



Synthetic Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle		
		<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection).				
<input type="text"/>				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#

Was this Sample composited by the Lab? <input type="checkbox"/>	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources. <input type="text"/>
LAB SAMPLE NOTES - Information on matrix spike/method blank sample information is on file at our office.	
<input type="text"/>	

CAS #	SOC Regulated Contaminants	Result µg/L	MCL µg/L	MDL µg/L	Analytical Method
1563-66-2	CARBOFURAN		40		
23135-22-0	OXAMYL (VYDATE)		200		
94-75-7	2,4-D		70		
93-72-1	2,4,5-TP (SILVEX)		50		
75-99-0	DALAPON		200		
88-85-7	DINOSEB		7		
1918-02-1	PICLORAM		500		
87-86-5	PENTACHLOROPHENOL		1		
15972-60-8	ALACHLOR		2		
1912-24-9	ATRAZINE		3		
72-20-80	ENDRIN		2		
76-44-8	HEPTACHLOR		0.4		
1024-57-3	HEPTACHLOR EPOXIDE		0.2		
58-89-9	LINDANE		0.2		
72-43-5	METHOXYCHLOR		40		
118-74-1	HEXACHLORO BENZENE		1		
77-47-4	HEXACHLOROCYCLOPENTADIENE		50		
122-34-9	SIMAZINE		4		
50-32-8	BENZO(A)PYRENE		0.2		
103-23-1	DI(2-ETHYLHEXYL)ADIPATE		400		
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE		6		



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CAS #	SOC Regulated Contaminants	Result µg/L	MCL µg/L	MDL µg/L	Analytical Method
57-74-9	CHLORDANE		2		
8001-35-2	TOXAPHENE		3		
12674-11-2	PCB AROCLOR 1016		---		
11104-28-2	PCB AROCLOR 1221		---		
11141-16-5	PCB AROCLOR 1232		---		
53469-21-9	PCB AROCLOR 1242		---		
12672-29-6	PCB AROCLOR 1248		---		
11097-69-1	PCB AROCLOR 1254		---		
11096-82-5	PCB AROCLOR 1260		---		
1336-36-3	PCBS (DECACHLOROBIPHENYL)		0.5		
Monitoring requirements for DBCP and EDB have been waived statewide for SURFACE WATER SOURCES <u>ONLY</u> . All groundwater sources must monitor for these two contaminants.					
96-12-8	DIBROMOCHLOROPROPANE (DBCP)		0.2		
106-93-4	ETHYLENEDIBROMIDE (EDB)		0.02		
Monitoring requirements for the following four contaminants have been waived statewide for both groundwater and surface water sources, however monitoring and reporting for Diquat is required for surface waters that have applied Diquat.					
85-00-7	DIQUAT		20		
145-73-3	ENDOTHALL		100		
1071-83-6	GLYPHOSATE		700		
1746-01-6	2,3,7,8-TCDD (DIOXIN)		3.0x10 ⁻⁵		

CAS#	SOC Unregulated Contaminants	Result µg/L	ORSG µg/L	MDL µg/L	Analytical Method
116-06-3	ALDICARB		3*		
1646-88-4	ALDICARB SULFONE		2*		
1646-87-3	ALDICARB SULFOXIDE		4*		
63-25-2	CARBARYL		---		
16655-82-6	3-HYDROXYCARBOFURAN		---		
16752-77-5	METHOMYL		---		
1918-00-9	DICAMBA		---		
309-00-2	ALDRIN		---		
23184-66-9	BUTACHLOR		---		
60-57-1	DIELDRIN		---		
51218-45-2	METOLACHLOR		---		
21087-64-9	METRIBUZIN		100*		
1918-16-7	PROPACHLOR		---		

* No MCL, however the DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Method	Surrogate Name	% Recovery (70 – 130%)

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I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: _____

Date: _____

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved		