

BOARD OF COOPERATIVE EDUCATIONAL SERVICES "Enabling Learners to Excel"

JACKLIN G. STARKS District Superintendent jstarks@moboces.org Phone: 315.361.5510 Fax: 315.361.5517

March 21, 2016

#### Dear Community Members:

As you are aware, in recent weeks, schools in New York and other parts of the country have been found to have high levels of lead in their drinking water. In light of this, the Madison-Oneida BOCES has decided to undergo voluntary testing of drinking water in our campus programs. The testing is being done in collaboration with the nine component districts.

The use of materials containing lead have been banned in most plumbing components for new construction since 1986, but many older buildings may still contain the substance and there are no state or federal requirements for public schools to test water for the presence of lead.

Because of this, we know this is something community members may be concerned about. As a result, our district leadership felt we should be proactive in this matter by voluntarily testing our drinking water. We will utilize guidance documents from the U.S. Environmental Protection Agency (EPA) in conducting these water quality tests.

I am currently working with superintendents from the participating component school districts, as well as county health officials and my administrative team to determine the process, select a water quality testing firm and finalize details of the plan.

Please feel free to contact me with questions or concerns about this matter.

Sincerely,

Jacklin G. Starks

District Superintendent Madison-Oneida BOCES

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#### MADISON-ONEIDA

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES** 

"Enabling Learners to Excel"

JACKLIN G. STARKS District Superintendent jstarks@moboces.org Phone: 315.361.5510 Fax: 315.361.5517

October 20, 2016

#### Dear Community Members:

In September of 2016, Governor Andrew Cuomo signed legislation requiring all public school districts and BOCES in New York State to undergo *mandatory* testing of their potable water for lead. Prior to that time, the Madison – Oneida BOCES had commenced *voluntary* testing of its water at all K-12 sites. The scope of our voluntary testing exceeded the testing that now is required by law.

The results of our voluntary K-12 testing initiative can be found here: <a href="https://www.moboces.org/domain/35">www.moboces.org/domain/35</a>. When we received the results, we immediately disabled any outlet that tested lead levels of 15 PPB (Parts Per Billion) or greater. We applied that standard to all outlets, even those that the new legislation would not have required us to test.

Our action plan going forward includes 1) Continuing our policy of immediately disabling any outlet that tests 15 PPB or greater, until the problem is remedied; 2) Placing a sign (out of order/do not drink) near any outlet that tests 15 PPB or greater, until the problem is remedied; and 3) Ensuring that our students, staff and visitors who are affected by a disabled water outlet are provided with a temporary alternative water source as needed.

You can find out more about the effects of lead in water here: <a href="https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water">https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water</a>. Please do not hesitate to contact me if you have questions about our lead testing initiative.

Thank you.

Sincerely,

Jacklin G. Starks

District Superintendent Madison-Oneida BOCES

# CHAIN-OF-CUSTODY / Analytical Request Document.

|       | でなべるです                 | 1000 8000 (100)              | 7767 nses Ezm          |                            |       | WATER, DE=DRINKING FOUNTAIN | Sample ID code: CW=COLD WATER, HW=HOT/ | to be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS_          | 12 244-246/BATHZ/CLA.F | 11 244 - 246 / Bata 2/ CLA-R | 10 244.246/BATH 1 / HILL.F | 0 244-246/BATHI / 11111-R | 8 244 246/BATH 1/CIJ-F | 7 244.246/BATH 1/ CH.R | 6 Phoon 243/BATU/HU-F | 5 Ruom 243/8474/ HU-R | 4 Page 243/ BATH / CLAI-F | 3 Room 243/BATH/CIJ-R | 2 Room 243 /Hose/F | 1 Koom 243/HUSE/R |  | SAMPLE ID WATER WA | odes            |                 | 315.361.5750 Fax:      | o:<br>tvandresar@moboces.org | NY 13478 | pring Ka          | Madison Oneida BOCES |   |  |
|-------|------------------------|------------------------------|------------------------|----------------------------|-------|-----------------------------|--|--|-------------------------------|------------------------|------------------------------|----------------------------|---------------------------|------------------------|------------------------|-----------------------|-----------------------|---------------------------|-----------------------|--------------------|-------------------|--|--|-----------------|-----------------|------------------------|------------------------------|----------|-------------------|----------------------|---|--|
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| 11 11 | Mhy                    | James Murphy PACE Analytical |                        | SNATURE                    |       |                             | -                                      | 17:00 ×  | TIME                          |                        | >                            | >                          |                           |                        |                        |                       |                       |                           |                       | _ <u>_</u>         |                   |  | COLLECTION  # OF CONTAINS  eserved  04   | У               |                 | Ä                      | ķ                            |          |                   |                      | ,                                       |  |
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|       | MMM/DD/YY): 7/9/16     |                              |                        |                            |       |                             |  | 2/12   | N DATE                        |                        |                              |                            |                           |                        |                        |                       |                       |                           |                       |                    |                   |  |  |                 | n ///////       | LOCATION               | SITE                         | T RCRA   | S GROUND WATER    | REGUL                |   |  |
|       | Te                     |                              | in 'C                  | 1                          |       | 1 20                        | †                                      | 1000   | TIME SAMPLE                   |                        |                              |                            |                           |                        |                        |                       |                       | -                         |                       |                    |                   | Residue  | Orlorine (YM)  |                 |                 | OH F SC F WI           | GA FIL FIN                   | OTHER    | ER DRINKING WATER | REGULATORY AGENCY    | Page:                                   |  |
| ŀ     | Cust                   | lce<br>ody<br>Čoo            | Seale<br>ler           | 1//                        | I Y/N | N Y/N N Y/N                 | 1 Y                                    | //N<br>//N<br>//N                                  | PLE CONDITIONS                |                        |                              |                            |                           |                        |                        |                       | ,                     |                           |                       | るが                 | SAME (P)          | Pace Project No.<br>Lab I.D.                     | _  |                 | ////            | OTHER NY               | MI NC                        | 1        | NTER              |                      | 1 of                                    |  |



### CHAIN-OF-CUSTODY / Analytical Request Document. The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields riflust be completed accurately.

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| Required Client Information:   | Section B  Required Project Information: | Inform                      | ation:                        | Section C       | Section C<br>invoice information:                  | ₹.                          | ,             |   |  |               |                    |                             |      |      |       |                |                 |        |          |          |  |            |                   |     |            |               |   | <del>-</del> | _              | Page: | l:º               | IN           | 1'`  | 1_         | 읔        |                              |   |
| Madison Oneida BOCES   | Report To:                               |                             |                               | Attention:      | ion:   |                             |               |   |  |               |                    | ĺ                           | 1    |      |       |                |                 |        |          |          |  | 뀨          | REGULATORY AGENCY | Ē   | N N        | Ž             | A                                       | ဍ -          | Ž              | Ϋ́    |                   |              |  |            |          |                              |   |
| oring Rd   | Copy To:                                 |                             |                               | Compa           | Company Name:                                      |                             |               |   |  | ı             |                    | ĺ                           |      |      |       |                | NPDES           | S      | 7        |          | GROUND WATER                           | Ν̈́        | 8                 | ATE | 20         | ~1            |   | 됬            | DRINKING WATER | ត     | \$                | 描            | Ö  |            |          |                              |   |
| Verona, NY 13478   |  |                             |                               | Address:        | SS:  |                             |               | - 1   |  |               |                    |                             |      | I    | ***** |                | UST             |        | ~~       | تج       | RCRA                                   | _          |                   |     |            |               | o,                                      | OTHER        | ,XJ            |       |                   |              |  |            |          |                              |   |
| Email To: Remail To: R | Purchase<br>Order No.:                   |                             |                               | Pace Q          | Pace Quote Reference:                              | ĬŠ.                         |               |   |  |               |                    |                             | - 1  |      |       |                |                 | SITE   | П        |          |  |            |                   | _   | GA         |               | =                                       | -            |                | Ξ     |                   | _!           | ≊  |            | ا'چ      | NC                           |   |
| 315.361.5750 Fax:  | Project Name:                            | Rossetti                    | ť                             | Pace Pr         | Pace Project Manager.                              | er.                         |               |   |  |               | - 1                |                             | 1    |      |       |                |                 | )<br>) | 1        | LOCATION |  |            |                   | -   | 오          | ****          | (0                                      | SC           | *****          | ≦     | ******            | ŧ            | 잌  | OTHER_     |          | Ŋ                            |   |
| Requested 10 DAYS  Due Date/TAT:   | Project Number:                          |                             |                               | Pace Profile #: | rofile#:   |                             |               |   |  |               |                    | l                           |      |      | Filt  | Filtered (Y/N) | 3               | ڪ      |          |          | \                                      | $\searrow$ | Y                 |     | $\searrow$ | $\mathcal{H}$ | K                                       | H            | 1              | J     | $\sim$            | $\sim$       | 7  | 7          | $ \vee $ |                              |   |
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|  |  | 1                           | DATE TIME                     | DATE            | TIME   |                             | ,             |   | H <sub>2</sub> SC<br>HNO                         | HCI           | NaOl               | Na <sub>2</sub> S           | Meth | Na28 |       |                |                 |        | /        |          |  | /          | /                 |     |            | /             | \                                       | \            |                | Ra    | esidu             | `            |  | -          | ace      | Pace Project No.<br>Lab I.D. |   |
| 1 244-246/BATH 2/ HW-12  | . DW                                     | G                           |                               | 3/2             | 7:36   |                             |               |   |  |               |                    |                             |      |      |       | ×              |                 |        |          |          |  |            |                   |     |            |               |   |              |                |       |                   |              | 2  | $\bigcirc$ |          | \$                           |   |
| 2 Z-14-246/BATHZ/HIJ-F   | S DW                                     | 6                           |                               |                 | 7:37   |                             | -             | <u> </u>                                      |  |               |                    |                             |      |      |       | ×              |                 |        |          | _        |  | ļ          | -                 |     |            | <b>  </b>     |   | $\vdash$     |                |       |                   | 7            | 8  | 3          | M        | がグ                           |   |
| 2/30/245.442 8   | DW                                       | G                           |                               |                 | 7:38   |                             | _             |   |  | -             |                    |                             |      |      |       | ×              |                 |        |          |          |  |            |                   |     |            |               |   |              |                |       | -                 | 1            |  | 1          | 4        |                              |   |
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| 5 Room 246/Baru/CH-R   | DW                                       | G                           |                               |                 | هه.<br>۲   |                             | -             | <u> </u>                                      |  |               |                    |                             |      |      |       | ×              |                 |        |          |          |  |            |                   |     |            |               |   |              |                |       |                   | 1            |  |            | 1        |                              |   |
| Room 246/ BATH /CH-F   | F DW                                     | 6                           |                               |                 | 7:40   |                             | <b>-</b>      | <del> </del>                                  |  |               |                    |                             |      |      |       | ×              | -               |        |          |          |  |            |                   |     |            |               | <del>  </del>                           | ·            |                |       |                   |              |  |            |          |                              |   |
| 7 Room 246/BATH/HILL-R   | NO W                                     | 6                           |                               |                 | 7.4  |                             | _             |   |  |               |                    |                             |      |      |       | ×              | <del> </del>    |        |          |          |  | <u> </u>   | <b>-</b>          |     |            | <u> </u>      |   |              |                |       |                   |              |  |            |          |                              |   |
| 8 Thom 246/BATHIHIJ-F  | F DW                                     | <u>ြ</u>                    |                               |                 | 7:4  |                             |               | -   |  |               |                    |                             |      |      |       | ×              |                 |        |          |          |  | ļ          |                   |     |            |               |   |              |                |       |                   |              |  |            |          |                              |   |
| o Proposition / Kerchen Stand R  | T P DW                                   | 6                           |                               |                 | 43:43  |                             |               |   |  | <u> </u>      |                    |                             |      |      |       | ×              |                 |        |          |          |  |            |                   |     |            |               |   |              |                |       |                   |              |  |            | 1        |                              |   |
| 10 Ray 246/KETENEN-SENK 1/Cin-F  | LA-F DW                                  | G                           |                               |                 | 7.48   |                             | -             |   |  |               |                    |                             |      |      |       | ×              |                 |        | <b></b>  |          |  |            |                   |     |            |               |   |              |                | 7     |                   |              |  |            |          |                              |   |
| 11 Room 24 C/ KETCHEM-SEMIN 1/ HLK-R   | WD W                                     | G                           |                               |                 | <u>ئ</u><br>چ                                      |                             |               |   |  | -             |                    |                             |      |      | _     | ×              | ·····           |        |          |          |  |            | ********          |     |            | **********    | *************************************** | **********   |                |       | _                 |              |  |            |          |                              |   |
| 12 Room 244/KITMEN-SINK1/HULF  | LULT DW                                  | G                           |                               | 4               | 7:45   |                             |               |   | -1   |               |                    |                             |      |      |       | ×              |                 |        |          |          |  |            | ┱                 |     |            |               | <del></del>                             |              |                |       | -                 |              |  |            |          |                              |   |
| ADDITIONAL COMMENTS  | RELINQUIS                                | SHED                        | RELINQUISHED BY / AFFILIATION |                 | DATE   |                             | TIME          | Ē   |  | AC            | ACCEPTED BY / AFFI | J1d                         | D    | 34/  | AF    |                | IATION          | N      |          |          |  | DATE       | Ē                 |     |            | 걸             | TIME                                    |              |                | ဖွ    | B                 | 굔            | 0  | 9          | 雪        | SAMPLE CONDITIONS            |   |
| be held penfing the results of the Raw samples.  | Mn                                       | 1/2                         | 1 mrs                         |                 | Histic   | 6                           | 17:00         | 0   | <u> </u>   | _             | 13                 | 1                           | Į. ` | 100  | 1     |                | ŀ               | 1      |          | L        | , <u>l</u>                             |            | V)                |     | 883        | 10 p>         | 10                                      | \ \ \        |                |       |                   | Y/N          |  | Y/N        |          | Y/N                          |   |
| Sample ID code: CW=COLD WATER, HW=HOT  |  | 0                           |                               |                 |  | ļ                           |               |   | <del>                                     </del> |               |                    | 0                           |      |      |       |                |                 |        |          |          |  |            |                   |     |            |               |   |              |                |       |                   | Y/N          | <del>                                     </del> | Y/N        |          | Y/N                          |   |
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| · *  | •  |                             | SAMPL                         | ER NAM          | SAMPLER NAME AND SIGNATURE PRINT Name of SAMPI ER: | R GNA                       | TURE.         |   |  |               |                    |                             |      |      |       |                |                 |        |          |          |  |            |                   |     |            |               |   |              |                | n C   | ed on             |              |  | Sealed     | ег       | Intact                       |   |
| •  | ٠  |                             | SIGNA                         | URE of          | SIGNATURE of SAMPI ER                              | 1.                          | James Murphy  | \ \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | 를  |               | PACE Analytical    | N E                         | na   | đ    | "     |                | 7               | 3      |          | 1        | I                                      |            |                   |     |            | 1             | 1                                       |              |                | emp l | eteive            | Ice          |  | tody 8     | Cool     | nples                        |   |
|  | ,  | .14                         | • 000                         |                 |  |                             | Z             | . 3   | 12   | 6             | 12                 | 1                           |      |      | 1     |                | (MM / DD / YY): | A/D    | ome<br>Y | َ جَا    | 1                                      | -          | 19/14             | تما | ' <b> </b> | . F           | •                                       |              | _              | 1 "   | Re                | '``          | -  | Cus        | <u></u>  | San                          |   |
|  |  |                             |                               |                 |  | ,                           |               |   | B  | •             | -                  |                             |      |      | 1     |                |                 |        |          |          |  |            |                   |     |            |               | I                                       |              |                |       |                   | •            |  |            |          | •                            |   |



# .CHAIN-OF-CUSTODY / Analytical Request Document . The Chain-of-Custody is a LEGAL DOCUMENT. All felevant fields flust be completed accurately.

|                       | •                     | •                          |     |     | Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. |                               | 12 Them 244/ BATH CIA-F                 | 11 Rom 244/BATH/CLA-R | 10 ROW 24-1274K/1117-F | Room ZHL/SIMK/HH-R | 8 RUDH 246/STHK/CIL-F | 7 Room 246/ STHK/CHI-R | 6 Room 246/DF/F | 5 Room 246/DF/R | 4 Room 246 / KETZMEN - SEMK 2/ HIM-F             | 8 Room 246/KITCHEN- SEMK 2/HIN-R | 2 Room 244/ KETEMEN - SENK 2/ CHI-F | ROOM 246/KETCHEN- SSMIC 2/CH-R | SAMPLE ID WOSE WITH WITH AND COLOR OF THE PRODUCT O | odes   |                 |                      | Email To: Purchase Yandresar@moboces.org Order No.: | Verona, NY 13478 | Address: 4937 Spring Rd Copy To: | Company: Madison Oneida BOCES Report To: | Section A Section B Required Client Information: | manus |
|-----------------------|-----------------------|----------------------------|-----|-----|---|--|-------------------------------|---|-----------------------|------------------------|--------------------|-----------------------|------------------------|-----------------|-----------------|--|----------------------------------|-------------------------------------|--------------------------------|--|--|-----------------|----------------------|---|------------------|----------------------------------|--|--|-------|
|                       | +                     |                            |     |     |   | 3  | ELINQ                         | DW                                      | DW                    | DW                     | DW                 | DW                    | DW                     | DW              | DW              | DW   | Z DW                             | F DW                                | W <sub>Q</sub>                 | MATRIX COL   | DE .   | Project Number: | Project Name:        | o.:   |                  | 0.                               | To:                                      | Section B Required Project Information:          |       |
|                       |                       |                            |     | ,   |   | h  | HSIU                          | DW G                                    | G                     | 6                      | G                  | ر<br>0                | G                      | G               | G               | <u>ເ</u>   | G                                | G                                   | G                              | SAMPLE TYP   |  |                 | Ros                  |   |                  |                                  |  | ct Info  |       |
|                       |                       |                            |     |     | 0   | R  | ED BY                         | *************************************** |                       |                        |                    |                       | <b></b>                |                 |                 |  | <b>†</b>                         |                                     | <b></b>                        | ē.   |  |                 | Rossetti             |   |                  |                                  |  | rmation  |       |
| SIGN                  | PRIN                  | SAME                       |     |     |   | 7.3  | , AFFIL                       |   |                       |                        |                    |                       | <u> </u>               |                 |                 | <b></b>  |                                  |                                     |                                | COMPOSITE START  | င္ပ  |                 |                      |   |                  |                                  |  | .,   |       |
| SIGNATURE of SAMPLER: | PRINT Name of SAMPLER | SAMPLER NAME AND SIGNATURE |     |     |   | ME   | RELINQUISHED BY / AFFILIATION | d-                                      |                       |                        |                    |                       |                        |                 |                 |  | _                                | _                                   | <i>p/t</i>                     | <u>                                     </u>   | COLLECTED  | Pace            | Pace                 | Pace (  | Address:         | Comp                             | Atter                                    | Sect   |       |
| of SAN                | of SAI                | AME A                      |     | 7   | -   | Z  |                               | į                                       | 1:53                  | 4                      | रु                 | 13:1                  | 1:51                   | ¥:1             | <b>አ</b> ክ:ጌ    | 4  | 4                                | ڹ                                   | 1                              | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | Ö  | Pace Profile #: | Project N            | Quote R   | ess:             | Company Name:                    | ntion:                                   | Section C<br>Invoice Infor                       |       |
| PLER                  | NP LER                | ND SIC                     |     |     |   | Mielic   | DATE                          | 7:53                                    | ₩                     | 7:52                   | 1:52               | 2                     | 2                      | 줐               | چ               | 34:4   | 47.17                            | 1,47                                | 4                              | SAMPLE TEMP  | PAT  | .715            | Pace Project Manager | Pace Quote Reference                                |                  | ame:                             | Attention:                               | mation:  |       |
|                       | 1                     | NATI                       | -   |     |   |  |                               |   |                       |                        |                    |                       |                        | _               |                 |  | 1                                |                                     |                                | # OF CONTAIN   |  |                 |                      |   |                  |                                  |  |  |       |
| Ż                     | James Murphy          | JRE                        |     |     |   | 17:00  | TIME                          | ***********                             | -                     | -                      | <u></u>            |                       |                        |                 |                 |  |                                  |                                     |                                | Unpreserved  | T  |                 |                      |   |                  |                                  |  | •  |       |
| nhin                  | l<br>Mari             |                            |     |     | b.  | 0  |                               |   |                       |                        |                    |                       |                        |                 |                 |  |                                  |                                     |                                | H₂SO <sub>4</sub>  | ]  |                 |                      |   |                  |                                  |  |  |       |
| h                     |                       | #                          |     |     |   |  | Þ                             |   |                       | -                      | -                  |                       | -                      | 1               | -               |  | -                                | -                                   |                                | HNO₃<br>HCI  | Pres   |                 |                      |   | l                |                                  |  |  |       |
| N                     | PACE.                 |                            |     |     | İ   | 1  | ACCEPTED BY / AFF             |   |                       | <b></b>                | <b></b>            |                       | <u> </u>               |                 |                 |  |                                  | <u> </u>                            |                                | NaOH   | Preservatives                                    |                 |                      |   |                  |                                  |  |  |       |
|                       | E≱                    |                            |     |     |   | 14   | PTE                           |   |                       |                        |                    |                       |                        |                 |                 |  |                                  |                                     |                                | Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>  | ]es  |                 |                      |   |                  |                                  |  |  |       |
|                       | Analytical            |                            |     | Ì   | 1   |  | D BY                          |   | <del> </del>          |                        |                    | <u> </u>              | -                      | <u> </u>        | -               |  | -                                | -                                   |                                | Methanol<br>Na2SO4   | -  |                 |                      |   |                  |                                  |  |  |       |
|                       | 8                     |                            |     |     |   | X  | / AF                          |   |                       | _                      |                    |                       |                        | -               |                 | <del>                                     </del> |                                  |                                     |                                | Nazgo4   | \ <del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Filter          |                      |   | nung.            |                                  |  |  |       |
|                       |                       |                            |     |     |   | $  \setminus  $  |                               | ×                                       | ×                     | ×                      | ×                  | ×                     | ×                      | ×               | ×               | ×  | ×                                | ×                                   | ×                              |  | Requested  | ered            |                      |   | "UST             |                                  |  |  |       |
| DATE (MM)             |                       |                            |     |     |   | ,  | LIATION                       |   | <b> </b>              |                        |                    |                       | <u> </u>               |                 |                 |  | <b> </b>                         |                                     |                                |  | - Ed   | red (Y/N)       | T0(                  | co  | 4                | NPDES                            |  |  |       |
| DATE Signed 7/9//C    |                       |                            |     |     |   |  |                               |   | <u> </u>              |                        | <u> </u>           | <u> </u>              |                        |                 |                 |  |                                  |                                     |                                |  |  |                 | LOCATION             | SITE  |                  | -                                |  |  |       |
| 3,0                   |                       |                            |     |     |   |  |                               |   |                       |                        |                    |                       |                        |                 |                 |  |                                  |                                     |                                |  |  |                 | 9N                   |   | " RCRA           |                                  |  |  |       |
| 191                   |                       | 1                          |     |     | ,   | 7  | D                             |   |                       |                        |                    |                       |                        |                 |                 |  |                                  |                                     |                                |  |  |                 |                      |   | \$               | Õ                                | æ  |  |       |
| 7                     |                       |                            |     |     |   | 23   | DATE                          |   | -                     |                        |                    |                       | ļ                      |                 |                 | <u> </u>   |                                  |                                     |                                |  |  |                 |                      |   |                  | GROUND WATER                     | <u>-</u> GU                              |  |       |
|                       |                       |                            |     |     | ļ   | 1  |                               |   | <b> </b>              |                        |                    |                       |                        |                 | ļ               |  |                                  |                                     |                                |  |  |                 | 요                    | GA.   |                  | TER                              | LAT                                      |  |       |
|                       |                       |                            |     |     |   | 300  | 1                             |   |                       |                        |                    |                       |                        |                 |                 |  | <u> </u>                         |                                     |                                |  |  |                 |                      | _   |                  |                                  | OR)                                      |  |       |
|                       |                       |                            |     |     |   | 18   | TIME                          |   |                       |                        |                    |                       |                        |                 |                 |  |                                  |                                     |                                |  |  |                 | SC                   | =   | OTHER            |                                  | ' AG                                     |  |       |
|                       | l                     |                            |     |     |   |  |                               |   |                       |                        |                    |                       |                        |                 |                 |  |                                  |                                     |                                |  |  |                 | ***1                 | [   | 克                | NK                               | REGULATORY AGENCY                        | <b></b>  | 1     |
|                       | tub ju                |                            |     |     |   |  | SAI                           |   |                       | r                      |                    |                       |                        |                 |                 |  |                                  |                                     |                                | Residual   |  |                 | ≦                    | ž   |                  | DRINKING WATER                   | Ϋ́                                       | Page:  |       |
| Ref                   | eived<br>Ice          | d on                       | Y/N | Y/N | Y/N   | Y/N  | MPLE                          |   |                       |                        |                    |                       |                        |                 |                 |  |                                  | E.                                  | 16                             | Residuel Chlorine (YIN)  |  |                 | 0                    | M   |                  | ATER                             |  | W  |       |
| Cust                  | ody S<br>Čoole        | ealed<br>r                 | Y/N | Y/N | Y/N   | Y/N  | SAMPLE CONDITIONS             |   |                       |                        |                    |                       |                        |                 | ,               |  |                                  | 200                                 | 40                             | ·  | \  | 7               | OTHER_               | 7   |                  | ~                                |  | 와  |       |
| Sam                   | ples i                | Intact                     | Y/N | Y/N | Y/N   | Y/N  | SNOI                          |   |                       |                        |                    |                       |                        |                 |                 |  |                                  | 881                                 | ST.                            | Pace Project No.<br>Lab I.D.   |  |                 | NY                   | NC  |                  |                                  |  |  |       |



#### .ÇHAİN.OF.CUSTODY / Analytical Request Document . The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields thust be completed accurately.

| •                           | •   |              | Š            | VATER, DF=DRINKING FOUNTAIN | balliples entiting in r are ilustred samples and are to be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS           | 12 Room 244/DF/F | 11 ROOM 244/DF/R | 10 Room 244/KITCHEN-SEMIN 2/HH-F | 9 Ruch 244/KSTZWEN - SENIN 2/HW-2 | 8 ROOM 244/ KETCHEN-STANZ/CHIF | 7 ROOM 244 / KETCHEH - SE-11-2/CLIR | 6 Ram 244/ KETZUEN-SENKI/HW-F | 5 ROOM 244/ KETZWEN - SEME I/HIM -R | 4 Boom 244/ KITCHEM - SIMP 1/CM-F | 3 ROW ZHY KETCHEN - SSAN 1/CLI-R                 | ROOM 244/BATH/HIJ.F | ROOM 244/BATH/HILL-IZ |                            | SAMPLE ID WATER WITH TWO TO THE TO TH | odes          |                 | 315.361.5750 Fax:     | o:<br>tvandresar@moboces.org | VY 13478 | pring Rd       | /: Madison Oneida BOCES |   |
|-----------------------------|---|--------------|--------------|-----------------------------|---|-------------------------------|------------------|------------------|----------------------------------|-----------------------------------|--------------------------------|-------------------------------------|-------------------------------|-------------------------------------|-----------------------------------|--|---------------------|-----------------------|----------------------------|--|---------------|-----------------|-----------------------|------------------------------|----------|----------------|-------------------------|---|
| <b>)</b>                    | •   |              |              |                             | 1 Sept  | RELINQUISHED BY / AFFILIATION | DW               | DW               | M-E DW                           | E NO DW                           | MD FF                          | NO KI                               | M-F DW                        | DW DW                               | L-F DW                            | A-R DW   | DW                  | DW                    |                            | MATRIX COE   |               | Project Number. | Project Name:         | Purchase<br>Order No.:       |          | Сору То:       | Report To:              | Section B Required Project Information: |
|                             |   |              |              |                             | r   | HSIU                          | <u>۷</u>         | <u>୧</u>         | ر<br>د                           | 6                                 | <u>۷</u>                       | G                                   | 6                             | G                                   | <u>&lt;</u>                       | G  | G                   | 6                     |                            | SAMPLE TYP   | E             | 1               | Rossetti              |                              |          |                |                         | ect Info                                |
| ۱<br>                       |   |              |              | 1                           | 1/2   | D BY //                       |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       | DATE                       |  |               |                 | setti                 |                              |          |                |                         | mation:                                 |
| SIGNATI                     | PRINT N   |              |              |                             | Me  | AFFILIAT                      |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       | ∃M!T                       | COMPOSITE  | COLLECTED     |                 |                       |                              |          |                |                         |   |
| SIGNATURE of SAMPLER:       | SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: James |              |              |                             |   |                               | 4                |                  | -0                               |                                   | -0                             | 4.                                  |                               | _                                   | _                                 | _  | -                   | 1/2                   | DATE                       | COMPOSITE<br>END/GRAB  | CTED          | Pace Profile #: | Pace Project Manager. | Pace Quote Reference         | Address: | Company Name:  | Attention:              | Section C<br>Invoice Information:       |
| AMPLER                      | AND SI  |              |              |                             | Thehic  | DATE                          | 6:03             | 8:02             | 8.0                              | Si C                              | \$:00                          | 5.00                                | 7.54                          | なべ                                  | 1:57                              | 35.7   | 45.F                | 1:54                  | TIME                       | SAMPLE TEMP  | AT            | ,#              | ct Manage             | e Referenc                   |          | Name:          |                         | formation                               |
| V                           | Z   | _            | $\vdash$     | -                           |   |                               | _                |                  |                                  | _                                 | <u> </u>                       |                                     |                               |                                     |                                   |  |                     |                       |                            | COLLECTION   | 4             |                 | ה                     | , %                          |          |                |                         |   |
| which                       | ATURE  James Murphy PACE Analytical                     |              |              |                             | 17:00   | TIME                          |                  | _                | _                                | -                                 |                                | <u> </u>                            | <u> </u>                      | <u> </u>                            | <u> </u>                          | <del>                                     </del> | _                   | -                     | ├                          | # OF CONTAINI<br><br>eserved   | =R6           |                 |                       |                              |          |                |                         | •                                       |
| 13                          | Murp  |              | _            |                             | J.  | 111                           |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       | H <sub>2</sub> SC          |  | 1             |                 |                       |                              |          |                |                         |   |
| 2                           | ήγ  | -            |              |                             |   | 4                             |                  |                  | -                                | <del> -</del>                     | -                              | -                                   |                               | -                                   |                                   | -  |                     |                       | HNO                        | 3  | Pres          |                 |                       |                              |          |                |                         |   |
| ľ.                          | PAC   |              |              |                             | 1/0   | CCE                           |                  | <b>-</b>         | <del> </del>                     | <del> </del>                      | I                              | <u> </u>                            | <del> </del>                  | ļ                                   |                                   | <del> </del>                                     | <del> </del>        |                       | NaOl                       | H  | Preservatives |                 |                       |                              |          |                |                         |   |
| -                           | mi<br>≱   |              |              |                             | M   | PIE                           |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       | Na <sub>2</sub> S          | i <sub>2</sub> O <sub>3</sub>  | ves.          |                 |                       |                              |          |                |                         |   |
|                             | nalyti  |              |              | `                           | R.  | ACCEPTED BY / AFFIL           |                  | <del> </del>     | <del> </del>                     | -                                 |                                | -                                   | ļ                             | _                                   |                                   | _  |                     |                       | Meth<br>Na2S               | <del></del>  | -             | ļ               | L                     | <u> </u>                     |          |                |                         |   |
|                             | <u>&amp;</u>  |              |              |                             | 12  | / AF                          |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       | Nazc                       | An   | L Re          | III             |                       |                              |          | -energy        |                         | Ī                                       |
|                             |   |              |              |                             | ]\  |                               | ×                | ×                | ×                                | ×                                 | ×                              | ×                                   | ×                             | ×                                   | ×                                 | ×  | ×                   | ×                     |                            |  | Requested     | Filtered (Y/N)  |                       |                              | " UST    | NP             |                         |   |
| DATE Signed (MM / DD / YY): |   |              |              |                             |   | ATION                         |                  |                  |                                  | -                                 | <b> </b>                       |                                     |                               |                                     |                                   |  |                     |                       |                            | No.  | a.            | (N)             | LOC                   | S                            | 7        | NPDES          |                         |   |
| Signed<br>DD / Y            |   |              |              |                             |   |                               |                  |                  | <b>—</b> ,                       |                                   | ļ                              |                                     | <u> </u>                      |                                     |                                   |  |                     |                       |                            |  |               |                 | LOCATION              | SITE                         |          | -1             |                         |   |
| 3 -                         |   |              | ļ            | <u> </u>                    |   |                               |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       |                            |  |               |                 | S                     |                              | RCRA     |                |                         |   |
| 2/19/16                     |   |              |              |                             | N   | D,                            |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       |                            |  |               |                 |                       |                              | ₽        | GROUND WATER   | 굕                       |   |
| 111                         |   |              |              |                             | 13  | DATE                          |                  |                  |                                  | ļ                                 | ļ                              | ļ                                   |                               | ļ                                   |                                   | <b> </b>   |                     |                       | /                          |  |               |                 |                       |                              |          | D W            | ΞGU                     |   |
|                             |   | <del>,</del> | ├-           | ╀                           | -   |                               |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       |                            |  |               |                 | 오                     | GA                           |          | Ä              | LAT                     |   |
|                             |   |              |              |                             | 1000  | 11                            | ***********      |                  |                                  | ļ                                 |                                |                                     |                               |                                     |                                   | <b> </b>   |                     |                       |                            |  |               |                 | -                     | -                            |          |                | ORY                     |   |
|                             |   |              |              |                             | 1/3   | TIME                          |                  |                  |                                  |                                   | <u> </u>                       | <u> </u>                            |                               |                                     |                                   |  |                     |                       |                            |  |               |                 | SC                    | =                            | OTHER    | 및              | REGULATORY AGENCY       |   |
|                             |   | <b>-</b>     | <del> </del> | ╁                           | ╁   |                               |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   | <u> </u>   |                     |                       |                            |  |               |                 | -                     | 7                            | 鬼        | NE NE          | ËNO                     | <b>_</b>                                |
| 10                          | rap in °C   |              | <u> </u>     |                             | <u> </u>  | SAI                           |                  |                  | -                                |                                   |                                |                                     |                               |                                     |                                   |  |                     |                       | Residu                     |  |               |                 | ≦                     | Z                            |          | NG M           | X                       | Page:                                   |
| Ref                         | teived on<br>Ice  | Y/N          | Y/N          | Y/N                         | Y/N   | MPLE                          |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   | -  | 3                   | 7                     | \                          | lei Chlorine (YIN)   |               |                 |                       | 7                            |          | DRINKING WATER |                         |   |
|                             | ody Seale<br>Čooler                                     | d<br>Y/N     | Y/N          | Y/N                         | Y/N   | SAMPLE CONDITIONS             |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  | んりん                 | HO                    |                            | _  | \             | /               | OTHER                 | M                            |          | ىد             |                         | of                                      |
| Sam                         | ples Intac  | t Y/N        | Y/N          | Y/N                         | Y/N   | SNOI                          |                  |                  |                                  |                                   |                                |                                     |                               |                                     |                                   |  | 899                 | 2                     | Pace Project No<br>Lab I.D |  |               |                 | NY                    | NC                           |          |                |                         |   |



#### CHAIN-OF-CUSTODY / Analytical Request Document

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to be held penfing the results of the Raw samples.
Sample ID code: CW=COLD WATER, HW=HOY
WATER, DF=DRINKING FOUNTAIN Samples ending in F are flushed samples and are ITEM# Required Client Information: 10 Phone: 315.361.5750 Company: Madison Oneida BOCES /erona, NY 13478 Address: 4937 Spring Rd Section A Required Crient mournauru

SAMPLE ID

(A-Z, 0-9 / ,-)

(A-Z, 0-9 / ,-)

Sample IDs MUST BE UNIQUE ones:

1882.8 1600- 239/3ATW/HW-R RWM 235/33ATH Room 235/13/174 ROOM 241/3ATH ROOM 239/BATH/HIM-F Roum 241/3254/ HU-F ROOM 2411/BATH/CH-R ROOM 244/ SIHIK/ HIJ-F Room 244/SINK/CJJ-R Room 241 / JATH/ CH-F ROOM ZHY/SINK/HIM-R ROOM 244/STAK/CLA.F Section D Required Client Information tvandresar@moboces.org ADDITIONAL COMMENTS 10 DAYS MATRIX 1 CHJ.F M-EDA-K イエル Purchase Order No.: Project Number Project Name: Copy To: Report To: Required Project Information: Section B RELINQUISHED BY / AFFILIATION DW G ğ DW. D۷ Ø WG DΨ Ø DW DW ğ Σ MATRIX CODE SAMPLE TYPE G G ရ ଜ G G മ Rossetti G G G DATE COMPOSITE START SIGNATURE of SAMPLER: PRINT Name of SAMPLER: TIME COLLECTED SAMPLER NAME AND SIGNATURE mas 2/1 DATE 4 Pace Profile #: Pace Project Manager Pace Quote Reference Address: Company Name: Attention: invoice information: Section C COMPOSITE END/GRAB 8:12 3,12 A . 10 ă S <u>بة</u> 2 14. ob 51.13 8:13 3.5 £0.07 4:0% 8,0 TIME DATE SAMPLE TEMP AT 17:00 James Murphy PACE Analytical TIME Unpreserved H<sub>2</sub>SO₄ HNO₃ **Preservatives** HCI ACCEPTED BY / AFFILIATION NaOH Na2SO4 Ana Requested Filtered (Y/N) T UST NPDES DATE Signed (MM / DD / YY): LOCATION SITE T RCRA GROUND WATER 7118116 DATE どん REGULATORY AGENCY T ~ 오 ଦୁ 000 TIME F T SC T WI T OTHER DRINKING WATER Page: Temp in 'C SAMPLE CONDITIONS M Reteived on Y/N Y/N 5 Y/N Y/N 601R88 ice OTHER NY Custody Seale Cooler ----Y/N Y/N 앜 Pace Project No Lab I.D ਨ ਨ Y/N Y/N Samples Intact Y/N



### .ÇHAIN-OF-CUSTODY / Analytical Request Document . The Chain-of-Custody is a LEGAL DOCUMENT. All felevant fields flust be completed accurately.

| •           | *                     | ,                      |                            |     |     | Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples, | ADDITIONAL COMMENTS                     | 12 Raym 237/13512) BATH 2/F | 11 Reign 237/75ERS BATH 2 | 10 Resem 237/75527 BATH 1/ | 9 Room 231/13522 3ATH 1/R | 8 ROM 237/BATH / HILL . F | 7 Record 237/13/174/11/11-2 | 6 KCCM 237/BATH/CLJ-F | 5 RUOM 237/13ATH/CH-R | 4 Racin 237/SUP STHIC/HILL-F | 3 130m 237/5100 SINK/HILL | 2 RWH 237/SWP SIHK/CH-P | Room 237/SWP STHK/CH-R | 130ME                        | SAMPLE ID WATER WATER WATER TO THE COLOR OF | odes          | *************************************** | Phone: 315.361.5750 Fax [ |                        | Verona, NY 13478 | Address: 4937 Spring Rd | eida BOCES        | Section A Required Client Information:  |
|-------------|-----------------------|------------------------|----------------------------|-----|-----|---|--|---|-----------------------------|---------------------------|----------------------------|---------------------------|---------------------------|-----------------------------|-----------------------|-----------------------|------------------------------|---------------------------|-------------------------|------------------------|------------------------------|---|---------------|---|---------------------------|------------------------|------------------|-------------------------|-------------------|---|
| •           | •                     | •                      |                            |     |     |   | mm   |   | 2/F DW G                    | 2/18 DW G                 | F DW G                     | DW G                      | DW G                      | DW G                        | DW G                  | DW G                  | DW G                         | DW G                      | - F DW G                | DW G                   | (                            | MATRIX COD<br>SAMPLE TYP<br>3=GRAB C=CC   | im<br>DE      | Project Number:                         | Project Name: Rossetti    | Purchase<br>Order No.: |                  | Сору То:                | Report To:        | Section B Required Project Information: |
| •           | SIGNATUR              | PRINT Nam              | SAMPLERI                   |     |     |   | 4 17968  | RELINQUISHED BY / AFFILIATION           | <b>U-</b>                   |                           |                            |                           |                           |                             |                       |                       |                              |                           |                         | blt                    | DATE TIME DA                 | COMPOSITE C   | COLLECTED     | Pac                                     |                           | Pac                    | Adı              | Cor                     | Attı              |   |
| ,           | SIGNATURE of SAMPLER: | PRINT Name of SAMPLER: | SAMPLER NAME AND SIGNATURE |     | ,   |   | 7/m/no   | ,                                       | 7 4:25                      | 8:24                      | 9:22                       | 3:20                      | 8:18                      | \$::8                       | £:13                  | 6:17                  | \$1.15                       | \$1.5                     | P1:3                    | 9.14                   | DATE TIME                    | COMPOSITE TEMP  | AT            | Pace Profile #:                         | Pace Project Manager:     | Pace Quote Reference:  | Address:         | Company Name:           | Attention:        | Section C Invoice Information:          |
| Mil         | Valles Mulpily        | lames Mumby            | TURE                       |     |     | Ç.  | 7:00   | TIME                                    |                             | >                         |                            |                           |                           | 1                           | 1                     | -                     | 1                            | 1                         | 1                       |                        | ļ                            |   |               |   |                           |                        |                  |                         |                   | ,                                       |
| 2/2         | / FACE Allalytical    |                        |                            |     |     | -   | Z  | ACCEPTED E                              |                             |                           |                            |                           |                           |                             |                       |                       |                              |                           |                         |                        | HCI<br>NaOl<br>Na₂S<br>Metha | <sub>2</sub> O <sub>3</sub>   | Preservatives |   |                           |                        |                  |                         |                   |   |
| (MM)        |                       | viical                 |                            |     |     |   |  | BY / AFFILIATION                        | ×                           | ×                         | ×                          | ×                         | ×                         | ×                           | ×                     | ×                     | ×                            | ×                         | ×                       | ×                      | Na2S                         | O4 Ana  | Requested     | Filtered (Y/N)                          | LOC                       | S                      | TSU "            | NPDES                   |                   |   |
| (MM/DD/YY): | 1                     |                        |                            |     |     |   | 1/4  | U DATE                                  |                             |                           |                            |                           |                           |                             |                       |                       |                              |                           |                         |                        | //////                       |   |               | //////                                  | LOCATION                  | SITE                   | T RCRA           | F GROUND WATER          | RE                |   |
| 718116      | ,                     |                        |                            |     |     |   | 13 1000  | *************************************** |                             |                           |                            |                           |                           |                             |                       |                       |                              |                           |                         |                        | //////                       |   |               | //////                                  | F OH F'S                  | F GA F IL              | J** 01           | ,                       | REGULATORY AGENCY |   |
| <u></u>     | ete                   | p in f                 |                            | Y/N | Y/N | Y/N   | Y/N  |   |                             |                           | 7                          |                           |                           |                             |                       |                       |                              |                           |                         | 7)                     | Residu                       | el Chlorine (Y/N)   |               | //////                                  | SC T WI T                 | N                      | OTHER            | DRINKING WATER          | GENCY             | Page: 6                                 |
| H           | stod                  | ly Se<br>poler         |                            | Y/N | Y/N | Y/N   | Y/N  | SAMPLE CONDITIONS                       |                             |                           |                            |                           |                           |                             |                       |                       | ,                            |                           | acon                    | 607A8                  | Pace Project No.<br>Lab I.D. | `   | \             | 11/                                     | OTHER_NY                  | MI NC                  |                  | <b>7</b> 0              |                   | of                                      |
| Sa          | mpl                   | les In                 | tact                       | Y/N | Y/N | Y/N   | Y/N  | S                                       |                             |                           |                            |                           |                           |                             |                       |                       |                              |                           | 公                       | <b>X</b>               | ab I.D.                      |   |               |   |                           |                        |                  |                         |                   |   |



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CHACK SH CAMPINE

|                       | 7767 8768 6277                   |            |     | Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS           | 12 Ram 231 A/BATU/HU-F | 1 ROOM 231A/BATH/HU-R | 10 Row 231A /BATH /CIJ-F | 9 Row 231 A/BATH / CIU-R | 8 Room 231B/ 7AM/ HW-F | 7 Rown 231B/ BATH/HHI-R | 6 Rum 2318/34TH/C11-F | 5 ROOM 231 B / BATH / CIN-R | 4 236-73c/Handf-21F | 8 738-236/ MAII DF-2/R | 2 238-236/HAN DF-1/ F | 238 425c/ Man DE-31 R | SAMPLE ID WATER WA | odes          |                 |                        | o:<br>tvandresar@moboces.org | Verona, NY 13478 | Address: 4937 Spring Rd Co | Company: Madison Oneida BOCES Ro | Section A S Required Client Information: R |
|-----------------------|----------------------------------|------------|-----|---|--|-------------------------------|------------------------|-----------------------|--------------------------|--------------------------|------------------------|-------------------------|-----------------------|-----------------------------|---------------------|------------------------|-----------------------|-----------------------|--|---------------|-----------------|------------------------|------------------------------|------------------|----------------------------|----------------------------------|--|
| ,                     | 3                                |            | ,   | /   | ma   | RELINQUISHED BY / AFFILIATION | J-F DW G               | DW G                  | -F DW G                  | N DW G                   | T-F DW G               | DW G                    | n DW G                | N DW G                      | DW G                | DW G                   | DW G                  | DW G                  | MATRIX COI<br>SAMPLE TYI<br>G=GRAB C=C   | DE<br>PE      | Project Number: | Project Name: Rossetti | Purchase<br>Order No.:       |                  | Copy To:                   | Report To:                       | Section B Required Project Information:    |
| SIGNATURE of SAMPLER: | PRINT Name of SAMPLER:           | CAND TO NA |     |   | y mis  |                               | 4                      |                       |                          |                          |                        |                         |                       |                             |                     |                        |                       | A) t                  | COMPOSITE COMPOSITE START COMPOSITE ENDICIGAB  | COLLECTED     | Pace Profile #: | Pace Pro               | Pace Qu                      | Address:         | Compar                     | Attention:                       |  |
| - 1                   |                                  |            |     |   | The 17:  |                               | 6:38                   | <b>6:3</b> 8          | 6:37                     | <b>6:31</b>              | 8:35                   | 3:35                    | \$:34                 | 8:3Y                        | 5:3)                | انت                    | 5:31                  | £;₹0<br>-             | SAMPLE TEMP<br>COLLECTIO<br># OF CONTAIN   | PAT           | ofile#:         | Pace Project Manager:  | Pace Quote Reference:        | S.               | Company Name:              | on:                              | Section C Invoice Information:             |
| on Payor              | James Murphy PACE Analytical     | ň          |     | -   | 7:00 Buch  | TIME ACCE                     |                        |                       |                          | -3                       |                        | ->                      | 1                     |                             |                     |                        |                       |                       | Unpreserved H <sub>2</sub> SO <sub>4</sub> HNO <sub>3</sub> HCI NaOH   | Preservatives |                 |                        |                              |                  |                            |                                  | (  |
|                       |                                  |            |     |   | 2  | ACCEPTED BY / AFFIL           | ×                      | ×                     | ×                        | ×                        | ×                      | ×                       | ×                     | ×                           | ×                   | ×                      | ×                     | ×                     | Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> Methanol Na <sub>2</sub> SO <sub>4</sub>   |               | Filtere         |                        |                              |                  | 7                          |                                  | í  |
| (MM / DD / YY):       |                                  |            |     |   |  | ILIATION                      |                        |                       |                          |                          |                        |                         |                       |                             |                     |                        |                       |                       | 8  | sted /////    | Filtered (Y/N)  | LOCATION               | SITE                         | UST F RCRA       | NPDES   GRO                |                                  |  |
| 708/18                |                                  |            |     |   | 71121610!  | DATE TIME                     |                        |                       |                          |                          |                        |                         |                       |                             |                     |                        |                       |                       |  |               | ///////         | T OH T                 | F GA                         | ****             | GROUND WATER               | REGULATORY AGENCY                |  |
|                       | trip in °C<br>beived or<br>Ice   | Y/N        | Y/N |   | OF WIN SOLL  |                               |                        |                       | -                        |                          |                        |                         |                       |                             |                     |                        |                       | 7                     | Residual Chlorine (YN)   |               | ///////         | SC WI                  | E N                          | OTHER            | DRINKING WATER             | AGENCY                           | Page: 7                                    |
| -                     | ody Seal<br>Cooler<br>nples Inta | T/IN       | -   |   | (S)<br>(S)   | SAMPLE CONDITIONS             |                        |                       |                          |                          |                        |                         |                       |                             |                     |                        | 8810                  | 07A88                 | Pace Project No.<br>Lab I.D.   | <u>'</u>      |                 | OTHER_NY_              | MI NC                        |                  | ٧,                         |                                  | Z of                                       |



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| rt Information: Idison Oneida BOCES 7 Spring Rd 478 478 10 notes org 10 notes org 10 notes org 10 notes org  |                 | Information:                  | Section C Invoice Information: Attention: Company Name: Address: Pace Quote Reference Pace Project Manager: | mation: ame: ame: Manager: |               |  |                           | I NPDES I UST SI | DES   GROUT   RCRA | REGULATO GROUND WATER RCRA | 7778                                    | Page: & AGENCY DRINKING WATER DTHER IL I IN I M SC I WI O | TER OTHER               | NY NC      |
|--|-----------------|-------------------------------|---|----------------------------|---------------|--|---------------------------|------------------|--------------------|----------------------------|---|---|-------------------------|------------|
|  | Project Number: |                               | Pace Profile #:   | *                          |               |  |                           | Filtered (Y/N)   | /////              | 7777                       |   |   |                         |            |
| odes   | )E<br>PE        |                               | COLLECTED   |                            | ≣RS           | Preservatives                          | ives                      | Requested        |                    |                            |   |   |                         |            |
| SAMPLE ID SUSCEPTION OF THE PROPERTY OF THE PR | MATRIX CODI     | CC COMPOSITE START            | COMPOSITE<br>END/GRAB   | SAMPLE TEMP                | # OF CONTAINE | ) <sub>3</sub>                         | anol                      | Ani R            |                    |                            |   | val Chlorine (Y/N)  | _                       |            |
| 3  |                 | DATE TIME                     | DATE  | TIME                       | Unpi          | H <sub>2</sub> SC<br>HNC<br>HCI<br>NaO | Na <sub>2</sub> S<br>Meth |                  |                    |                            |   | Resid   | ור                      |            |
| 2 RCY IM 229 A / CILL - F  | DW G            |                               | - 15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>15<br>1                           | d by                       |               | <u>.</u>                               |                           | ××               |                    |                            |   |   |                         | 25 A       |
| RCOM 225 A   | DW G            |                               | 6,  | 6:41                       | 1             | -                                      |                           | ×                |                    |                            |   |   |                         |            |
| 4 ROOM 229A / HW-F   | DW G            |                               | 4.  | 17:4                       | _             |  |                           | ×                |                    |                            |   |   |                         |            |
| 5 Room 227/ 1255 CHEN 1/CH-R   | DW G            |                               | ž   | <i>\$</i> .47              | _             | _                                      |                           | ×                |                    |                            |   |   |                         |            |
| 6 Rum 277/ KETCAEM 1/CU-F  | T) DW G         |                               | \$:   | \$:42                      | >             |  |                           | ×                |                    |                            |   |   |                         |            |
| 7 Rows 227/KETCHEN 1/ HU-R   | DW G            |                               | 8   | 8:46                       | -             | ->                                     |                           | ×                |                    |                            |   |   |                         |            |
| 8 FORM 277/ KITCHEN 1/ HIN-F   | DW G            |                               | æ   | 21:46                      | _             | ->                                     |                           | ×                |                    |                            |   |   | -                       |            |
| 9 ROOM 227/ KITCHEN 2/CH-R   | -X DW G         |                               | ò;  | 9;47<br>9;47               | -             |  |                           | ×                |                    |                            |   |   |                         |            |
| 10 Row 227/ KETCHEN 2/CIN-F  | -F DW G         |                               | g;  | 17:38                      |               |  |                           | ×                |                    |                            |   | ٠   |                         |            |
| 11 ROOM 227/KITCHEN 2/HIN-R  | J-N DW G        |                               | 34  | 3:48                       |               |  |                           | ×                |                    |                            | *************************************** |   |                         |            |
| 12 Room 227/KITCHEN 2/HIJ.F  |                 |                               | \$ 5:   | કઃ૫૪                       | -             | <u>-</u> -                             |                           | ×                |                    |                            | **********                              |   |                         |            |
| ADDITIONAL COMMENTS  | RELINQUISH      | RELINQUISHED BY / AFFILIATION |   | DATE                       | TIME          | ACCI                                   | ACCEPTED BY               | BY / AFFILIATION |                    | DATE                       | TIME                                    | SAMPLE  | PLE CONE                | CONDITIONS |
| Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples.   | 1 mg            | i my                          | i smo   | Thefic !                   | 00.77         | Close                                  | 9                         |                  | 7                  | 13/16/                     | 0/05                                    | NA<br>A   | <b>S</b> N              | J™         |
| Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN  |                 |                               |   |                            |               | •                                      |                           |                  |                    |                            |   |   | Y/N<br>Y/N(             | Y/N(       |
|  |                 | ,                             | 7   |                            |               |  |                           |                  |                    |                            |   | -   | <del>Í</del>            | Y/N        |
|  |                 | SAMP                          | SAMPLER NAME AND SIGNATURE  | ND SIGNA                   | TURE          |  |                           |                  |                    | ***                        |   | nn  | Y/N                     | tact Y/N   |
|  | •               | PRINT                         | PRINT Name of SAMPLER:  | '                          | James Murphy  |  | PACE Analytical           | <u>a</u>         |                    |                            |   | nip in<br>beived  | lce<br>ody Se<br>Cooler | ples ir    |
| 7/67 2/58 (38)   | S               | SIGNA                         | SIGNATURE of SAMPLER:   |                            | 1. M. 2.      | 2                                      |                           |                  | (MM/DD/YY): 7      | 7/8/16                     |   |   | Cust                    |            |



# CHAIN-OF-CUSTODY / Analytical Request Document . The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields must be completed accurately.

| Section A  Required Client Information:  Company: Madison Oneida BOCES  Address: 4937 Spring Rd  Verona, NY 13478  | Section B Required Project Information: Report To: Copy To: | # Info                     | rmation:          |   | Section C<br>Invoice Info<br>Attention:<br>Company N | Section C Invoice Information: Attention: Company Name: Address: | nation:               |                           |  |         |  |                    |                             |              |  | 7 7 Z          | NPDES        |                             | 7 7 | REGULAT<br>GROUND WATER |          | G<br>G       | VIEW LA | ~ <u> </u> | 7 7 8      | AGEN        | REGULATORY AGENCY  JND WATER F DRINKING WATER | Page:       | WAIE               | er of                  |                              |               |
|--|---|----------------------------|-------------------|---|--|--|-----------------------|---------------------------|--|---------|--|--------------------|-----------------------------|--------------|--|----------------|--------------|-----------------------------|-----|-------------------------|----------|--------------|---------|------------|------------|-------------|---|-------------|--------------------|------------------------|------------------------------|---------------|
| o:<br>tvandresar@moboces.org   | Purchase<br>Order No.:                                      |                            |                   |   | Pace C   | luote Re   | Pace Quote Reference: |                           |  |         |  |                    |                             |              |  |                |              | SITE                        | 111 |                         |          |              | GA.     | ^          | ٦          | =           | 7   | Ž           |                    | M                      | NC C                         |               |
| 315.361.5750 Fax:  | Project Name:   | Rossetti                   | setti             |   | Pace F   | Pace Project Manager.  | lanager               |                           |  |         |  |                    |                             |              |  |                | 1            | LOCATION                    | 101 | ~                       |          |              | 유       | エ          |            | SC          | www   | ≨           | ***                | OTHER_                 | NY                           |               |
|  | Project Number:   |                            |                   |   | Pace F   | Pace Profile #:  |                       |                           |  |         |  |                    |                             |              | 1  | Filtered (Y/N) | (7)          | ٦                           |     |                         |          |              | $\sim$  |            |            |             |   | $\subseteq$ | 7                  |                        | 7                            |               |
| odes   | ļm .  |                            |                   | COLLECTED                               | ECTE   | Ö  |                       |                           |  |         | Pres   | Preservatives      | ves                         |              | 20   | Requested      | řed          |                             |     |                         |          |              |         |            |            | $\sim$      |   | $\sim$      |                    |                        |                              |               |
| SAMPLE ID SOURCE NOW NO STREET OF ST | MATRIX CODI   | SAMPLE TYPE<br>G=GRAB C=CO |                   | COMPOSITE                               | CON  | COMPOSITE<br>END/GRAB  | SAMPLE TEMP           | COLLECTION<br>OF CONTAINE | eserved  |         | 3  | H                  | <sub>2</sub> O <sub>3</sub> |              | An:  |                | Po           |                             |     |                         |          |              |         |            |            |             |   |             | isi Chlorine (YIN) | _                      |                              | ************* |
|  |   | 1                          | DATE              | TIME                                    | DATE   |  | TIME                  | ١,                        | ┼  | H₂SC    | HNO  | NaOI               | Na <sub>2</sub> S           | Meth         | Na28   | <u> </u>       |              |                             |     | $\vdash$                |          | $\vdash$     |         |            | $\searrow$ |             | ${\sim}$                                      | Rest        | -70%               |                        | race Project No.<br>Lab I.D. |               |
| ROOM 227/KETCHEN 3/CH-R  | 1-12 DW   | G                          | 1                 |   | 5/4  |  | - 3                   |                           | +  |         |  |                    |                             | -            | ╁  | ×              | -            |                             |     | -                       | 1        | +            |         | ╁          |            | -           |   |             | -                  | CO                     | 188                          |               |
| 2 RCOM 227/KITCHEN 3/CM-F  | J-F DW  | G                          |                   |   | _  | 8:53   | 2.                    |                           | +  |         | -  | <del> </del>       |                             | <del> </del> | +  | ×              | <del> </del> | -                           |     | +-                      |          | ┿            |         |            |            |             |   |             | -                  | 607                    | SSS                          |               |
| 3 ROOM 227/ KETCHEM 3/ HILJ-PR   | 1-12 DW   | G                          |                   |   |  | 4:4  | 3                     | _                         | <del>                                     </del> |         | -  | <b></b>            |                             | <del> </del> | <del>                                     </del> | ×              | <u> </u>     |                             |     | -                       |          | <del> </del> |         | -          |            |             |   |             |                    |                        |                              | -             |
| 4 ROM 727/KETCHEN3/HW-F  | J-F DW  | G                          |                   |   |  | £; 53  | ঽ                     |                           | _  |         | <u>                                     </u> |                    |                             | ļ            |  | ×              |              |                             |     | <del> </del>            |          |              |         |            |            |             |   |             |                    |                        |                              |               |
| 5 ROOM 227/KETCHEM 4/CW-R  | MQ 2-1  | G                          |                   |   |  | \$:.5€   | 2                     | _                         |  |         |  | ļ                  |                             |              |  | ×              | <b></b>      |                             |     |                         |          |              |         |            |            |             |   |             |                    |                        |                              | ·             |
| 6 Rom 277/KITCHEN 4/CJJ. F   | + T DW  | G                          |                   |   |  | 4:56   | 7                     |                           |  |         | <u> </u>                                     | <b></b>            |                             |              |  | ×              |              |                             |     |                         |          |              |         |            |            |             |   |             |                    |                        |                              |               |
| 7 Room 227/KETCHENY/HW-R   | W-7 DW  | 6                          |                   |   |  | 45:57  | 2                     |                           |  |         | -  | <u> </u>           |                             |              |  | ×              |              |                             |     |                         |          |              |         |            |            |             |   |             |                    |                        |                              |               |
| 8 Kow 227/ KITCHCH 4/HW-F  | M-T DW  | ര                          |                   |   |  | 45:62  | *                     |                           |  |         |  |                    |                             |              |  | ×              |              |                             |     |                         |          |              |         |            |            |             |   |             |                    |                        |                              |               |
| 9 Room 227/KITCHEN S/CH-R  | 1-72 DW   | G                          |                   |   |  | \$2.5%   | र्                    |                           | A  |         | -  |                    |                             |              |  | ×              |              |                             |     |                         |          |              |         |            |            |             |   |             |                    |                        |                              |               |
| 10 ROOM 227/ KSTCHENS/CH-F   | 1-1 DW  | ഒ                          | -                 |   |  | 25:58  | *                     |                           |  |         |  |                    |                             |              |  | ×              |              |                             |     |                         |          |              |         |            |            |             |   | ē           |                    |                        |                              |               |
| 11 Row 227/KITCHEN 5/ FIH-R  | F-7 DW  | ഒ                          |                   |   |  | 8.55   | <b>5</b> 5            |                           |  |         | 1  |                    |                             |              |  | ×              |              |                             |     |                         |          |              |         |            |            |             |   |             |                    |                        |                              |               |
| 12 Room 227/ KITCHENS/HH-F DW G  | 4-5 DW  | G                          | A COLORANGE COMMO | *************************************** | 4  | eg. 000  | 8                     |                           |  |         | 1  |                    |                             |              |  | ×              |              |                             |     |                         |          |              |         |            |            |             |   |             |                    |                        |                              |               |
| ADDITIONAL COMMENTS  Samples ending in F are flushed samples and are to be held perfor the results of the Bourcemeter.   | RELINQUISHED BY AFFILIATION                                 | 3 18                       | WA G              | W// (                                   | HATION   | 1/2  | PATE                  |                           | TIME (7)   |         | 2  | ACCEPTED BY / AFFI |                             | D B          | (/AI   |                | IATION       | ž                           |     | 7                       | <u> </u> |              | 3       | 5          |            | λ) <u> </u> |   | S A         | SAMPLE (2)         | E COND                 | CONDITIONS                   |               |
| Sample ID code: CW=COLD WATER, HW=HOT  |   |                            | 0                 |   |  |  |                       |                           |  | -       | _  |                    |                             |              |  |                |              |                             |     |                         | -        | -            |         |            |            |             |   | 1           | Y/N                | Y/N(                   | Y/N(                         | لـــــــــــا |
|  |   | -                          |                   |   |  | +  |                       | $\top$                    |  |         |  |                    |                             |              | l  |                |              |                             |     |                         |          |              |         |            |            |             |   |             | N Y/N              |                        | 'N Y/N                       |               |
|  |   |                            |                   | SAMPLER NAME AND SIGNATURE              | ER No  | ME A   | ND SIG                | NATC                      | R  | <b></b> |  |                    |                             |              |  |                |              |                             |     |                         |          |              |         |            |            |             |   | ا ن         | n Y/N              |                        | act Y/N                      |               |
| •  |   |                            |                   | PRINT Name of SAMPLER                   | Name   | of SAM   | PLER:                 | <u> </u>                  | lames Murphy PACE Analytical                     | , I     |  | ם<br>מ             | Π<br>>                      | Ner.         | 3  |                |              |                             |     |                         |          |              |         | 1          |            |             |   | p in '(     | ived o             | lce<br>ly Sea<br>coler |                              |               |
| 7767 258 6237  | 37.   |                            |                   | SIGNATURE of SAMPLER:                   | URE O  | of SAN   | PLER:                 |                           | MM h No  | 3       | 2  | 22                 |                             |              |  |                | <u>3 ₽</u>   | DATE Signed (MM / DD / YY): | 3 8 | ŧ                       | 7/9/10   | 4            | ["      | ١          | ·          | ŀ           | l-<br>  | Ten         |                    | Custo                  |                              |               |
|  | ζ-  |                            |                   |   |  |  |                       | ٤                         | 1  | Z       | Z  | 4                  |                             |              |  |                | 3            | ŝ                           | ₹   |                         | *        | 1            | ~       | •          |            |             |   |             |                    | Cı                     | s                            |               |



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|       | 1/6/0/58 (0237        |  |                            |                   |                   | Sample ID code: CW=COLD WATER, HW=HOT | Samples ending in F are flushed samples and are to samples. And have | ADDITIONAL COMMENTS RELINQUISHED BY AFFILIATION | 12 Room 225A/SLUP SENK/CH.F DW G | THE REON 225A/SLOP SSHIK! CH. DW G | 10 Res 225 A/BILLS FATH F DW G | 9 Recom 225A/BIRD BATH/R DW G | 8 ROOM 233/ SEAR! HW-F DW G | Room 233/ SENK/ HIL-R DW G | 6 Rucm 233/ STHK / CHIF DW G | 5 Ruon 233 / SINK/CH-R DW G | Rum 233/SUPSTAR/HN-F DW G | Room 233/ Stur Simm/ HLI-R DW G | 2 Rum 233/SLOP STAKICIA-F DW G | Room 233/SW SINK/CH-R DW G | IDOUE  | SAMPLE ID CONTROL OF THE CONTROL OF  | CODE E          | Requested 10 DAYS Project Number: | Project Name: Rossetti | Email To: Purchase Purchase Order No.: | Jerona, NY 13478 | Address: 4937 Spring Rd Copy To: | Company: Madison Oneida BOCES Report To: | Section A Section B Required Client Information: Required Project Information: |
|-------|-----------------------|--|----------------------------|-------------------|-------------------|---------------------------------------|--|---|----------------------------------|------------------------------------|--------------------------------|-------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|---------------------------|---------------------------------|--------------------------------|----------------------------|--|--|-----------------|-----------------------------------|------------------------|--|------------------|----------------------------------|--|--|
| •     | SIGNATURE of SAMPLER: | PRINT Name of SAMPLER:                     | SAMPLER NAME AND SIGNATURE |                   |                   |                                       | 1 McE Thehic   | Y AFFILIATION DATE                              | \$ 4:10                          | 4:04                               | Q:O7                           | عاره ا                        | P.0.P                       | Poit.                      | <b>q:03</b>                  | Q:03                        | P:03                      | 9:01                            | 04:00                          | w:4 4r                     | TIME DATE TIME                               | COMPOSITE COMPOSITE METOLOGICAL COMPOSITE COMP |                 | Pace Profile #:                   | Pace Project Manager.  | Pace Quote Reference:                  | Address:         | Company Name:                    | Attention:                               | Section C Invoice Information:   |
| 11 11 | 4 March               | James Murphy PACE Analytical               | ATURE                      |                   |                   |                                       | 17:00 QUAR   | TIME ACCEPTED E                                 |                                  | >                                  |                                |                               |                             |                            |                              |                             |                           |                                 |                                | >                          | ├  | 3<br>-1<br>2 <sup>O</sup> 3  | Ø Preservatives |                                   |                        |  |                  |                                  |  | 3  |
|       | DATE Signed 7/9/10    |  |                            |                   |                   | G                                     | 7(   | BY / AFFILIATION                                | ×                                | ×                                  | ×                              | ×                             | ×                           | ×                          | ×                            | ×                           | ×                         | ×                               | ×                              | ×                          | Na28   | Ans:   | Requested       | Filtered (Y/N)                    | LOCATION               | SITE                                   | 「 UST            | MPDES F GROU                     |  |  |
| •     |                       |  |                            |                   |                   |                                       | 18/16/03/181   | DATE TIME                                       |                                  |                                    |                                |                               |                             |                            |                              |                             |                           |                                 |                                |                            | <i>'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i> |  |                 |                                   | F OH F SC F            | F GA F IL F                            | T OTHER_         | GROUND WATER   DRINKI            | REGULATORY AGENCY                        |  |
|       | Ref                   | emp in<br>beived<br>lce<br>cody S<br>Coole | d on<br>sealed             | Y/N<br>Y/N<br>Y/N | Y/N<br>Y/N<br>Y/N |                                       | NAS & &  | SAMPLE CONDITIONS                               |                                  |                                    | 7                              |                               |                             |                            |                              | 4                           |                           |                                 | 16071858                       | 1607H38                    | Residu                                       | al Chlorine (YN)   | `// <b>/</b> /  | ///////                           | WI TOTHER NY           | IN MI T NC                             |                  | DRINKING WATER                   | CY                                       | Page: 10 of  |



