



Synthetic Organic Contaminant Report

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

PWS ID #: 1113000

City / Town: Gt. Barrington

PWS Name: Great Barrington Fire District

PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID# 10000	DEP Location Name Point of Entry Post Green River PH 01G	Sample Information <small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	Date Collected 08/22/2024	Collected By Client
Routine or Special Sample <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	Original, Resubmitted or Confirmation Report <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted, list below (1) Reason for Resubmission <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. #: M-MA1146 Primary Lab Name: Microbac Laboratories, Inc., Lee Subcontract? (Y/N) Y

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
EPA 525.2, Rv. 2 (1995)	08/28/2024	08/28/2024	M-CT008	Microbac Laboratories, Inc. - Dayville	E4H0462-01

Was this Sample Composited by the Lab? Yes <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
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Lab Analysis Comments	Result Qualifier Y1	Result Qualifier Description Accreditation is not offered by the accrediting body for this analyte.
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CAS#	SOC Regulated Contaminants	Result µg/L	Result Qualifier	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor	Analytical Method
15972-60-8	ALACHLOR	ND		2	0.020	0.200	1.00	EPA 525.2, Rv. 2 (1995)
1912-24-9	ATRAZINE	ND		3	0.030	0.100	1.00	EPA 525.2, Rv. 2 (1995)
76-44-8	HEPTACHLOR	ND		0.4	0.020	0.040	1.00	EPA 525.2, Rv. 2 (1995)
1024-57-3	HEPTACHLOR EPOXIDE	ND		0.2	0.020	0.020	1.00	EPA 525.2, Rv. 2 (1995)
58-89-9	LINDANE	ND		0.2	0.010	0.020	1.00	EPA 525.2, Rv. 2 (1995)
72-43-5	METHOXYCHLOR	ND		40	0.070	0.100	1.00	EPA 525.2, Rv. 2 (1995)
118-74-1	HEXACHLOROBENZENE	ND		1	0.020	0.100	1.00	EPA 525.2, Rv. 2 (1995)
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND		50	0.020	0.100	1.00	EPA 525.2, Rv. 2 (1995)
122-34-9	SIMAZINE	ND		4	0.020	0.070	1.00	EPA 525.2, Rv. 2 (1995)
50-32-8	BENZO(A)PYRENE	ND		0.2	0.010	0.020	1.00	EPA 525.2, Rv. 2 (1995)
70147-21-6	DI(2-ETHYLHEXYL)ADIPATE	ND		400	0.300	0.600	1.00	EPA 525.2, Rv. 2 (1995)
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND		6	0.490	0.600	1.00	EPA 525.2, Rv. 2 (1995)

CAS#	SOC Un-Regulated Contaminants	Result µg/L	Result Qualifier	ORSG µg/L	MDL µg/L	MRL µg/L	Dilution Factor	Analytical Method
309-00-2	ALDRIN	ND	Y1		0.020	0.100	1.00	EPA 525.2, Rv. 2 (1995)
23184-66-9	BUTACHLOR	ND	Y1		0.010	0.100	1.00	EPA 525.2, Rv. 2 (1995)
51218-45-2	METOLACHLOR	ND	Y1		0.010	0.100	1.00	EPA 525.2, Rv. 2 (1995)
21087-64-9	METRIBUZIN	ND	Y1		0.010	0.100	1.00	EPA 525.2, Rv. 2 (1995)
1918-16-7	PROPACHLOR	ND	Y1		0.010	0.100	1.00	EPA 525.2, Rv. 2 (1995)

\* No MCL, however the MassDEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Method	Surrogate Name	% Recovery (70 - 130%)
EPA 525.2, Rv. 2 (1995)	1,3-Dimethyl-2-nitrobenzene	100
EPA 525.2, Rv. 2 (1995)	Pyrene-d10	106

Method	Surrogate Name	% Recovery (70 - 130%)
EPA 525.2, Rv. 2 (1995)	Triphenyl phosphate	108



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PWS ID #:

Lab Sample ID#:

*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:

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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