



RESEARCH & ANALYTICAL LABORATORIES, INC.

Analytical/Process Consultations

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)

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

Mail Results to (water system representative):

Phone #: (____) _____

Fax #: (____) _____

Responsible Person's email: _____

NOTE: Please complete portion above double line on Page 2

LABORATORY ID #: 37701

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	<u>525.2</u>	0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
2010	Lindane	<u>525.2</u>	0.0002 mg/L	<input type="checkbox"/>	_____ mg/L	0.0002 mg/L
2015	Methoxychlor	<u>525.2</u>	0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.04 mg/L
2020	Toxaphene	<u>508</u>	0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.003 mg/L
2031	Dalapon	<u>515.1</u>	0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.2 mg/L
2035	Di(2-ethylhexyl)adipate	<u>525.2</u>	0.0006 mg/L	<input type="checkbox"/>	_____ mg/L	0.4 mg/L
2036	Oxamyl(vydate)	<u>531.1</u>	0.002 mg/L	<input type="checkbox"/>	_____ mg/L	0.2 mg/L
2037	Simazine	<u>525.2</u>	0.00007 mg/L	<input type="checkbox"/>	_____ mg/L	0.004 mg/L
2040	Picloram	<u>515.1</u>	0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.5 mg/L
2041	Dinoseb	<u>515.1</u>	0.0002 mg/L	<input type="checkbox"/>	_____ mg/L	0.007 mg/L
2042	Hexachlorocyclopentadiene	<u>525.2</u>	0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.05 mg/L
2046	Carbofuran	<u>531.1</u>	0.0009 mg/L	<input type="checkbox"/>	_____ mg/L	0.04 mg/L
2050	Atrazine	<u>525.2</u>	0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.003 mg/L
2051	Alachlor	<u>525.2</u>	0.0002 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
2065	Heptachlor	<u>525.2</u>	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.



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Analytical/Process Consultations

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: _____

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

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	525.2	0.0002 mg/L	<input type="checkbox"/>	_____ mg/L	0.0002 mg/L
2105	2,4-D	515.1	0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.07 mg/L
2110	2,4,5-TP (Silvex)	515.1	0.0002 mg/L	<input type="checkbox"/>	_____ mg/L	0.05 mg/L
2274	Hexachlorobenzene	525.2	0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.001 mg/L
2039	Di(2-ethylhexyl)phthalate	525.2	0.00132 mg/L	<input type="checkbox"/>	_____ mg/L	0.006 mg/L
2306	Benzo(a)pyrene	525.2	0.00002 mg/L	<input type="checkbox"/>	_____ mg/L	0.0002 mg/L
2326	Pentachlorophenol	515.1	0.00004 mg/L	<input type="checkbox"/>	_____ mg/L	0.001 mg/L
2383	PCB's (as decachlorobiphenol)	508	0.0001** mg/L	<input type="checkbox"/>	_____ mg/L	0.0005 mg/L
2931	DBCP	504.1	0.00002 mg/L	<input type="checkbox"/>	_____ mg/L	0.0002 mg/L
2946	Ethylene Dibromide (EDB)	504.1	0.00001 mg/L	<input type="checkbox"/>	_____ mg/L	0.00005 mg/L
2959	Chlordane	508	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

	DATE:	TIME:
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: _____

Instructions

PESTICIDES AND SYNTHETIC ORGANIC CHEMICALS (SOCs)

1. THE CLIENT IS RESPONSIBLE FOR COMPLETING ALL INFORMATION ABOVE THE DOUBLE LINE. Failure to complete all the information may result in rejection of the samples. Please print all information and make sure the information is legible.
2. The samples must be collected in bottles supplied by the laboratory. There is a preservative in the bottle so do not rinse out the bottles. Samples must be immediately packed with ice upon collection and be kept at 4.0° C. Samples being shipped must also be on ice. **SAMPLES NOT ADEQUATELY CHILLED UPON DELIVERY TO THE LAB WILL BE REJECTED AND WILL NOT BE TESTED.**
3. Samples must be collected AFTER TREATMENT from entry points to the distribution system if they are to be used to meet compliance monitoring requirements of the North Carolina Drinking Water Act. Each entry point must have a separate sample collected and analyzed.
4. **Do not flame the faucet before collecting this sample.** Before taking samples, let the water run from the tap at almost full flow for at least five (5) minutes (until water temperature stabilizes). Follow the laboratory's instructions on any required dechlorination and/or preservation. Fill each supplied sample container to within approximately one inch of the top leaving an air space, then cap the container securely.
5. Place the samples and completed collection form in the shipping container. Forward all samples to the laboratory immediately after collection.
6. After the samples are analyzed, regulations require that the laboratory mail the results of all compliance samples to the Public Water Supply Section (Attention: Data Entry), 1634 Mail Service Center, Raleigh, NC 27699-1634. A copy will be sent to the client, and the client shall retain the copy for at least twelve (12) years.
7. If the form should be returned to the client marked "**Sample Unsatisfactory,**" this means another sample will have to be collected. The COMMENTS section on the front of the form will give the reason.

SAMPLE TYPE

Entry Point: A sample collected from an entry point to the distribution system after application of treatment, if used for compliance monitoring.

Special/Non-compliance: A sample collected for special purposes and is not for compliance monitoring.