SUBMIT FORM ON YELLOW PAPER ONLY

UST SECTION GROUNDWATER QUALITY MONITORING COMPLIANCE REPORT FORM

Mail Original to
DIVISION OF WASTE MANAGEMENT
UST SECTION
1637 Mail Service Center
Raleigh, N.C. 27699-1637
PHONE: (919) 733-8486

FACILITY INFORMATION *Please Print Clearly or Type*

Facility Name: _____
Permit Name (if different): _____
Facility Address: _____
(Street) _____ County _____
(City) (State) (Zip)
Contact Person: _____ Telephone#: _____
Well Location/Site Name: _____ No. of Wells to be Sampled: _____ (from Permit)

PERMIT #: EXPIRATION DATE: _____
Non-Discharge _____ UIC _____
NPDES _____

TYPE OF PERMITTED OPERATION BEING MONITORED

____	Lagoon	____	Remediation - Inflitration Gallery
____	Spray Field	____	Remediation -
____	Rotary Distributor	____	Land Application of Sludge
____	Other:		

Well Identification Number (from Permit): _____
Well Depth: _____ ft. Well Diameter: ____ in.
Screened Interval: ____ ft. to ____ ft.
Depth to Water Level: ____ ft. below measuring point.
Measuring Point is ____ ft. above land surface.
Gallons of water purged before sampling: _____
Field analysis: Temp. ____ °C pH _____ Specific Conductance ____ uMhos
Odor _____ Appearance _____

For Groundwater Treatment Systems
Check One:
☐ **Influent (98)**
☐ **Effluent (99)**

NOTE: **Values should reflect dissolved and colloidal concentrations.**
Date sample collected: _____
Date sample analyzed: _____
Laboratory Name: _____
Certification No. _____

PARAMETERS (Samples for metals were collected unfiltered ____ **YES** ____ **NO** **and field acidified** ____ **YES** ____ **NO**

COD	mg/l	Nitrite (NO_2) as N	mg/l	Ni - Nickel	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO_3) as N	mg/l	Pb - Lead	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	Zn - Zinc	mg/l
(Note: Use MPN method for highly turbid samples.)		Orthophosphate	mg/l	Ammonia Nitrogen	mg/l
Dissolved Solids: Total	mg/l	A l- Aluminum	mg/l	Other (Specify Compounds and Concentration Units)	
pH (when analyzed)	units	Ba - Barium	mg/l		
TOC	mg/l	Ca - Calcium	mg/l		
Chloride	mg/l	Cd - Cadmium	mg/l	**ORGANICS:** (GC,GC/MS,HPLC)	
Arsenic	mg/l	Chromium: Total	mg/l	**(Specify test and method #. Attach lab report.)**	
Grease and Oils	mg/l	Cu - Copper	mg/l	**Report Attached?** Yes ____ No ____	
Phenol	mg/l	Fe - Iron	mg/l	VOC	: method #=
Sulfate	mg/l	Hg - Mercury	mg/l		: method #=
Specific Conductance	uMhos	K - Potassium	mg/l		: method #=
Total Ammonia	mg/l	Mg - Magnesium	mg/l		: method #=
TKN as N	mg/l	Mn - Manganse			: method #=
					: method #=

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 North Carolina DWQ 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

UST-59 Rev.09/03

_____
Signature of Permittee (or Authorized Agent) (Date)