

# SDWA SYNTHETIC ORGANIC CONTAMINANT (SOC) ANALYTICAL REQUEST FORM

NMSU – SWAT LABORATORY  
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Lab No. 1

Date Received: \_\_\_\_\_

<b>2</b>   User Code#: _____		<b>3</b>   Request ID No.: _____		Place Form ID Sticker Here		<b>4</b>   Priority Code #: [ ] (If "1" or "2" call SWAT Coordinator)	
<b>5</b>   Facility Name: _____				<b>6</b>   County: _____		<b>7</b>   City: _____	
<b>8</b>   State: _____							
<b>9</b>   Sample Location: _____							
<b>10</b>   Collected By: _____				On: ____/____/____		At: ____:____ hrs.	
First and Last name		Phone #: _____		Date: (MM/DD/YY)		Time: 24 hour clock	
<b>11</b>   Codes: Submitter _____ WSS# _____ Sampler ID# _____				<b>12</b>   Sample Purpose: <input type="checkbox"/> Compliance <input type="checkbox"/> NMED Monitoring <input type="checkbox"/> Confirmation <input type="checkbox"/> Special			
<b>13</b>   Report Name To: _____				<b>14</b>   Phone #: _____			
Address _____				<b>Sampling Information:</b> <input type="checkbox"/> Composite _____ (composite time period) <input type="checkbox"/> Grab <input type="checkbox"/> Flow Proportioned <input type="checkbox"/> Sample Split w / Permittee <input type="checkbox"/> Equal Aliquot <input type="checkbox"/> Chain of Custody			
City, State Zip _____							
<b>15</b>   Field Data: pH: _____ Conductivity: _____ µmhos/cm @ Temperature: _____ °C Chlorine Residual: _____ mg/L							
<b>16</b>   Sample Source: <input type="checkbox"/> – Entry Point Distribution <input type="checkbox"/> – Well; Depth _____ <input type="checkbox"/> – Spring <input type="checkbox"/> – Distribution <input type="checkbox"/> – Other: _____				<b>17</b>   Field Remarks: _____ _____ _____			
<b>18</b>   Sample Type: <input type="checkbox"/> – Water <input type="checkbox"/> – Unchlorinated <input type="checkbox"/> – Other <input type="checkbox"/> – Chlorinated Approximate Sulfate Concentration - _____ mg/L				<b>19</b>   Preservation: <input type="checkbox"/> – Preservation as indicated on back of form. <input type="checkbox"/> – Other - _____			
<b>20</b>   Analyses Requested: Please check the appropriate box(es) below to indicate the type of analytical screen(s) required and type of Compositing Requested. <input type="checkbox"/> – Composite Within this System Only <input type="checkbox"/> – Do Not Composite <input type="checkbox"/> – Composite With Other Systems <b>SAFE DRINKING WATER ACT SYNTHETIC ORGANIC CONTAMINANT (SOC) ANALYSES</b>							
<input type="checkbox"/> All of the Safe Drinking Water Act Synthetic Organic Contaminant (SOC) Screens Listed Below							
	EPA No.	Analysis	Lab Number		EPA No.	Analysis	Lab Number
<input type="checkbox"/>	504	EDB & DBCP	a,b,c	<input type="checkbox"/>	547	Glyphosates	i
<input type="checkbox"/>	505	Organochlorine Pesticides & PCBs	d,e	<input type="checkbox"/>	548.1	Endothall	J
<input type="checkbox"/>	515.2	Acid Herbicides	f	<input type="checkbox"/>	549.1	Diquat	k
<input type="checkbox"/>	552.2	Dalapon	g	<input type="checkbox"/>	525.2	Semivolatile Pesticides GC/MS	l,m
<input type="checkbox"/>	531.1	Carbamate Pesticides	h	<input type="checkbox"/>			
<input type="checkbox"/> - Resample (Provide Lab No. and Request ID # of original sample): _____							
<b>Remarks:</b> _____ _____							
<b>Sample submitter is responsible for hazardous material disclosure and hazardous sample disposal.</b> Acknowledged _____							

**NMSU SWAT REQUIREMENTS AND SAMPLE CONTAINER SUMMARY**  
**FOR SAFE DRINKING WATER ACT SYNTHETIC ORGANIC CONTAMINANT (SOC) SAMPLES<sup>4</sup>**

Drinking Water Analysis	No. of Analytes in Test	EPA Method Number	Maximum Holding Time (days)	Preservation			Container (No.) Size <sup>1</sup>
				Contained in Bottles as Shipped From Lab	Add for Non-chlorinated Systems	Add for Chlorinated Systems	
Volatiles – 2 (EDB & DBCP)	2	504	28		HCl pH<2 (2 drops) Cool 4°C	Thiosulfate HCl pH<2 (2 drops) Cool 4°C	Glass (2) 40 ml
Organochlorine Pesticides & PCBs	12	505	7		Cool 4°C	Thiosulfate Cool 4°C	Glass (2) 40 ml
Acid Herbicides	6	515.2	14	2.5 ml 1:1 HCl	Cool 4°C	Thiosulfate 2.5 ml 1:1 HCl Cool 4°C	Amber Glass (1) 1L
Dalapon	1	552.1	28	0.012 g NH <sub>4</sub> Cl	Cool 4°C	Cool 4°C	Amber Glass (1) 125 ml
Carbamate Pesticides	10	531.1	28	Chloroacetic Acid Buffer pH 3 1.2 ml	Cool 4°C	Thiosulfate Cool 4°C	Glass (1) 40 ml
Glyphosate	1	547	14		Cool 4°C	Thiosulfate Cool 4°C	Amber Glass (1) 40 ml
Endothall	1	548.1	7		Cool 4°C	Cool 4°C	Amber Glass (1) 125 ml
Diquat	1	549.1	7	1 ml Conc. Sulfuric Acid	Cool 4°C	Thiosulfate Cool 4°C	Amber Plastic (1) 1L
Semivolatile Pesticides GC/MS	10	525.2	14	2.5 ml 1:1 HCl	Cool 4°C	Sodium Sulfite 2.5 ml 1:1 HCl Cool 4°C	Amber Glass (2) 1L

1. Sample containers are provided by the SWAT Laboratory. Extra bottles may be required by the lab for QC purposes. Travel blanks are supplied for VOCs.
2. DO NOT RINSE BOTTLES. They contain preservatives that have been added at the laboratory which are necessary for preservation.
3. Chlorinated systems should request dechlorinating agents for methods 504, 505, 515.2, 531.1, 549.1, and 525.2. Add the sodium thiosulfate or sodium sulfite to the bottles in methods 515.2 and 525.2 and dissolve before adding the hydrochloric acid (HCl).
4. See sampling instruction sheet for proper use of ID Request stickers.

**Any Compositing Must Be Done By the Laboratory**

**USE ONLY WHEN NECESSARY**

**Chain-Of-Custody**

I certify that this sample was transferred from \_\_\_\_\_ to \_\_\_\_\_

at (location) \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
Date Time

Evidentiary Seals:  - None OR Seals Intact  -Yes  - No

Signatures \_\_\_\_\_

and from (if applicable) \_\_\_\_\_ to \_\_\_\_\_

at (location) \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
Date Time

Evidentiary Seals:  - None OR Seals Intact  -Yes  - No

Signatures \_\_\_\_\_