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| lient Information:  Waddison Oneida BOCES  1937 Spring Rd  13478  T: 10 DAYS  13478  T: 10 DAYS  III DAYS  |                |                  | TWO        |          | Sample WATER                                     | Sample:<br>to be he                              |              | 12 72                                   | 77              | ਰ<br><b>ਨ</b> | °<br>R     | 8            | 7 72        | 。               | 5  | 7          | ۵<br>7       | 2            | ン  | ITEM#   | R S e                               | Requested<br>Due Date/TAT: | Phone:       | Email To:             | Verona, I | Address: | Company          | Section A<br>Required C |
|--|----------------|------------------|------------|----------|--|--|--------------|---|-----------------|---------------|------------|--------------|-------------|-----------------|--|------------|--------------|--------------|--|---|-------------------------------------|----------------------------|--------------|-----------------------|-----------|----------|------------------|-------------------------|
| Page   Management   Page   P   | 71/27          | , •              |            |          | ID code: CW=COI                                  | s ending in F are fl<br>ld penfing the resu      | ADDITIONAL ( | CO 221A                                 | COM 221A        | COM 221A      | con 22 1A  | COM 223A/    | COM 223A    | aum 223A,       | COM 223A/  | bum 223A,  | COM 223A /   | COM 275A     | 00m 225A   | SAMPLE  <br>(A-Z, 0-9 / ,-)<br>mple IDs MUST BE !                 | ction D<br>uired Client Information |                            | 315.361.5750 |                       | NY 13478  |          | y: Madison Oneio | A Client Information:   |
| Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page   1/2   Page    | いためい           |                  |            |          | ED WATER, HW=HOT                                 | ushed samples and are<br>ilts of the Raw samples | COMMENTS     | 1 SLUP SIMIK/C                          | BUP SIME R      | BIRD GATH     | /BS20 BAW/ | H/AVES COTS  | H/WHIS LOTS | Sup sink/c      | SLUP SSHK/CI                                     | /BEED BAIL | 1 mine cores | SLUP STAK/H  | SLUP SINK!                                       | WANTER WASTE WATER PRODUCT SCLESCUD OIL WAFE WAFE AR OTHER TISSLE | odes                                |                            |              |                       |           | 0        |                  | 77 (0                   |
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| Section C  Anterestor C  Anterestor C  Anterestor C  Anterestor C  Anterestor C  Company Name:  Regulatory Andrew  Anterestor C  Company Name:  Regulatory Andrew  Regulatory   J              | _                |            | `        |  | Ž  | SINDA        | *************************************** | T               | 1             | 1          | 1            | 1           | 1               | 1  | ·          | 1            | 1            | 1  | 1   |                                     | 8:                         |              |                       |           |          |                  | roject In               |
| Section C  Anterestor C  Anterestor C  Anterestor C  Anterestor C  Anterestor C  Company Name:  Regulatory Andrew  Anterestor C  Company Name:  Regulatory Andrew  Regulatory                  |                  |            | 5        |  | 12   | HEDE         | 3                                       | G               | 6)            | 6)         | G            | 6)          | ω,              | 6  | G)         | <u></u>      | ω,           | ω  | G=GRAB C=C  |                                     |                            | ossetti      |                       |           |          |                  | formati                 |
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| REGULATORY AGENCY  Preservatives  Preservatives  Requested  I UST FRORA  Filtered (VIN)  Preservatives  Requested  Ans  LOCATION  Requested  THIS  LOCATION  | <i>F</i>       | . 6              | _          | <u> </u> | _  | 6  |              |   |                 |               |            |              |             |                 |  |            |              | _,           |  | COLLECTIO   | N                                   |                            | .,           | e;                    |           |          |                  |                         |
| PACE Analytical    | 00             | mes i            |            |          |  | 7.7.   | TIME         |   | <del> -</del> - |               |            | _            | -           | <del> -</del> - | Ι  |            | <del> </del> | _            | Ι  |   | T                                   |                            |              |                       |           |          |                  | •                       |
| PACE Analytical    |                | Murp             |            |          | t.   | 8  |              |   |                 |               |            |              |             |                 |  |            |              |              |  |   | ]                                   |                            |              |                       |           |          |                  |                         |
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| REGULATORY AGENCY NPDES I GROUND WATER I DRINKING WATER UST FROM FOTHER  OH SC WIN OTH  LOCATION  DATE Signed  AMA/DD/YO:  Received on JAN Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/  |                | E An             |            |          |  | $\infty$   | PTE          | ***********                             | ļ               | ļ             | ļ          | ļ            |             | ļ               | <u> </u>   |            | ļ            |              | ļ  | **************************************                            | _l <sup>®</sup>                     |                            |              |                       |           |          |                  |                         |
| REGULATORY AGENCY NPDES I GROUND WATER I DRINKING WATER UST FROM FOTHER  OH SC WIN OTH  LOCATION  DATE Signed  AMA/DD/YO:  Received on JAN Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/  |                | alyti            |            |          |  | 5  | ) ВҮ         |   | <del> </del>    | ╫             |            | -            | -           | <del> </del>    | <del>                                     </del> |            | ╫            | -            | $\vdash$   |   | $\dashv$                            | l                          |              |                       |           |          |                  |                         |
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| REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY  Page: //  OH SC NIL NIN MI  Temp in C  Reteived on Ice  Sample County Societ  County Societ  County Societ  Reteived on Ice  Reteived on Ice  Reteived on Ice  County Societ  Reteived on Ice  Rete | Signed<br>DD/Y | N.               |            |          |  |  |              |   |                 | -             |            | -            |             |                 |  |            | ļ            | -            | <del> </del>                                     |   |                                     |                            | ATIO         | Ξ                     |           | 7        |                  |                         |
| Received on los AND AND AND AND AND AND AND AND AND AND  | 3              |                  | <b>!</b> - | -        | <del> </del>                                     | - N  |              |   |                 |               |            |              |             |                 |  |            | -            |              |  |   |                                     |                            | Ż            |                       | RCR       | GRC      |                  |                         |
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| Temp in 'C  Reteived on los A/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y  | 2              |                  |            |          |  | <b>₹</b>   | H            |   |                 |               |            |              |             |                 |  |            |              |              |  |   |                                     |                            |              |                       |           | TAW      | GUL              |                         |
| Reteived on Ice Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  |                |                  |            | ╁        | ╁  | ~  |              |   |                 |               |            |              |             |                 |  |            |              |              |  |   |                                     |                            | 오            | GA                    |           | Ŗ        | ATO              |                         |
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| Reteived on Ice Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | i              |                  |            |          |  | 3  | m            |   | ļ               |               |            | <del> </del> |             |                 | -  | ļ          |              | <b> </b>     | 1  |   |                                     |                            | SC           |                       | HE        | DRI      | AGE              |                         |
| Reteived on Ice Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | Te             | rao in °C        |            |          |  |  |              |   |                 |               |            |              |             |                 |  | -          | <b> </b>     | <del> </del> | <del>                                     </del> |   |                                     |                            | 5            | 7                     | 25        | NKIN     | NCY              | Pag                     |
| Supply Society   |                | *                | +          | -        | _  |  | SAMI         |   |                 | ^             |            |              |             |                 | -  |            |              |              |  | Residuel Chlori   |                                     |                            | 1            |                       |           | 3 WA     | •                |                         |
| Samples Intact Y/N Y/N Y/N Y/N Y/N X/N   | Cust           | ice<br>ody Seale | d          | -        | ├  | -  | PLE CONI     |   |                 |               |            |              |             |                 |  |            |              | 1001         | 160,   | _   |                                     |                            | OTHER        | S T                   | 1         | ĒŖ       |                  |                         |
|  | <u> </u>       |                  | et Y/N     | Y/N      | <del>                                     </del> |  | SNOITIC      |   |                 |               |            |              |             |                 |  |            |              | B            | 288/   | ce Project N  |                                     |                            | 11           |                       |           |          |                  |                         |



#### CHAIN-OF-CUSTODY / Analytical Request Document . The Chain-of-Custody is a LEGAL DOCUMENT. All felevant fields iffust be completed accurately.

| 776737586337                   |                              | ,                          |     |     | Sample ID code: CW=COLD WATER, HW=HOT WATER DE=DRINKING FOI INTAIN | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS           | 12 Reem 217/ HUSE/F | Ruch 217/405E/R | 10 Reom 217/75/15 | 86247177F1R | 8 Ray 217 /BILD PATU / F | 7 ROLL 217/BIAO BATH/R | 6 Row 215/ Slup SEAK/HU-F | 5 Room 214/3460 SEAK/ULI-R | 4 Row 213/ SLUP SEHK/CIN-F | 3 ROOM 219/SWP SINK /CH-R | 2 ROOM 221A/SWP SIMK/HW-F                        | Room 221 A/SLOP SSMR/HW-R                        | 159-6                    | SAMPLE ID SOUSCIE SE STEEL STE | odes             |                 |                       | Email To: Pure tyandresar@moboces.org Pure | Verona, NY 13478                       | Address: 4937 Spring Rd Cop | Company: Madison Oneida BOCES Rep | Section A Ser<br>Required Client Information: Rec |
|--------------------------------|------------------------------|----------------------------|-----|-----|--|--|-------------------------------|---------------------|-----------------|-------------------|-------------|--------------------------|------------------------|---------------------------|----------------------------|----------------------------|---------------------------|--|--|--------------------------|--|------------------|-----------------|-----------------------|--|--|-----------------------------|-----------------------------------|---|
| $\mathcal{J}$                  | Ĭ                            |                            |     |     | ,  | B  | RELIN                         | D                   | 0               | D                 | 0           | ·                        | ļ                      | <u> </u>                  | ļ                          |                            | <u> </u>                  | r.T  | E-N<br>DW  |                          | MATERIX CO.  |                  | Project Number  | Project Name:         | Purchase<br>Order No.:                     |  | Copy To:                    | Report To:                        | Section B Required Project Information:           |
|                                |                              |                            |     | ,   |  | لر   | QUISI                         | DW G                | DW G            | DW G              | DW G        | DW G                     | DW G                   | DW G                      | DW G                       | DW G                       | DW G                      | DW G   | ₩<br>G   | ├                        | SAMPLE TYPE  | °E               | '               |                       |  |  |                             |                                   | ject Inf  |
|                                |                              |                            |     | ,   |  | 3  | HED E                         |                     | <u> </u>        | -                 | 07          | <u> </u>                 | <del> </del>           | <del> </del>              | u'                         |                            | <del> </del>              | °  | "  |                          | G=GRAB C=C   | OMP              |                 | Rossetti              |  |  |                             |                                   | ormati  |
| SIG                            | PRIN                         | SAM                        |     |     | 7  | 1  | RELINQUISHED BY / AFFILIATION |                     |                 |                   |             |                          |                        |                           |                            |                            |                           | ļ  | -  | DATE TIME                | COMPOSITE<br>START   | 8                |                 |                       |  |  |                             |                                   | on:   |
| SIGNATURE of SAMPLER:          | PRINT Name of SAMPLER:       | SAMPLER NAME AND SIGNATURE |     |     |  | ME   | LIATION                       | 4                   |                 |                   |             |                          |                        |                           |                            |                            |                           |  | 7/4  | E DATE                   |  | COLLECTED        | Pace F          | Pace P                | Pace C                                     | Address:                               | Comp                        | Attention:                        | Section C   |
| of SAI                         | of SA                        | \ME A                      |     | ¥   |  | 1  |                               | .0                  | ٩               | Ü                 | ھ           | جر                       | ۹                      | 2                         | ٩                          | جه                         | 4:24                      | ع  | A:20   |                          | COMPOSITE<br>END/GRAB  | Ö                | Pace Profile #: | roject N              | uote R                                     | SS:                                    | Company Name:               | tion:                             | on C<br>e Inform                                  |
| VPLER:                         | MPLER:                       | ND SIGN                    |     |     |  | Whelic   | DATE                          | 9:32                | 18:50           | 52.5              | \$2:6       | 4:27                     | 12:6                   | 4:24                      | 3.6                        | 4:24                       | 24                        | 0:20   | 70   |                          | SAMPLE TEMP  |                  |                 | Pace Project Manager. | Pace Quote Reference:                      |  | me:                         |                                   | Section C<br>Invoice Information:                 |
| 8                              | Jam                          | JATUF                      |     |     |  |  |                               | -                   | _               |                   |             |                          | -                      |                           | -                          | 1                          | _                         |  |  | ,                        | # OF CONTAIN   |                  |                 |                       |  |  |                             |                                   | ,   |
| a Maria                        | James Murphy PACE Analytical | ñ                          |     |     |  | 17:00  | TIME                          |                     |                 |                   |             |                          |                        |                           |                            |                            |                           | ļ  |  | ┿                        | eserved  | 1                |                 |                       |  |  |                             |                                   |   |
| 2                              | rdgru<br>Maru                |                            |     |     | -  | 2  | and the second second         | >                   |                 |                   |             | _                        |                        | -                         |                            | _                          | _                         | -  |  | H <sub>2</sub> SC<br>HNO | ***************************************  | פ                |                 |                       |  |  | ١                           |                                   |   |
| Ś                              | v P/                         | 4                          |     |     |  | 2  | AC                            |                     |                 |                   |             |                          |                        |                           |                            |                            |                           | <u> </u>   |  | нсі                      | ***************************************  | Preservatives    |                 |                       |  |  | ļ                           |                                   |   |
| 1                              | CE<br>CE                     |                            |     |     |  | R  | ACCEPTED                      | ļ                   |                 | -                 |             |                          | -                      | <u> </u>                  | <u> </u>                   |                            | ╂                         | <u> </u>   | <del> </del>                                     | NaO<br>Na <sub>2</sub> S |  | atives           |                 |                       |  |  |                             |                                   |   |
|                                | Anal                         |                            |     |     |  | _  | ED E                          |                     |                 |                   |             |                          |                        |                           |                            |                            |                           |  |  | Meth                     |  |                  |                 |                       |  |  |                             |                                   |   |
| Ī                              | ytica                        |                            |     |     |  |  | BY / AFF                      |                     |                 | ļ                 |             |                          |                        |                           |                            |                            | -                         |  | <u> </u>   | Na28                     |  | <u> </u><br>> 20 |                 |                       |  |  |                             |                                   | 1   |
|                                | _                            |                            |     |     | ,  |  | VEETLIATION                   | ×                   | ×               | ×                 | ×           | ×                        | ×                      | ×                         | ×                          | ×                          | ×                         | ×  | ×  |                          |  | Requested        | Filtered (Y/N)  |                       |  | TSU T                                  | NPDES                       |                                   |   |
| DATE Signed<br>(MM / DD / YY): |                              |                            |     |     |  |  | NOI                           |                     |                 |                   |             |                          | <u> </u>               |                           |                            |                            | <b> </b>                  | 1  | <del>                                     </del> |                          |  |                  | 3               | LOCATION              | SITE                                       |  | S                           |                                   |   |
| gned (YY)                      |                              |                            |     |     |  |  |                               |                     |                 |                   |             |                          |                        |                           | ļ                          |                            | <u> </u>                  | 1  |  |                          |  |                  |                 | TION                  | Ш  | ٦                                      |                             |                                   |   |
|                                |                              |                            |     |     |  | 7  |                               |                     |                 | <u> </u>          |             |                          |                        |                           | <u> </u>                   | _                          | <u> </u>                  | <u> </u>   | ļ  |                          |  |                  |                 | -                     |  | RCRA                                   | GROUND WATER                | 777                               |   |
| 71215                          |                              |                            |     |     |  | N  | DATE                          |                     |                 | ļ                 |             | ļ                        |                        |                           | ļ                          |                            | <u> </u>                  | <u> </u>   | ļ  |                          |  |                  |                 | ******                | e  |  | M GN                        | REGULATORY AGENCY                 |   |
| 7                              |                              |                            |     |     |  | 6  | (11)                          |                     |                 |                   |             |                          |                        |                           |                            |                            |                           | 1  |  |                          |  |                  |                 | 유                     | GA   |  | ATER                        | JLA1                              |   |
|                                |                              |                            |     |     |  | 50:01  | T                             |                     |                 |                   |             |                          |                        | _                         | <del> </del>               |                            | -                         | <del> </del>                                     |  | $\searrow$               |  |                  |                 | I                     | <b>&gt;</b>                                | ······································ | ~                           | [OR                               |   |
|                                |                              |                            |     |     |  | 0  | TIME                          |                     |                 | -                 |             | *******                  |                        |                           | -                          |                            | -                         |  |  |                          |  |                  |                 | SC                    | =  | "OTHER                                 |                             | Y AG                              |   |
|                                |                              |                            |     |     |  | 2  |                               |                     |                 |                   |             |                          |                        |                           |                            |                            |                           | <del>                                     </del> |  | $\mathbb{R}$             |  |                  |                 |                       | -1   | 惠                                      | NKI                         | ËNC                               | ď   |
|                                | np in                        |                            |     |     |  | 35   | SAN                           |                     |                 | £                 |             |                          |                        |                           |                            |                            |                           |  |  | Resid                    | July Chi   |                  |                 | M                     | Z  |  | DRINKING WATER              | ¥                                 | Page:   |
|                                | lce                          |                            | Y/N | Y/N | Y/N  | YÆ   | PLE C                         |                     |                 |                   |             |                          |                        |                           |                            |                            |                           | The  | le   |                          | ual Chlorina (YIN)   |                  |                 | 071                   | Z  | 1                                      | TER                         |                                   | 12  |
| Custo                          | ody S<br>Coole               | ealed<br>r                 | Y/N | Y/N |  | <b>⊗</b>   | SAMPLE CONDITIONS             |                     |                 |                   |             |                          |                        |                           |                            |                            |                           | Sell of  | Ú10  | Lab1.D                   | Pace Po  |                  |                 | OTHER NY              | NC   |  |                             |                                   | of  |
| Sam                            | pies i                       | ntact                      | Y/N | Y/N | Y/N (  | DIN  | Ś                             |                     |                 |                   |             |                          |                        |                           |                            |                            |                           | R  | X  | Lab I.D.                 | Č<br>Z<br>S  |                  |                 |                       |  |  |                             |                                   |   |

# .CHAIN-OF-CUSTODY / Analytical Request Document . The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields thust be completed accurately.

| Manufact Information:  |                  | ロシン CLV CLV CAR     |     |     | Sample ID code: CW=COLD WATER, HW=HOT/<br>WATER, DF=DRINKING FOUNTAIN | Samples ending in F are flushed samples and are one be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS | 12 RUCH 214 / BATH/STHE3/MAY | 11 Room 214 BATH/STUN 31 HZ | 10 Report 214 / BANN 554 3/CH- | ROM 214 /TSMW/SONK 3/CK | 8 ROOM ZIM /FATU/SDAR 2/ |     | 6 Rown 214 / BATH/SDIK 21 CH | Room 214/BATU/STHK2/CH | Room 214 /BATH/SBIR 21 HE | Room 214 BATU/SDUR 11 HA | 214/         | Roy 214 BATH/SENX 1/CH | SAMPLE ID WATER WA | odes   |              | 315.361.5750 Fax: | Email To: Pu  tvandresar@moboces.org or | Verona, NY 13478 | Address: 4937 Spring Rd C | Company: Madison Oneida BOCES | Section A S. Required Client Information: R. |
|--|------------------|---------------------|-----|-----|---|---|---------------------|------------------------------|-----------------------------|--------------------------------|-------------------------|--------------------------|-----|------------------------------|------------------------|---------------------------|--------------------------|--------------|------------------------|--|--------|--------------|-------------------|---|------------------|---------------------------|-------------------------------|--|
| Address:    Collected   Company Name:   Concentration:   Collected   Company Name:   Collected   Company Name:   Collected   C | •                |                     |     |     | ':  | 2mi   | RELING              |                              |                             | -                              |                         |                          | -   | -                            | <u> </u>               | -                         | _                        | <u> </u>     |                        |  | -      | ject Number: | ject Name:        | chase<br>er No.:                        |                  | py To:                    | port To:                      | Section B<br>Required Proj                   |
| Address:    Collected   Company Name:   Concentration:   Collected   Company Name:   Collected   Company Name:   Collected   C |                  |                     |     |     |   | 7,  | HSIU                |                              | T                           |                                | <del></del>             |                          | 1   | 1                            | 1                      | T                         | 1                        | 1            | 1                      | SAMPLE TYP   | PE     |              | Ross              |   |                  |                           |                               | ect Infor                                    |
| Both Manager   Analytical   Ana | <del>  (61</del> | TI - 40-            |     | (   |   | Z   | D BY / A            |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        | COMP<br>STAF   |        |              | setti             |   |                  |                           |                               | mation:                                      |
| a brownedow.  Bodie Relevence.  Sille  Time  Preservatives  SAMPLE FERSON  AND Processor void  AND Process | SIGNATU          | SAMPLEI<br>PRINT Na |     |     |   | Mic   | FFILIATI            |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              | ليد                    |  | COLLEC | -0           | ŢŌ.               | פר                                      | D                | റ                         |                               | 5 G  |
| TIME ACCEPTED BY /AFFILIATION DATE TIME SAMPLE COLLECTION DATE SAMPLE COLLECTION DATE TEMP In 'C Received on you you want to be a sample of the collection o | IRE of SA        | R NAME              |     | ,   |   |   |                     |                              |                             | .5                             | ج,                      |                          | a.  | 9                            | ج                      | <u> </u>                  | ھ                        | 9            | l                      | <del></del>  | CTED   | ace Profile  | ace Project       | ace Quote                               | ddress:          | ompany N                  | ttention:                     | Section C                                    |
| REGULATORY AGENCY  FILTER  PRESENTATION  FILTER  FOR CONTRINCE  PRESENTATION  FILTER  FILTER  FOR OFFICE  FILTER  FILTER  FOR OFFILTER  FILTER  FOR OFFILTER  FILTER  FILTER  FOR OFFILTER  FOR OFFILTER  FILTER  FILTER  FOR OFFILTER  FILTER  FOR OFFILTER  FOR OFFILTER  FILTER  FOR OFFILTER  FOR OFFILTER  FILTER  FOR OFFILTER   | MPLER:           | AND SIG             |     |     |   | Hielic  | DATE                | 4                            | 3.                          | 3                              | £                       | Š                        | 73. | à                            | 9.                     | *                         | 78:                      | 73.          | 121                    | SAMPLE TEMP  |        | *            | t Manager:        | Reference:                              |                  | vame:                     |                               | mation:                                      |
| REGULATORY AGENCY  T NPDES T GROUND WATER T DRINKING WATER  T UST T RORA  SITE  LOCATION  Filtured (YIN)  Filt |                  | ~                   |     |     |   |   |                     |                              | _                           |                                | _                       | _                        | _   |                              | _                      | -                         | _                        | _            |                        |  |        |              |                   |   |                  |                           |                               | ,  |
| REGULATORY AGENCY REGULATORY AGENCY REQUESTED  SITE  GA TIL TIN TIME LOCATION  X X X X X X X X X X X X X X X X X X X   | 3                | A A                 |     |     | tu.   | 30;   | IME.                |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        | <u> </u>   |        |              |                   |   |                  |                           |                               |  |
| REGULATORY AGENCY REGULATORY AGENCY REQUESTED  SITE  GA TIL TIN TIME LOCATION  X X X X X X X X X X X X X X X X X X X   | 2                | roby 1              |     |     |   | 5   | 4                   | ->                           | >                           | >                              |                         |                          |     |                              |                        |                           |                          | _            |                        |  | P      |              |                   | :                                       |                  |                           |                               |  |
| REGULATION  REGULATORY AGENCY  REQUESTED  REQUESTED  REPLIATION  REGULATORY AGENCY  REQUESTED  REPLIATION  REGULATORY AGENCY  REQUESTED  RECEIVED  | \$               | PA                  |     |     | (   | 2   | ACC                 |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  | eserva |              |                   |   |                  |                           |                               |  |
| REGULATION  REGULATORY AGENCY  REQUESTED  REQUESTED  REPLIATION  REGULATORY AGENCY  REQUESTED  REPLIATION  REGULATORY AGENCY  REQUESTED  RECEIVED  |                  | D D                 |     |     |   | S   | EPTI                |                              |                             |                                |                         | <u> </u>                 |     |                              | <b> </b>               |                           | <b></b>                  |              |                        |  | tives  |              |                   |   |                  |                           |                               |  |
| REGULATORY AGENCY REGULATORY AGENCY REQUESTED  SITE  GA TIL TIN TIME LOCATION  X X X X X X X X X X X X X X X X X X X   |                  | najvi<br>Najvi      |     |     |   |   | ED B)               |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              | -                      |  |        |              |                   |   |                  |                           |                               |  |
| REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY REPLACEMENT OF THE SAMPLE CO.  Reference on The Sample Co.  Reference on Th |                  | <u> </u>            |     |     |   | 1   | Y/AF                |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  |        | I            |                   |   | may              | mmi                       |                               |  |
| REGULATORY AGENCY  REGULATORY AGENCY  REGULATORY AGENCY  RECOUND WATER TOTHER  OH T SC T M T OTHER  TOTHER  TO |                  |                     |     |     |   |   |                     | ×                            | ×                           | ×                              | ×                       | ×                        | ×   | ×                            | ×                      | ×                         | ×                        | ×            | ×                      |  | queste | ered (       |                   |   | US               | NP                        |                               |  |
| REGULATORY AGENCY  REGULATORY AGENCY  GROUND WATER TOTHER  OH T SC T WI TOTHER  Temp in C  Reteived on Ice  Contests Sould  Contests Sould   | DATE<br>(MM/     |                     |     |     |   |   | NOLL                |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  | ă      | (N/          | LOC               | <u>s</u>                                | -                | SES                       |                               |  |
| REGULATORY AGENCY REGULATORY AGENCY RA  F GA F IL F IN F MI F OH F SC F WI F OTHER  Temp in C Reteived on Ice Sample Colored Scaled  Content Scaled  Content Scaled  | Signed<br>DD / Y |                     |     |     |   |   |                     |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  |        |              | ATIC              | E                                       | ~~               | ٦                         |                               |  |
| ND WATER   DRINKING WATER   OTHER   OT | 3 -              |                     |     |     |   | 3   |                     |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  |        |              | ž                 |   | RCF              |                           |                               |  |
| Temp in C  Reteived on Ice  Sample C  Content Society  Co | 7                |                     |     |     |   | 7()   | Ď                   |                              |                             |                                |                         |                          |     |                              |                        |                           | <u> </u>                 |              |                        |  |        |              |                   |   | 8                | OUNIC                     | RE                            |  |
| Temp in C  Reteived on Ice  Sample C  Content Society  Co | 13               |                     |     |     |   | 3/1   | TE                  |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  |        |              | -                 | ~                                       |                  | AW.                       | GUI                           |  |
| Reteived on Ice Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | 6                |                     |     |     |   | 3   |                     |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  |        |              | 오                 | ଜୁ                                      |                  | TER                       | AT(                           |  |
| Reteived on Ice Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | <u> </u>         |                     |     |     |   | 0.7   | TIN                 |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  |        |              |                   |   |                  | ****                      | ORY                           | e .  |
| Reteived on Ice Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  |                  |                     |     |     |   | 3   | Œ                   |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  |        |              | SC                | =                                       | HEO              | 뮸                         | AGE                           |  |
| Reteived on Ice Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | Tero             | no in °C            |     |     | <u> </u>  |   |                     |                              |                             |                                |                         |                          |     |                              |                        |                           |                          |              |                        |  |        |              | <b>-</b>          | 7                                       | E<br>I           | NKIN                      | ENC                           | P  |
| Control Control S  | Rete             | ived on             | Y/N | Y/N | <u> </u>  |   | SAMP                |                              |                             | ٢.                             |                         |                          |     |                              |                        |                           |                          |              |                        | Residuel Chlorina  |        | //           | × 1               | ****                                    |                  | G WAT                     |                               | Page:  |
| Samples Intact   Y/N   Y | Custoo           | dy Sealed           |     |     |   |   | LE COND             |                              |                             |                                |                         |                          |     |                              | .e.                    |                           |                          | 100          | 1600                   | `  |        |              | OTHER_            |   |                  | 뗬                         |                               | 13 of  |
|  | Samp             | les Intact          | Y/N | Y/N | Y/N   | Ç⁄N   | TIONS               |                              |                             |                                |                         |                          |     |                              |                        |                           |                          | 7 <i>PSS</i> | <b>188</b>             | Pace Project No.<br>Lab I.D.   |        |              | NY                | NC                                      |                  |                           |                               |  |

