



# MERITECH, INC.

ENVIRONMENTAL LABORATORIES  
A Division of Water Technology and Controls, Inc.

## 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)

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

Mail Results to (water system representative):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_

Responsible Person's email: \_\_\_\_\_

LABORATORY ID #: 37740

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.

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

Laboratory Log #: \_\_\_\_\_

Certified By: \_\_\_\_\_  
(Print and sign name)

COMMENTS: \_\_\_\_\_