



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WASTE MANAGEMENT

Date Prepared/Revised
DEP USE ONLY
Date Received

FORM 19
MUNICIPAL WASTE LANDFILL
QUARTERLY AND ANNUAL WATER QUALITY 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 19, 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 273.284
 Federal Regulations, Subtitle D: 258.54 and Appendix I to Part 258.

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: _____

EXHIBIT
BLC 95
 exhibitsticker.com

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

**FORM 19
QUARTERLY AND ANNUAL WATER QUALITY ANALYSES**

ANALYTES

1-Q. 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*		
Flouride		
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)		

* Indicator Analyte - For comparison with detection zone analytes.

† Please indicate detection limit if analyte is not detected.

** Total and dissolved analysis required only in conjunction with additional annual metals sampling (see page 4). Remaining quarterly samples only require total metals analysis.

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2-Q. Organics (Enter all data in µg/l)

ANALYTE	VALUE†	ANALYSIS METHOD NUMBER
Benzene		
1,2-Dibromoethane		
1,1-Dichloroethane		
1,1-Dichloroethene		
1,2-Dichloroethane		
Cis-1,2-Dichloroethene		
Trans-1,2-Dichloroethene		
Ethyl Benzene		
Methylene chloride		
Tetrachloroethene		
Toluene		
1,1,1,-Trichloroethane		
Trichloroethene		
Vinyl chloride		
Xylene		

† Please indicate detection limit if analyte is not detected.

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

**FORM 19
ANNUAL WATER QUALITY ANALYSES**

1-A. Metals (Enter all data in µg/l) If initial background analyses or four consecutive annual analyses show essentially identical (within 5%) dissolved and total analyses, dissolved analyses may not be required, subject to written DEP approval.

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		
, Total		
, Dissolved		
, Total		
, Dissolved		
, Total		
, Dissolved		
, Total		
, Dissolved		
, Total		
, Dissolved		

† Please indicate detection limit if analyte is not detected.

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2-A. Organics (Enter all data in µg/l)

ANALYTE	VALUE [†]	ANALYSIS METHOD NUMBER
Bromoform (Tribromomethane)		
Bromomethane (Methyl Bromide)		
Carbon tetrachloride		
Chlorobenzene		
Chloroethane (Ethyl Chloride)		
Dibromochloromethane (Chlorodibromomethane)		
Methyl Chloride (Chloromethane)		
3-Chloro-1-propene		
1,2-Dichlorobenzene (o-Dichlorobenzene)		
1,3-Dichlorobenzene (m-Dichlorobenzene)		
1,4-Dichlorobenzene (p-Dichlorobenzene)		
Dichlorodifluoromethane		
1,2-Dichloropropane (Propylene Dichloride)		
Cis-1, 3-Dichloropropene		
Trans-1, 3-Dichloropropene		
Methyl Ethyl Ketone (2-Butanone)		
4-Methyl-2-pentanone (Methyl Isobutyl Ketone)		
1,1,1,2-Tetrachloroethane		
1,1,2,2-Tetrachloroethane		
1,1,2-Trichloroethane		
Trichlorofluoromethane (CFC-11)		
1,2,3-Trichloropropane		

† Please indicate detection limit if analyte is not detected.

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Subtitle D Detection Zone Add-On List: When the MCL of any analyte is exceeded in the detection zone Form 50 monitoring, the following analytes must be monitored annually in the ground water monitoring wells.

ORGANICS AND METALS (enter all data in µg/l)

ANALYTE	VALUE [†]	ANALYSIS METHOD NUMBER
Acetone		
Acrylonitrile		
Bromochloromethane (Chlorobromomethane)		
Bromodichloromethane (Dichlorobromomethane)		
Carbon Disulfide		
Chloroform (Trichloromethane)		
1,2-Dibromo-3-Chloropropane (DBCP)		
trans-1,4-Dichloro-2-Butene		
Methyl butyl ketone (2-Hexanone)		
Methylene bromide (Dibromomethane)		
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.

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4. Qualitatively Identified Organic Compounds

List at least ten volatile organic compounds not otherwise identified in this section. Their identification should be based upon those compounds showing the greatest apparent concentration from the peaks of a mass spectrum of each sample. These ten compounds shall be identified but the concentration of each is not required.

<u>Constituent</u>	<u>CAS Number</u>