# -CHAIN-OF-CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields flust be completed accurately.

| Section A                  |  | Section B                     |          | ı        |                               | Section C      | on C   |                   |         |                              |        |              |                   |                        |              |              |  |                |              |                                |              |      |              |              |           |          |  |            | т—                | <b>_</b>   | Page:          | 1"   | -         | 14 of      | ٢                                       | 1             |
|----------------------------|--|-------------------------------|----------|----------|-------------------------------|----------------|--|-------------------|---------|------------------------------|--------|--------------|-------------------|------------------------|--------------|--------------|--|----------------|--------------|--------------------------------|--------------|------|--------------|--------------|-----------|----------|--|------------|-------------------|--|----------------|--|-----------|------------|---|---------------|
| quired C                   |  | Required Project Information: | ect      | Ħ        | lation:                       | Invoice        | Invoice Information:                         | 3                 | ١,      | 1                            |        |              |                   |                        |              | J            | Ī  |                |              |                                |              |      |              |              |           |          |  | İ          | <b> </b>          |  | l              |  |           |            |   |               |
| ompany: N                  | Company: Madison Oneida BOCES  | Report To:                    |          |          |                               | Attention:     | ion:   |                   |         |                              |        |              |                   |                        |              |              |  |                |              |                                |              |      | 773          | ÆΘ           | Ë         | AT       | SR   | ΥA         | (GE               | REGULATORY AGENCY                                | Ϋ́             |  |           |            |   |               |
| Address: 4                 | 4937 Spring Rd   | Сору То:                      |          |          |                               | Compa          | Company Name:                                |                   |         |                              |        |              |                   |                        |              |              |  | z              | NPDES        | S                              | 77           | ଦୁ   | GROUND WATER | §            | ΓAΝ       | 뗬        |  | *****      | R                 | X.   | DRINKING WATER | WA   | 딮         |            |   |               |
| Verona, NY 13478           | 13478  |                               | ı        |          |                               | Address:       | SS:  |                   |         |                              |        | l            | l                 |                        |              |              | 2004   | _ (            | UST          |                                | 7            | RCRA | ŘΑ           |              |           |          | ******   |            | OTHER             | <del> </del> #                                   |                |  | I         |            |   |               |
| Email To:                  | tvandresar@moboces.org   | Purchase<br>Order No.:        | İ        | ŀ        |                               | Pace Q         | Pace Quote Reference:                        | 8                 |         |                              | l      |              |                   |                        |              | 1            |  |                |              | SITE                           | ті           |      |              |              | 71        | g.       |  | _1         | =                 | 7  | Ξ              |  | ≦         | -          | NC NC                                   |               |
| Phone: 3                   |  | Project Name:                 |          | Rossetti | æ                             | Pace Pr        | Pace Project Manager                         | 8                 |         |                              |        | l            | ·                 |                        |              |              |  |                | 1            | LOCATION                       | TIC          | ž    |              |              | 7         | 오        |  | ~~[        | SC                | ~  | ≦              |  | O.        | OTHER      | X NY                                    | I             |
| Requested<br>Due Date/TAT: | 10 DAYS  | Project Number                |          |          |                               | Pace Profile # | rofile #:                                    |                   |         |                              |        |              |                   |                        | ł            |              | 4  | Filtered (Y/N) | 3            | 5                              |              |      |              |              | $\square$ |          | $\sim$   | $[ \sim ]$ | 17                |  | [              | $\square$  | $\bowtie$ |            |   |               |
| Section D                  | Valid Matrix Codes  MATRIX  Information  | lm                            |          |          | COL                           | COLLECTED      |  |                   | RS      |                              |        | Pre          | Preservatives     | tive                   | "            |              | R  | Requested      | ited         |                                |              |      |              |              |           |          |  |            |                   |  |                |  |           | \          | Ì                                       |               |
|                            | SAMPLE ID SOURCE WATER WATER WATER PROJECT SOURCE IN SOU | RIX CODI                      | PLE TYPE | B C=CO   | COMPOSITE                     | COM            | COMPOSITE<br>END/GRAB                        | E TEMP<br>LECTION | ONTAINE | <del></del>                  |        |              |                   |                        |              |              | Ana  | •              |              |                                |              |      |              |              |           | \        |  |            |                   |  |                |  | THE CYNN  | _          |   |               |
| M#<br>Samp                 | (A-Z, 0-9 / ,-) WEE Sample IDs MUST BE UNIQUE OHER   |                               |          |          |                               |                |  |                   | # OF C  | eserve                       | )4     | 3            |                   |                        | anol         |              |  |                | Po           |                                |              |      |              |              |           |          |  | \          |                   |  |                | IBI Chlo-  | 30        |            | Dane Division N                         | <u>}</u><br>≥ |
|                            |  |                               | -        | -        | DATE TIME                     |                |  |                   |         | Unp                          | H₂S    | HNO          | HCI               | Nac<br>Na <sub>2</sub> |              | Na2          | 1  | 1              | $\vdash$     | ightharpoons                   | $\vdash$     | 1    | $\vdash$     |              |           | $\vdash$ | 1  | I          | +                 | <u> </u>   | Q.             | 1.05/  |           |            | <u> </u>                                | lab I.C       |
| 213                        | 213-214/HAIL-DF/R  | D.                            | DW.      | G        |                               | b)             | 20,46  |                   | -       | <b>†</b>                     |        | -            | <del> </del>      | ┼                      | <del> </del> | ╁            |  | ×              | ┼            |                                | ┼──          |      | -            | ╁──          | 1         | ┼        | <del>                                     </del> |            | ┿                 | _  |                | <del>                                     </del> |           | 2          | H                                       | を             |
| 2 213                      | 213.214/ HALL-DF/F   | D                             | DW       | G        |                               | L              | 9:46   |                   | -       | <b>-</b>                     |        | -            | ļ                 | -                      | <del> </del> | ╁──          | <b> </b>   | ×              | ┼            |                                | ┼──          |      | ╀            | ╁──          |           | ┼        | <del>                                     </del> |            | +                 | _  |                |  | 6         | D          | K                                       | Ø             |
| S<br>Z                     | ROOM 213/BATH/SEHK 1/ HILL-R   | WD 2-LI                       | 1        | 6        |                               |                | 9.45   |                   |         | <b>†</b>                     |        |              | ╀                 | ┼                      | ┼──          | $\vdash$     | <b>†</b>   | ×              | -            |                                | ┼            |      | ┿            | <del> </del> | Ι         | ┼─       | 1-   |            | <del> </del>      | $\perp$  |                | +-   |           | 1          | ,                                       |               |
| Ra                         | ROW 213/BATH/STAK 1/HU-F   | HU-F DW                       | 1        | 6        |                               |                | 9:49   |                   |         | <b> </b>                     |        |              | ļ                 | -                      | <del> </del> | †            | <del>                                     </del> | ×              | ┼            |                                | -            |      | ـ            | <del> </del> | <u> </u>  | ┼        | <del> </del>                                     |            | <del> </del>      | <u> </u>   |                | ļ  |           | 1          |   |               |
| 3                          | Row 213/BATU BENICE 1/CILIR  | LLX DW                        | 1        | G        |                               |                | 9:51   |                   | -       |                              |        | -            | <u> </u>          | <del> </del>           | <del> </del> | ┼            | <b>†</b>   | ×              | <del> </del> |                                | ╁            |      | -            | <del> </del> | 1         | ┼─       | †  |            | <del> </del>      | <del> </del>                                     |                | +-   |           |            |   |               |
| ري<br>الح                  | ROM 213/BATH / SENK 1/CH-F   | JJ-F DW                       | 1        | ြ        |                               | -              | 9:52   |                   | _       | T                            |        | <u> </u>     | -                 | +                      | +            | +            | T  | ×              | ┼            | 1                              | +            |      | ┼            | +            | 1         | +        | <b>†</b>   |            | +                 | _  | T              | +  |           |            |   |               |
| 7                          | RUDIM 213/BATH /STMKZ/CM-R   | ļ                             | DW       | 6        |                               |                | 9:52   |                   | _       |                              |        | _            | <del> </del>      | +                      | <del> </del> | ╁            | $\vdash$   | ×              | ┼            | 二                              | ╂            |      | -            | ╁            |           | ┿        | †  |            | <del> </del>      | <del> </del>                                     |                | +-   |           |            |   |               |
| 3                          | ROW 213/BATH/SENK2/CIJ.F   | WD 7. F.                      |          | G        |                               |                | 9:52   |                   | _       | -                            |        | <u></u>      | <b> </b>          |                        | <b></b>      | <del> </del> |  | ×              | ┼            |                                | ┼            |      | ╀            | ╁            |           | ┼        | <del> </del>                                     |            | ┼                 | 1  |                | +-   |           |            |   |               |
| 27                         | RCOM 213/BATH/SIMIN 2/HUT  | MO KILL                       | 1        | ြ        |                               |                | 9:53   |                   | _       |                              |        | -            |                   | ļ                      | ļ            | <del> </del> |  | ×              | <del> </del> |                                | <del> </del> |      | <del> </del> | <del> </del> |           | ┼        | <del> </del>                                     |            |                   | L  |                | $\vdash$   |           |            |   |               |
| 10 170                     | ROOM 213/BATH/STHEZ/HIJ-F  | HU-F DW                       | 1        | G        |                               |                | 9:53   |                   | _       | <b>1</b>                     |        | <u> </u>     | ļ                 | ļ                      | ļ            | <del> </del> |  | ×              |              |                                | <del> </del> |      | ļ            | ╁            |           | ┼        | <del> </del>                                     |            | <del> </del>      | <del>                                     </del> | -              | +  |           |            |   |               |
| 1 7 X                      | ROOM 213/13/174/50443/C4-R   | CH-K DW                       | T        | G        |                               |                | 9:54   |                   | _       | 1                            |        | -            | <del> </del>      | ┼                      | <del> </del> | ╫            |  | ×              |              |                                | -            |      | ┼            | <del> </del> |           | ╂        | <del> </del>                                     |            | +                 | +-   |                | +  |           |            |   |               |
| 12 Ra                      | REM 218/BATH/STAIL 3/CLJ F   | WO FILE                       | ₩<br>G   | G        |                               | 4              | 9:35   |                   |         |                              |        | 1            |                   |                        |              |              |  | ×              |              |                                |              |      |              |              |           |          | <b> </b>   |            |                   |  |                | <del> </del>                                     |           |            |   |               |
| •                          | ADDITIONAL COMMENTS  | RELIN                         | SIOC     | Ë        | RELINQUISHED BY / AFFILIATION | IATION         | DATE   | D.S.              | _       | TIME                         |        |              | ACCEPTED BY / AFF | ΞĘΡ                    | ΙED          | ВΥ           | / AF   |                | LIATION      | 9N                             |              |      |              | DATE         | m         |          |  | TIME       | [1]               |  | s              | AMI  | JE.       | ဝ          | SAMPLE CONDITIONS                       | S             |
| imples e                   | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples.   |                               | h        | 4        | 1 PACE                        | 6              | Melic  | 6                 | 1       | 7:00                         | b      | 0            | Mode              |                        | $\subseteq$  | 1            | 1  |                |              |                                |              |      | 1            |              | *         | 1        | <u>  6  0:05</u>                                 | 0          | $  \mathcal{O}  $ | 7  | HU             |  | MA        |            |   | 8             |
| Imple ID                   | Sample ID code: CW=COLD WATER, HW=HOT  |                               | •        |          | <i>\</i>                      |                |  |                   |         |                              | *      |              |                   |                        |              |              |  |                |              |                                |              |      |              | •            | ٠         | ├        |  |            |                   |  |                | <b>.</b>   | Y/N       | VAL        | Y/N                                     | Y/N           |
| !                          |  |                               | 1        | ١,       |                               |                | 7  |                   |         |                              |        |              |                   |                        |              |              |  |                |              |                                |              |      |              |              |           | -        |  |            |                   | <del>                                     </del> |                | 1  | Y/N       | Va.        | Y/N                                     | Y/N           |
|                            |  |                               |          |          |                               |                |  |                   |         |                              |        |              |                   |                        |              |              |  |                |              |                                |              |      |              |              |           |          |  |            |                   |  |                | 1  | Y/N       | V/4.       | T/N                                     | Y/N           |
|                            |  |                               |          |          | SAME                          | PLER NA        | SAMPLER NAME AND SIGNATURE                   | SIGN              | ATU     | R                            |        | u <b>d</b> i |                   |                        |              |              |  |                |              |                                |              |      |              |              |           |          |  |            |                   |  | ı C            | d on   |           | Sealed     | er<br>                                  | intact        |
| 4                          | Corpora Rus  | ğ                             |          | •        | T Z                           | Name           | SAMPLE                                       | #                 | Jam     | James Murphy PACE Analytical | Ž<br>Š | ĬŽ           | ٦                 | ÎÑ.                    | }            | Mal          | <u>ଛ</u>   |                | -            |                                | 1            | 1    |              | 1            | 1         |          |  |            |                   | <b></b>  | erap ii        | teive  | Ice       | tody S     | Cool                                    | nples         |
|                            |  | Q                             |          |          | SIGN                          | ATURE          | of SAMPLE                                    | ָלָּגָּ<br>מָּגָּ |         | 3                            | 1      | 7            | A                 |                        |              |              |  | ĺ              | 2 D          | M/E                            | D/Y          | - ج  | 7            | 9            | Ü         |          | l  | ľ          |                   | ļ ——   | Te             | Re   | ,         | Cus        |   | Sar           |
| 7                          | 7472158 5300   |                               |          | •        | PRIN                          | T Name o       | PRINT Name of SAMPLER. SIGNATURE of SAMPLER. | 77 77 6           | Jam     | ames Murphy PA               | Mul.   |              | PP                |                        | An           | alyti        | <u>&amp;</u>                                     |                | 20           | DATE Signed<br>(MM / DD / YY): | D/Y          | 즛 -  | 4 1          |              |           |          | 7/9/16   |            |                   |  | 7/9/16         |  | Temp in C | Temp in 'C | Temp in C Received on Ice Custody Seals | Temp in C     |



# CHAIN-OF-CUSTODY / Analytical Request Document .

| 4                     | (                            |                            |      |      | Samp                                  | Samp<br>to be  | *                             | 12                     | 11                        | 10                        | 9                        | 8                     | 7                  | 6                      | 5                     | 4,                         | သ                       | 2                          |                      |                          | M #   |                                       | Reque<br>Due Da         | Phone:               | Email To:              | Veron            | Address:       | Comp                          | Section A                               |
|-----------------------|------------------------------|----------------------------|------|------|---------------------------------------|--|-------------------------------|------------------------|---------------------------|---------------------------|--------------------------|-----------------------|--------------------|------------------------|-----------------------|----------------------------|-------------------------|----------------------------|----------------------|--------------------------|---|---------------------------------------|-------------------------|----------------------|------------------------|------------------|----------------|-------------------------------|---|
| 1600000               | 7                            |                            |      | ;    | Sample ID code: CW=COLD WATER, HW=HOT | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. |                               | Runllo/BATU/SEMR 3/CHF | Rum 110/BATU/SIAL S/CIJ-R | Rum 110/BATH/SEMEZ/HILL-F | RUL 110/BATU/SEHR Z/HH-R | Room                  | Rom                | Rom                    | Russ                  | Rum 110/ RATH/STMX 1/CIJ-F | Rum 110/3AM/5342 2/CU-R | Boom 213/BATW/ STHE 3/HU-F | Theces               |                          | SAMPLE ID  (A.Z. 0-9 / .)  Sample IDs MUST BE UNIQUE ones  Sample IDs MUST BE UNIQUE  Sample IDS MUST BE UNIQUE  Sample IDS MUST | Section D Required Client Information | Requested Due Date/TAT: |                      |                        | Verona, NY 13478 |                | Company: Madison Oneida BOCES | Section A Required Client Information   |
| 6                     | <u>`</u>                     |                            |      | 1    | de: C                                 | ing in F<br>nfing t  | ADDITI                        | 10                     | 100                       | 7110                      | 10                       |                       |                    | ī                      | 110                   | 110                        | 1 =                     | . 213                      | 213                  |                          | SAMPLE ID (A-Z, 0-9/,-) ple IDs MUST BE UNI   | D<br>lient Inforr                     | 10                      | 315.361.5750 Fax:    | ndres                  | 478              | 4937 Spring Rd | ldison                        | ıt İnform                               |
| 0                     | 7                            |                            |      |      |                                       | are flu  | ADDITIONAL COMMENTS           | J.R.A.                 | N                         | 135                       | 130                      | 110/BATH/SENK 2/CJJ-F | No/BATH/SSM12/CJ.R | 110/BATN /SINK 1/ HU-F | 110/ BATH/SIMK 1/HW.R | 77                         | 13/                     | 17.0                       | 213/ BATH/SAHK3/HW-R |                          | ST BE 17  | nation                                | 10 DAYS                 | 750                  | ar@m                   |                  | Rd             | Oneic                         | nation:                                 |
| ×                     | Ž                            |                            |      |      | Ö ₩<br>M                              | ushed<br>Its of t  | OMME                          | TIL /                  | 1                         | FLEE                      | I                        | TH                    | Me                 | 1                      | 豆                     | 型                          | 3                       | 12                         | 774                  |                          | JNIQUE <b>D</b>   |                                       | 0,                      | Fax                  | oboce                  |                  |                | la BO                         |   |
| 0                     | ))<br>()                     |                            |      |      | ¥, F                                  | sample<br>ne Rav   | STN                           | 775                    | 37                        | 32                        | 225                      | Ž                     | 325                | SE                     | TE                    | Ž                          | 534                     | MES                        | Y                    | i                        | WATER WASTE WATER PRODUCT SOLLSOLD OIL WIPE AR OTHER  | Valid Mai                             |                         |                      | s.org                  |                  |                | CES                           |   |
| · C                   | n                            |                            |      |      | H=WH                                  | es and<br>v samp   |                               | IF 3/                  | ¥                         | 245                       | 12.31                    | × 2/                  | 11.2               | 1 1                    | 1 1                   | K 2                        | 11                      | 18.1                       | 1 3                  |                          | WIER  | Valid Matrix Codes                    |                         |                      |                        |                  |                |                               |   |
|                       | 3                            |                            |      | 2    | Z                                     | es.  |                               | CT                     | 101                       | 111                       | JH.                      | E                     | 5                  | /E                     | F                     | CIL                        | -117                    | Ē                          | HW                   |                          | 2 0 3 4 P P P W W   |                                       |                         | Proj.                | Purchase<br>Order No.: | 1                | Cop            | Rep                           | Sec                                     |
| 8                     | į                            |                            |      |      | 1                                     | 2  | RELI                          |                        | <u> </u>                  |                           |                          | ħ                     | 大                  |                        |                       | <u> </u>                   | 70                      | TI                         | ¥                    |                          |   |                                       | Project Number          | Project Name:        | hase<br>f No.:         |                  | Copy To:       | Report To:                    | Section B Required Project Information: |
| ()                    | J                            |                            |      | ,    |                                       | 12   | NQUIS                         | DW                     | DW                        | DW                        | DW                       | DW                    | W                  | DW                     | DW                    | DW                         | DW                      | DW                         | W                    |                          | MATRIX COD  |                                       | Jer.                    |                      |                        |                  |                |                               | roject I                                |
|                       | •                            |                            |      | ,    |                                       | 7  | SHED                          | ရ                      | G                         | 6                         | G                        | G                     | ြ                  | G                      | G                     | G                          | G                       | G                          | G                    |                          | G=GRAB C=CC   |                                       |                         | Rossetti             |                        |                  |                |                               | nforma                                  |
| <del></del>           | T ==                         | 1 (0                       |      |      |                                       | 12   | RELINQUISHED BY / AFFILIATION |                        | <u> </u>                  | <u> </u>                  |                          |                       |                    |                        |                       |                            |                         | <u> </u>                   |                      | DATE                     | COMPOSITE<br>START  |                                       |                         | -                    |                        |                  |                |                               | tion:                                   |
| SIGNA                 | ŽŽ.                          | SAMPL                      |      |      |                                       | 12   | FFILI                         |                        |                           |                           |                          |                       |                    |                        |                       |                            |                         |                            |                      | TIME                     | OSITE<br>RT   | COLL                                  |                         |                      |                        |                  |                |                               |   |
| SIGNATURE of SAMPLER: | PRINT Name of SAMPLER:       | SAMPLER NAME AND SIGNATURE |      |      |                                       | BHO  | NOIL                          | A                      |                           | and the second            |                          |                       |                    |                        |                       |                            |                         |                            | <u>ال</u>            | DATE                     | COM   | COLLECTED                             | Pace F                  | Pace P               | Pace Q                 | Address:         | Comp           | Attention:                    | Section C<br>Invoice Info               |
| of SAN                | of SAN                       | ME AI                      |      | V    | ,                                     | 71   |                               | દુ                     | 10,05                     | 10:01                     | 10:03                    | 10:03                 | ठ                  | 10:00                  | 10:01                 | lo: oc                     | 10:02<br>10:02          | 4:54                       | 4:35                 | TIME                     | COMPOSITE<br>END/GRAB   | D                                     | Pace Profile #:         | Pace Project Manager | Pace Quote Reference   | SS:              | Company Name:  | tion:                         | Section C Invoice Information:          |
|                       |                              | AD SIG                     |      |      |                                       | Thehic   | DATE                          | 10:00                  | 3                         | 2                         | 3                        | 2                     | 20:02              | e                      | Q                     | 8                          | 8                       | 3                          | Ä                    |                          | SAMPLE TEMP   |                                       |                         | anager:              | ference:               |                  | ne:            |                               | lation:                                 |
| _                     | 1.                           | NATU                       |      |      |                                       |  |                               |                        |                           |                           | _                        |                       | <u></u>            | _                      |                       |                            |                         |                            |                      | ;                        | COLLECTION<br>OF CONTAINE   |                                       |                         |                      |                        |                  |                |                               |   |
| which                 | James Murphy PACE Analytical | î î                        |      |      |                                       | 42:50  | TIME                          |                        |                           |                           |                          |                       |                    |                        | <u> </u>              |                            |                         |                            |                      |                          | eserved   |                                       |                         |                      |                        |                  |                |                               |   |
| 2                     | uph                          |                            |      |      |                                       | 0  |                               | 7                      |                           |                           |                          |                       | _                  | _                      | _                     |                            |                         | _                          |                      | H <sub>2</sub> SC<br>HNO |   | P                                     |                         |                      |                        |                  |                |                               |   |
| 2                     | P/                           |                            |      |      | -                                     | Green Com  | AC                            |                        | <b> </b>                  |                           |                          |                       |                    |                        |                       |                            |                         |                            |                      | нсі                      |   | Preservatives                         |                         |                      |                        |                  |                |                               |   |
|                       | Ŕ                            |                            |      |      |                                       | 3  | ACCEPTED BY / AFF             |                        | <del> </del>              | ╂                         | <del> </del>             |                       |                    |                        | -                     |                            |                         | ļ                          |                      | NaO<br>Na <sub>2</sub> S |   | atives                                | Ì                       |                      |                        |                  |                |                               |   |
|                       | Anal                         |                            |      |      |                                       | 1  | ED                            |                        |                           |                           |                          |                       |                    |                        |                       |                            |                         |                            |                      | Meth                     | <del></del>   |                                       |                         |                      |                        |                  |                |                               | ,                                       |
|                       | ytica                        |                            |      |      |                                       | 1 XX   | 8Y / /                        |                        |                           |                           |                          |                       |                    | -                      | <u> </u>              | ļ                          |                         |                            |                      | Na28                     |   | 27                                    | -                       |                      |                        |                  |                |                               | i                                       |
|                       |                              |                            |      |      |                                       | 5  |                               | ×                      | ×                         | ×                         | ×                        | ×                     | ×                  | ×                      | ×                     | ×                          | ×                       | ×                          | ×                    |                          | Ane   | Requested                             | Filtered (Y/N)          |                      |                        | 7                | z              |                               |   |
| 3 D                   | 1                            |                            |      |      |                                       |  | LIATION                       |                        |                           | <del> </del>              |                          |                       |                    | <b> </b>               | <del> </del>          |                            |                         | <u> </u>                   |                      |                          | 190   | sted                                  | (XX)                    | LO                   |                        | UST              | NPDES          |                               |   |
| (MM / DD / YY):       |                              | 3.7                        |      |      |                                       |  | N                             |                        | -                         | -                         |                          |                       | -                  | -                      |                       | <del> </del>               |                         | <del> </del>               | -                    |                          |   |                                       | ٦                       | LOCATION             | SITE                   |                  |                |                               |   |
| 33 8                  |                              | :                          |      |      |                                       |  |                               |                        | ļ                         | -                         |                          |                       | -                  | -                      |                       |                            |                         | ļ                          |                      |                          |   |                                       |                         | NO.                  |                        | 70               | G              |                               |   |
| 1                     | 1                            |                            |      |      |                                       | 2  |                               |                        | 1                         | <b> </b>                  |                          | <b>—</b>              | 1                  | -                      | ļ                     |                            |                         | <b> </b>                   |                      |                          |   |                                       |                         |                      |                        | RCRA             | GROUND WATER   | יוד                           |   |
| THE STORE             |                              |                            |      |      | ١.                                    | W  | DATE                          |                        | _                         | 1                         |                          |                       |                    |                        |                       |                            | <u> </u>                | <u> </u>                   | <u> </u>             |                          |   |                                       |                         |                      | wwe                    |                  | W ON           | REGULATORY AGENCY             |   |
| Per                   |                              |                            |      |      |                                       | 2  |                               |                        | <del> </del>              | <del> </del>              |                          |                       |                    |                        |                       |                            | $\vdash$                | <u> </u>                   |                      |                          |   |                                       |                         |                      | 0                      |                  | /ATE           | ULA                           |   |
|                       |                              |                            |      |      |                                       | j<br>O   |                               |                        | <b> </b>                  | ļ                         |                          |                       |                    | ļ                      | -                     |                            |                         |                            |                      |                          |   |                                       |                         | 오                    | GA                     |                  |                | 7OF                           |   |
| ŀ                     |                              |                            |      |      |                                       | 505  | TIME                          |                        |                           | 1                         |                          |                       |                    |                        |                       |                            |                         |                            |                      |                          |   |                                       |                         | 7                    | 7                      | 7                | *****          | ₹Y A                          | ·                                       |
|                       |                              |                            |      |      |                                       | S  | ""                            | ***********            | _                         |                           |                          |                       |                    |                        |                       |                            |                         | <u> </u>                   |                      |                          |   |                                       |                         | SC                   | F                      | OTHER            | DRIN           | GE                            |   |
| 7                     | ennp li                      | ı´C                        |      |      |                                       | HIN  |                               |                        | -                         | -                         |                          |                       |                    | -                      |                       | -                          | -                       |                            |                      |                          |   |                                       | //                      | ≦                    | Z                      |                  | KING           | <b>VCY</b>                    | Page:                                   |
|                       | teive                        |                            | V.5. | Va.  | V.".                                  | -  | SAME                          | -                      | +                         | -                         |                          |                       | -                  |                        |                       |                            |                         | -                          |                      | Resid                    | Hel Chlorine (YIN)  |                                       |                         | _                    |                        |                  | DRINKING WATER |                               | 1 1                                     |
| _                     | Ice                          |                            | Y/N  | Y/N  | Y/N                                   | (3)  | Ĕ                             | l                      |                           |                           |                          |                       |                    |                        |                       |                            |                         | ide                        | 6                    |                          | TIO (VIN)   |                                       | ///                     | OTHER                | <u>s</u>               | 1                | Ë              |                               | 15                                      |
| Cus                   | tody 8                       | sealed                     | VAL  | V/N1 | V/A14                                 | Dan !  | ĕ                             |                        |                           |                           |                          | l                     |                    | 1                      | 1                     | 1                          | 1                       | 6                          |                      | ١.                       | 71  | _                                     | ר ו                     | m                    | ww.                    |                  |                |                               | _                                       |
| Cus                   | tody 8<br>Čool               | Sealed<br>er               | Y/N  | Y/N  | Y/N                                   | (S)  | SAMPLE CONDITIONS             |                        |                           |                           |                          |                       |                    |                        |                       |                            |                         | Sico                       | HIC                  | Lab I.D.                 | Pare Priect No.   |                                       |                         | ER_NY                | NC NC                  |                  |                |                               | of                                      |



