

Florida Department of Environmental Protection

Bob Martinez Office Bldg. 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #_62-520.900(2)	
Form Title <u>Ground Water Monitoring</u> <u>Report</u>	
Effective Date	
DEP Application No	

GROUND WATER MONITORING REPORT

Rule 62-520.900(2)

PAF	RT I GENERAL INFO	RMATION							
(1)	Facility Name								
		Zip							
	Telephone Number	()							
(2)		ion Number							
(3)	DEP Permit Numbe	•							
(4)	Authorized Represe	entative Name							
		Zip							
	Telephone Number	()							
(5)									
(6)									
		Certification							
all a	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.								
Dat	e:								
Signature of Owner or Authorized Representative									
PAF	PART II QUALITY ASSURANCE REQUIREMENTS								
San	nple Organization	Comp QAP #							
Ana	alytical Lab	Comp QAP # /HRS Certification #							
		*Comp QAP # /HRS Certification #							
Lab	Name								
Pho	one Number ()								

PART III ANALYTICAL RESULTS

Facility GMS #: Samplin				ling Date/Time:				
Test Site ID #: Report Well Name:								
								Classification of Ground Water: Ground Water Elevation (NGVD):
	or (MS	L):						
Storet Code	Parameter Monitored	Sampling Method	Field Filtered Y/N	Analysis Method	Analysis Date/Time	* Analysis Results/Units	Detection Limits/Units	

^{*} Attach Laboratory Reports