

# PESTICIDES AND SYNTHETIC ORGANIC CHEMICALS (SOCs) ANALYSIS

Note: All information must be supplied for compliance credit.

**WATER SYSTEM ID #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **County:** \_\_\_\_\_

**Name of Water System:** \_\_\_\_\_

**Sample Type:**     **Entry Point**         **Special/Non-compliance**

**Location Where Collected:** \_\_\_\_\_

**Facility ID No.** \_\_\_\_\_

**Sample Point:** \_\_\_\_\_

**Collected By:** \_\_\_\_\_  
(Please Print)

<b><u>Collection Date</u></b>	<b><u>Collection Time</u></b>
____/____/____ <small>(MM/DD/YY)</small>	____:____, ____ <b>M</b> <small>(Specify AM or PM)</small>

**Mail Results to (water system representative):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_  
**Fax #:** (\_\_\_\_) \_\_\_\_\_  
**Responsible Person's email:** \_\_\_\_\_

NOTE: Please complete portion above double line on Page 2

**LABORATORY ID #:** \_\_\_\_\_

**SAMPLE UNSATISFACTORY**

**RESAMPLE REQUIRED**

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
2005	Endrin		0.00001 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.002 mg/L
2010	Lindane		0.00002 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.0002 mg/L
2015	Methoxychlor		0.0001 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.04 mg/L
2020	Toxaphene		0.001 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.003 mg/L
2031	Dalapon		0.001 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.2 mg/L
2035	Di(2-ethylhexyl)adipate		0.0006 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.4 mg/L
2036	Oxamyl(vydate)		0.002 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.2 mg/L
2037	Simazine		0.00007 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.004 mg/L
2040	Picloram		0.0001 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.5 mg/L
2041	Dinoseb		0.0002 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.007 mg/L
2042	Hexachlorocyclopentadiene		0.0001 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.05 mg/L
2046	Carbofuran		0.0009 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.04 mg/L
2050	Atrazine		0.0001 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.003 mg/L
2051	Alachlor		0.0002 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.002 mg/L
2065	Heptachlor		0.00004 mg/L	<input type="checkbox"/>	____.____.____ mg/L	0.0004 mg/L

\*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

# PESTICIDES AND SYNTHETIC ORGANIC CHEMICALS (SOCs) ANALYSIS (continued)

Note: All information must be supplied for compliance credit.

**WATER SYSTEM NO.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name of Water System:** \_\_\_\_\_

**Facility ID No.** \_\_\_\_\_

**Sample Point:** \_\_\_\_\_

<b>Collection Date</b>	<b>Collection Time</b>
____/____/____ <small>(MM/DD/YY)</small>	____:____, ____ <b>M</b> <small>(Specify AM or PM)</small>

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.), (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
2067	Heptachlor Epoxide		0.00002 mg/L	<input type="checkbox"/>	____.____ mg/L	0.0002 mg/L
2105	2,4-D		0.0001 mg/L	<input type="checkbox"/>	____.____ mg/L	0.07 mg/L
2110	2,4,5-TP (Silvex)		0.0002 mg/L	<input type="checkbox"/>	____.____ mg/L	0.05 mg/L
2274	Hexachlorobenzene		0.0001 mg/L	<input type="checkbox"/>	____.____ mg/L	0.001 mg/L
2039	Di(2-ethylhexyl)phthalate		0.00132 mg/L	<input type="checkbox"/>	____.____ mg/L	0.006 mg/L
2306	Benzo(a)pyrene		0.00002 mg/L	<input type="checkbox"/>	____.____ mg/L	0.0002 mg/L
2326	Pentachlorophenol		0.00004 mg/L	<input type="checkbox"/>	____.____ mg/L	0.001 mg/L
2383	PCB's (as decachlorobiphenol)		0.0001** mg/L	<input type="checkbox"/>	____.____ mg/L	0.0005 mg/L
2931	DBCP		0.00002 mg/L	<input type="checkbox"/>	____.____ mg/L	0.0002 mg/L
2946	Ethylene Dibromide (EDB)		0.00001 mg/L	<input type="checkbox"/>	____.____ mg/L	0.00005 mg/L
2959	Chlordane		0.0002 mg/L	<input type="checkbox"/>	____.____ mg/L	0.002 mg/L

\*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

\*\*Note: R.R.L. (mg/L) for PCB screening are as follows: Aroclor 1016 - 0.00008, Aroclor 1221 - 0.02, Aroclor 1232 - 0.0005, Aroclor 1242 - 0.0003, Aroclor 1248 & 1254 - 0.0001, Aroclor 1260 - 0.0002

	<b>DATE:</b>	<b>TIME:</b>
<b>ANALYSES BEGUN:</b>	____/____/____ <small>(MM/DD/YY)</small>	____:____, ____ <b>M</b> <small>(Specify AM or PM)</small>
<b>ANALYSES COMPLETED:</b>	____/____/____ <small>(MM/DD/YY)</small>	____:____, ____ <b>M</b> <small>(Specify AM or PM)</small>

**Laboratory Log #:** \_\_\_\_\_

**Certified By:** \_\_\_\_\_  
(Print and sign name)

**COMMENTS:** \_\_\_\_\_