab/waterresources/_layouts/15/start.aspx#/SitePages/Home.aspx), on the [EMRT](https://sfwmdoffice.sharepoint.com/sites/collab/waterresources/_layouts/15/start.aspx#/SitePages/Environmental%20Monitoring%20Review%20Team.aspx) tab.

Feel free to reference and attach your monitoring plan or work plan when it applies.

**Services Requested (check all that apply):**

[ ]  Water Quality (Analytical, Monitoring or Reporting)

[ ]  Hydro Data Management

[ ]  Hydrology and Hydraulics

[ ]  SCADA

Signatures of Bureau Chiefs from which services are requested are required.

**Note:** Once support is approved, all clients of Analytical Services Section, other than Water Quality Monitoring, need to add their sampling events at the public outlook calendar “Applied Science Sample Delivery Calendar”. Please contact EMRT@sfwmd.gov if you need access to the calendar.

**Requested Information**

For clarification on what is required for each item, please see Clarification of Requested Information section at the end of this form.

**Section A: Purpose of Monitoring**

1. Project and Program Name (LIMS ID)

Click here to enter text.

1. Project Manager and Requesting Bureau

Click here to enter text.

1. Other Involved Staff

Click here to enter text.

1. Monitoring Problem Statement – Describe the technical problem you are trying to solve with this monitoring.

Click here to enter text.

1. Monitoring Objective(s) – Provide a list of specific and quantifiable objectives you plan to achieve with this monitoring.

Click here to enter text.

1. How does the monitoring relate to the District’s core mission(s)?

Click here to enter text.

1. Is the project being done under the authority of a legal mandate and/or in response to litigation? YES[ ]  NO [ ]

Click here to enter text.

1. What specific questions are these monitoring data addressing and what management decisions will they impact?

Click here to enter text.

1. What are the project’s likely products (e.g., peer –reviewed publications, white papers, or technical documents to support rule making)?

Click here to enter text.

1. Is this project related to construction? YES [ ]  NO [ ]

Click here to enter text.

**Section B: Duration, Location, and Specifications of Monitoring**

1. What is the expected period of record (start and end dates) for this monitoring project? Are there historical data available?

Click here to enter text.

1. Is there an exit strategy for this monitoring? YES [ ]  NO [ ]

If yes, describe the exit strategy.

Click here to enter text.

1. Where do you plan to monitor? Are there nearby/adjacent stations that will be utilized?

Click here to enter text.

1. What resources will be required for this monitoring?

Click here to enter text.

1. What QA/QC System will be applied for this monitoring?

Click here to enter text.

1. Will the monitoring utilize the SCADA system? YES [ ]  NO [ ]
2. Using the table below, list the parameters, collection frequency, and type of data you are requesting. If more space is required, attach the full list of parameters to this form. If this information is available in the project monitoring plan, fill in the table with specific references to the tables, figures, and text in the monitoring plan.

|  |  |  |  |
| --- | --- | --- | --- |
| Station(s) | Parameter(s) | Frequency(Real-time, monthly, etc.) | Type of Data(Grab, autosampler, etc.) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Map:**

****

**Section C: Planning**

1. Could any of the elements of your monitoring plan use data from other projects?

YES [ ]  NO [ ]

1. If this is permit- related monitoring, have the monitoring requirements been negotiated with the regulatory agency to minimize monitoring?

Click here to enter text.

1. Has the planning for this monitoring project been done in coordination with the appropriate support groups?

Click here to enter text.

1. Will the proposed monitoring project’s results be utilized by other technical projects? YES [ ]  NO [ ]

If yes, please provide project name(s) and project system number(s) if applicable.

Click here to enter text.

1. Briefly describe or attach a copy of your Data Management Plan for this monitoring. Include short and long-term storage arrangements, and the QA/QC System. Who will be responsible for Data Management Plan adherence?

 Click here to enter text.

1. How are the data to be reported: by whom and how often? Please provide specifics.

Click here to enter text.

**Section D: Budget Information**

1. What are the estimated startup costs to implement the monitoring project? Include cost estimates for all instruments, equipment, and/or infrastructure (e.g. sampling platform) and their installation. Will the project be part of the SCADA network?

Total cost Click here to enter text.

1. What are the annual estimated costs for maintenance (instruments, equipment, and infrastructure), and data collection, validation, processing, analysis, and archiving, etc. for this monitoring project?

Annual Cost Click here to enter text.

1. Please identify your budget strategy for this monitoring project.

[ ] Approved in current FY budget Click or tap here to enter text.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Line Item | Fund | Fund Center | Functional Area | Funded Program | Commitment Item | Grant | Amount |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click or tap here to enter text. |

[ ] Change control budget request Click or tap here to enter text.

[ ] Future FY budget request FY Click here to enter text.

1. Provide the name of the customer/sponsor who will be responsible for funding this monitoring project?

Click here to enter text.

1. Are funds for this monitoring coming from a source other than the District?

If yes, please provide the name of the entity supplying the funding, and provide details on the funding mechanism being used (e.g. grant, memorandum of understanding, etc.)

Click here to enter text.

**Section E: Bureau Chief Signature**

Approval of this project is contingent on the project manager following agreed upon procedures for development and implementation of the approved data collection requirements through the project life cycle, which includes monitoring plan development, schedules, field and laboratory quality assurance, and data management components. Please note that failure to follow agreed upon procedures can result in suspension or discontinuation of services from the approving bureaus below.

Project Manager Initials

Requester’s Bureau Chief Initials

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requester’s Bureau Chief (Signature Required) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Water Quality Bureau Chief (Signature Required) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IT Operations Bureau Chief Date**

**(Signature When Required)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hydrology and Hydraulics Bureau Chief Date**

**(Signature When Required)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Water Resources Division Director Date**

 **(Signature When Required)**

**Classification for Requested Information**

**Section A: Purpose of Monitoring**

* **Project and Program Name –** Please use the formal names of the project and program that this monitoring supports. Do not use abbreviations or Water Quality project names.
* **Project Manager –** This is the name of the person responsible for obtaining approval to implement the new or modified monitoring.
* **Other Involved Staff –** Provide the names of other staff that will need to be informed of the meeting(s).
* **Monitoring Problem Statement –** What technical question(s) are you trying to address with the monitoring.
* **Monitoring Objective(s) –** Objectives are statements that describe the specific, tangible products and deliverables that the monitoring project will deliver. An example statement is as follows: Collect data to evaluate retention volume and potential load reduction.
* **How does the monitoring relate to the District’s core mission(s)? –** State the core missions the monitoring will support and how the monitoring will support the mission.
* **Is the project being done under the authority of a legal mandate and/or in response to litigation? –** If yes, please provide the exact language from the mandate or order so the reviewers can understand how specific the mandate/order is regarding actions the District must take. An example is as follows: NEEPP (373.4595, F.S.) – The District and FDEP shall conduct monitoring at representative sites to verify the effectiveness of agricultural and non-agricultural nonpoint source best management practices. The memorandum of understanding among FDEP, FDACS and the District (dated 03/20/2017) specifies that “The District is the lead agency for implementation of a total phosphorus monitoring program at appropriate structures owned or operated by the SFWMD within the Lake Okeechobee watershed.”
* **What specific questions are these monitoring data addressing and what management decisions will they impact? –** describe what knowledge this monitoring will provide to management to enable them to make informed decisions?
* **What are the project’s likely products? –** How will this information be made available to management and others for their use?
* **Is this monitoring related to construction? –** If yes, please indicate for what phases the monitoring is required (i.e., pre-construction, construction, post-construction, etc.)

**Section B: Duration, Location, and Specifications of Monitoring**

* **What is the expected period of record (start and end dates) for this monitoring project? Are there historical data available? –** Provide a specific date range. Do not use “on-going” as a response to this question. Describe any available historical data.
* **Is there an exit strategy for this monitoring? -** Indicate what will determine when the monitoring will end.
* **Where do you plan to monitor? Are there nearby/adjacent stations that will be utilized? –** Provide information for this question including name and type of water body being monitored, planned location(s) relative to nearby structures (i.e., upstream of S-6 pump station), GPS coordinates if known, etc. Send a map along with the complete form, if available.
* **What resources will be required for this monitoring? –** Resources include installation, maintenance, analysis, reporting, etc.
* **Will the monitoring utilize the SCADA system? –** Please indicate whether the monitoring will utilize the SCADA system by checking yes or no.
* **List parameters, collection frequency and type of data you are requesting. –** Identify specific water quality, hydrological, meteorological, or ecological parameters to be collected and provide the other requested information for each parameter.

**Section C: Planning**

* **Could any of the elements of your monitoring plan use data from other projects? –** The District Chiefs want to know if the monitoring design for your project considers any existing monitoring that could be leverage for your project in lieu of adding to the District’s existing monitoring networks.
* **Is this permit-related monitoring? Have the monitoring requirements been negotiated with the regulatory agency to minimize monitoring? –** What efforts have been made to negotiate permit conditions to avoid, reduce, or eliminate unnecessary/non-value-added monitoring in this, or other permits to offset the additional of new monitoring requirements?
* **Has the planning for this monitoring project been done in coordination with all groups providing support services? –** For example, Water Quality Monitoring/Analysis/Reporting, Hydro Data Management, SCADA, Installation, Maintenance & Support, Operations Control.
* **Will the proposed monitoring project’s results be utilized by other technical projects? –** If yes, please provide project name(s) and project system number(s) (if applicable).
* **Has a data management plan been developed for this monitoring? –** All monitoring projects should have a data management plan. Contact Brian Turcotte, bturcott@sfwmd.gov, for assistance in developing a data management plan.
* **How are the data to be reported: by whom and how often? –** Explain how the data are generated and reported (i.e., annual report, SFER, etc.), who is responsible for reporting the data, and how often reporting is required or is expected to be done.
* **Will data be collected that will not be reported regularly? –** Some examples include emergency data collection, pilot study data for technical purposes, etc.