# CHAIN-OF-CUSTODY / Analytical Request Document . The Chain-of-Clustody is a LEGAL DÖCUMENT. All relevant fields in ust be completed accurately.

| ) ti >   | ) , . di 0                    |                               |                            |  |                          |                    | *                  |
|--|-------------------------------|-------------------------------|----------------------------|--|--------------------------|--------------------|--------------------|
| Required Client Information:   | Required Project Information: | information:                  | Invoice Information:       | ,                                      |                          |                    | rage. / O          |
| Company: Madison Oneida BOCES  | Report To:                    |                               | Attention:                 |  |                          | REGULATORY AGENCY  | 3ENCY              |
| Address: 4937 Spring Rd  | Copy To:                      |                               | Company Name:              |  | " NPDES                  | GROUND WATER       | DRINKING WATER     |
| Verona, NY 13478   |                               | :                             | Address:                   |  | T UST                    | * RCRA F OT        | OTHER              |
| Email To:<br>tvandresar@moboces.org  | Purchase<br>Order No.:        |                               | Pace Quote Reference:      | , i                                    | SITE                     | F GA F IL          | IN MI T NC         |
| Phone: 315.361.5750   Fax:   | Project Name: F               | Rossetti                      | Pace Project Manager:      | ā                                      | LOCATION                 | ON FOH SC          | C WI TOTHER NY     |
| Requested 10 DAYS Due Date/TAT:  | Project Number.               |                               | Pace Profile #:            |  | Filtered (Y/N)           |                    |                    |
| odes   | im<br>E                       | MP                            | COLLECTED                  | -                                      | Requested                |                    |                    |
| WATER<br>COT<br>STATES   | TRIX COD                      | MPLE COMPOSITE                | COMPOSITE<br>END/GRAB      | PLE TEMP<br>LLECTION<br>CONTAINE<br>ad | Ani                      |                    | ine (Yny)          |
| # Sample IDs MUST BE UNIQUE ones   | MA                            | G=GF                          |                            | cc                                     | 2804                     |                    | Pace Project No.   |
| 1 REON 110/ BATH/ SIME 3/HH-R  | WG K-                         | G                             | 7/4 10:06                  |  | ×                        |                    | #[D]               |
| 2 RCCM 110/BATH/STHK3/HW-F   | M-F DW                        | ଦ                             | 10:07                      |  | ×                        |                    | 1607538            |
| 3 Rum 109/BATH/STHES/CH-R  | CH-R DW                       | 6                             | 10:16                      |  | ×                        |                    |                    |
| 4 Record 109/BATH/ TOTAL 3/CILI-F  | CIU-F DW                      | 6                             | 10.16                      |  | ×                        |                    |                    |
| FROM 109/BATH/STILL 2/HOIR   | HLI-R DW                      | G                             | 11:01                      |  | ×                        |                    |                    |
| 1 Ther 109/13474/5541- 2/HIJ-F   | HL-T DW                       | G                             | 7:01                       |  | ×                        |                    |                    |
| 7 Ruch 105/BATH/ SSW 2/CH-R  | CH-R DW                       | ြ                             | 10118                      |  | ×                        |                    |                    |
| 8 ROUM 109/BATH/ FEHRE Z/CHI-F   | DW                            | G                             | 13:16                      |  | ×                        |                    |                    |
| 9 ROOM 109/BATH/SINK 2/HU-R  | HL-R DW                       | G                             | (0);76                     |  | ×                        |                    |                    |
| 10 ROWN 109/BATH/STHK2/HIN-F   | HL-F DW                       | <u>ெ</u>                      | 13:20                      |  | ×                        |                    |                    |
| THOOM 109/BATH /SINKS/CHIR   | DW                            | G                             | /0:73                      |  | ×                        |                    |                    |
| 12 Theom 109/BATH/SIMU3/CN-F   | DW                            | G                             | 10:24                      |  | ×                        |                    |                    |
| ADDITIONAL COMMENTS  |                               | RELINQUISHED BY / AFFILIATION | ,                          | TIME ACCEPTED BY / AFFIL               | BY / AFFILIATION         | DATE TIME          | SAN                |
| Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | is home                       | ship once                     | is Thehic                  | 6 17:00 apr 21                         |                          | 7/13/1610105       | WA KIN             |
| Sample ID code: CW=COLD WATER, HW=HOT<br>WATER, DF=DRINKING FOUNTAIN                               | 1                             |                               |                            |  |                          | ٠                  | Y/N<br>Y/N<br>Y/N( |
|  |                               |                               | ,                          |  |                          |                    | Y/N<br>Y/N<br>Y/N  |
|  |                               |                               |                            |  |                          |                    | 1//\               |
|  |                               | SAMPI                         | SAMPLER NAME AND SIGNATURE | IGNATURE                               |                          |                    | d on<br>ealed      |
| PIN ZINO   | y lo                          | PRINT                         | PRINT Name of SAMPLER:     | R: James Murphy PACE Analytical        | ytical                   |                    | Coole              |
| 116100000000000000000000000000000000000  | 0120                          | SIGNA                         | SIGNATURE of SAMPLER:      | R. MMM                                 | DATE Signe<br>(MM / DD / | DATE Signed 7/9/16 | Re<br>Cust         |
|  | ,                             |                               | ,                          | //1.                                   |                          |                    |                    |



# CHAIN-OF-CUSTODY / Analytical Request Document . The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields flust be completed accurately.

| 7761818     |   |  |   | Sample ID code: CW=COLD WATER, HW=HQ WATER, DF=DRINKING FOUNTAIN  | Samples ending in F are flushed samples and a to be held penfing the results of the Raw sample                                       | ADDITIONAL COMMENTS   | 12 ROOM IND/SATH/SSHKA   | 17 Ruon IUES/BATH/STHEZ  | 10 Ruch 108/34TU/STHEZ   | o icon 108/3/114/554/2 | 8 ROOM 108/BATU/SENF-1/  | 7 Rum 108/3AH/SDUK1 | 6 Rum 108/15/171/554113/   | 5 RECON 108/BATH/SINK 1/ | 4 109- WEN 1801 - PF 1 F   | 2/34-1104/RO1-6018 | 2 ROCA ICA BATH/STAK 3/ | Ream 169/BATU/SEMILE |  | SAMPLE ID  (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE   | odes  | Requested 10 DAYS Due Date/TAT:  | Phone: 315.361.5750 Fax:   | Email To:<br>tvandresar@moboces.org  | Verona, NY 13478   | Address: 4937 Spring Rd  | Company: Madison Oneida BOCES | Section A Required Client Information:   | •                                   |
|-------------|---|--|---|---|--|---|--|--|--|------------------------|--|---------------------|--|--------------------------|--|--------------------|-------------------------|----------------------|--|--|---|--|--|--|--|--|-------------------------------|--|-------------------------------------|
| 8           | <del>)</del><br>Y                                   |  |   |   | LW S   |   | /HW-F DW   | /that-R DW   | _  | <u> </u>               | and the last terms of the last |                     | <del></del>  | _                        | DW   | DW                 |                         | ΝË                   |  |  |   | Project Number:  | Project Name:  | Purchase<br>Order No.:   |  | Copy To:   | Report To:                    | Section B<br>Required Proje  |                                     |
|             |   |  | (   |   | Z  | UISHEL  | <u>.                                    </u>   | G  | G  | 6                      | G  | 6                   | 6  | G                        | G  | G                  | G                       | G                    |  |  |   |  | Rosse  |  |  |  |                               | ct Inform  |                                     |
| PRINT       | SAMPL   |  |   | 7   | 1 PAC  | D BY / AFFILIA  |  |  |  |                        |  |                     |  |                          |  |                    |                         |                      | DATE TIME  | COMPOSITE  | COLL  |  | Ħ  |  |  |  |                               | ation:   |                                     |
| Name o      | ER NA   |  |   |   | N.   | NOITA   | 4  |  |  |                        |  | -                   |  |                          |  |                    | _                       | <b>a</b>             | DATE   | COM  | ECTE  | Pace P   | Pace Pr  | Pace Q   | Addre  | Compa  | Attent                        | Section Invoice  |                                     |
| of SAMPLER: | ME AND SIG  |  | ,   |   | Halic  | DATE  | 10:34  | 10:34  | 10:33  | 10:33                  | 18:30  | 10:01               | 10:30  | 10:29                    | \$2:01   | 10:77              | 22:32                   | 142:M                | TIME   | BAMPLE TEMP  | AT  | rofile#:   | oject Manager.   | uote Reference:  | SS:  | ny Name:   | ion:                          | on C<br>Information:   |                                     |
| Jam         | NATUR   | <del></del>  |   |   | 17:  |   |  |  | -  | -                      |  | -                   | _  | -                        | -  | _                  | _                       | _                    | #  |  |   |  |  |  |  |  |                               | •  |                                     |
| es Mu       | íñ  |  |   |   | 8  | ME  |  |  |  |                        |  | _                   |  | ļ                        |  |                    |                         |                      |  |  |   |  |  |  |  |  |                               |  |                                     |
| rphy        | uğ.   |  |   | - Care  | Q  | ,   | 1  | -  |  | -                      | -  | -                   | -  | -                        | <u> </u>   | -                  | -                       | -                    | -  | )  | Pres  |  |  |  |  | ŀ  |                               |  |                                     |
| PACE        |   |  |   |   | 7  | CCE   |  |  |  |                        | <u></u>  |                     |  | ļ                        |  |                    |                         |                      |  | 1  | ervativ   |  |  |  |  |  |                               |  |                                     |
| Ana         |   |  |   | ,   | 8  | PTED  |  | <u> </u>   | <u> </u>   | <del> </del>           |  |                     |  | <u> </u>                 |  | <u> </u>           | ļ                       | <u> </u>             | -  |  | SS  |  |  |  |  |  |                               |  |                                     |
| lytica      |   |  |   |   |  | BY / £  |  |  |  |                        |  |                     |  |                          |  |                    |                         | <u> </u>             | Na2S   |  |   |  |  |  |  |  |                               |  |                                     |
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|             |   |  |   |   |  | Z   |  | <u> </u>   | _  | _                      |  | _                   | _  | <b> </b>                 | ļ  | _                  | _                       | <u> </u>             |  |  |   |  | CATIC  | SITE   | 7  |  |                               |  |                                     |
| ļ           |   |  |   |   | 7  |   |  | <del>                                     </del>   | <u> </u>   | -                      |  | <b> </b>            |  |                          |  |                    |                         |                      |  |  |   |  | N  |  | RCR  |  |                               |  |                                     |
|             |   |  |   |   |  | DAI   |  |  |  |                        | <u> </u>   |                     | -  |                          |  | <b></b>            |                         |                      |  |  |   |  |  |  | Þ  | OND  | REC                           |  |                                     |
|             |   |  |   | ٢   | **************************************   | щ   |  |  |  |                        |  |                     |  |                          |  |                    |                         |                      |  |  |   |  |  |  |  | WATE   | <b>SULA</b>                   |  |                                     |
|             |   |  |   |   | (0)  | -4  |  |  |  |                        |  |                     |  |                          |  |                    |                         |                      |  |  |   |  | Ξ  | Ä  | wwy  |  | TOR                           |  |                                     |
|             |   |  |   |   | 05   | IME   |  |  |  |                        |  |                     |  | <u> </u>                 |  |                    |                         |                      |  |  |   |  | SC   | =  | - 07   |  | Y AG                          |  |                                     |
| uan la      | 'n  |  |   |   |  |   |  |  |  |                        |  |                     |  |                          |  |                    |                         |                      |  |  |   |  | ****   | 7  | FR   | NKIN   | ENC                           | P  |                                     |
|             |   | 201  | V/0.1   | \   |  | SAME  | <u> </u>   | <u> </u>   | -  |                        |  | _                   | _  |                          |  |                    |                         |                      | Residu   | al Chloric   |   |  |  | -  |  | G WAT  |                               | ge:  |                                     |
| Ice         |   |  | -   |   |  | ) ECC   |  |  |  |                        |  |                     |  |                          |  |                    | 16                      | 5                    | 1  | `  |   |  |  | <u>≅</u>   | 1  | Ä  |                               | 1  |                                     |
| Coole       | r<br>   | Y/N<br>Y/N   | Y/N<br>Y/N  | `   | <u>\$</u>  | SNOITIONS   |  |  |  |                        |  |                     | ***************************************  |                          | 910111111111111111111111111111111111111  |                    | Saro<br>Saro            | STARE                | Pace Project No<br>Lab I.D   |  |   |  | ER NY  | NC   |  |  |                               | of   |                                     |
|             | PRINT Name of SAMPLER: James Murphy PACE Analytical | NATURE  James Murphy PACE Analytical  James Murphy PACE Analytical | SAMPLER NAME AND SIGNATURE  PRINT Name of SAMPLER:  James Murphy PACE Analytical  Y X Y  V X | SAMPLER NAME AND SIGNATURE  SAMPLER: James Murphy PACE Analytical  FRINT Name of SAMPLER: James Murphy PACE Analytical  FRINT Name of SAMPLER: James Murphy PACE Analytical | SAMPLER NAME AND SIGNATURE  PRINT Name of SAMPLER:  James Murphy PACE Analytical  Y/N  Y/N  Y/N  Zeived on codooler  delice oddooler | ples and are many ples. Mn pace Tinhe 17:00 Col. St. 113(Col.)05 NA \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | RELINQUISHED BY / AFFILIATION DATE TIME SAMPLE CONDITION ples and are my samples.  MM MACE TIME James Murphy PACE Analytical  RELINQUISHED BY / AFFILIATION  DATE TIME SAMPLE CONDITION  THE SAMPLE CO | PRINT Name of SAMPLER:    SAMPLER NAME AND SIGNATURE   SAMPLER SAMPLER: James Murphy PACE Analytical   Name of Samples   Samples Samples   Samples | SAMPLER NAME AND SIGNATURE   SAMPLER: James Murphy PACE Analytical   X   X   X   X   X   X   X   X   X | STANK 2/1MA-R DW G     | Comples and are   Comples   Comple   | THE JAME DW G       | SAMPLER NAME AND SIGNATURE  STANK I/HW-F DW G  LO:73  LO:74  LO:75  LO:7 | Dank 1/HN R DW G         | SAMPLER NAME AND SIGNATURE  SAMPLER NAME AND SIGNATURE  SAMPLER NAME AND SIGNATURE  SAMPLER NAME AND SIGNATURE  SAMPLER NAME AND SIGNATURE  SAMPLER SAMPLER Lames Murphy PACE Analytical  SAMPLER SAMP | F                  | F                       | F                    | Falk 3/HL-F DW 6   10:27   1   1   1   X   X     1007H   1   1   1   1   X     1   1   1   X     1   1 | CATE TIME ONTE TIME   DATE   DATE   D | SAMPLET POW G DATE TIME DOW G | THAT I CALL TO DAY OR THE SAMPLE TRAPE TO DAY OR SAMPLE TO DAY OR SAMPL | Frage   Number   Page   Number   Page   Number | Project Name:   Project Name | Court Name: Research   Proportion   Propor | Address:    Description:   Proposition   Pro | Copy To:                      | Copy 70:   Attention:   Regulation   Regul | Section B   Section C   Page Horaco |



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|  | Section B              | information:                  | Section C   | - Constitution          | i            |  |  |                |             |                   | Page:             | of                            | $\bot$    |
|--|------------------------|-------------------------------|---|-------------------------|--------------|--|--|----------------|-------------|-------------------|-------------------|-------------------------------|-----------|
| Company: Madison Oneida BOCES R  | Report To:             | monnauon.                     | Attention:  | ormanon.                |              |  |  |                | R           | REGULATORY AGENCY | AGENCY            |                               |           |
| Address: 4937 Spring Rd  | Сору То:               |                               | Company Name:                                     | Vame:                   |              |  |  | NPDES          | GROUN       | GROUND WATER      | DRINKING WATER    | R                             |           |
| Verona, NY 13478   |                        |                               | Address:  |                         |              |  |  | T UST          | T RCRA      | ******            | OTHER             |                               |           |
| Email To: P tvandresar@moboces.org o   | Purchase<br>Order No.: |                               | Pace Quote Reference                              | Reference:              |              |  |  | SITE           | гi          | F GA F            | L N               | MI T NC                       |           |
|  | Project Name: F        | Rossetti                      | Pace Project Manager.                             | t Manager.              |              |  |  | LOC/           | LOCATION    | 유                 | SC WI             | OTHER NY                      |           |
| Requested 10 DAYS P  | Project Number:        |                               | Pace Profile #                                    | *                       |              |  |  | Filtered (Y/N) | /////       | //////            |                   | ///                           |           |
| odes   |                        | MP                            | COLLECTED   |                         | RS           | Preservatives                            |  | Requested      |             |                   |                   | \                             |           |
| SAMPLE ID FOLKER WITH WATER WITH WATER WITH WATER WITH WATER WITH A CALL OF THE WATER WATE | MATRIX COD             | GRAA START                    | COMPOSITE<br>END/GRAB                             | MPLE TEMP<br>COLLECTION | OF CONTAINE  |  |  | An:            |             |                   | Chlorine (YN)     |                               |           |
|  |                        | DATE TIME                     | DATE  | TIME                    |              | HNO:<br>HCI<br>NaOI<br>Na <sub>2</sub> S | Meth<br>Na28                                     |                |             | /////             | Reside            | ,ace                          | ab I.D.   |
| ROOM 107/SLOP SOUK/CILL-R  | - <b>X</b> DW          | G                             | " b/t   | 10:36                   |              |  | <del> </del>                                     | ×              |             |                   |                   | 100 H8                        |           |
| 2 ROOM 107/SLOP STAIK/CILI-F   | -71 DW                 | ြ                             | ~   | 1810                    | -            |  | -  | ×              |             |                   | 7)                | 32100                         | βÓ        |
| 8 ROOM 107/SLOP SINK/HW-R  | L-X DW                 | G                             | 20  | 10:77                   | -            |  | -  | ×              |             |                   |                   |                               |           |
| 4 Room 107/BLOP STUK/ HILL-F   | J-F DW                 | ြ                             |   | 10:37                   | -            | ->                                       | _  | ×              |             |                   |                   |                               |           |
| 5 RECOM ICEA/SINK 1/CH-R   | <b>₹</b> DW            | G .                           | <i>"</i>  | 10:40                   |              | -  | <del> </del>                                     | ×              |             |                   |                   |                               |           |
| 6 ROOM 1064/STHIF 2/CW-F   | T DW                   | 6                             | fe .  | W:41                    | -            |  | -  | ×              |             |                   |                   |                               | <u></u>   |
| 7 RECT 106A/SENEZ/ HH-R  | NO DW                  | 6                             | "   | 114:01                  |              |  |  | ×              |             |                   |                   |                               | <u>L.</u> |
| 8 Ram IUGA/SINK 1/HU-F   | TI DW                  | 6                             | 1   | 10:42                   | -            |  | <del>                                     </del> | ×              |             |                   |                   |                               |           |
| 9 ROOM 1064/SINK 2/CIJ-R   | Ż DW                   | 6                             |   | 1243                    | -            | -  | +  | ×              |             |                   |                   |                               |           |
| 10 TREEM IUGA/SIMKZ/CNA-F  | T DW                   | G                             | <i>/</i> c  | 10:44                   | -            |  | ╫  | ×              |             |                   | -                 |                               | <u> </u>  |
| ı.   | DW                     | G                             | /(6   | 10:45                   | -            |  | <del> </del>                                     | ×              |             |                   | ·                 |                               |           |
|  | DW                     | G                             | ٧<br>4  | 10:40                   |              | -1                                       | *******  | ×              |             |                   |                   |                               |           |
| ADDITIONAL COMMENTS  | RELINQUI               | RELINQUISHED BY / AFFILIATION | IATION  | DATE                    | TIME         | ACCEPTED BY / AFF                        | ) ВҮ.  | AFFILIATION    | . D.        | DATE              | SAMPLE            | E CONDITIONS                  |           |
| Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples.   | SIN                    | G                             | Mes 1   | Malic                   | 17:00        | & MOD                                    | 1  | and the second | 1           | 13)KJ101          | RE HINSO          | (§<br>(§                      | <u>.</u>  |
| Sample ID code: CW=COLD WATER, HW=HOF  |                        | 7                             |   |                         |              | •  |  |                | -           |                   | Y/N               | Y/N                           |           |
|  |                        | 0                             | ,   |                         | -            |  |  |                |             |                   | Y/N               | Y/N                           |           |
|  |                        |                               |   |                         |              |  |  |                |             |                   | Y/N               | Y/N                           |           |
|  |                        | SAMI                          | SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: | Z                       | ATURE        |  |  |                |             |                   | o in °C<br>ved on | y Sealed<br>oler<br>es Intact | midol     |
| 767975857  | V<br>N                 | SIGN                          | SIGNATURE of SAMPLER:                             | ١.                      | James Murphy | I PACE Analytical                        | aryuc  |                |             |                   | Rete              | istod<br>Čć                   | -11PI     |
| •  | , (                    | •                             | ,   |                         | 10. W        | 15                                       |  | 1/ WW)         | (MM/DD/YY): | 11811             | _                 | -                             | Ľ         |
| •  | ,                      | •                             | ,   |                         | -            | C  |  | •              | ,           | ,                 |                   |                               | ,         |

