

~~NC DENR USE ONLY~~

Paper Report

Electronic Data - Email CD (data loaded: Yes / No)

Doc/Event #:

NC DENR
Division of Waste Management - Solid Waste

Environmental Monitoring
Reporting



Notice: This form and any information attached to it are "Public Records" as defined in NC General Statute 132-1. As such, these documents are available for inspection and examination by any person upon request (NC General Statute 132-6).
Instructions:

- Prepare one form for each individually monitored unit.
- Please type or print legibly.
- Attach a notification table with values that attain or exceed NC 2L groundwater standards or NC 2B surface water standards. The notification must include a preliminary analysis of the cause and significance of each value. (e.g. naturally occurring, off-site source, pre-existing condition, etc.)
- Attach a notification table of any groundwater or surface water values that equal or exceed the reporting limits.
- Attach a notification table of any methane gas values that attain or exceed explosive gas levels. This includes any structures on or nearby the facility (NCAC 13B .1629 (4)(a)(i)).
- In accordance with NC General Statutes Chapter 89C and 89E and NC Solid Waste Management Rules 15A NCAC 13B, be sure to affix a seal to the bottom of this page, when applicable.
- Send the original signed and sealed form, any tables, and Electronic Data Deliverable to: Compliance Unit, NCDENR-DWM, Solid Waste Section, 1646 Mail Service Center, Raleigh, NC 27699-1646.

~~Solid Waste Monitoring Data Submittal Information~~

Name of entity submitting data (laboratory, consultant, facility owner):

Scotchhall Preserve

Contact for questions about data formatting. Include data preparer's name, telephone number and E-mail address:

Name: Brian Conner Phone: 252-482-2133
E-mail: brian.conner@avoca inc.com

Facility name:	Facility Address:	Facility Permit #	NC Landfill Rule: (.0500 or .1600)	Actual sampling dates (e.g., October 20-24, 2005)
Avoca Mn. Landfill (closed) Scotchhall Preserve	101-B Villa Way Merry Hill, NC 27957	08-02		Nov. 29, 2010

Environmental Status: (Check all that apply)

- Initial/Background Monitoring Detection Monitoring Assessment Monitoring Corrective Action

Type of data submitted: (Check all that apply)

- Groundwater monitoring data from monitoring wells Methane gas monitoring data
 Groundwater monitoring data from private water supply wells Corrective action data (specify) _____
 Leachate monitoring data Other(specify) _____
 Surface water monitoring data

Notification attached?

- No. No groundwater or surface water standards were exceeded.
 Yes, a notification of values exceeding a groundwater or surface water standard is attached. It includes a list of groundwater and surface water monitoring points, dates, analytical values, NC 2L groundwater standard, NC 2B surface water standard or NC Solid Waste GWPS and preliminary analysis of the cause and significance of any concentration.
 Yes, a notification of values exceeding an explosive methane gas limit is attached. It includes the methane monitoring points, dates, sample values and explosive methane gas limits.

~~Certification~~

To the best of my knowledge, the information reported and statements made on this data submittal and attachments are true and correct. Furthermore, I have attached complete notification of any sampling values meeting or exceeding groundwater standards or explosive gas levels, and a preliminary analysis of the cause and significance of concentrations exceeding groundwater standards. I am aware that there are significant penalties for making any false statement, representation, or certification including the possibility of a fine and imprisonment.

Dr. David M. Peele President

252-482-2133
(Area Code) Telephone Number

Facility Representative Name (Print)

Title

Affix NC Licensed/ Professional Geologist/Engineer Seal here:

Signature

Date

David M. Peele

1/4/11

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

Mail Original to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
WATER QUALITY DIVISION, GROUNDWATER SECTION
1636 MAIL SERVICE CENTER
RALEIGH, NC 27699-1636 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Avoca, Inc. Mn Landfill-closed- Scotchall Preserve
 Permit Name (if different): RJR-Avoca Div. / Rial Corp.
 Facility Address: 101 - B Villa Way
Merry Hill (City) NC (State) 27957 (Zip) County Bertie
 Contact Person: Dutch Reminsce Telephone #: 252-482-4006
 Well Location/ Site Name: Scotchall Preserve No. of Wells to be Sampled: 8
 Well Identification Number (from Permit): MW-1
 Well Depth: 23.6 ft. Well Diameter: 2 in.
 Screened Interval: 15 ft. to 20 ft.
 Depth to Water Level: 13.8 ft. below measuring point.
 Measuring Point (M.P.) is: 2 ft. above land surface. Relative M.P. Elevation in ft.: _____
 Gallons of water pumped/bailed before sampling: 5 Date sample collected: 11/29/10
 Field analysis: pH 5.04, Specific Conductance 1314 uMhos.
 Temp. 19.8 °C, Odor None Appearance Clear

For Groundwater Treatment Systems
 Check One: Influent (98)
 Effluent (99)

PERMIT #: 08-02 EXPIRATION DATE: _____
 Non-Discharge _____ UIC _____
 NPDES _____
 TYPE OF PERMITTED OPERATION BEING MONITORED
 Lagoon Remediation: Infiltration Gallery
 Spray Field Remediation: _____
 Rotary Distributor Land Application of Sludge
 Other: Landfill Wells

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample analyzed: 12/7/10 - 12/13/10
 Laboratory Name: Environmental 2, Inc.
 Certification No. 10

