

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM	Mail original and 1 copy to:	DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES DIVISION OF WATER RESOURCES - INFORMATION PROCESSING UNIT 1617 MAIL SERVICE CENTER, RALEIGH, NC 27699-1617 Phone: 919-807-6306
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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 Number: _____ **Expiration Date:** _____

Non-Discharge _____ UIC _____

NPDES _____ Other _____

TYPE OF PERMITTED OPERATION BEING MONITORED

Lagoon Remediation: Infiltration Gallery

Spray Field Remediation: _____

Rotary Distributor Land Application of Sludge

Water Source Heat Pump 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**: YES NO and field acidified: YES 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:

LABORATORY INFORMATION

Date sample analyzed: _____ Laboratory Name: _____ Certification No. _____

PARAMETERS NOTE: Values should reflect dissolved and colloidal concentrations.

COD 00335 _____ mg/L	Nitrite (NO ₂) as N 00615 _____ mg/L	Pb - Lead 01051 _____ ug/L
Coliform: MF Fecal 31616 _____ /100mL	Nitrate (NO ₃) as N 00620 _____ mg/L	Zn - Zinc 01092 _____ mg/L
Coliform: MF Total 31504 _____ /100mL <small>(Note: Use MPN method for highly turbid samples)</small>	Phosphorus: Total as P 00665 _____ mg/L	Other (Specify Compounds and Concentration Units): _____ _____ _____
Dissolved Solids: Total 70300 _____ mg/L	Orthophosphate 70507 _____ mg/L	
pH (Lab) 00403 _____ units	Al - Aluminum 01105 _____ mg/L	
TOC 00680 _____ mg/L	Ba - Barium 01007 _____ ug/L	
Chloride 00940 _____ mg/L	Ca - Calcium 00916 _____ mg/L	
Arsenic 01002 _____ ug/L	Cd - Cadmium 01027 _____ ug/L	
Grease and Oils 00552 _____ mg/L	Chromium: Total 01034 _____ ug/L	
Phenol 32730 _____ ug/L	Cu - Copper 01042 _____ mg/L	ORGANICS: (by GC, GC/MS, HPLC)
Sulfate 00945 _____ mg/L	Fe - Iron 01045 _____ ug/L	(Specify test and method #. ATTACH LAB REPORT.)
Specific Conductance 00095 _____ µMhos	Hg - Mercury 71900 _____ ug/L	Lab Report Attached? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (0)
Total Ammonia 00610 _____ mg/L <small>(Ammonia Nitrogen; NH₃ as N; Ammonia Nitrogen, Total)</small>	K - Potassium 00937 _____ mg/L	VOC 78732 _____, method # _____
TKN as N 00625 _____ mg/L	Mg - Magnesium 00927 _____ mg/L	_____, method # _____
	Mn - Manganese 01055 _____ ug/L	_____, method # _____
	Ni - Nickel 01067 _____ ug/L	_____, 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) _____