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|  | Section B  | Section C  |                              |                                | -                  | Page: [4 of                            |
|--|--|--|------------------------------|--------------------------------|--------------------|--|
|  | Required Project Information:                    | Invoice Information:   |                              |                                |                    |  |
| Company: Madison Oneida BOCES  | Report To:                                       | Attention:   |                              |                                | REGULATORY AGENCY  | ENCY                                   |
| Address: 4937 Spring Rd  | Copy To:   | Company Name:  |                              | MPDES F GR                     | GROUND WATER TO DR | DRINKING WATER                         |
| Verona, NY 13478   |  | Address:   |                              | □ UST   □ RCRA                 | RA TOTHER          | ER                                     |
| Email To:<br>tvandresar@moboces.org  | Purchase<br>Order No.:                           | Pace Quote Reference:  |                              | SITE                           | F GA F ⊩           | IN MI T NC                             |
|  | Project Name: Rossetti                           | Pace Project Manager:  |                              | LOCATION                       | F OH F SC          | WI TOTHER NY                           |
|  | Project Number:                                  | Pace Profile #:  |                              | Filtered (Y/N)                 |                    | ////////                               |
|  | E<br>MP  |  | g Preservatives              | Requested ////                 |                    |  |
| SAMPLE ID SOCIETIES (A-Z, 0-91,-)  ( | MATRIX COD<br>SAMPLE TYPI<br>=GRAB C=CO<br>START | COMPOSITE FEMOLOGRAB FEMOLOGRAB FEMOLOGRAB FEMOLOGRAB FEMOLOGRAB FEMOLOGRAP F |                              | O4 Am                          |                    | Chloma (Yny)                           |
| 1  |  | DATE TIME  | <del> </del>                 | Na28                           |                    | Resident Lab I.D.                      |
| 1 ROUM 106A/53NIK 3/CILL-R   | DW G   | 14:01 b/E  |                              | ×                              |                    | 3871(O)1                               |
| 2 RUM 106/1/SINIK 3/CHI-F  | DW G   | Smal   |                              | ×                              |                    | いめかる                                   |
| 3 BOOM 106A/SIMK3/ HIL   | HILL-X DW G                                      | 10: VS   |                              | ×                              |                    |  |
| 4 ROOM IOGA/SINIK3/HILL-F  | DW G   | 10:48  |                              | ×                              |                    |  |
| 5 There 106 A/SDNICH/CHIR  | 1.7 DW G   | 15:31  |                              | ×                              |                    |  |
| 6 RUM 106A/SIMMY/CIN-F   | DW G   | 102.21   |                              | ×                              |                    |  |
| 7 ROM IUGA/STHK 4/ H   | 中で<br>DW G                                       | <b>%</b> 0152  |                              | ×                              |                    |  |
| 8 ROW 106A/STHIC 4/ HIN-F  | L'T DW G   | 10,53  |                              | ×                              |                    |  |
| 9 ROOM ICHA/SINK 5/ CIN-R  | J-7 DW G   | 10.34  | >                            | ×                              |                    |  |
| 10 RUM 106A/STHKS/ CIJ-F   | 1-F DW G   | 10:35  |                              | ×                              |                    | ſ                                      |
| 11 PCCM IUGA/STUKS/AIN-R   | J-17 DW G  | 157.22   |                              | ×                              |                    |  |
| 12 RUCHA IUGA/SINKS/HIJ-F  | L-F DW G   | ♦ 10:56  |                              | ×                              |                    |  |
| ADDITIONAL COMMENTS  | RELINQUISHED BY / AFFILIATION                    |  | TIME   ACCEPTED BY / AFFI    | 3Y / AFFILIATION               | DATE TIME          | SAMPLE CONDITIONS                      |
| Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples,   | SMAN PACE  | 2 Michie   | 12.00 8/6/                   |                                | 2/13 1205          | Y/N<br>Y/N                             |
| Sample ID code: CW=COLD WATER, HW=HQ/I WATER, DF=DRINKING FOUNTAIN   |  |  |                              |                                |                    | Y/N<br>Y/N<br>Y/N                      |
|  |  | **   |                              |                                |                    | Y/N<br>Y/N<br>Y/N                      |
|  |  |  |                              |                                |                    | Y/N<br>Y/N<br>Y/N                      |
| in ouro fi   | )  | SAMPLER NAME AND SIGNATURE   | ATURE                        |                                |                    | i on<br>ealed                          |
| 61 2100 750  | •  | PRINT Name of SAMPLER:   | James Murphy PACE Analytical | ytical                         |                    | teived<br>lce<br>lce<br>ody S<br>Coole |
|  | SIGNA  | SIGNATURE of SAMPLER:  | Mary                         | DATE Signed<br>(MM / DD / YY): | 7/9/16             | Re<br>Cust                             |
|  | ,  |  |                              |                                | •                  |  |



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|                       | •          | •                          |            | -                 | Sample ID code: CW=COLD WATER, HW=HOX WATER, DF=DRINKING FOUNTAIN | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. |                               | 12 SALOW/SIMKZ/ HIM-F | " SALON / SINK 2/ HIN-R | 10 SALCN/SINK 2/CM-F | SALON/SINKZ/CHI-R | 8 SMON/ STYK 1/ HIJ-F | 7 SALCH/STAK 1/HIU-R | SALON/SINK 1/CH-F | SAICH/SINK 1/CH-K | 4 ROOM 106A/SINK 6/+IM-F | 1064/ | 2 ROM 106A/SINKG/CIU-F | Recon 106A/SIMIC 6/CHIR | SAMPLE ID WASTEWISH WIT WASTEWISH WIT WASTEWISH WASTEWIS | odes            |   |                        | Email To: Purchase Purchase (Yandresar@moboces.org Order No.: | Verona, NY 13478 | Address: 4937 Spring Rd Copy To: | Company: Madison Oneida BOCES Report To: | lient Information:            | Section A Section |
|-----------------------|------------|----------------------------|------------|-------------------|---|--|-------------------------------|-----------------------|-------------------------|----------------------|-------------------|-----------------------|----------------------|-------------------|-------------------|--------------------------|-------|------------------------|-------------------------|--|-----------------|---|------------------------|---|------------------|----------------------------------|--|-------------------------------|-------------------|
| Sign                  | · ·        | SAMP                       |            |                   |   | on harly mes   | RELINQUISHED BY / AFFILIATION | DW G                  | DW G                    | DW G                 | DW G              | DW G                  | DW G                 | DW G              | DW G              | T DW G                   | DW G  | T DW G                 | Z DW G                  | MATRIX COI SAMPLE TYI G=GRART START DATE TIME  | PE<br>OMP       | Project Number:                         | Project Name: Rossetti | ise<br>Vo.:   |                  | To:                              | t To:                                    | Required Project Information: | D                 |
| SIGNATORE OF SAMPLER: |            | SAMPLER NAME AND SIGNATURE |            |                   |   | CE Hielico   |                               | 4 11:05               | <u> </u>                | 11:03                | L[:03             | 11:02                 | 11:01                | S:S               | 89: i-i           | D:57                     | 12:01 | 10:54                  | 7/9 10:54               | COMP<br>END/   |                 | Pace Profile #:                         | Pace Project Manager:  | Pace Quote Reference:   | Address:         | Company Name:                    | Attention:                               | Invoice Information:          | Section C         |
| In in                 | y PACE     | ATURĘ                      | - QA GALAN |                   | <b>S</b> .  | 17:co 5/   | TIME ACCEPTI                  |                       |                         |                      |                   |                       |                      |                   |                   |                          |       |                        |                         | # OF CONTAIN Unpreserved H <sub>2</sub> SO <sub>4</sub> HNO <sub>3</sub> HCI NaOH Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>  | # Preservatives |   |                        |   |                  |                                  |  | 3                             |                   |
| (MM / DD / YY):       | Analytical |                            |            |                   |   | 19/10  | ACCEPTED BY / AFFILIATION     | ×                     | ×                       | ×                    | ×                 | ×                     | ×                    | ×                 | ×                 | ×                        | ×     | ×                      | -                       | Methanol<br>Ne2SO4   | Requested       | Filtered (Y/N)                          | LOCATION               | SITE  | T UST T          | ₩ NPDES F                        |  |                               |                   |
| Tiglic                |            |                            |            |                   | _   | 7/13 100   | DATE TIME                     |                       |                         |                      |                   |                       |                      |                   |                   |                          |       |                        |                         |  |                 |   | F OH F SC              | F GA F IL   | RCRA TOTHER      | GROUND WATER TO DR               | REGULATORY AGENCY                        |                               |                   |
| Cus                   | Cool       | ed on<br>Sealed            | Y/N        | Y/N<br>Y/N<br>Y/N | Y/N   | Y/N<br>Y/N<br>Y/N  | SAMPLE CONDITIONS             |                       |                         |                      |                   |                       |                      |                   |                   |                          |       | ileUTP58               | 1607A88                 | Onloring Crops   |                 | /////////////////////////////////////// | WI OTHER NY            | IN MI T NC  | ER               | DRINKING WATER                   | ENCY                                     | rage: 💇 or                    | Page: 20 of       |

Pace Analytical"

Company: Madison Oneida BOCES WATER, DF=DRINKING FOUNTAIN to be held penfing the results of the Raw samples. Samples ending in F are flushed samples and are ITEM# Required Client Information: Sample ID code: CW=COLD WATER, HW=HOT 10 /erona, NY 13478 Address: 4937 Spring Rd Date/TAT: SALUN/BATH SINK HIL-R SALON/ ISATH STMK/CId-F SALON/SINK3/ SALUN/SIMK 3/ SALCALIBATH SINK/ HILL-F SALCH/BATH STHK/CM-R SALCH/STYKY/ HIM-R SALON/STMK4/ CId-F SALON/ STWKY/ CId-R SALUN/SINK 3/ CIN-F SALCN/SINIC 3/ CId.R (A-Z, 0-9 / ,-)
Sample IDs MUST BE UNIQUE SALON/STHICK Y/ HW-F Section D equired Client Information tvandresar@moboces.org SAMPLE ID ADDITIONAL COMMENTS 10 DAYS DERINGNO WATER
WATER
WATER
PRODUCT
SOLISCUD
OL
WPE
AR
OTHER
TISSLE MATRIX HE-F エレジ Purchase Order No.: Copy To: Project Name: Report To: Required Project Information: Project Number Section B RELINQUISHED BY / AFFILIATION Min DW DW DW DW WD ğ DW. WG DW N N WO WG MATRIX CODE SAMPLE TYPE G 6 G G G 6 ଜ G G ດ G G G=GRAB C=COMP DATE COMPOSITE START PACS TIME COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: SAMPLER NAME AND SIGNATURE 和 DATE Pace Profile #: Pace Project Manager Pace Quote Reference Address: Company Name: Attention: Invoice Information: Section C COMPOSITE END/GRAB 11:6/2 190:11 1:3 <u>=:</u> 10:16 4:3 12:11 النمها 2 ¥0:11 11:13 <u>≓</u> TIME helic DATE SAMPLE TEMP AT 17:00 James Murphy # OF CONTAINERS TIME Unpreserved H<sub>2</sub>SO<sub>4</sub> HNO₃ HCI ACCEPTED BY / AFFILIATION PACE Analytical NaOH Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> Methano Na2SO4 Ani Requested Filtered (Y/N) NPDES UST LOCATION (MM / DD / YY): SITE 7 RCRA GROUND WATER 719 DATE REGULATORY AGENCY  $\overline{\mathcal{L}}$ 오 GA 12/2 F TIME T 80 T OTHER DRINKING WATER Page: ≦ Temp in 'C SAMPLE CONDITIONS ب Reteived on Y/N Y/N Y/N Y/N ice ≦ OTHER NY -1 Custody Sealed Cooler 앜 Y/N Y/N Y/N Y/N Pace Project No Lab I.D S **78**8 Samples Intact Y/N Y/N Y/N

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ace Analytical"

Company: Madison Oneida BOCES WATER, DF=DRINKING FOUNTAIN Sample ID code: CW=COLD WATER, HW=HQ to be held penfing the results of the Raw samples Samples ending in F are flushed samples and are ITEM# Verona, NY 13478 Address: 4937 Spring Rd Required Client Information: Date/TAT: RECOM 104B/SONK3/ HU-R RUM 106B/SDIKB/CIJ-F BULLY STAIR 3/CM-R (A-Z, 0-9 / ,-)
Sample IDs MUST BE UNIQUE ROOM IOCB/STAK 3/HU-F DW G PROM 106B/ SINK2/HN-F REM 106B/SIMKZ/ HU-R Rum 106B/STHKZ/CIN-F BOWN 1068/ STHEZ/ CIA -R BUCH 106B/SSNK1/HIJ-F BUCK 1068/STNK 1/HW-R KOOM IOUR STAK 1/CM-F ROMINION STUK 1/CHIR Section D tvandresar@moboces.org SAMPLE ADDITIONAL COMMENTS 10 DAYS ₽ Valid Matr Purchase Order No.: Copy To: Report To: Project Name: Required Project Information: Section B roject Number RELINQUISHED BY / AFFILIATION DW DW DW Ma WG MG Ø DW DW Wd MATRIX CODE SAMPLE TYPE Rossetti G G G G G G ഒ G ଜ G G DATE COMPOSITE START TIME SIGNATURE of SAMPLER: COLLECTED PRINT Name of SAMPLER: MCS SAMPLER NAME AND SIGNATURE かに Pace Profile #: Pace Project Manager Address: Company Name: Attention: Invoice Information Section C Pace Quote Reference DATE COMPOSITE END/GRAB 102:47 17:77 17.73 11:14 11:14 F. 13 11:73 ミジ 1:25 17:11 12:1 TIME DATE SAMPLE TEMP AT 17.00 James Murphy PACE Analytical # OF CONTAINERS TIME H-SO. HNO<sub>3</sub> 1CI ACCEPTED BY / AFFILIATION NaOH Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> Methanol Na2SO4 Ana Requested Filtered (Y/N) " **NPDES** UST LOCATION (MM / DD / YY): SITE F RCRA ٦ GROUND WATER 711516 DATE REGULATORY AGENCY Ñ my GA 오 Pa TIME 7 7 5 7 OTHER SC T DRINKING WATER Page: ≦ Z Temp in 'C SAMPLE CONDITIONS "" 22 Reteived on Y/N Y/N Y/N ≦ ice Custody Seale Cooler -1 으 Pace Project No. Lab I.D. Y/N Y/N Y/N Y/N 1887 1887 ਨ ਨ N Y/N Y/N Y/N Y/N Samples Intact

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Face Analytical"

to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT Company: Madison Oneida BOCES ITEM# Required Client Information: Section A WATER, DF=DRINKING FOUNTAIN Samples ending in F are flushed samples and are /erona, NY 13478 Address: 4937 Spring Rd Date/TAT: ROOK TOOK ROOM Room RUDA IDGA/STHKC/ HU-R ROOM 1063/SINK W/CM.F Room 1068/554K6/ HH-F RULM 1067/STINKL/CH-R Room 1013/SIMKS/ HM-F ROWN 1068/SINKS/HH-R RUM ICERY STAKEYCIJ-R Section D ROOM 1068/SINKWHIM-F BOOM 10CB/SINK 4/FINIA Sample IDs MUST BE UNIQUE juired Client Information tvandresar@moboces.org SAMPLE ID ADDITIONAL COMMENTS (A-Z, 0-9/,-) 1063/SINKS/CIU #F 1063/32MK4/CH-F 1067/5=N×5/CH-R 10 DAYS DRINKING WATER
WAITER
WASTE WATER
PRODUCT
SOLISOUD
OL
WIPE
AR
TISSUE MATRIX 8 N W T R A B & P D Purchase Order No.: Project Number Project Name: Copy To: Report To: Required Project Information: RELINQUISHED BY / AFFILIATION DW DW Wd WG WO ğ DW MG MO Ø DW MATRIX CODE SAMPLE TYPE G Rossetti G G G G G 0 G G ଉ G G G=GRAB C=COMP DATE COMPOSITE START TIME COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: SAMPLER NAME AND SIGNATURE 2/4 Company Name: Attention: DATE Pace Profile #: Pace Project Manager Invoice Information: Section C Pace Quote Reference Address: COMPOSITE END/GRAB 1/12/16 11:35 11:31 1.3% 11:34 15:1 £.: TIME 1:37 11:34 72:1 123 11:33 15:1 DATE COLLECTION James Murphy # OF CONTAINERS 17:00 TIME H<sub>2</sub>SO<sub>4</sub> HNO₃ HCI PACE Analytical ACCEPTED BY / AFFILIATION NaOH Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> Na2SO4 An Filtered (Y/N) Requested 7 NPDES UST LOCATION (MM / DD / YY): SITE 7 ٦ RCRA GROUND WATER DATE REGULATORY AGENCY S 7 오 G.A 1200 SC TIME OTHER DRINKING WATER ¥ Page: Temp in 1C SAMPLE CONDITIONS 7 Reteived on 23 Y/N Y/N Y/N Y/N Ice ≊ OTHER NY Custody Sealed Cooler ٦ 앜 Y/N Y/N Y/N Y/N Pace Project No Lab I.D S Y/N Y/N Y/N Samples Intact

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ace Analytical"

Required Client Information: TEM# Company: Madison Oneida BOCES to be held penfing the results of the Raw samples. Samples ending in F are flushed samples and are WATER, DF=DRINKING FOUNTAIN Sample ID code: CW=COLD WATER, HW=HQA /erona, NY 13478 Address: 4937 Spring Rd RECE Date/TAT: REM 102/SINK/HN-F REM 102/ SINK/ HLI-R RUN 105/55N×2/ CIJ-R (A-Z, 0-9 / ,-)
Sample IDs MUST BE UNIQUE ROOM 102/STURY CIN-R 160m 105/SINK 2/ CIJ-F Section D Ruan 105/SINK 2/ HIJ-R Reco 105/512×1/CH-F 1800 105/5INK 1/CW-R Rich 105/STAR 1/ HIL-R dequired Client Information tvandresar@moboces.org **SAMPLE ID** ADDITIONAL COMMENTS 105/5TUKZ/ HILI-F 1US STAK 1/ HAI-F 10 DAYS IUZ/STHK/ CILI-F DRAWING WATER
WASTE WATER
PRODUCT
SOUSSUD
ON
ON
THE
THISSLE 5005 Purchase Order No.: Copy To: Project Name: Report To: Required Project Information: Project Number RELINQUISHED BY / AFFILIATION DW G D¥ DW DW DW W DW ğ Ø MG MATRIX CODE SAMPLE TYPE G G 0 G ၈ ଉ G a ଜ G G=GRAB C=COMP DATE COMPOSITE START TIME MM COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: AMPLER NAME AND SIGNATURE Invoice Information: Address: Attention: DATE Pace Profile #: Pace Project Manager Company Name: ā ace Quote Reference 1/12/16 三 む 11:52 TIME =:5 **Fig.** 15 === Ph:11 **Ph:** 1:53 ₹. 1:45 DATE SAMPLE TEMP AT 17:00 James Murphy PACE Analytical # OF CONTAINERS TIME Unpreserved H2SO4 HNO₃ HCI ACCEPTED BY / AFFILIATION NaOH Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> Ang Requested Filtered (Y/N) 7 UST **NPDES** LOCATION (MM / DD / YY): SITE T RCRA **GROUND WATER** 27 REGULATORY AGENCY DATE 오 g. 1205 **T** TIME OTHER DRINKING WATER ဗ Z ۳٦ Page: ≦ Temp in 'C SAMPLE CONDITIONS Reteived on ة <del>م</del> Y/N Y/N Y/N Y/N lce ≦ OTHER Custody Sealer Cooler \*\*\* Y/N Y/N Y/N Pace Project No Lab I.D 188 X S Z Y/N Y/N Y/N Samples Intact

יייין אחמואיטר ייטסוטען / Analytical Kequest שסטעווופחני.

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Verona, NY 13478 Company: Madison Oneida BOCES Required Client Information: Address: 4937 Spring Rd Purchase Order No.: Copy To: Report To: Required Project Information: Company Name: Attention: Section C Address: Invoice Information: Pace Quote Reference T UST NPDES F GROUND WATER F DRINKING WATER ☐ RCRA REGULATORY AGENCY TOTHER\_ Page: 25 으

The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields in ust be completed accurately.

Filtered (Y/N) LOCATION SITE 구 오 GA TIL TIN TIME TINC TSC T WI T OTHER NY

tvandresar@moboces.org

Project Name: Project Number.

