



## Synthetic Organic Contaminant Report

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

PWS ID #: **3116000** City / Town: **GROVELAND**  
 PWS Name: **GROVELAND WATER DEPARTMENT** PWS Class: **COM**  **NTNC**  **TNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10002	GP WELL # 3- 183 R. MAIN ST.	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	2/3/16 J. KOTULI
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 checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" 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).				

## II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **MA026** **BIOMARINE** Subcontracted? (Y/N) **Y**

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
515.3	2/9/16	2/9/16	M-CT008	MICROBAC LABS INC.	E602519-2-61366B
505	2/9/16	2/9/16	M-CT008	MICROBAC LABS INC.	E602519-2-61366B
504.1	2/8/16	2/8/16	M-CT008	MICROBAC LABS INC.	E602519-2-61366B
525.2	2/12/16	2/12/16	M-CT008	MICROBAC LABS INC.	E602519-2-61366B
531.2		2/5/16	M-CT008	MICROBAC LABS INC.	E602519-2-61366B

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.
LAB SAMPLE NOTES - Information on matrix spike/method blank sample information is on file at our office.	

CAS #	SOC Regulated Contaminants	Result µg/L	MCL µg/L	MDL µg/L	Analytical Method
1563-66-2	CARBOFURAN	ND	40.0	0.90	531.2
23135-22-0	OXAMYL (VYDATE)	ND	200.0	2.0	531.2
94-75-7	2,4-D	ND	70.0	0.10	515.3
93-72-1	2,4,5-TP (SILVEX)	ND	50.0	0.20	515.3
75-99-0	DALAPON	ND	200.0	1.0	515.3
88-85-7	DINOSEB	ND	7.0	0.20	515.3
1918-02-1	PICLORAM	ND	500	0.10	515.3
87-86-5	PENTACHLOROPHENOL	ND	1.0	0.040	515.3
15972-60-8	ALACHLOR	ND	2.0	0.19	525.2
1912-24-9	ATRAZINE	ND	3.0	0.093	525.2
72-20-80	ENDRIN	ND	2.0	0.0093	525.2
76-44-8	HEPTACHLOR	ND	0.4	0.037	525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.2	0.019	525.2
58-89-9	LINDANE	ND	0.2	0.019	525.2
72-43-5	METHOXYCHLOR	ND	40.0	0.093	525.2
118-74-1	HEXACHLOROBENZENE	ND	1.0	0.093	525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	50.0	0.093	525.2
122-34-9	SIMAZINE	ND	4.0	0.065	525.2
50-32-8	BENZO(A)PYRENE	ND	0.2	0.019	525.2
103-23-1	DI(2-ETHYLHEXYL)ADIPATE	ND	400.0	0.56	525.2
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND	6.0	0.56	525.2



## Synthetic Organic Contaminant Report

PWS ID#: 3116000

Lab Sample ID#: E602519-2-61366B

CAS #	SOC Regulated Contaminants	Result µg/L	MCL µg/L	MDL µg/L	Analytical Method
57-74-9	CHLORDANE	ND	2.0	0.20	505
8001-35-2	TOXAPHENE	ND	3.0	1.0	505
12674-11-2	PCB AROCLOR 1016	ND	---	0.22	505
11104-28-2	PCB AROCLOR 1221	ND	---	0.22	505
11141-16-5	PCB AROCLOR 1232	ND	---	0.22	505
53469-21-9	PCB AROCLOR 1242	ND	---	0.22	505
12672-29-6	PCB AROCLOR 1248	ND	---	0.22	505
11097-69-1	PCB AROCLOR 1254	ND	---	0.22	505
11096-82-5	PCB AROCLOR 1260	ND	---	0.22	505
1336-36-3	PCBS (DECACHLOROBIPHENYL)				
Monitoring requirements for DBCP and EDB have been waived statewide for SURFACE WATER SOURCES ONLY. All groundwater sources must monitor for these two contaminants.					
96-12-8	DIBROMOCHLOROPROPANE (DBCP)	ND	0.2	0.010	504.1
106-93-4	ETHYLENEDIBROMIDE (EDB)	ND	0.02	0.010	504.1
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 <sup>-5</sup>		

CAS#	SOC Unregulated Contaminants	Result µg/L	ORSG µg/L	MDL µg/L	Analytical Method
116-06-3	ALDICARB	ND	3*	0.50	531.2
1646-88-4	ALDICARB SULFONE	ND	2*	0.80	531.2
1646-87-3	ALDICARB SULFOXIDE	ND	4*	0.50	531.2
63-25-2	CARBARYL	ND	---	0.50	531.2
16655-82-6	3-HYDROXYCARBOFURAN	ND	---	0.50	531.2
16752-77-5	METHOMYL	ND	---	0.50	531.2
1918-00-9	DICAMBA	ND	---	0.10	515.3
309-00-2	ALDRIN	ND	---	0.093	525.2
23184-66-9	BUTACHLOR	ND	---	0.093	525.2
60-57-1	DIELDRIN	ND	---	0.037	525.2
51218-45-2	METOLACHLOR	ND	---	0.093	525.2
21087-64-9	METRIBUZIN	ND	100*	0.093	525.2
1918-16-7	PROPACHLOR	ND	---	0.093	525.2

Method	Surrogate Name	% Recovery (70 - 130%)
515.3	DCAA	115
525.2	PYRENE-d10	84
531.2	4-BROMO-3,5-DIMETHYLPHENYL-N-METHYLCARBAMATE	92

Method	Surrogate Name	% Recovery (70 - 130%)
525.2	1,3-DIMETHYL-2-NITROBENZENE	84
525.2	TRIPHENYLPHOSPHATE	93

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: 3/3/16

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 _____		



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PWS ID #:  City / Town:

PWS Name:  PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
61366B		<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	2/3/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" 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 the sources that were on-line during sample collection).

## II. ANALYTICAL LABORATORY INFORMATION

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

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
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525.2	2/12/2016	2/12/2016	M-CT008	Microbac Laboratories, Inc.	E602519-2
531.2		2/5/2016	M-CT008	Microbac Laboratories, Inc.	E602519-2

Was this Sample Composited by the Lab?	COMPOSITE SAMPLE NOTES
<input type="checkbox"/>	List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

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1336-36-3	PCBS (DECACHLOROBIPHENYL)				
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63-25-2	CARBARYL	ND	---	0.50	531.2
16655-82-6	3-HYDROXYCARBOFURAN	ND	---	0.50	531.2
16752-77-5	METHOMYL	ND	---	0.50	531.2
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60-57-1	DIELDRIN	ND	---	0.037	525.2
51218-45-2	METOLACHLOR	ND	---	0.093	525.2
21087-64-9	METRIBUZIN	ND	100*	0.093	525.2
1918-16-7	PROPACHLOR	ND	---	0.093	525.2

\* 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%)
515.3	DCAA	115%
525.2	Pyrene-d10	84%
531.2	4-Bromo-3,5-dimethylphenyl-N-methylcarbamate	92%

Method	Surrogate Name	% Recovery (70 - 130%)
525.2	1,3-Dimethyl-2-nitrobenzene	84%
525.2	triphenylphosphate	93%

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: 2/17/2016

If not submitting 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		