PARAMETERS (Samples for metals were collected unfiltered <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO and field acidified <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO)	
COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l
Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l
pH (when analyzed) _____ units	Ba - Barium <u>59.5 ug/L</u> mg/l
TOC _____ mg/l	Ca - Calcium _____ mg/l
Chloride _____ mg/l	Cd - Cadmium <u>0.2 ug/L</u> mg/l
Arsenic <u>0.8 ug/L</u> mg/l	Chromium: Total <u>3.1 ug/L</u> mg/l
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l
Phenol _____ mg/l	Fe - Iron _____ mg/l
Sulfate _____ mg/l	Hg - Mercury <u>0 (undetected)</u> mg/l
Specific Conductance _____ uMhos	K - Potassium _____ mg/l
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l
TKN as N _____ mg/l	Mn - Manganese <u>173 ug/L</u> mg/l
	Ni - Nickel _____ mg/l
	Pb - Lead <u>0.3 ug/L</u> mg/l
	Zn - Zinc _____ mg/l
	Ammonia Nitrogen _____ mg/l
	Other (Specify Compounds and Concentration Units)
	<u>Selenium - 1.9 ug/L</u>
	<u>Silver - 0.1 ug/L</u>
	ORGANICS: (GC,GC/MS,HPLC)
	(Specify test and method #. Attach lab report.)
	Report Attached? Yes <input checked="" type="checkbox"/> (1) No <input type="checkbox"/> (0)
	VOC _____ : method # = _____
	_____ : method # = _____
	_____ : method # = _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Dr. David M. Peele - President
 Permittee (or Authorized Agent) Name and Title - Please print or type
David M. Peele
 Signature of Permittee (or Authorized Agent)

11/29/10
 (Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

FACILITY INFORMATION

Facility Name: Avoca, Inc. Mn Landfill-closed-Scotchhall Preserve
 Permit Name (if different): RJR-Avoca Div. / Rial Corp.
 Facility Address: 101-B Villa Way
Merry Hill (City) NC (State) 27957 (Zip) County Bertie
 Contact Person: Dutch Remmsce Telephone #: 252-482-4006
 Well Location/ Site Name: Scotchhall Preserve No. of Wells to be Sampled: 8 (from Permit)
 Well Identification Number (from Permit): MW-2
 Well Depth: 23 ft. Well Diameter: 2 in.
 Screened Interval: 15 ft. to 20 ft.
 Depth to Water Level: 10.5 ft. below measuring point.
 Measuring Point (M.P.) is: 2 ft. above land surface. Relative M.P. Elevation in ft.:
 Gallons of water pumped/bailed before sampling: 5 Date sample collected: 11/29/10
 Field analysis: pH 6.89, Specific Conductance 1199 uMhos
 Temp. 19.1 °C, Odor None Appearance Clear

For Groundwater Treatment Systems
 Check One: Influent (98)
 Effluent (99)

Mail Original to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
 WATER QUALITY DIVISION, GROUNDWATER SECTION
 1636 MAIL SERVICE CENTER
 RALEIGH, NC 27699-1636 Phone: (919) 733-3221

PERMIT #: 08-02 EXPIRATION DATE: _____
 Non-Discharge _____ UIC _____
 NPDES _____
 TYPE OF PERMITTED OPERATION BEING MONITORED
 Lagoon Remediation: Infiltration Gallery
 Spray Field Remediation: _____
 Rotary Distributor Land Application of Sludge
 Other: Landfill Wells

NOTE: Values should reflect dissolved and colloidal concentrations.
 Date sample analyzed: 12/7/10 - 12/13/10
 Laboratory Name: Environmental 1, Inc.
 Certification No. 10

PARAMETERS (Samples for metals were collected unfiltered YES NO and field acidified YES NO)

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Ni - Nickel _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Pb - Lead <u>1.0 ug/L</u> _____ mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Zn - Zinc _____ mg/l
Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	Ammonia Nitrogen _____ mg/l
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	Other (Specify Compounds and Concentration Units)
pH (when analyzed) _____ units	Ba - Barium <u>71.3 ug/L</u> _____ mg/l	<u>Selenium - 1.4 ug/L</u>
DOC _____ mg/l	Ca - Calcium _____ mg/l	<u>Silver - 0.1 ug/L</u>
Chloride _____ mg/l	Cd - Cadmium <u>0.1 ug/L</u> _____ mg/l	
Arsenic <u>12 ug/L</u> _____ mg/l	Chromium: Total <u>3.5 ug/L</u> _____ mg/l	
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	
Phenol _____ mg/l	Fe - Iron _____ mg/l	
Sulfate _____ mg/l	Hg - Mercury <u>0 (undetected)</u> _____ mg/l	
Specific Conductance _____ uMhos	K - Potassium _____ mg/l	
Total Ammonia _____ mg/l	Mg - Magnesium <u>222 ug/L BC</u> _____ mg/l	
TKN as N _____ mg/l	Mn - Manganese <u>222 ug/L</u> _____ mg/l	

ORGANICS: (GC, GC/MS, HPLC)
 (Specify test and method #. Attach lab report.)
 Report Attached? Yes (1) No (0)
 VOC _____ : method # = _____
 _____ : method # = _____
 _____ : method # = _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Dr. David M. Peele - President
 Permittee (or Authorized Agent) Name and Title (Please print or type)
David M. Peele
 Signature of Permittee (or Authorized Agent) 11/9/10
 (Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

