

VOLATILE ORGANIC CHEMICALS (VOCs) ANALYSIS

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: _____

Facility ID No. _____

Sample Point: _____

Collected By: _____
(Please Print)

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

Mail Results to (water system representative):

Phone #: (____) _____

Fax #: (____) _____

Responsible Person's email: _____

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
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	0.07 mg/L
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
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
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	0.005 mg/L
2987	Tetrachloroethylene		0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2989	Chlorobenzene		0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.10 mg/L
2990	Benzene		0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.005 mg/L
2991	Toluene		0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	1.00 mg/L
2992	Ethylbenzene		0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.70 mg/L
2996	Styrene		0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	0.10 mg/L

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

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

Laboratory Log #: _____

Certified By: _____
(Print and sign name)

COMMENTS: _____