



Groundwater Sampling Audit Form
Underground Storage Tank Management Division

RESULTS:

- Satisfactory
Issues

Date: Project Manager: SCDES Field Staff:

Contractor: Contractor Field Staff:

Site Number: Site Name:

Time Arrived at Site: Time Leaving Site: Weather Conditions: Temperature:

Well allowed to equilibrate before sampling? YES NO

Water level obtained correctly? YES NO

New plastic sheeting around each well? YES NO

New pair of gloves worn for each well? YES NO

Meter calibration log(s) present? YES NO

Method of Data Collection Field Data Sheets Log Book

Method of Purging/Sample Collection Bailer Pump Other:

New bailer/string or tubing for each well? YES NO

Field parameters obtained correctly? YES NO Information recorded? YES NO

Meter Information (include type and serial number):

pH/Conductance: DO: Turbidity: Temperature:

Adequate purge completed? YES NO

Purge water maintenance? YES NO

Appropriate sample handling (cooler w/ wet ice, bags, bubble wrap)? YES NO

Decontamination of all equipment between wells? YES NO

Signature: Date:

Notes:

