



Synthetic Organic Contaminant Report

COPY

APR 02 2012

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

PWS ID #: **1191000** City / Town: **Monson**
 PWS Name: **Monson Water & Sewer Dept** PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10001	Well #1 Bethany Road	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	03/08/12 T. Murphy
Routine or Special Sample		If Resubmitted Report, list below:		
Original, Resubmitted or Confirmation Report		(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. #: **MA-100** Primary Lab Name: **CONT-TEST LABORATORY** Subcontracted? (Y/N) **Y**

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
515.3	03/12/12	03/13/12	M-CT008	PREMIER LABORATORY	12C0228-01
505	03/13/12	03/14/12	M-CT008	PREMIER LABORATORY	12C0228-01
504.1	03/13/12	03/14/12	M-CT008	PREMIER LABORATORY	12C0228-01
525.2	03/13/12	03/13/12	M-CT008	PREMIER LABORATORY	12C0228-01
531.2		03/14/12	M-CT008	PREMIER LABORATORY	12C0228-01

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.
<input type="checkbox"/>	
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	0.90	531.2
23135-22-0	OXAMYL (VYDATE)	ND	200	2.0	531.2
94-75-7	2,4-D	ND	70	0.22	515.3
93-72-1	2,4,5-TP (SILVEX)	ND	50	0.44	515.3
75-99-0	DALAPON	ND	200	1.0	515.3
88-85-7	DINOSEB	ND	7	0.44	515.3
1918-02-1	PICLORAM	ND	500	0.22	515.3
87-86-5	PENTACHLOROPHENOL	ND	1	0.088	515.3
15972-60-8	ALACHLOR	ND	2	0.41	525.2
1912-24-9	ATRAZINE	ND	3	0.20	525.2
72-20-80	ENDRIN	ND	2	0.020	525.2
76-44-8	HEPTACHLOR	ND	0.4	0.037	525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.2	0.041	525.2
58-89-9	LINDANE	ND	0.2	0.041	525.2
72-43-5	METHOXYCHLOR	ND	40	0.20	525.2
118-74-1	HEXACHLOROBENZENE	ND	1	0.093	525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	50	0.20	525.2
122-34-9	SIMAZINE	ND	4	0.14	525.2
50-32-8	BENZO(A)PYRENE	ND	0.2	0.041	525.2
103-23-1	DI(2-ETHYLHEXYL)ADIPATE	ND	400	0.56	525.2
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND	6	1.2	525.2



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PWS ID #: **1191000** City / Town: **Monson**
 PWS Name: **Monson Water & Sewer Dept** PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
10002	Well #2 Palmer Road	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	03/08/12	T. Murphy
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission		(2) Collection Date of Original Sample	
		<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. #: **MA-100** Primary Lab Name: **CONT-TEST LABORATORY** Subcontracted? (Y/N) **Y**

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
515.3	03/12/12	03/13/12	M-CT008	PREMIER LABORATORY	12C0228-02
505	03/13/12	03/14/12	M-CT008	PREMIER LABORATORY	12C0228-02
504.1	03/13/12	03/14/12	M-CT008	PREMIER LABORATORY	12C0228-02
525.2	03/13/12	03/13/12	M-CT008	PREMIER LABORATORY	12C0228-02
531.2		03/14/12	M-CT008	PREMIER LABORATORY	12C0228-02

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXX-XXX), up to five individual sources.
<input type="checkbox"/>	
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	0.90	531.2
23135-22-0	OXAMYL (VYDATE)	ND	200	2.0	531.2
94-75-7	2,4-D	ND	70	0.22	515.3
93-72-1	2,4,5-TP (SILVEX)	ND	50	0.44	515.3
75-99-0	DALAPON	ND	200	1.0	515.3
88-85-7	DINOSEB	ND	7	0.44	515.3
1918-02-1	PICLORAM	ND	500	0.22	515.3
87-86-5	PENTACHLOROPHENOL	ND	1	0.088	515.3
15972-60-8	ALACHLOR	ND	2	0.41	525.2
1912-24-9	ATRAZINE	ND	3	0.20	525.2
72-20-80	ENDRIN	ND	2	0.020	525.2
76-44-8	HEPTACHLOR	ND	0.4	0.037	525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.2	0.041	525.2
58-89-9	LINDANE	ND	0.2	0.041	525.2
72-43-5	METHOXYCHLOR	ND	40	0.20	525.2
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122-34-9	SIMAZINE	ND	4	0.14	525.2
50-32-8	BENZO(A)PYRENE	ND	0.2	0.041	525.2
103-23-1	DI(2-ETHYLHEXYL)ADIPATE	ND	400	0.56	525.2
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND	6	1.2	525.2



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CAS #	SOC Regulated Contaminants	Result µg/L	MCL µg/L	MDL µg/L	Analytical Method
57-74-9	CHLORDANE	ND	2	0.20	505
8001-35-2	TOXAPHENE	ND	3	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
1338-36-3	PCBS (DECACHLOROBIPHENYL)		0.5	0.22	505
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		
1071-53-6	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	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	---	0.080	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

* 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	81%
525.2	1,3-dimethyl-2-nitrobenzene	93%
525.2	Pyrene-d10	116%
525.2	triphenylphosphate	125%
531.2	4-bromo-3,5-dimethylphenyl-n-methylcarbamate	88%

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: AM [Signature]

Date: 3/27/12

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		



Synthetic Organic Contaminant Report

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

PWS ID #: 1191000

City / Town: Monson

PWS Name: Monson Water & Sewer Dept

PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10009	Bunyan Road Wells Combined	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	03/08/12	T. Murphy
		<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished		
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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. #: MA-100

Primary Lab Name: CONT-TEST LABORATORY

Subcontracted? (Y/N)

Y

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
515.3	03/12/12	03/13/12	M-CT008	PREMIER LABORATORY	12C0228-03
505	03/13/12	03/14/12	M-CT008	PREMIER LABORATORY	12C0228-03
504.1	03/13/12	03/14/12	M-CT008	PREMIER LABORATORY	12C0228-03
525.2	03/13/12	03/13/12	M-CT008	PREMIER LABORATORY	12C0228-03
531.2		03/14/12	M-CT008	PREMIER LABORATORY	12C0228-03

Was this Sample composited by the Lab?

COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.

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15972-60-8	ALACHLOR	ND	2	0.42	525.2
1912-24-9	ATRAZINE	ND	3	0.21	525.2
72-20-80	ENDRIN	ND	2	0.021	525.2
76-44-8	HEPTACHLOR	ND	0.4	0.038	525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.2	0.042	525.2
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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)		0.5	0.22	505
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85-00-7	DIQUAT		20		
145-73-3	ENDOTHALL		100		
1071-53-6	GLYPHOSATE		700		
1746-01-6	2,3,7,8-TCDD (DIOXIN)		3.0x10 ⁻⁵		

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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	---	0.080	515.3
309-00-2	ALDRIN	ND	---	0.094	525.2
23184-66-9	BUTACHLOR	ND	---	0.094	525.2
60-57-1	DIELDRIN	ND	---	0.038	525.2
51218-45-2	METOLACHLOR	ND	---	0.094	525.2
21087-64-9	METRIBUZIN	ND	100*	0.094	525.2
1918-16-7	PROPACHLOR	ND	---	0.094	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	83%
525.2	1,3-dimethyl-2- nitrobenzene	90%
525.2	Pyrene-d10	108%
525.2	triphenylphosphate	128%
531.2	4-bromo-3,5-dimethylphenyl-n-methylcarbamate	83%

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: M. Kellen

Date: 3/27/12

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		