FACILITY INFORMATION

Please Print Clearly or Type
 Facility Name: Avoca Mn Landfill - closed - Scotch hall Preserve
 Permit Name (if different): RTR Avoca Div - Rial Corp.
 Facility Address: 101-B Villa Way
Merry Hill (City) NC (State) 27957 (Zip) County Bertie
 Contact Person: Dutch Remingce Telephone #: 252-482-4000
 Well Location/ Site Name: Scotch hall Preserve No. of Wells to be Sampled: 8
 Well Identification Number (from Permit): MW-3
 Well Depth: 24.2 ft. Well Diameter: 2 in.
 Screened Interval: 15 ft. to 20 ft.
 Depth to Water Level: 10.5 ft. below measuring point.
 Measuring Point (M.P.) is: 2 ft. above land surface.
 Gallons of water pumped/bailed before sampling: 5 Date sample collected: 11/29/10
 Field analysis: pH 5.36, Specific Conductance 1287 uMhos
 Temp. 19.6 °C, Odor None Appearance Clear

For Groundwater Treatment Systems
 Check One: Influent (98)
 Effluent (99)

PARAMETERS (Samples for metals were collected unfiltered YES NO)
 Coliform: MF Fecal _____ mg/l
 Coliform: MF Total _____ /100ml
 Dissolved Solids: Total _____ mg/l
 Chloride _____ mg/l
 Sulfate _____ mg/l
 Arsenic 0.4 ug/L mg/l
 Benzene and Oils _____ mg/l
 Cadmium _____ mg/l
 Chromium: Total _____ mg/l
 Copper _____ mg/l
 Iron _____ mg/l
 Mercury _____ mg/l
 Potassium _____ mg/l
 Magnesium _____ mg/l
 Manganese _____ mg/l

Nitrite (NO₂) as N _____ mg/l
 Nitrate (NO₃) as N _____ mg/l
 Phosphorus: Total as P _____ mg/l
 Orthophosphate _____ mg/l
 Al - Aluminum _____ mg/l
 Ba - Barium 54.3 ug/L mg/l
 Ca - Calcium _____ mg/l
 Cd - Cadmium 0.2 ug/L mg/l
 Chromium: Total 1.6 ug/L mg/l
 Cu - Copper _____ mg/l
 Fe - Iron _____ mg/l
 Hg - Mercury 0 (undetect) mg/l
 K - Potassium _____ mg/l
 Mg - Magnesium _____ mg/l
 Mn - Manganese 75 ug/L mg/l

Mail Original to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
 WATER QUALITY DIVISION, GROUNDWATER SECTION
 1636 MAIL SERVICE CENTER
 RALEIGH, NC 27699-1636 Phone: (919) 733-3221

PERMIT #: 08-02 EXPIRATION DATE: _____
 Non-Discharge _____ UIC _____
 NPDES _____
 TYPE OF PERMITTED OPERATION BEING MONITORED
 Lagoon Remediation: Infiltration Gallery
 Spray Field Remediation: _____
 Rotary Distributor Land Application of Sludge
 Other: Landfill Wells

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample analyzed: 12/7/10 - 12/13/10
 Laboratory Name: Environmental 1, Inc.
 Certification No. 10

and field acidified YES NO
 Ni - Nickel _____ mg/l
 Pb - Lead 0.1 ug/L mg/l
 Zn - Zinc _____ mg/l
 Ammonia Nitrogen _____ mg/l
 Other (Specify Compounds and Concentration Units)
Selenium - 1.7 ug/L
Silver - 0 (undetect)
 ORGANICS: (GC, GC/MS, HPLC)
 (Specify test and method #. Attach lab report.)
 Report Attached? Yes (1) No (0)
 VOC _____ method # = _____
 _____ method # = _____
 _____ method # = _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Dr. David M. Peale - President
 Permittee (or Authorized Agent) Name and Title - Please print or type
David M. Peale
 Signature of Permittee (or Authorized Agent)

11/29/10
 (Date)

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

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WATER QUALITY DIVISION, GROUNDWATER SECTION
1636 MAIL SERVICE CENTER
RALEIGH, NC 27699-1636 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Avoca Ma Landfill - closed - Scotchhall Preserve
 Permit Name (if different): RJR Avoca Div. / Rial Corp.
 Facility Address: 101-B Villa Way
Merry Hill (City) NC (State) 27957 (Zip) County Bertie
 Contact Person: Dutch Reminse Telephone #: 252-482-4000
 Well Location/ Site Name: Scotchhall Preserve No. of Wells to be Sampled: 8 (from Permit)

Well Identification Number (from Permit): MW-4
 Well Depth: 24.6 ft. Well Diameter: 2 in.
 Screened Interval: 15 ft. to 20 ft.
 Depth to Water Level: 12.6 ft. below measuring point.
 Measuring Point (M.P.) is: 2 ft. above land surface. Relative M.P. Elevation in ft.: _____
 Gallons of water pumped/bailed before sampling: 5 Date sample collected: 11/29/10
 Field analysis: pH 7.08, Specific Conductance 1228 uMhos
 Temp. 19.1 °C, Odor None Appearance Clear

For Groundwater Treatment Systems
 Check One: Influent (98)
 Effluent (99)

PERMIT #: 08-02 EXPIRATION DATE: _____
 Non-Discharge _____ UIC _____
 NPDES _____
 TYPE OF PERMITTED OPERATION BEING MONITORED
 Lagoon Remediation: Infiltration Gallery
 Spray Field Remediation: _____
 Rotary Distributor Land Application of Sludge
 Other: Landfill Wells

