Appendix F

Sample Field Forms

AECOM	*Client:*	***BORING ID:***
	Project Number:	
	Site Location:	
	Coordinates: *Elevation:*	*Sheet:* of
	Drilling Method:	*Monitoring Well Installed:*
	Sample Type(s): *Boring Diameter:*	*Screened Interval:*
Weather:	*Logged By:* *Date Started:*	*Depth of Boring:*
Drilling Contractor:	*Ground Elevation:* *Date Finished:*	*Water Level:*

Depth (ft)	Geologic sample ID	Sample Depth (ft)	Blows per 6"	Recovery (inches)	Headspace (ppm)	U.S.C.S	**MATERIALS: Color, size, range, MAIN COMPONENT, minor component(s), moisture content, structure, angularity, maximum grain size, odor, and Geologic Unit (If Known)**	Lab Sample ID	Lab Sample Depth (Ft.)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

NOTES:

Checked by _____ Date:_____

Date	Time	Depth to groundwater while drilling

AECOM	*Client:*	***BORING ID:***
	Project Number:	
	Site Location:	
	Coordinates: *Elevation:*	*Sheet:* of
	Drilling Method:	*Monitoring Well Installed:*
	Sample Type(s): *Boring Diameter:*	*Screened Interval:*
Weather:	*Logged By:* *Date Started:*	*Depth of Boring:*
Drilling Contractor:	*Ground Elevation:* *Date Finished:*	*Water Level:*

Depth (ft)	Geologic sample ID	Sample Depth (ft)	Blows per 6"	Recovery (inches)	Headspace (ppm)	U.S.C.S	**MATERIALS: Color, size, range, MAIN COMPONENT, minor component(s), moisture content, structure, angularity, maximum grain size, odor, and Geologic Unit (If Known)**	Lab Sample ID	Lab Sample Depth (Ft.)
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									

NOTES:

Checked by _____ Date:_____

Date	Time	Depth to groundwater while drilling

AECOM

Well ID:

Low Flow Ground Water Sample Collection Record

Client: _____ Date: _____ Time: Start _____ am/pm
Project No: _____ Finish _____ am/pm
Site Location: _____
Weather Conds: _____ Collector(s): _____

1. WATER LEVEL DATA: (measured from Top of Casing)

a. Total Well Length _____ c. Length of Water Column _____ (a-b)

Casing Diameter/Material _____

b. Water Table Depth _____ d. Calculated System Volume (see back) _____

2. WELL PURGE DATA

a. Purge Method: _____

b. Acceptance Criteria defined (see workplan)

- Temperature	3%	-D.O.	10%	- Turbidity	<5 NTU
- pH	± 0.1 unit	- ORP	± 10mV		
- Sp. Cond.	3%	- Drawdown	< 0.3'		

c. Field Testing Equipment used: Make Model Serial Number

_____

_____

Time (24hr)	Volume Removed (Liters)	Temp. (°C)	pH	Spec. Cond. (µS/cm)	DO (mg/L)	ORP (mV)	Turbidity (NTU)	Flow Rate (ml/min)	Drawdown (feet)	Color/Odor

d. Acceptance criteria pass/fail

	Yes	No	N/A
Has required volume been removed	☐	☐	☐
Has required turbidity been reached	☐	☐	☐
Have parameters stabilized	☐	☐	☐

(continued on back)

If no or N/A - Explain below.

