



Date Prepared/Revised
DEP USE ONLY
Date Received

FORM 8 MUNICIPAL WASTE LANDFILLS BASELINE GROUND WATER ANALYSES

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided. If additional space is necessary, identify each attached sheet as Form 8, reference the item number and identify the date prepared. The "date prepared/revised" on any attached sheets needs to match the "date prepared/revised" on this page.

General References: Section 273.116
Federal Regulations, Subtitle D: 258.54 and Appendix I to Part 258.

An application for a municipal waste landfill shall contain a description of the chemical characteristics of each aquifer in the proposed permit area and adjacent area, based on at least two quarters of monitoring data, one of which shall include the season of the highest local groundwater levels. Submit separate forms for each sample analysis.

SECTION A. SITE IDENTIFIER

Applicant/permittee: _____

Site Name: _____

Facility ID (as issued by DEP): _____

SECTION B. FACILITY INFORMATION

Monitoring wells must be designed and constructed in accordance with Department standards. **INDICATE THE LATITUDE AND LONGITUDE TO THE NEAREST ONE TENTH OF A SECOND (DD° MM' SS.S")**.

Monitoring Point Number: _____
 Well Spring Stream Other
 Upgradient/Upstream Downgradient/Downstream

Location: County _____ Municipality: _____

Sampling Point: Latitude: ____° ____' ____." Longitude: ____° ____' ____."

Depth to Water Level: _____ ft. Measured from: Land Surface TOC

Casing Stick Up: _____ ft. Elevation of Water Level: _____ ft./MSL

Sampling Depth: _____ ft. Volume of Water Column: _____ gal.

Total Well Depth: _____ ft. Sampling Method: Pumped Bailed Grab

Well Purged: Yes No Well Volumes Purged: _____

Sample Field Filtered (must be 0.45 micron)? Yes No

Spring Flow Rate: _____ GPM

Sample Date (mm/dd/yy): _____ Sample Collection Time: _____

Sample Collector's Name: _____

Sample Collector's Affiliation: _____

Laboratory(ies) Performing Analysis: _____

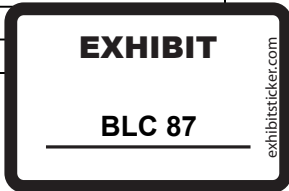
Were any holding times exceeded? Yes No. If yes, please explain in comments field.

Lab Certification Number(s): _____

Lab Sample Number(s): _____ Final Lab Analysis Completion Date: _____

Name/Affiliation of Person who Filled out Form _____

Comments: _____



I.D. No. _____
Monitoring Point No. _____
Sample Date _____

FORM 8**SECTION C. ANALYTES****1. Inorganics (Enter all data in mg/l except as noted)**

ANALYTE	VALUE[†]	ANALYSIS METHOD NUMBER
Ammonia-Nitrogen		
Bicarbonate (as CaCO ₃)		
Calcium, Total		
Calcium, Dissolved		
Chemical Oxygen Demand		
Chloride		
Fluoride		
Iron (µg/l), Total		
Iron (µg/l), Dissolved		
Magnesium, Total		
Magnesium, Dissolved		
Manganese (µg/l), Total		
Manganese (µg/l), Dissolved		
Nitrate-Nitrogen		
pH (standard units), Field		
pH (standard units), Laboratory		
Potassium, Total		
Potassium, Dissolved		
Sodium, Total		
Sodium, Dissolved		
Specific Conductance (µmhos/cm), Field		
Specific Conductance ((µmhos/cm), Laboratory		
Sulfate		
Total Alkalinity		
Total Dissolved Solids		
Total Organic Carbon		
Total Phenolics (µg/l)		
Turbidity (NTU)		

† Please indicate detection limit if analyte is not detected.

I.D. No. _____
 Monitoring Point No. _____
 Sample Date _____

FORM 8

2. **Metals (Enter all data in µg/l).**

ANALYTE	VALUE [†]	ANALYSIS METHOD NUMBER
Arsenic, Total		
Arsenic, Dissolved		
Barium, Total		
Barium, Dissolved		
Cadmium, Total		
Cadmium, Dissolved		
Chromium, Total		
Chromium, Dissolved		
Copper, Total		
Copper, Dissolved		
Lead, Total		
Lead, Dissolved		
Mercury, Total		
Mercury, Dissolved		
Selenium, Total		
Selenium, Dissolved		
Silver, Total		
Silver, Dissolved		
Zinc, Total		
Zinc, Dissolved		

† Please indicate detection limit if analyte is not detected.

I.D. No. _____
Monitoring Point No. _____
Sample Date _____

FORM 8**3. Organics (Enter all data in µg/l)**

ANALYTE	VALUE[†]	ANALYSIS METHOD NUMBER
Benzene		
Bromoform (Tribromomethane)		
Carbon tetrachloride		
Chlorobenzene		
Chloroethane (Ethyl Chloride)		
3-Chloro-1-propene		
Dibromochloromethane (Chlorodibromomethane)		
1,2-Dibromoethane (EDB)		
o-Dichlorobenzene (1,2-Dichlorobenzene)		
1,3-Dichlorobenzene		
1,4-Dichlorobenzene		
Dichlorodifluoromethane		
1,1-Dichloroethane (Ethylidene chloride)		
1,1-Dichlorethene (Vinylidene chloride)		
1,2-Dichloroethane (Ethylene dichloride)		
Cis 1,2-Dichloroethene		
Trans 1,2-Dichloroethene		
1,2-Dichloropropane (Propylene Dichloride)		
Cis-1, 3-Dichloropropene		
Trans-1, 3-Dichloropropene		
Ethyl Benzene		
Methyl Bromide (Bromomethane)		
Methyl Chloride (Chloromethane)		
Methylene chloride		
Methyl Ethyl Ketone (2-Butanone)		
4-Methyl-2-pentanone (Methyl Isobutyl Ketone)		
1,1,1,2-Tetrachloroethane		
1,1,2,2-Tetrachloroethane		
Tetrachloroethene (Perchloroethylene)		
Toluene		
1,1,1,-Trichloroethane (Methyl chloroform)		
1,1,2-Trichloroethane		
Trichloroethene		
Trichlorofluoromethane (CFC-11)		
1,2,3-Trichloropropane		
Vinyl chloride		
Xylene		

† Please indicate detection limit if analyte is not detected.

I.D. No. _____
Monitoring Point No. _____
Sample Date _____

FORM 8

4. Subtitle D - Add-On List - For Detection Zone Analytes ($\mu\text{g/l}$). When the MCL (where established) of any analyte is exceeded in the detection zone (e.g. established cells) Form 50 monitoring, the following analytes must be monitored during the baseline groundwater analyses.

ORGANICS AND METALS

ANALYTE	VALUE[†]	ANALYSIS METHOD NUMBER
Acetone		
Acrylonitrile		
Bromochloromethane (Chlorobromomethane)		
Bromodichloromethane (Dichlorobromomethane)		
Carbon Disulfide		
Trichloromethane (Chloroform)		
1,2-Dibromo-3-Chloropropane (DBCP)		
trans-1,4-Dichloro-2-Butene		
Methyl Butyl ketone (2-Hexanone)		
Methylene Bromide		
Methyl Iodide (Iodomethane)		
Styrene		
Vinyl Acetate		
Antimony, Total		
Beryllium, Total		
Cobalt, Total		
Nickel, Total		
Thallium, Total		
Vanadium, Total		

† Please indicate detection limit if analyte is not detected.

