

# VOLATILE ORGANIC ANALYSES

**(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)**

**Section I: System Information (to be completed by Department of Natural Resources/SAMPLER)**

System Name: \_\_\_\_\_ PWS ID: \_\_\_\_\_  
DNR Contact: \_\_\_\_\_ Region: \_\_\_ System Type: MC NN OC TN  
System Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
Entry Point ID: \_\_\_\_\_ WI Unique Well No: \_\_\_\_\_ Note: \_\_\_\_\_

<b>Sampler Contact Info:</b> (Notify DNR Contact of Corrections)	<b>Sampler:</b> (Leave Blank If You Don't Use These Services) Provide information to have results faxed or emailed or to change a billing address, if your lab offers these services Fax Number: _____ Email: _____ Billing Address: _____
<b>Sample Source:</b> (Location)  <input type="checkbox"/> W - Well Source <input type="checkbox"/> E - Entry Point <input type="checkbox"/> D - Distribution System	<b>Sample Type:</b> (Check Only One)  <input type="checkbox"/> D - Compliance Sample <input type="checkbox"/> C - Confirmation Sample <input type="checkbox"/> I - Investigation Sample <input type="checkbox"/> W - Raw Water Sample

Special Instructions: \_\_\_\_\_  
Collect Sample between: \_\_\_\_\_ and \_\_\_\_\_

**Section II: Sample Information (to be completed by SAMPLER -- ALL ITEMS REQUIRED)**

Sample Collection Date: \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy) Time: \_\_\_ : \_\_\_  a.m.  p.m.  
Address where sample was collected: \_\_\_\_\_  
Monitoring Site ID: \_\_\_\_\_ Sample Tap Location (e.g. kitchen sink): \_\_\_\_\_  
First Initial and Last Name of Sampler: \_\_\_ - \_\_\_\_\_ Sampler Phone: \_\_\_\_\_

**Section III: To be completed by LAB. Report results on back for PWS and electronically to DNR within 10 days per NR 809.80**

Check here if some or all of the parameters were analyzed by a subcontracted lab.  
**NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.**  
Laboratory ID: \_\_\_\_\_ Laboratory Name: \_\_\_\_\_  
Date Sample Received: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_ Lab Sample ID: \_\_\_\_\_  
Signature of Receiving Lab Official: \_\_\_\_\_ Date Reported to PWS: \_\_\_ / \_\_\_ / \_\_\_  
Condition of Sample Upon Receipt: \_\_\_\_\_

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose. Reference Requirement #33799337.

**VOLATILE ORGANIC ANALYSES** System Name:

To be completed by the laboratory performing analysis. PWS ID:

Lab Sample ID:

Store Code	Parameter	SDWA Method	MDL	Results	MCL	Units
34030	BENZENE				5	UG/L
81555	BROMOBENZENE					UG/L
32101	BROMODICHLOROMETHANE				80	UG/L
32104	BROMOFORM				80	UG/L
34413	BROMOMETHANE					UG/L
32102	CARBON TETRACHLORIDE				5	UG/L
34311	CHLOROETHANE					UG/L
32106	CHLOROFORM				80	UG/L
34418	CHLOROMETHANE					UG/L
77275	O-CHLOROTOLUENE					UG/L
77277	P-CHLOROTOLUENE					UG/L
32105	DIBROMOCHLOROMETHANE				80	UG/L
77596	DIBROMOMETHANE					UG/L
34566	1,3-DICHLOROBENZENE (M-)					UG/L
34536	1,2-DICHLOROBENZENE (O-)				600	UG/L
34571	1,4-DICHLOROBENZENE (P-)				75	UG/L
34668	DICHLORODIFLUOROMETHANE					UG/L
34496	1,1-DICHLOROETHANE					UG/L
34531	1,2-DICHLOROETHANE				5	UG/L
34501	1,1-DICHLOROETHYLENE				7	UG/L
77093	1,2-DICHLOROETHYLENE CIS				70	UG/L
34546	1,2-DICHLOROETHYLENE, TRA				100	UG/L
34423	DICHLOROMETHANE				5	UG/L
34541	1,2-DICHLOROPROPANE				5	UG/L
77173	1,3-DICHLOROPROPANE					UG/L
77170	2,2-DICHLOROPROPANE					UG/L
77168	1,1-DICHLOROPROPENE					UG/L
34561	1,3-DICHLOROPROPENE					UG/L
34371	ETHYL BENZENE				700	UG/L
81688	ETHYLENE GLYCOL					
71880	FORMALDEHYDE					
34391	HEXACHLOROBUTADIENE					UG/L
77223	ISOPROPYLBENZENE					UG/L
77356	ISOPROPYLTOLUENE P					UG/L
77885	METHANOL					
78032	METHYL T-BUTYL ETHER					UG/L
34301	CHLOROBENZENE				100	UG/L
34696	NAPHTHALENE					UG/L
77128	STYRENE				100	UG/L
77562	1,1,1,2 TETRACHLOROETHANE					UG/L
34516	1,1,1,2 TETRACHLOROETHANE					UG/L
34475	TETRACHLOROETHYLENE				5	UG/L
34010	TOLUENE				1000	UG/L
34551	1,2,4-TRICHLOROBENZENE				70	UG/L
34506	1,1,1-TRICHLOROETHANE				200	UG/L
34511	1,1,2-TRICHLOROETHANE				5	UG/L
39180	TRICHLOROETHYLENE				5	UG/L
34488	TRICHLOROFLUOROMETHANE					UG/L
77443	1,2,3-TRICHLOROPROPANE					UG/L
81611	TRICHLOROTRIFLUOROETHANE					UG/L
77222	1,2,4-TRIMETHYLBENZENE					UG/L
77226	1,3,5-TRIMETHYLBENZENE					UG/L
39175	VINYL CHLORIDE				0.2	UG/L
79724	XYLENE TOTAL				10000	UG/L
77038	PROPYLENE GLYCOL					UG/L
98965	1,3-PROPANEDIOL					MG/L

Approved By: QA Officer:

Date:

Laboratory Manager:

Date:

Comments: