

(Laboratory Letterhead Required)

PESTICIDES AND SYNTHETIC ORGANIC CHEMICALS ANALYSIS (SOCs)

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: _____
(Note: Compliance sample MUST be collected at the Entry Point.)

Location Code: _____

Collected By: _____
(Please Print)

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

Mail Results to (water system representative):

Phone #: (____) _____

Fax #: (____) _____

*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
2021	Carbaryl	_____	0.004 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2022	Methomyl	_____	0.004 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
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
2043	Aldicarb Sulfoxide	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2044	Aldicarb Sulfone	_____	0.0008 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2045	Metolachlor	_____	0.0008 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2046	Carbofuran	_____	0.0009 mg/L	<input type="checkbox"/>	_____ mg/L	0.04 mg/L
2047	Aldicarb	_____	0.0005 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
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.

(Laboratory Letterhead Required)

PESTICIDES AND SYNTHETIC ORGANIC CHEMICALS ANALYSIS (SOCs)

(continued)

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: _____

Location Code: _____

Collection Date ____/____/____ (MM/DD/YYYY)	Collection Time ____:____, M (Specify AM or PM)
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LABORATORY ID #: _____

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED ABOVE R.R.L. (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
2066	3-Hydroxycarbofuran	_____	0.004 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2067	Heptachlor Epoxide	_____	0.00002 mg/L	<input type="checkbox"/>	_____ mg/L	0.0002 mg/L
2070	Dieldrin	_____	0.0002 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2076	Butachlor	_____	0.008 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2077	Propachlor	_____	0.006 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
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
2298	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
2356	Aldrin	_____	0.0002 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2383	PCB's	_____	0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.0005 mg/L
2440	Dicamba	_____	0.001 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
2595	Metribuzin	_____	0.0008 mg/L	<input type="checkbox"/>	_____ mg/L	N/A
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.

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

Laboratory Log #: _____

Certified By: _____
(Print and sign name)

COMMENTS: _____