**Section D: Budget Information**

* **What are the estimated startup costs to implement the monitoring project? Include cost estimates for all instruments, equipment, and/or infrastructure (e.g., sampling platform) and their installation. Will the project be part of SCADA network? –** Please be sure to include *all* associated costs (i.e. instrumentation, platforms, maintenance, data collection and processing, etc.) whether they are in-house or contractual.
* **What are the annual estimated costs for maintenance (instruments, equipment, and infrastructure), and data collection, validation, processing, analysis, and archiving, etc., for this monitoring project?** – Please be sure to include *all* associated costs (i.e. instrumentation, platforms, maintenance, data collection and processing, etc.) whether they are in-house or contractual.
* **Please identify your budget strategy for this monitoring project.**
	+ **Approved in Current FY Budget:** This means that specific funds were approved during budget development and are available in this fiscal year’s budget to implement this monitoring. Funding codes must be provided.
	+ **Change Control Budget Request –** This means that funding originally approved and budgeted for other work in the fiscal year will not be used as intended and could provide funding for this project *if* approved through the *District’s Change Control process.*
	+ **Future FY Budget Request –** This monitoring request is for future monitoring (i.e., will occur in the next or following fiscal years). Provide the fiscal year which monitoring (if approved) will be implemented.
* **Provide the name of the Customer/Sponsor who will be responsible for arranging funding for this monitoring project? –** This is the individual or group who is requesting the monitoring and will have the required service/support.
* **Are funds for this monitoring coming from a source other than the District? –** If yes, please provide the name of the entity supplying the funding and provide details on the funding mechanism being used (i.e. grant, agreement, memorandum of understanding, etc.).

**EMRT Appendix for EDD Submittal**

**Appendix X: Electronic Data Deliverables**

**Please ensure to address each question and receive confirmation of review and completion from all signatories prior to requesting EMRT Process Coordinator prepare for signatures.**

1. EMRT Project Number: Click here to enter text.

Items 1 and 2 are provided by EMRT Process Coordinator

1. DBHYDRO Project Code: Click here to enter text.
2. Has an approved monitoring plan been provided to all project stakeholders and contractors?

 YES [ ]  NO [ ]

1. Have the District Project Manager and the Contractor confirmed the following information:

List/Naming of Stations YES [ ]  NO [ ]

List of Laboratories YES [ ]  NO [ ]

DBHydro formatting for EDD YES [ ]  NO [ ]

EDD file naming convention YES [ ]  NO [ ]

Note naming convention format as: **EMRT# (no hyphens) \_DBHydro code\_ Series# (001)**

Example: 2024013\_ASR\_001

1. Have both the District Project Manager and the Contractor confirmed requirements to include the following documents:

COC/Field Notes YES [ ]  NO [ ]

Laboratory Reports YES [ ]  NO [ ]

ADaPT Formatted EDD YES [ ]  NO [ ]

1. List the contact information for the District Project Manager and Contractor.

|  |  |  |  |
| --- | --- | --- | --- |
| Position and Agency | Name | E-mail | Phone |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. List all laboratories from which sample analyses and EDDs will be submitted to District Client Services.

|  |  |  |  |
| --- | --- | --- | --- |
| Laboratory Name | Contact | FDOH Cert# | Confirmed |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |  | Click here to enter text. |

1. List all EDD Types, frequency and number of packages to be delivered to District Client Services. (EDD Type examples: GW= Ground Water, SW = Surface Water, Fish etc., Collection Type: Grab, Auto-sampler, Packer Test)

|  |  |  |
| --- | --- | --- |
| EDD Matrix Type/Project Data Type | Frequency of Data PackageSubmittal | Number of packages |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. List all stations and associated project to be delivered to District Client Services. If more space is required, please add rows or attach supplemental spreadsheet specific to the project(s) being submitted.

|  |  |  |
| --- | --- | --- |
| Station(s) | Project(s) | Registered in DBHYDRO(FOR LAB USE) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. (provided EDD parameter spreadsheet OR table below), List the (stations or tests) and analysis data. Please refer to the SFWMD External Certified Labs document for reference. If more space is required, attach (EMRT form, project spreadsheet?) to this form. (If this information is available in the project monitoring plan and/or data management plan, fill in the table with specific references to the tables, figures, and text in the associated.

\*Highlighted sections can be separated or consolidated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Station(s) | Test(s) | Sample Fraction (Total/Dissolved) | Matrix | Units |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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