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample analyzed: 12/7/10 - 12/13/10
 Laboratory Name: Environmental 1, Inc.
 Certification No. 10

PARAMETERS (Samples for metals were collected unfiltered <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO and field acidified <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO)		
COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Ni - Nickel _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Pb - Lead <u>3.0 ug/L</u> mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Zn - Zinc _____ mg/l
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	Ammonia Nitrogen _____ mg/l
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	Other: (Specify Compounds and Concentration Units)
pH (when analyzed) _____ units	Ba - Barium <u>105 ug/L</u> mg/l	<u>Selenium - 1.6 ug/L</u>
TOC _____ mg/l	Ca - Calcium _____ mg/l	<u>Silver - 0.1 ug/L</u>
Chloride _____ mg/l	Cd - Cadmium <u>0.5 ug/L</u> mg/l	
Arsenic <u>28 ug/L</u> mg/l	Chromium: Total <u>9.6 ug/L</u> mg/l	
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	
Phenol _____ mg/l	Fe - Iron _____ mg/l	
Sulfate _____ mg/l	Hg - Mercury <u>0 (undetected)</u> mg/l	
Specific Conductance _____ uMhos	K - Potassium _____ mg/l	
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	
TKN as N _____ mg/l	Mn - Manganese <u>502 ug/L</u> mg/l	

ORGANICS: (GC, GC/MS, HPLC)
 (Specify test and method #. Attach lab report.)
 Report Attached? Yes (1) No (0)
 VOC _____ : method # = _____
 _____ : method # = _____
 _____ : method # = _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEN) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Dr. David M. Peale - President
 Permittee (or Authorized Agent) Name and Title - Please print or type
David M. Peale
 Signature of Permittee (or Authorized Agent) _____ (Date) 11/9/10

**GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM**

Mail Original to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
WATER QUALITY DIVISION, GROUNDWATER SECTION
1636 MAIL SERVICE CENTER
RALEIGH, NC 27699-1636 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Avoca Mn Landfill - closed - Scotch hall Preserve
 Permit Name (if different): RJR Avoca Div. / Rial Corp.
 Facility Address: 101-B Milk Way
Merry Hill (City) NC (State) 27957 (Zip) County Bertie
 Contact Person: Dutch Remisce Telephone #: 252-482-4006
 Well Location/ Site Name: _____ No. of Wells to be Sampled: 8 (from Permit)

Well Identification Number (from Permit): MW-5
 Well Depth: 21.1 ft. Well Diameter: 2 in.
 Screened Interval: 15 ft. to 20 ft.
 Depth to Water Level: 11.4 ft. below measuring point.
 Measuring Point (M.P.) is: 2 ft. above land surface. Relative M.P. Elevation in ft.: _____
 Gallons of water pumped/bailed before sampling: 5 Date sample collected: 11/29/10
 Field analysis: pH 6.91, Specific Conductance 1461 uMhos
 Temp. 18.2 °C, Odor None Appearance Clear

For Groundwater Treatment Systems
 Check One: Influent (98)
 Effluent (99)

PERMIT #: 08-02 EXPIRATION DATE: _____
 Non-Discharge _____ UIC _____
 NPDES _____
 TYPE OF PERMITTED OPERATION BEING MONITORED
 Lagoon Remediation: Infiltration Gallery
 Spray Field Remediation: _____
 Rotary Distributor Land Application of Sludge
 Other: Landfill Wells

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample analyzed: 12/7/10 - 12/13/10
 Laboratory Name: Environmental 2, Inc.
 Certification No. 10

PARAMETERS (Samples for metals were collected unfiltered YES NO and field acidified YES NO)

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Ni - Nickel _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Pb - Lead <u>0.2 ug/L</u> mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Zn - Zinc _____ mg/l
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	Ammonia Nitrogen _____ mg/l
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	Other (Specify Compounds and Concentration Units)
pH (when analyzed) _____ units	Ba - Barium <u>61.8 ug/L</u> mg/l	<u>Selenium - 1.2 ug/L</u>
TOC _____ mg/l	Ca - Calcium _____ mg/l	<u>Silver - 0 (undetected)</u>
Chloride _____ mg/l	Cd - Cadmium <u>0.1 ug/L</u> mg/l	
Arsenic <u>12 ug/L</u> mg/l	Chromium: Total <u>1.0 ug/L</u> mg/l	
Grease and Oils _____ mg/l	Cu - Copper _____ mg/l	
Phenol _____ mg/l	Fe - Iron _____ mg/l	
Sulfate _____ mg/l	Hg - Mercury <u>0 (undetected)</u> mg/l	ORGANICS: (GC, GC/MS, HPLC)
Specific Conductance _____ uMhos	K - Potassium _____ mg/l	(Specify test and method #. Attach lab report.)
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	Report Attached? Yes <input checked="" type="checkbox"/> (1) No <input type="checkbox"/> (0)
TKN as N _____ mg/l	Mn - Manganese <u>41 ug/L</u> mg/l	VOC _____ : method # = _____
		_____ : method # = _____
		_____ : method # = _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Dr. David M. Reele - President
 Permittee (or Authorized Agent) Name and Title - Please print or type
David M. Reele
 Signature of Permittee (or Authorized Agent) _____ (Date) 11/29/10

