

FACILITY INFORMATION *(Please Print Clearly or Type)*

Facility Name: _____ County: _____

Permit Name *(if different)*: _____

Facility Physical Address: _____

Facility Mailing Address *(if different)*: _____

Contact Person: _____ Telephone#: _____

Well Location/Site Name: _____ No. of Wells to be Sampled: _____
(from Operating Permit)

Permit #: _____ Expiration Date: _____

TYPE OF PERMITTED OPERATION BEING MONITORED

_____ Domestic	_____ Conventional
_____ High Strength	_____ LPP
_____ Industrial Process	_____ Drip Dispersal
_____ Sand Filter	_____ Advanced Pretreatment
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: _____ ft. above land surface.

Gallons of water pumped/bailed before sampling: _____

Field analysis: pH _____, Odor _____

Temp. _____ °C, Appearance _____

IF WELL WAS DRY
at time of sampling,
check the box below:

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample collected: _____ Date sample analyzed: _____

Laboratory Name: _____

Lab Certification No. _____

PARAMETERS	(Samples for metals were collected unfiltered _____ YES _____ NO)		and field acidified _____ YES _____ NO)	
BOD (5-day) _____ mg/l	Nitrite (NO ₂) as N _____ mg/l		Ni - Nickel _____ µg/l	
COD _____ mg/l	Nitrate (NO ₃) as N _____ mg/l		Pb - Lead _____ µg/l	
Coliform: MF Fecal _____ /100ml	Phosphorus, Total as P _____ mg/l		Zn - Zinc _____ mg/l	
Coliform: MF Total _____ /100ml	Orthophosphate _____ mg/l		Ammonia Nitrogen _____ mg/l	
<i>(Note: Use MPN method for highly turbid samples)</i>	Al - Aluminum _____ mg/l			
Dissolved Solids, Total _____ mg/l	Ba - Barium _____ µg/l		OTHER: (Specify Compounds and Concentration Units)	
pH (when analyzed) _____ units	Ca - Calcium _____ mg/l		_____	
TOC _____ mg/l	Cd - Cadmium _____ µg/l		_____	
Chloride _____ mg/l	Chromium, Total _____ mg/l		_____	
Arsenic _____ µg/l	Cu - Copper _____ mg/l			
Grease and Oils _____ mg/l	Fe - Iron _____ µg/l		ORGANICS: (GC,GC/MS,HPLC)	
Phenol _____ µg/l	Hg - Mercury _____ µg/l		(Specify test and method #. Attach lab report.)	
Sulfate _____ mg/l	K - Potassium _____ mg/l		Report Attached? Yes <input checked="" type="checkbox"/> (1) No <input checked="" type="checkbox"/> (0)	
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l		VOC _____ : method #= _____	
TKN as N _____ mg/l	Mn - Manganese _____ µg/l		_____ : 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 (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of lines and imprisonment for knowing violations.

Permittee (or Authorized Agent) Name and Title - Please print or type

Signature of Permittee (or Authorized Agent)

Date