

**GROUNDWATER MONITORING:
COMPLIANCE REPORT FORM****REMIT FILES ELECTRONICALLY**

DEPARTMENT OF ENVIRONMENTAL QUALITY – UST SECTION
DIVISION OF WASTE MANAGEMENT
450 W. HANES MILL RD., WINSTON-SALEM, NC 27105-7407

FACILITY INFORMATION*Please Print Clearly or Type*

Facility Name: _____

Permit Name (if different): _____

Facility Address: _____

(Street)

(City) (State) (Zip)

Contact Person: _____ Telephone#: _____

County: _____

Well Location/Site Name: _____ No. of wells to be sampled: _____

(From Permit)

PERMIT Number: _____ Expiration Date: _____

Permit Type: _____

IF WELL WAS DRY AT TIME OF SAMPLING, CHECK HERE:**SAMPLING INFORMATION****WELL ID NUMBER (from Permit):** _____ Date Sample Collected: _____

Well Depth: _____ ft. Well Diameter: _____ in.

Depth to Water Level: _____ 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

LABORATORY INFORMATION**Laboratory Name:** _____**Certification Name:** _____**Date Sample Analyzed:** _____**FIELD PARAMETERS:**

pH: _____ Temperature (°C): _____ Spec. Cond. (µMhos): _____ Odor: _____

Appearance: _____ Notes: _____

***Method 625 Required:** Yes No (check one)**PFAS Sampling Required:** Yes No (check one)

Attach Laboratory Report and Specify Analytical Method(s) here: _____

RESULTS:

Total Ammonia (mg/L) _____

Volatile and Semi-volatile Organic Compounds (µg/L): _____

Nitrate (mg/L) _____

Total Dissolved Solids (mg/L) _____

Lead (mg/L) _____

Chromium (mg/L) _____

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

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Signature of Permittee (or Authorized Agent)

(Date)