

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM	Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENTAL QUALITY - DIV. OF WATER RESOURCES INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: 919-807-6306
FACILITY INFORMATION <i>Please Print Clearly or Type</i>		PERMIT Number: _____ Expiration Date: _____
Facility Name: _____ Permit Name (if different): _____ Facility Address: _____ (City) (Street) (State) (Zip) County _____		Non-Discharge _____ UIC _____ NPDES _____ Other _____
Contact Person: _____ Telephone#: _____ Well Location/Site Name: _____ No. of wells to be sampled: _____ (from Permit)		TYPE OF PERMITTED OPERATION BEING MONITORED <input type="checkbox"/> Lagoon <input type="checkbox"/> Remediation: Infiltration Gallery <input type="checkbox"/> Spray Field <input type="checkbox"/> Remediation: _____ <input type="checkbox"/> Rotary Distributor <input type="checkbox"/> Land Application of Sludge <input type="checkbox"/> Water Source Heat Pump <input type="checkbox"/> Other: _____

SAMPLING INFORMATION WELL ID NUMBER (from Permit): _____ Date sample collected: _____ Well Depth: _____ ft. Well Diameter: _____ in. Depth to Water Level 82546: _____ ft. below measuring point Screened Interval: _____ ft. to _____ ft. Measuring Point is _____ ft. above land surface Relative M.P. Elevation: _____ ft. Volume of water pumped/bailed before sampling: _____ gallons Samples for metals were collected unfiltered: <input type="checkbox"/> YES <input type="checkbox"/> NO and field acidified: <input type="checkbox"/> YES <input type="checkbox"/> NO	FIELD ANALYSES: pH 00400: _____ units Temp. 00010: _____ °C Spec. Cond. 00094: _____ μMhos Odor 00085: _____ Appearance _____	If WELL WAS DRY at time of sampling, check here: <input type="checkbox"/>
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LABORATORY INFORMATION Date sample analyzed: _____ Laboratory Name: _____ Certification No. _____		
PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.		
COD 00335 _____ mg/L Coliform: MF Fecal 31616 _____ /100mL Coliform: MF Total 31504 _____ /100mL (Note: Use MPN method for highly turbid samples) Dissolved Solids: Total 70300 _____ mg/L pH (Lab) 00403 _____ units TOC 00680 _____ mg/L Chloride 00940 _____ mg/L Arsenic 01002 _____ ug/L Grease and Oils 00552 _____ mg/L Phenol 32730 _____ ug/L Sulfate 00945 _____ mg/L Specific Conductance 00095 _____ μMhos Total Ammonia 00610 _____ mg/L (Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total) TKN as N 00625 _____ mg/L	Nitrite (NO ₂) as N 00615 _____ mg/L Nitrate (NO ₃) as N 00620 _____ mg/L Phosphorus: Total as P 00665 _____ mg/L Orthophosphate 70507 _____ mg/L Al - Aluminum 01105 _____ mg/L Ba - Barium 01007 _____ ug/L Ca - Calcium 00916 _____ mg/L Cd - Cadmium 01027 _____ ug/L Chromium: Total 01034 _____ ug/L Cu - Copper 01042 _____ mg/L Fe - Iron 01045 _____ ug/L Hg - Mercury 71900 _____ ug/L K - Potassium 00937 _____ mg/L Mg - Magnesium 00927 _____ mg/L Mn - Manganese 01055 _____ ug/L Ni - Nickel 01067 _____ ug/L	Pb - Lead 01051 _____ ug/L Zn - Zinc 01092 _____ mg/L Other (Specify Compounds and Concentration Units): _____ _____ _____ _____ ORGANICS: (by GC, GC/MS, HPLC) (Specify test and method #. ATTACH LAB REPORT.) Lab Report Attached? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0) VOC 7873 _____, method # _____ _____, method # _____ _____, method # _____ _____, method # _____

For Remediation Systems Only (Attach Lab Reports): Influent Total VOCs: _____ mg/L Effluent Total VOCs: _____ mg/L **VOC Removal%** _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a DWR-certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Permittee (or Authorized Agent) Name and Title - Please print or type _____ Signature of Permittee (or Authorized Agent) _____ (Date) _____