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM

Mail Original to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES WATER QUALITY DIVISION, GROUNDWATER SECTION 1636 MAIL SERVICE CENTER RALEIGH, NC 27699-1636 Phone: (919) 733-3221

CITY INFORMATION

Please Print Clearly or Type

Permit Name: Avoca Mn Landfill - closed - Scotch hall Preserve
Permit Name (if different): RJR Avoca Div / Rial Corp.
City Address: 101-B Villa Way
Merry Hill NC 27957 County Bertie
Contact Person: Dutch Reminsce Telephone #: 252-482-4006
Well Location/ Site Name: Scotch hall Preserve No. of Wells to be Sampled: 8

PERMIT #: 08-02 EXPIRATION DATE:
Non-Discharge UIC
NPDES
TYPE OF PERMITTED OPERATION BEING MONITORED
Lagoon Remediation: Infiltration Gallery
Spray Field Remediation:
Rotary Distributor Land Application of Sludge
Other: Land fill Wells

Well Identification Number (from Permit): MW-6
Well Depth: 26.4 ft. Well Diameter: 2 in.
Screened Interval: 15 ft. to 20 ft.
Depth to Water Level: 12.9 ft. below measuring point.
Measuring Point (M.P.) is: 2 ft. above land surface. Relative M.P. Elevation in ft.:
Gallons of water pumped/bailed before sampling: 5 Date sample collected: 11/29/10
Field analysis: pH 5.97 Specific Conductance 1656 uMhos
Temp. 18.9 °C, Odor None Appearance Clear

For Groundwater Treatment Systems
Check One: [] Influent (98)
[] Effluent (99)

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample analyzed: 12/7/10 - 12/13/10
Laboratory Name: Environmental 1, Inc.
Certification No. 10

Table with 3 columns: Parameter Name, YES/NO, and mg/l. Includes parameters like COD, Coliform, pH, TOC, Chloride, Arsenic, Grease and Oils, Phenol, Sulfate, Specific Conductance, Total Ammonia, TKN as N, Nitrite, Nitrate, Phosphorus, Orthophosphate, Al - Aluminum, Ba - Barium, Ca - Calcium, Cd - Cadmium, Chromium, Cu - Copper, Fe - Iron, Hg - Mercury, K - Potassium, Mg - Magnesium, Mn - Manganese, Ni - Nickel, Pb - Lead, Zn - Zinc, Ammonia Nitrogen, and Selenium. Includes handwritten values and checkmarks.

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Dr. David M. Peele - President
Permittee (or Authorized Agent) Name and Title - Please print or type
Signature of Permittee (or Authorized Agent)
Date: 11/9/10

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM

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FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Avoca Mn Landfill-closed - Scotchhall Preserve
 Permit Name (if different): RTR Avoca Div. / Rial Corp.
 Facility Address: 101-B Villa Way
Merry Hill (City) NC (State) 27957 (Zip) County Bertie
 Contact Person: Dutch Remmsee Telephone #: 252-482-4006
 Well Location/ Site Name: Scotchhall Preserve No. of Wells to be Sampled: 8
 (from Permit)

Well Identification Number (from Permit): MW-7
 Well Depth: 20 ft. Well Diameter: 2 in.
 Screened Interval: 15 ft. to 20 ft.
 Depth to Water Level: 8 ft. below measuring point.
 Measuring Point (M.P.) is: 2 ft. above land surface. Relative M.P. Elevation in ft.:
 Gallons of water pumped/bailed before sampling: 5 Date sample collected: 11/29/10
 Field analysis: pH 6.84, Specific Conductance 1087 uMhos
 Temp. 18.8 °C, Odor None Appearance Clear

For Groundwater Treatment Systems
 Check One: Influent (98)
 Effluent (99)

PERMIT #: 08-02 EXPIRATION DATE: _____
 Non-Discharge _____ UIC _____
 NPDES _____
 TYPE OF PERMITTED OPERATION BEING MONITORED
 _____ Lagoon _____ Remediation: Infiltration Gallery
 _____ Spray Field _____ Remediation: _____
 _____ Rotary Distributor _____ Land Application of Sludge
 Other: Landfill Wells

NOTE: Values should reflect dissolved and colloidal concentrations.
 Date sample analyzed: 12/7/10 - 12/13/10
 Laboratory Name: Environmental 1, Inc.
 Certification No. 10

PARAMETERS (Samples for metals were collected unfiltered YES _____ NO and field acidified YES _____ NO)

COD _____ mg/l	Nitrite (NO ₂) as N _____ mg/l	Ni - Nickel _____ mg/l
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____ mg/l	Pb - Lead <u>0.1 ug/l</u> mg/l
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____ mg/l	Zn - Zinc _____ mg/l
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____ mg/l	Ammonia Nitrogen _____ mg/l
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____ mg/l	Other (Specify Compounds and Concentration Units)
pH (when analyzed) _____ units	Ba - Barium <u>77.8 ug/l</u> mg/l	<u>Selenium - 2.7 ug/l</u>
TOC _____ mg/l	Ca - Calcium _____ mg/l	<u>Silver - 0 (undetected)</u>
Chloride _____ mg/l	Cd - Cadmium <u>0 (undetected)</u> mg/l	
Arsenic <u>1.7 ug/l</u> mg/l	Chromium: Total <u>0 (undetected)</u> mg/l	
Grease and Oils _____ mg/l	Cu - Copper <u>0 (undetected)</u> mg/l	
Phenol _____ mg/l	Fe - Iron _____ mg/l	
Sulfate _____ mg/l	Hg - Mercury <u>0 (undetected)</u> mg/l	
Specific Conductance _____ uMhos	K - Potassium _____ mg/l	
Total Ammonia _____ mg/l	Mg - Magnesium _____ mg/l	
TKN as N _____ mg/l	Mn - Manganese <u>84 ug/l</u> mg/l	

ORGANICS: (GC,GC/MS,HPLC)
 (Specify test and method #. Attach lab report.)
 Report Attached? Yes (1) No _____ (0)
 VOC _____ : method # = _____
 _____ : method # = _____
 _____ : method # = _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Dr. David M. Peele - President
 Permittee (or Authorized Agent) Name and Title - Please print or type

 Signature of Permittee (or Authorized Agent) _____
 _____ (Date)

GROUNDWATER QUALITY MONITORING:
COMPLIANCE REPORT FORM

Mail Original to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
WATER QUALITY DIVISION, GROUNDWATER SECTION
1636 MAIL SERVICE CENTER
RALEIGH, NC 27699-1636 Phone: (919) 733-3221

FACILITY INFORMATION

Please Print Clearly or Type

Facility Name: Avoca Mn Land fill-closed-Scotchhall Preserve
Permit Name (if different): RJD Avoca Div. / Rial Corp.
Facility Address: 101-B Villa Way
Merry Hill (City) NC (State) 27457 (Zip) County Bertie
Contact Person: Dutch Remigee Telephone #: 252-482-4006
Well Location/ Site Name: Scotchhall Preserve No. of Wells to be Sampled: 8 (from Permit)

PERMIT #: 08-02 EXPIRATION DATE: _____
Non-Discharge _____ UIC _____
NPDES _____
TYPE OF PERMITTED OPERATION BEING MONITORED
____ Lagoon _____ Remediation: Infiltration Gallery
____ Spray Field _____ Remediation: _____
____ Rotary Distributor _____ Land Application of Sludge
 Other: Landfill Wells

Well Identification Number (from Permit): MW-8
Well Depth: 20 ft. Well Diameter: 2 in.
Screened Interval: 15 ft. to 20 ft.
Depth to Water Level: 11.4 ft. below measuring point.
Measuring Point (M.P.) is: 2 ft. above land surface. Relative M.P. Elevation in ft.: _____
Gallons of water pumped/bailed before sampling: 5 Date sample collected: 11/29/10
Field analysis: pH 5.46, Specific Conductance 1201 uMhos
Temp. 19.4 °C, Odor None Appearance Clear

For Groundwater Treatment Systems
Check One: Influent (98)
 Effluent (99)

NOTE: Values should reflect dissolved and colloidal concentrations.

Date sample analyzed: 12/7/10 - 12/13/10
Laboratory Name: Environmental 1, Inc.
Certification No. 10

PARAMETERS (Samples for metals were collected unfiltered <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO and field acidified <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO)		mg/l
COD _____	Nitrite (NO ₂) as N _____	Ni - Nickel _____
Coliform: MF Fecal _____ /100ml	Nitrate (NO ₃) as N _____	Pb - Lead <u>0.1 ug/L</u>
Coliform: MF Total _____ /100ml	Phosphorus: Total as P _____	Zn - Zinc _____
(Note: Use MPN method for highly turbid samples)	Orthophosphate _____	Ammonia Nitrogen _____
Dissolved Solids: Total _____ mg/l	Al - Aluminum _____	Other (Specify Compounds and Concentration Units)
pH (when analyzed) _____ units	Ba - Barium <u>58.7 ug/L</u>	<u>Selenium - 1.5 ug/L</u>
TOC _____ mg/l	Ca - Calcium _____	<u>Silver - 0 (undetected)</u>
Chloride _____ mg/l	Cd - Cadmium <u>0.1 ug/L</u>	
Arsenic <u>6.4 ug/L</u>	Chromium: Total <u>0.2 ug/L</u>	
Grease and Oils _____ mg/l	Cu - Copper _____	
Phenol _____ mg/l	Fe - Iron _____	
Sulfate _____ mg/l	Hg - Mercury _____	
Specific Conductance _____ uMhos	K - Potassium _____	
Total Ammonia _____ mg/l	Mg - Magnesium _____	
TKN as N _____ mg/l	Mn - Manganese <u>19 ug/L</u>	

ORGANICS: (GC,GC/MS,HPLC)
(Specify test and method #. Attach lab report.)
Report Attached? Yes (1) No (0)
VOC _____ : method # = _____
_____ : method # = _____
_____ : method # = _____

I certify that, to the best of my knowledge and belief, the information submitted in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Dr. David M. Peele - President
Permittee (or Authorized Agent) Name and Title Please print or type
David M. Peele
Signature of Permittee (or Authorized Agent)

11/4/10
(Date)

Environment 1, Incorporated

Drinking Water ID: 3/715
Wastewater ID: 10

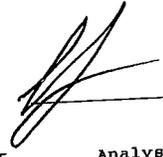
P.O. BOX 7085, 114 OAKMONT DRIVE
GREENVILLE, N.C. 27835-7085

PHONE (252) 756-6208
FAX (252) 756-0633

ID#: 6036

AVOCA, INC. (LANDFILL WELLS)
MR. BRIAN CONNER
P.O. BOX 129
MERRY HILL, NC 27957

DATE COLLECTED: 11/29/10
DATE REPORTED: 12/28/10

REVIEWED BY: 

PARAMETERS	MDL	SWSL	MW-1	MW-2	MW-3	MW-4	MW-5	Analysis		Method	
								Date	Analyst	Code	
Arsenic, ug/l	0.35	10.0	0.8 J			0.4 J		12	12/07/10	CMF	EPA200.8
Arsenic, ug/l	0.35	10.0		12			28	12	12/09/10	CMF	SM3113B
Barium, ug/l	0.03	100.0	59.5 J	71.3 J	54.3 J	105	61.8 J	0.1 J	12/07/10	CMF	EPA200.8
Cadmium, ug/l	0.02	1.0	0.2 J	0.1 J	0.2 J	0.5 J	1.0 J	1.0 J	12/07/10	CMF	EPA200.8
Total Chromium, ug/l	0.03	10.0	3.1 J	3.5 J	1.6 J	75	41 J	41 J	12/10/10	LFJ	EPA200.7
Manganese, ug/l	0.61	50.0	173	222	75	502	0.2 J	0.2 J	12/07/10	CMF	EPA200.8
Lead, ug/l	0.01	10.0	0.3 J	1.0 J	0.1 J	3.0 J	---	---	12/07/10	CMF	EPA200.8
Mercury, ug/l	0.08	0.20	---	---	---	---	1.2 J	1.2 J	12/07/10	CMF	EPA200.8
Selenium, ug/l	0.32	10.0	1.9 J	1.4 J	1.7 J	1.6 J	---	---	12/07/10	CMF	EPA200.8
Silver, ug/l	0.03	10.0	0.1 J	0.1 J	---	0.1 J	---	---	12/07/10	CMF	EPA200.8

J = Between MDL and SWSL, U = Below ALL Quantitation Limits.

Environment 1, Incorporated

Drinking Water ID: 37715
Wastewater ID: 10

P.O. BOX 7085, 114 OAKMONT DRIVE
GREENVILLE, N.C. 27835-7085

PHONE (252) 756-6208
FAX (252) 756-0633

ID#: 6036

AVOCA, INC. (LANDFILL WELLS)
MR. BRIAN CONNER
P.O. BOX 129
MERRY HILL, NC 27957

DATE COLLECTED: 11/29/10
DATE REPORTED : 12/28/10

REVIEWED BY: 

PARAMETERS	MDL	SWSL	MW-6	MW-7	MW-8	Analysis		Method
						Date	Analyst	Code
Arsenic, ug/l	0.04	10.0	5.9 J			12/07/10	CMF	EPA200.8
Arsenic, ug/l	0.04	10.0		1.7 J	6.4 J	12/13/10	CMF	EPA200.8
Barium, ug/l	0.03	100.0	93.3 J			12/07/10	CMF	EPA200.8
Barium, ug/l	0.03	100.0		77.8 J	58.7 J	12/13/10	CMF	EPA200.8
Cadmium, ug/l	0.02	1.0	0.1 J			12/07/10	CMF	EPA200.8
Cadmium, ug/l	0.02	1.0		---	0.1 J	12/13/10	CMF	EPA200.8
Total Chromium, ug/l	0.03	10.0	0.3 J			12/07/10	CMF	EPA200.8
Total Chromium, ug/l	0.03	10.0		---	0.2 J	12/13/10	CMF	EPA200.8
Manganese, ug/l	0.61	50.0	135	84	19 J	12/10/10	LFJ	EPA200.7
Lead, ug/l	0.01	10.0	0.2 J			12/07/10	CMF	EPA200.8
Lead, ug/l	0.01	10.0		0.1 J	0.1 J	12/13/10	CMF	EPA200.8
Mercury, ug/l	0.08	0.20	---	U		12/07/10	CMF	EPA200.8
Mercury, ug/l	0.08	0.20		---	---	12/13/10	CMF	EPA200.8
Selenium, ug/l	0.32	10.0	3.3 J			12/07/10	CMF	EPA200.8
Selenium, ug/l	0.32	10.0		2.7 J	1.5 J	12/13/10	CMF	EPA200.8
Silver, ug/l	0.03	10.0	---	U		12/07/10	CMF	EPA200.8
Silver, ug/l	0.03	10.0		---	---	12/13/10	CMF	EPA200.8

Environment 1, Incorporated

Drinking Water ID: 37715
Wastewater ID: 10

P.O. BOX 7085, 114 OAKMONT DRIVE
GREENVILLE, N.C. 27835-7085

PHONE (252) 756-6208
FAX (252) 756-0633

CLIENT: AVOCA, INC. (LANDFILL WELLS)
MR. BRIAN CONNER
P.O. BOX 129
MERRY HILL, NC 27957

CLIENT ID: 6036

ANALYST: MAO
DATE COLLECTED: 11/29/10
DATE ANALYZED: 12/06/10
DATE REPORTED: 12/28/10

Page: 1

REVIEWED BY: 

VOLATILE ORGANICS EPA METHOD 8260B

PARAMETERS, ug/l	MDL	SWSL	MW-1	MW-2	MW-3	MW-4	MW-5
1. Chloromethane	0.77	1.0	--- U				
2. Vinyl Chloride	0.63	1.0	--- U				
3. Bromomethane	0.67	10.0	--- U				
4. Chloroethane	0.48	10.0	--- U				
5. Trichlorofluoromethane	0.24	1.0	--- U				
6. 1,1-Dichloroethene	0.17	5.0	--- U				
7. Acetone	9.06	100.0	--- U				
8. Iodomethane	0.26	10.0	--- U				
9. Carbon Disulfide	0.23	100.0	--- U				
10. Methylene Chloride	0.64	1.0	--- U				
11. trans-1,2-Dichloroethene	0.23	5.0	--- U				
12. 1,1-Dichloroethane	0.20	5.0	--- U				
13. Vinyl Acetate	0.20	50.0	--- U				
14. Cis-1,2-Dichloroethene	0.25	5.0	--- U				
15. 2-Butanone	2.21	100.0	--- U				
16. Bromochloromethane	0.27	3.0	--- U				
17. Chloroform	0.25	5.0	--- U				
18. 1,1,1-Trichloroethane	0.19	1.0	--- U				
19. Carbon Tetrachloride	0.22	1.0	--- U				
20. Benzene	0.24	1.0	--- U				
21. 1,2-Dichloroethane	0.27	1.0	--- U				
22. Trichloroethene	0.23	1.0	--- U				
23. 1,2-Dichloropropane	0.21	1.0	--- U				
24. Bromodichloromethane	0.21	1.0	--- U				
25. Cis-1,3-Dichloropropene	0.24	1.0	--- U				
26. 4-Methyl-2-Pentanone	1.19	100.0	--- U				
27. Toluene	0.23	1.0	--- U				
28. trans-1,3-Dichloropropene	0.28	1.0	--- U				
29. 1,1,2-Trichloroethane	0.25	1.0	--- U				
30. Tetrachloroethene	0.17	1.0	--- U				
31. 2-Hexanone	1.57	50.0	--- U				
32. Dibromochloromethane	0.24	3.0	--- U				
33. 1,2-Dibromoethane	0.26	1.0	--- U				
34. Chlorobenzene	0.30	3.0	--- U				
35. 1,1,1,2-Tetrachloroethane	0.22	5.0	--- U				
36. Ethylbenzene	0.21	1.0	--- U				
37. Xylenes	0.68	5.0	--- U				
38. Dibromomethane	0.28	10.0	--- U				
39. Styrene	0.19	1.0	--- U				
40. Bromoform	0.20	3.0	--- U				
41. 1,1,2,2-Tetrachloroethane	0.26	3.0	--- U				
42. 1,2,3-Trichloropropane	0.43	1.0	--- U				
43. 1,4-Dichlorobenzene	0.39	1.0	--- U				
44. 1,2-Dichlorobenzene	0.32	5.0	--- U				
45. 1,2-Dibromo-3-Chloropropane	0.34	13.0	--- U				
46. Acrylonitrile	2.72	200.0	--- U				
47. trans-1,4-Dichloro-2-Butene	0.42	100.0	--- U				

Environment 1, Inc.
P.O. Box 7085, 114 Oakmont Dr.
Greenville, NC 27858

CHAIN OF CUSTODY RECORD

Phone (252) 756-6208 • Fax (252) 756-0633

CLIENT: 6036 Week: 35

AVOCA, INC. (LANDFILL WELLS)
MR. BRIAN CONNER
P.O. BOX 129
MERRY HILL NC 27957

(252) 482-2133

COLLECTION		TOTAL CHLORINE, mg/l AT COLLECTION	TEMPERATURE, °C AT COLLECTION	# OF CONTAINERS	DISINFECTION				PARAMETERS
SAMPLE LOCATION	DATE				TIME	CHLORINE	UV	NONE	
MW-1	11/24/10	11:20	19.8	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHLORINE NEUTRALIZED AT COLLECTION
MW-2	11/24/10	13:05	19.1	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pH CHECK (LAB)
MW-3	11/24/10	12:15	19.6	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTAINER TYPE, P/G
MW-4	11/24/10	12:00	19.1	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHEMICAL PRESERVATION
MW-5	11/24/10	11:50	18.2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A - NONE D - NAOH
MW-6	11/24/10	11:35	18.9	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B - HNO ₃ E - HCL
MW-7	11/24/10	12:25	18.8	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C - H ₂ SO ₄ F - ZINC ACETATE
MW-8	11/24/10	12:45	19.4	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G - NA THIOSULFATE
									CLASSIFICATION:
									<input type="checkbox"/> WASTEWATER (NPDES)
									<input type="checkbox"/> DRINKING WATER
									<input type="checkbox"/> DWQ/GW
									<input checked="" type="checkbox"/> SOLID WASTE SECTION
									CHAIN OF CUSTODY MAINTAINED DURING SHIPMENT/DELIVERY
									<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
									SAMPLES COLLECTED BY: (Please Print)
									Brian Conner
									SAMPLES RECEIVED IN LAB AT <u>03</u> °C
RELINQUISHED BY (SIG.) (SAMPLER)	DATE/TIME	RECEIVED BY (SIG.)	DATE/TIME	COMMENTS:					
Brian Conner	11/30/10 10:50	[Signature]	11/30 1052						
RELINQUISHED BY (SIG.)	DATE/TIME	RECEIVED BY (SIG.)	DATE/TIME						
RELINQUISHED BY (SIG.)	DATE/TIME	RECEIVED BY (SIG.)	DATE/TIME						

PLEASE READ Instructions for completing this form on the reverse side.

Sampler must place a "C" for composite sample or a "G" for Grab sample in the blocks above for each parameter requested.

