

IN

CollectionDate(MM/DD/YY):

. . .



Regulated SOCs (Continued)

Comp ID#	Compound Name	Analysis Date (MM.DD.YY)	Approved Method **	Result (ug/L)	Unit	Detection Level	BDL	MCL (ug/L)
2010	Lindane	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	0.2
2015	Methoxychlor	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	40
2036	Oxamyl (Vydate)	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	200
2326	Pentachlorophenol	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	1
2040	Picloram (Tordon)	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	500
2383	PCBs	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	0.5
2037	Simazine	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	4
2110	2,4,5-TP (Silvex)	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	50
2020	Toxaphene	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	3

Unregulated SOCs

2047	Aldicarb	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2044	Aldicarb Sulfone	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2043	Aldicarb Sulfoxide	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2356	Aldrin	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2076	Butachlor	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2021	Carbaryl	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2440	Dicamba	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2070	Dieldrin	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2066	3-Hydroxycarbofuran	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2022	Methomyl	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2045	Metolachlor	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2595	Metribuzin	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)
2077	Propachlor	. . .	. . .	. . .	ug/L	. . .	<input type="checkbox"/>	(No MCL)

Other Information :

- Does the system chlorinate its water? Yes No
- Was the sample dechlorinated at the lab? Yes No
- Was this information sent to IDEM by the lab? Yes No

Preservative Used:

- Iced
- Na2S2O3
- HCl
- H2SO4
- Other: _____

Important Notes:

- if a constituent was below detection limits (i.e., not detected), select "BDL" **and** enter the method detection level (example: 0.5 ug/L) in the column provided.
- Please make every possible effort to print clearly and inside the lines;
- Return completed form to:

Indiana Department of Environmental Management
 Drinking Water Branch - Compliance Section
 100 N Shadeland Avenue
 Indianapolis, IN 46204-2251

I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: _____ Date: ____ / ____ / ____ Reviewed by: _____