

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		
FACILITY INFORMATION		<i>Please Print Clearly or Type</i>			
Facility Name: _____		PERMIT Number: _____ Expiration Date: _____			
Permit Name (if different): _____		Non-Discharge _____ UIC _____			
Facility Address: _____ <small>(Street)</small>		NPDES _____ Other _____			
(City) _____ (State) _____ (Zip) _____		County _____			
Contact Person: _____		Telephone#: _____			
Well Location/Site Name: _____		No. of wells to be sampled: _____ <small>(from Permit)</small>			
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			
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	
Coliform: MF Fecal 31616	/100mL	Nitrate (NO ₃) as N 00620	mg/L	Zn - Zinc 01092	
Coliform: MF Total 31504	/100mL	Phosphorus: Total as P 00665	mg/L	Other (Specify Compounds and Concentration Units): _____	
(Note: Use MPN method for highly turbid samples)					
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	K - Potassium 00937	mg/L	VOC 7873, method # _____	
(Ammonia Nitrogen; NH ₃ as N; Ammonia Nitrogen, Total)					
Mg - Magnesium 00927	mg/L	Mn - Manganese 01055	ug/L	, method # _____	
TKN as N 00625	mg/L	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.					