

(Laboratory Letterhead Required)

VOLATILE ORGANIC CHEMICALS ANALYSIS (VOCs)

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: _____

County: _____

Name of Water System: _____

Sample Type: Entry Point Special/Non-compliance

Location Where Collected: _____ (Note: Compliance samples MUST be collected at the Entry Point)

Location Code: _____

Collected By: _____ (Please Print)

<u>Collection Date</u> ____/____/____ (MM/DD/YY)	<u>Collection Time</u> ____:____:____ M (Specify AM or PM)
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Mail Results to (water system representative):

Phone #: (____) _____

Fax #: (____) _____

*NOTE: Please complete portion above double line on Page 2.

LABORATORY ID #: _____ SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. <R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
2030	p-Isopropyltoluene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2210	Chloromethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2212	Dichlorodifluoromethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2214	Bromomethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2216	Chloroethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2218	Fluorotrichloromethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2246	Hexachlorobutadiene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2248	Naphthalene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.07 mg/L
2378	1,2,4-Trichlorobenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.07 mg/L
2380	Cis-1,2-Dichloroethylene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2408	Dibromomethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2410	1,1-Dichloropropene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2412	1,3-Dichloropropane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2413	1,3-Dichloropropene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2414	1,2,3-Trichloropropane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2416	2,2-Dichloropropane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2418	1,2,4-Trimethylbenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2420	1,2,3-Trichlorobenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2422	n-Butylbenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2424	1,3,5-Trimethylbenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2426	Tert-Butylbenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2428	Sec-Butylbenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2430	Bromochloromethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2941	Chloroform	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

(Laboratory Letterhead Required)

VOLATILE ORGANIC CHEMICALS ANALYSIS (VOCs)

Note: All information must be supplied for compliance credit.
(continued)

WATER SYSTEM ID #: _____

Location Code: _____

Collection Date	Collection Time
____/____/____ (MM/DD/YY)	____:____, ____ M (Specify AM or PM)

LABORATORY ID #: _____

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED ABOVE R.R.L. (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
2942	Bromoform	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2943	Bromodichloromethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2944	Chlorodibromomethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2955	Xylenes (Total)	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	10.00 mg/L
2964	Dichloromethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2965	o-Chlorotoluene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2966	p-Chlorotoluene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2967	m-Dichlorobenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2968	o-Dichlorobenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.60 mg/L
2969	p-Dichlorobenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.075 mg/L
2976	Vinyl Chloride	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
2977	1,1-Dichloroethylene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.007 mg/L
2978	1,1-Dichloroethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2979	Trans-1,2-Dichloroethylene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.10 mg/L
2980	1,2-Dichloroethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2981	1,1,1-Trichloroethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.20 mg/L
2982	Carbon Tetrachloride	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2983	1,2-Dichloropropane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2984	Trichloroethylene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2985	1,1,2-Trichloroethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2986	1,1,1,2-Tetrachloroethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2987	Tetrachloroethylene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2988	1,1,2,2-Tetrachloroethane	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.10 mg/L
2989	Chlorobenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2990	Benzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	1.00 mg/L
2991	Toluene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.70 mg/L
2992	Ethylbenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2993	Bromobenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2994	Isopropylbenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2996	Styrene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.10 mg/L
2998	n-Propylbenzene	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours

	DATE:	TIME:
ANALYSES BEGUN:	____/____/____ (MM/DD/YY)	____:____, ____ M (Specify AM or PM)
ANALYSES COMPLETED:	____/____/____ (MM/DD/YY)	____:____, ____ M (Specify AM or PM)

Laboratory Log #: _____

Certified By: _____ (Print and sign name)

COMMENTS: _____