_____

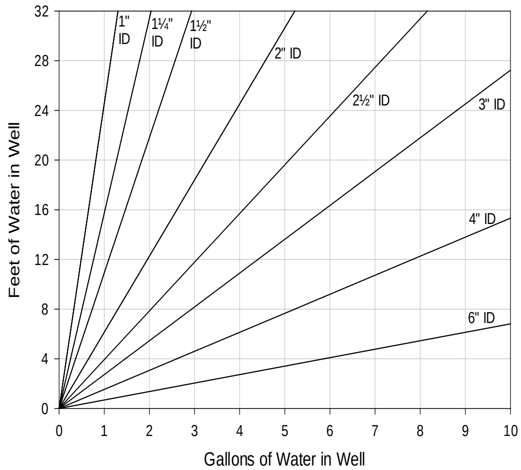
3. SAMPLE COLLECTION: Method: _____

Sample ID	Container Type	No. of Containers	Preservation	Analysis Req.	Time

Comments _____

Signature _____ Date _____

Purge Volume Calculation



Volume / Linear Ft. of Pipe		
ID (in)	Gallon	Liter
0.25	0.0025	0.0097
0.375	0.0057	0.0217
0.5	0.0102	0.0386
0.75	0.0229	0.0869
1	0.0408	0.1544
1.25	0.0637	0.2413
1.5	0.0918	0.3475
2	0.1632	0.6178
2.5	0.2550	0.9653
3	0.3672	1.3900
4	0.6528	2.4711
6	1.4688	5.5600

(continued from front)

Time (24 hr)	Volume Removed (Liters)	Temp (°C)	pH	Spec. Cond. (µS/cm)	DO (mg/L)	ORP (mV)	Turbidity (NTU)	Flow Rate (ml/min)	Drawdown (ft)	Color/Odor

EQUIPMENT CALIBRATION DAILY LOG

Date:	Project Name:
Project Number:	Recorded By:

PID	Model: / Equipment ID #:				Morning Calibration	Evening Check	Additional Calib./Check (if necessary)
	Parameter	Standard	Exp. Date	Lot #	Time:	Time:	Time:
First Point Calibration	Vapor conc. (ppm)	0.0 (ambient air)	NA	NA	Initials:	Value:	
Second Point Calibration	Vapor conc. (ppm)	(Calibration Gas)			Initials:	Value:	

WATER QUALITY METER	Model: / Equipment ID #:				Morning Calibration/Check	Evening Check (one point only)	Additional Calib./Check (if necessary)
	Parameter	Standard	Exp. Date	Lot #	Time:	Time:	Time:
First Point Calibration (Auto)	pH				Initials:	Value:	
	Turbidity (NTU)					Value:	
	Conductivity (mS/cm)					Value:	
	ORP					Value:	
	DO (mg/L)	8.9-9.1 (ambient air)	NA	NA		Value:	
Second Piont Calibration	pH				Initials:	Value:	
	Turbidity (NTU)					Value:	
	Conductivity (mS/cm)					Value:	

Additional Remarks:

TestAmerica Pittsburgh
301 Alpha Drive
RIDC Park
Pittsburgh, PA 15238-2907
phone 412.963.7058 fax 412.963.2468

Chain of Custody Record

TestAmerica
THE LEADER IN ENVIRONMENTAL TESTING

Regulatory Program: ☐ DW ☐ NPDES ☐ RCRA ☐ Other:

TestAmerica Laboratories, Inc.

Client Contact	**Project Manager:**	**Site Contact:**	**Date:**	COC No:
	Tel/Fax:	**Lab Contact:**	**Carrier:**	_____ of _____ COCs
Address	**Analysis Turnaround Time**			Sampler:
City/State/Zip	☐ CALENDAR DAYS ☐ WORKING DAYS			**For Lab Use Only:**
(xxx) xxx-xxxx Phone	TAT if different from Below _____			Walk-in Client:
(xxx) xxx-xxxx FAX	☐ 2 weeks			Lab Sampling:
Project Name:	☐ 1 week			
Site:	☐ 2 days			Job / SDG No.:
P O #	☐ 1 day			

Sample Identification	Sample Date	Sample Time	Sample Type (C=Comp, G=Grab)	Matrix	# of Cont.	Filtered Sample (Y / N)	Perform MS / MSD (Y / N)															Sample Specific Notes:

Preservation Used: 1= Ice, 2= HCl; 3= H_2SO_4; 4=HNO_3; 5=NaOH; 6= Other _____

Possible Hazard Identification:
Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the sample in the Comments Section if the lab is to dispose of the sample.

☐ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown

Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)

☐ Return to Client ☐ Disposal by Lab ☐ Archive for_____ Months

Special Instructions/QC Requirements & Comments:

Custody Seals Intact: ☐ Yes ☐ No | Custody Seal No.: | Cooler Temp. (°C): Obs'd:_____ Corr'd:_____ Therm ID No.:_____

Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company:	Date/Time:	Received in Laboratory by:	Company:	Date/Time: