

# STANDARD OPERATING PROCEDURE Residential Well Sampling (for chemical analysis) – Field Sampling SOP

# APPROVALS: Quality Team Chair: Thomas D. Getz Print Name Signature\* Assistant Director of Air, Waste and Compliance Terrence Gray Print Name Signature\* \* Copies of signature pages are maintained by the DEM Quality Assurance Manager. SOP Distribution List

Terrence Gray: X

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All OWM Staff: X

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### Residential Well Sampling (for chemical analysis) – Field Sampling SOP

Prior to sampling homes, RIDEM personnel will review available well logs in the Office of Water Resources.

All homes tested will be analyzed using EPA Methods for analytes specified by the Project Manager. In order to meet the requirements of the Quality Assurance Program Plan (QAPP), the following quality assurance/quality control (QA/QC) procedures will be followed:

- 1. The laboratory used will be listed on RIDEM's Master Price Agreement (MPA).
- 2. An access agreement (attached) will be completed by the owner/tenant prior to sampling.
- 3. The laboratories will provide pre-preserved sample bottles. Table 1 (suggested) can be completed by the Project Manager after consulting with the laboratory.
- 4. Sample bottles will be labeled prior to sampling using permanent marker. A laboratory chain of custody form will be completed for each sample collected.
- 5. Sampling will be conducted with all personnel in OSHA (Occupational Safety & Health Act) level D utilizing the following minimum personal protective equipment: Poly vinyl chloride (PVC), latex, or nitrile gloves.
- 6. At all homes, the water sample will be taken from either an inside faucet (preferable) or directly from an outside spigot. The location should be accessible, have no prior filtering or treatment systems (carbon, sand, softener, aerator, etc.) and be located as close to the well as possible. All aeration devises will be removed from faucets prior to sampling.
- 7. Cold water will be allowed to run for at least 15 minutes prior to taking the sample in order to provide a more representative sample of the drinking water.
- 8. Volatile Organic Compound (VOC) samples will be collected first, followed by other analytes. VOC sample vials will be filled slowly to prevent aeration until a meniscus is formed. Once capped, all VOC vials will be checked for the presence of air bubbles and refilled until no air bubbles appear.
- 9. Sample containers will immediately be placed in a cooler at 4 degrees (4°C) Celsius until they are delivered to the laboratory.
- 10. A laboratory prepared trip blank will be carried with each day's samples and analyzed for VOCs by EPA Method 524.2 Purgable Organics Compounds.
- 11. Samples will be picked up by the Laboratory at the end of each sampling day or stored in RIDEM's refrigerator overnight.



# Table 1 (Suggested) Residential Well Sampling Sample Analysis/Bottle Type/Preservation

Location	Sample Bottle	Analysis	Preservation	Sample Analysis Method		
MATRIX: Aqueous						
Sample ID Residence Name				EPA Method		
Plat/Lot Address						
Quality Assurance/Quality Co	ntrol					
TB-01		VOCs		EPA Method 524.2		
<b>Duplicate ID</b> Location TBD in field						

Notes:



### Rhode Island Department of Environmental Management Office of Waste Management

### **RESIDENTIAL WELL SAMPLING INFORMATION - to be completed by property owner**

Property Owners Name:		
and		
	Daytime Phone No.:	
Tenants Name:(if applicable)		
Residential Well Address:(if different than mailing address)		
Depth of Well:	If unknown, give approx. depth (ex: greater than 50 fe	et, etc.)
Is well pump located in	n basement or down the well?	
Date/Year Well Installed:	If unknown, give approx. age (ex: greater than	10 years, etc.)
Do you have any type of filter	system on your water?	
If yes, what type of filt	ter (carbon, sand, softener, etc.)	
Has water from this well ever l analysis	been sampled before?: If yes, please provide	a copy that
Location of accessible outside	spigot:	
Is your residence connected to	public sewers or a septic system?	
If you do not know any of the a helpful.	above information, please provide any information that	would be
Environmental Management's the U.S Environmental Protect	ve referenced property, shall permit the Rhode Island De officers, employees, agents, or other authorized represention Agency's officers, employees and authorized represencements for the purpose of conducting residential well satisfactors.	entatives, and esentatives to
Signature	d	late



### Residential Well Sampling - Sample Cover Letter

Date

Name Address (Plat/Lot) City, State Zip

**RE: Residential Well Sampling** 

Dear:

The Rhode Island Department of Environmental Management (RIDEM), in cooperation with the Rhode Island Department of Health, Office of Drinking Water Quality (HEALTH), has arranged for private well sampling in your area. The well testing program is part of an ongoing statewide screening associated with (federally/state) identified Enter Program Sites and limited private well testing can be done in the vicinity of Site Name. As a service to the community, the RIDEM collects and analyzes water samples, as funding becomes available.

The work is performed at no cost to you and a copy of the laboratory results will be provided to you when available. Since the results of all private well sampling are a matter of public record, it is necessary for us to receive your permission to conduct the sampling. It is also necessary that we obtain specific information regarding your well, if available. To have your well tested, please complete the enclosed access agreement and return it to me in the self addressed envelope within ten (10) business days. When I receive your signed access agreement, I can schedule your well sampling.

RIDEM personnel will be available to sample your well in Enter Month. In order to accomplish this task, RIDEM needs your cooperation in providing access to your house faucet or outside spigot. We can obtain the sample from an outside spigot if you are not home, so please be sure the water is on to your outside spigots. Please indicate on the attached access agreement if you have a carbon filter system and/or a water softening system, both of which could interfere with the test analyses.

If you have any questions, please feel free to call me at (401) 222-2797, extension 7158.

Sincerely,

Project Manager, Title Office of Waste Management

cc:



## APPROVAL ROUTING FORM STANDARD OPERATING PROCEDURE

\*Original document signed, but not dated.

STANDARD OPERATING PROCEDURE					
Date in Process: 8/06					
Operation Title: Residential Well Sampling	(for chemical analysis) – Field Sampling SOP				
Identification No.: SOP No: WM-22					
Revision No.:					
Originator Name: Cynthia Gianfrancesco ************************************					
The attached draft is forwarded for your evaluate be concise and reasons specific. Return to sende					
Supervisor:					
Matthew Destefano*	$\Box$ redraft based on comments X $\Box$ OK				
Print Name, Initials, Date					
Office Director:					
Leo Hellested*	$\square$ redraft based on comments $X\square$ $OK$				
Print Name, Initials, Date					