Rossetti

Pace Project Manager.

| )    |                                | •                     |                            |     |          | Sample ID code: CW=COLD WATER, HW=HOT | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS RELINQUISHED BY / AFFILIATION | 12 Bown IOIA Minn/SEN-1/HII-F DW | TRECT 1010/Bird/SIN+1/HUZ DW | 10 Recon 1014/STAN1/STAN1/CH-F DW | RECH 1014/2007/55HK1/CH-R DW | 8 ROW 103/FXTH/ SHW/HU-F DW | Rean 103/734TH/SENK/HIJ-R DW                     | BOCM 103/BATH/SINK/CIU-F DW | 5 Rum 103/BATU/STHINCH-R DW | 4 ROOM 102/BATH/SWK/HH-F DW | BROWN 102/FATH/STHK/HIL-R DW | 2 Rum 102/BATH/55141/CIJ-F DW | Ram 102/BATH/STHK/WIR DW |                           | SAMPLE ID WARE WAS IN THE COLUMN TO THE COLU | odes<br>CODE  | Requested 10 DAYS Project Number: |
|------|--------------------------------|-----------------------|----------------------------|-----|----------|---------------------------------------|--|---|----------------------------------|------------------------------|-----------------------------------|------------------------------|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------|---------------------------|--|---------------|-----------------------------------|
|      |                                |                       |                            |     | ٠,       |                                       | 9  | HSIU  | v<br>G                           | <u>۷</u><br>۵                | 6                                 | <u>۷</u><br>۵                | <u>د</u><br>د               | 6  | N<br>G                      | G<br>G                      | <u>×</u><br>۵               | a                            | <u>۷</u>                      | <u>۷</u>                 | _                         | SAMPLE TYP   | <br>E         |                                   |
| ì    |                                |                       |                            |     |          |                                       | 2  | ED BY   |                                  |                              | <u> </u>                          |                              | <u> </u>                    | <u> </u>   |                             | <u> </u>                    |                             | <u> </u>                     |                               |                          | DATE                      |  |               |                                   |
|      | Sic                            | PR                    | SA                         |     |          | 1                                     |  | //AFF   | <del></del>                      | <u> </u>                     | <del> </del>                      | -                            |                             | <del>                                     </del> | <u> </u>                    |                             |                             |                              |                               | ļ                        | 1                         | COMPOSITE  | င္ပ           |                                   |
|      | NATU                           | NT N                  | MPLE                       |     |          |                                       | K  | ILIATI  |                                  | -                            |                                   | ļ                            |                             | ļ  | ļ                           |                             |                             | ļ                            |                               | -5                       | TIME                      | H H  | COLLECTED     | 20                                |
|      | IRE of                         | ame of                | RNAN                       |     |          |                                       | 3  | ON  | 4                                |                              | -                                 |                              | -                           |  |                             |                             |                             |                              | -                             | Ha                       | DATE                      | COMPOSITE<br>END/GRAB  | CTED          | Pace Profile #:                   |
| ٠    | SIGNATURE of SAMPLER:          | PRINT Name of SAMPLER | SAMPLER NAME AND SIGNATURE |     |          |                                       | 7//  | D,A   | 12:05                            | 17:54                        | \$0:23                            | 20:3                         | 12:00                       | 37:28  | 11:55                       | 11:55                       | 11:53                       | 18.22                        | N.S4                          | 11:34                    | TIME                      | SRAB   |               | file#:                            |
| 1    | ER.                            | Ř                     | SIGN                       |     |          | •                                     |  | DATE  | ٦                                | -                            | W                                 | W                            |                             | 8  | <u> </u>                    | 2                           | ~                           | 7                            | _                             | -                        | -                         | SAMPLE TEMP<br>COLLECTION  |               |                                   |
| //_* | 1                              | Jam                   | IATU                       |     |          |                                       | 17:  |   | -                                |                              |                                   |                              | _                           | -  |                             | -                           | _                           |                              |                               | _                        |                           | # OF CONTAINE  |               |                                   |
| *    | Man alm                        | James Murphy          | ñ                          |     |          |                                       | e ::   | TIME  |                                  |                              |                                   |                              |                             |  |                             |                             |                             |                              |                               |                          | <u> </u>                  | reserved   |               |                                   |
| 1    | مگ                             | urph                  |                            |     | <u> </u> | <del> </del>                          | <del> </del>   | and soom become                                   | 1                                |                              |                                   |                              |                             |  | _                           | _                           |                             |                              | _                             |                          | H <sub>2</sub> S0         |  | ,             |                                   |
|      |                                |                       | ,d                         |     |          | 1                                     | $\setminus$  | AC  |                                  |                              |                                   |                              |                             |  |                             |                             |                             |                              |                               |                          | нсі                       |  | Preservatives |                                   |
|      |                                | ACE                   |                            |     |          |                                       | 11   | CEF   |                                  |                              |                                   |                              |                             |  |                             |                             | ļ                           |                              |                               | ļ                        | NaO                       |  | vative        |                                   |
|      |                                | PACE Analytical       |                            |     |          | 6                                     | Sail light   | ACCEPTED BY / A                                   |                                  | <del> </del>                 |                                   | <del> </del>                 | <del> </del>                | ┼  | ╂                           | -                           | <del> </del>                | <u> </u>                     |                               | <del> </del>             | Na <sub>2</sub> S<br>Meth | nanol  | s             |                                   |
|      |                                | llytic                |                            |     |          | ]                                     | 1  | BY/   |                                  |                              |                                   |                              |                             |  |                             |                             |                             |                              |                               |                          | Na2                       |  |               |                                   |
| '    |                                | 2                     |                            |     |          |                                       | 1  | 10.00   | ×                                | ×                            | ×                                 | ×                            | ×                           | ×  | ×                           | ×                           | ×                           | ×                            | ×                             | ×                        |                           | Ana  | Requested     | Filter                            |
| ,    | 20                             |                       |                            |     |          |                                       |  | FILIATION   |                                  |                              |                                   |                              |                             |  |                             |                             |                             |                              |                               |                          |                           | 25   | ested         | Filtered (Y/N)                    |
|      | ATE S                          |                       |                            |     |          |                                       |  | ON  |                                  |                              | _                                 | <u> </u>                     |                             | 二  | <u> </u>                    | _                           |                             |                              |                               | <u> </u>                 |                           |  |               | S                                 |
|      | DATE Signed<br>(MM / DD / YY): |                       |                            |     |          |                                       |  |   |                                  | ļ                            |                                   | <u> </u>                     | <u> </u>                    | <u> </u>   | <b> </b>                    | <u> </u>                    | <u> </u>                    |                              |                               |                          |                           |  |               |                                   |
|      |                                |                       |                            |     |          | 一、                                    | J  | are construction                                  |                                  | <u> </u>                     |                                   |                              |                             | 丅  |                             |                             |                             |                              |                               | <u> </u>                 |                           |  |               |                                   |
|      | 7                              |                       |                            |     |          |                                       | 1/3  | DATE  |                                  |                              |                                   |                              |                             |  |                             |                             |                             |                              |                               |                          |                           |  |               |                                   |
|      | 711 21 1                       |                       |                            |     |          |                                       |  | m   |                                  |                              |                                   |                              |                             | $oxed{oxed}$                                     |                             |                             |                             |                              |                               |                          |                           |  |               |                                   |
| '    | •                              |                       |                            |     |          |                                       | 10   |   |                                  |                              |                                   | -                            |                             | -  |                             |                             |                             |                              |                               | <u> </u>                 |                           |  |               |                                   |
| ٠    | ,                              |                       |                            |     |          |                                       | 100  | TIME  |                                  | -                            |                                   |                              |                             | -  |                             | <u> </u>                    |                             |                              |                               | -                        |                           |  |               |                                   |
|      | ********                       |                       |                            | _   |          |                                       |  |   |                                  |                              | _                                 | -                            |                             | -  |                             |                             |                             |                              |                               |                          |                           |  |               |                                   |
| ĺ    |                                | tub ju                |                            |     |          |                                       |  | SAI   |                                  |                              |                                   |                              |                             |  |                             |                             |                             |                              |                               |                          | Resid                     | Vai  |               |                                   |
|      | Re                             | lce                   | d on                       | Y/N | Y/N      | Y/N                                   | Y/N  | MPLE  |                                  |                              |                                   |                              |                             |  |                             |                             |                             |                              | F                             | 16                       | <b> </b>                  | vel Chlorine (YIN)   |               |                                   |
|      |                                | ody S<br>Čoole        | ealed<br>r                 | Y/N | Y/N      | Y/N                                   | Y/N  | COND  |                                  |                              |                                   |                              |                             |  |                             |                             |                             |                              | Ď                             | 2                        |                           | _  | \             |                                   |
|      | Sam                            | ples                  | Intact                     | Y/N | Y/N      | Y/N                                   | Y/N  | SAMPLE CONDITIONS                                 |                                  |                              |                                   |                              |                             |  |                             |                             |                             | •                            | R                             | KK                       | Lab I.D.                  | Pace Project No.   |               |                                   |



• `PHAIN+UF+CUO I UU J I ARIAIYIIGAI REQUEST POCUMENT (

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\* The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately. 

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| 1                     | •                           |   |                   |                   | Sample ID code: CW=COLD WATER, HW=HOT | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS           | 12   | 1 ROW 113/TCE MACHITHE | 113 Coffee Monas | o RCCM 113/CUFFEE MOKER/ | 8 ROUM 113G/HANDSIMK/HIL-F | 7 ROOM 1136/HAHDSDIK/HU-R | O ROOM 1136/HANDSINK/CIJ-F | 5 ROOM 1136/HAHDSINK/CH | 4 ROOM IOIA/STHICZ/HU-F | 5 Keom 1014/STHK 2/HH-R | 2 ROOM 101A/SEMI-Z/CHI-F | 1 700m 101A/SEMK 2/CH-12 | is a           | SAMPLE ID ROWSE WARE  (A.Z. 0-9 / -)  WE Sample IDS MUST BE UNIQUE OVER  S Sample IDS MUST BE UNIQUE OVER  10 10 10 10 10 10 10 10 10 10 10 10 10 1 | odes      |                 |                        | Email To: tvandresar@moboces.org C | Verona, NY 13478 | Address: 4937 Spring Rd | Company: Madison Oneida BOCES | Section A Sectio |
|-----------------------|-----------------------------|---|-------------------|-------------------|---------------------------------------|--|-------------------------------|------|------------------------|------------------|--------------------------|----------------------------|---------------------------|----------------------------|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|----------------|---|-----------|-----------------|------------------------|------------------------------------|------------------|-------------------------|-------------------------------|--|
| Sign                  | •                           | SAMF  |                   |                   | 1.1.                                  | ann. h.  | RELINQUISHED BY / AFFILIATION | DW G | DW G                   | DW G             | DW G                     | DW G                       | -R DW G                   | DW G                       | CE DW G                 | DW G                    | DW G                    | T DW G                   | DW G                     |                | MATRIX CODI SAMPLE TYPI SEGRAB C=CO START   | E<br>MP   | Project Number: | Project Name: Rossetti | Purchase<br>Order No.:             |                  | Copy To:                | Report To:                    | Section B Required Project Information:  |
| SIGNATORE OF SAMPLER. |                             | SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: | ••••              |                   |                                       | ones Italia  | ATION DATE                    | 1    | 12:12                  | 2:5              | 17:51                    | 17:13                      | 11:13                     | 12:11                      | 12:11                   | 17:07                   | 17:01                   | 17:ch                    | 7/4 17:0L                | DATE TIME      | COMPOSITE ENDIGRAB  |           | Pace Profile #: | Pace Project Manager.  | Pace Quote Reference:              | Address:         | Company Name:           | Attention:                    | Section C Invoice Information:   |
| may                   |                             | NATURE 3  | ŧ                 |                   |                                       | 17:00 8  | TIME ACCEPTE                  |      |                        |                  |                          |                            |                           |                            |                         |                         |                         |                          |                          | ļ              | F OF CONTAINE<br>eserved  |           |                 |                        |                                    |                  |                         | îT.                           | •  |
| (MM / DD / YY):       |                             |   |                   |                   | -                                     |  | ACCEPTED BY / AFFILIATION     | ×    | ×                      | ×                | ×                        | ×                          | ×                         | ×                          | ×                       | ×                       | ×                       | ×                        | ×                        | Meth<br>Na2S   | <del></del>   | Requested | Filtered (Y/N)  | LOCATION               | SITE                               | T UST T          | F NPDES F               |                               |  |
| 2116116               |                             |   |                   |                   |                                       | 7/13 1205  | DATE TIME                     |      |                        |                  |                          |                            |                           |                            |                         |                         |                         |                          |                          |                |   |           |                 | T 94 T                 | F GA F IL                          | RCRA FOT         | GROUND WATER   D        | REGULATORY AGENCY             |  |
| R                     | eteiv<br>Ic<br>stody<br>Čoc | Sealed  | Y/N<br>Y/N<br>Y/N | Y/N<br>Y/N<br>Y/N | Y/N<br>Y/N                            | Y/N Y/N Y/N  | SAMPLE CONDITIONS             |      |                        | -                |                          |                            |                           |                            |                         | -                       |                         | 1607/50                  | WOTINS &                 | Resign Labi.D. | al Chaine (MV)  |           |                 | SC WI TOTHER NY        | N N NC                             | OTHER            | DRINKING WATER          | BENCY                         | Page: Alg of   |



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|  | Section B                     |           |          |                               | Section C                  | ,          |           |                   |                      |   |  |                                  |            |          |                     |         |                                |              |                |              |       |          |                     |     |               |                   | Ţ        | Page:  |  | 4              | 으              |                              |          |
|--|-------------------------------|-----------|----------|-------------------------------|----------------------------|------------|-----------|-------------------|----------------------|---|--|----------------------------------|------------|----------|---------------------|---------|--------------------------------|--------------|----------------|--------------|-------|----------|---------------------|-----|---------------|-------------------|----------|--------|--|----------------|----------------|------------------------------|----------|
| lequired Client information:   | Required Project Information: | XInfo     | mation:  |                               | Invoice Information:       | ormation:  |           | •                 |                      |   |  |                                  |            |          |                     |         |                                |              |                |              |       |          |                     |     |               | Т                 |          | ŀ      |  |                |                |                              |          |
| ida BOCES  | Report To:                    |           |          |                               | Attention:                 |            | .         |                   |                      |   |  |                                  |            |          |                     |         |                                |              |                | 70           | EG    |          | 47(                 | R   | A             | REGULATORY AGENCY | O        | ~      |  |                |                |                              |          |
| ddress: 4937 Spring Rd   | Copy To:                      |           |          |                               | Company Name:              | Name:      |           |                   |                      | ı   |  |                                  |            | Т        | 7                   | NPDES   | S                              | ٦            | ଦ୍ମ            | GROUND WATER | Ď     | A        | 9                   |     | _`            | DRINKING WATER    | 套        | Ğ      | ΙĀΝ  | ËR             |                |                              |          |
| erona, NY 13478  |                               | l         |          |                               | Address:                   |            |           |                   |                      | l   | l  | l                                |            |          | ٦                   | UST     |                                | 7            | RCRA           | ₹            |       |          |                     | *** | o,            | OTHER             | 70       |        |  | ı              |                |                              |          |
|  | Purchase<br>Order No.:        |           |          |                               | Pace Quote Reference:      | Reference  |           |                   |                      |   |  |                                  |            |          |                     |         | SITE                           | ιτi          |                |              |       | 7        | ହ                   | ,   | =             |                   | 7        | Z      | ***1   | ≦              | ٦              | N <sub>C</sub>               |          |
| hone: 315.361.5750 Fax:  | Project Name:                 | Rog       | Rossetti |                               | Pace Project Manager       | t Manager: |           |                   |                      |   |  |                                  |            |          |                     | <u></u> | LOCATION                       | TIC          | ž              |              |       | 1        | 오                   | www | 7             | SC                | <b>"</b> | ≦      | 7  | Q.             | OTHER_         | NY                           |          |
| equested 10 DAYS   | Project Number:               |           |          |                               | Pace Profile #:            | e#.        |           |                   |                      |   |  |                                  |            | 70       | Filtered            | d (Y/N) | Z                              | /            |                |              |       |          |                     |     | $\mathcal{A}$ |                   |          |        |  |                |                |                              |          |
| D Valid Matrix Codes  MATRIX  Client Information   | CODE                          | AD.       | 7.       | COLLECTED                     | CTED                       | ΛT         |           | ₹8                | _                    | Preservatives   | vati   | ès                               |            | 77       | Requested           | sted    | \                              |              |                |              |       |          |                     |     |               |                   |          |        | <u></u>  |                | \              |                              |          |
| SAMPLE ID SUBSCIPLINGS SUBSCIPL | ATRIX CODE                    | MPLE TYPE |          | COMPOSITE                     | COMPOSITE<br>END/GRAB      | B A        | OLLECTION | CONTAINE          |                      | and the party of the second second second second second second second second second second second second second |  |                                  |            |          | Ana                 | Pa      |                                |              |                |              |       |          |                     |     |               |                   | ///      |        | horio  | rionne (YIN)   |                |                              |          |
| TE Sample IDS MUST BE UNIQUE onling  |                               | ·         | DATE     | TIME                          | DATE                       | ME S/      | ****      | Inpres            | 12SO <sub>4</sub>    | iCi   | laOH   | ia <sub>2</sub> S <sub>2</sub> C | lethar     | la2SC    | \                   |         |                                |              |                |              |       |          |                     |     |               | \                 | _        | Ten.   | -SIQUBI  |                |                | Pace Project No.<br>Lab I.D. | 5 ₹      |
| RCCM 113/HANDSHK 1/CLI-R   | WD DW                         | ด         |          |                               |                            | n:u        |           |                   |                      |   |  |                                  |            |          | ×                   |         |                                |              |                |              |       |          |                     |     |               |                   |          |        |  | 6              | $\Box$         | 252A                         | <u> </u> |
| }  | ļ                             | G         |          |                               | _                          | 11:13      |           | -                 |                      | 1   |  |                                  |            |          | ×                   |         |                                |              |                | <del> </del> |       | ļ        | <u> </u>            |     | <u> </u>      | ┼─                |          |        |  | 2              | 0              | B                            | (1)      |
| BLOW 113/HANDSSHILL IN HILL-R  | WD X-17                       | <b>G</b>  |          |                               |                            | 17:13      |           | _                 |                      |   |  |                                  |            |          | ×                   |         |                                | -            |                | ļ            |       | <u> </u> | <del> </del>        |     |               |                   |          |        |  |                |                |                              | <u></u>  |
| 4 Room 113/HANDSDAW 1/ WW-F  | E-F DW                        | ြ         |          |                               |                            | 12:24      | -         |                   |                      | _   |  |                                  |            |          | ×                   | 1       |                                |              |                | ├            |       |          | ┼                   |     | ļ             | <del> </del>      |          |        | <del>                                     </del> |                | -              |                              | <u></u>  |
| 5 Room 113/3BAY SANK/EFT/CH-   | CH. DW                        | G         |          |                               |                            | n:es       | -         | -                 | <b> </b>             | 1   |  |                                  |            |          | ×                   | 1       |                                | -            |                |              |       | -        | +                   |     |               |                   | _        |        | +  |                |                |                              |          |
| 6 Reun 113/3 BAN SIMERSET/CH   | CH: DW                        | 6         |          |                               |                            | 3:1        | -         | -                 | _                    | <del>  _</del>  | <b></b>  |                                  |            | _        | ×                   | -       |                                | <del> </del> |                |              |       |          | -                   |     |               | -                 |          |        | 1  |                |                |                              |          |
| Rezn 113/3 BAT SDAR/LEST/ MY   | WO WO                         | 6         |          |                               | _                          | 72:21      | -         |                   | ļ                    | 1   | <b>†</b>   |                                  |            |          | ×                   | 1       |                                | <del> </del> |                | -            |       | 1        | +                   |     |               | <del> </del>      |          |        | +  |                |                |                              | <u></u>  |
| Become 113/3 BAY SDUR/18FT/ Hy   | T DW                          | G         |          |                               |                            | 12:21      |           |                   | ļ                    | -   | ļ  |                                  |            | <u> </u> | ×                   |         |                                |              |                | ┼            |       |          | +                   |     |               | +                 |          |        | $\vdash$   |                |                |                              | <u></u>  |
| · RECOR 113/3 BAY SSAW/DIEME/CH  | AC DW                         | 6         |          |                               |                            | 12:31      |           | -                 |                      | <del>  -</del>  | <u> </u>   |                                  |            |          | ×                   | -       |                                |              |                | ├            |       |          | <del> </del>        |     |               | +                 |          |        | _  |                |                |                              |          |
| 10 ROW 113/3BAYSSHW/RICHT/CY   | CE DW                         | 6         |          |                               | _                          | 17:18      |           |                   | <u> </u>             | -   | <del>                                     </del> |                                  |            |          | ×                   |         |                                | -            |                |              |       |          | ├                   | 1   |               | ┼                 | L        |        | 1  |                |                |                              |          |
| 11 Room 113/3 BAY SSHU/RIGHT HY  | MG F L                        | G         |          |                               |                            | KI:U       |           |                   |                      | -   |  |                                  |            |          | ×                   |         |                                |              |                | -            |       | <u> </u> | ┼──                 |     |               | ├                 |          |        | -  |                |                |                              |          |
| 12 ROW 113/ SANT SSAN/ASCUT/HIND DW  | 可提DM                          | G         |          |                               | *                          | 13:21      |           |                   |                      | 1   |  |                                  |            |          | ×                   |         |                                |              |                |              |       |          |                     |     |               |                   |          |        |  |                |                |                              | <u> </u> |
| ADDITIONAL COMMENTS  | RELINQ                        | HSIU      | / AB OEI | RELINQUISHED BY / AFFILIATION |                            | DATE       | is-ni     | TIME              | and the second state | А   | CCE  | PTE                              | Đ E        | 11.      | ACCEPTED BY / AFFIL |         | IATION                         |              | en continuenta |              | DATE  | mi       | ar have required to |     | TIME          | 111               |          | ço     | AM   | 3Te            | COND           | SAMPLE CONDITIONS            |          |
| amples ending in F are flushed samples and are be held penfing the results of the Raw samples.   | Ch                            | 4         | ر<br>د   | 1 1                           | 20th                       | Make       |           | 17:00             |                      |   | W  | 1/                               |            | 1        |                     | ١       |                                |              |                | 7            | 13    | , ,      |                     | 1   | , 9 Gz        | ष                 |          |        | -  | Y/N            | Y/N            | Y/N                          |          |
| Sample ID code: CW=COLD WATER, HW=HOT  | 1                             |           | 100      |                               |                            |            |           |                   |                      |   |  |                                  | 1          |          |                     |         |                                |              |                | _            |       |          | <b> </b>            |     |               |                   |          |        | <del>                                     </del> | Y/N            | Y/N            | Y/N                          | <u> </u> |
| ALTERNATION CONTRACTOR | ·                             |           |          |                               |                            |            |           |                   |                      |   |  |                                  |            |          |                     |         |                                |              |                |              |       |          |                     |     |               |                   |          |        |  | Y/N            | Y/N            | Y/N                          | <u></u>  |
|  |                               |           |          |                               |                            |            |           | e                 |                      |   |  |                                  |            |          |                     |         |                                |              |                |              |       |          |                     |     |               |                   |          |        | <u> </u>   | Y/N            | Y/N            | Y/N                          |          |
|  |                               |           |          | SAMPLE                        | SAMPLER NAME AND SIGNATURE | AND SIC    | ANE.      | TURE              |                      | ri e  |  |                                  |            |          |                     |         |                                |              |                |              |       |          |                     |     |               |                   |          | C      | d on   |                | ealed<br>r     |                              |          |
|  | •                             |           |          | PRINT                         | PRINT Name of SAMPLER:     | AMPLER     | _ `       | James Murphy PACE | <u>n</u>             | ₹   | PΑ   | ΉA                               | Analytical | 줎        | -                   |         |                                | İ            |                |              |       |          |                     |     |               |                   | l        | nap in | teive  | Ice            | ody S<br>Coole | ples i                       | *******  |
|  | Í                             |           |          | SIGNAT                        | SIGNATURE of SAMPLER:      | AMPLER     |           | you               | 4                    | 7   | ra   | <u> </u>                         |            |          |                     |         | DATE Signed<br>(MM / DD / YY): | Y O'A        | ۳ ي            | ~            | Tighe | 100      | 6                   |     |               |                   |          | Τe     | Re   | ļ. '` <b>"</b> | Cust           |                              | <u></u>  |
|  |                               |           |          |                               |                            |            |           | 8 6               |                      | *   | 13.0   |                                  |            |          |                     |         |                                |              |                |              |       |          |                     |     |               |                   |          | -      |  |                |                |                              |          |



Required Client Information: Company: Madison ( Section A Email To: Verona, NY 13478 Address: 4937 Spring Required Project Information: The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields iffust be completed accurately. invoice information: Page: 2 **%** 앜

| • | •                       |                             |                            |     |              | Sample ID code: CW=COLD WATER, HW=HQ7 | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS RELIN     |   | Rum 113/SINGLE SINGL 1/81 HU-R         |          | 113/52mals 52mm 1/C11-12 | 8 Rac 113/DBL SDAIC/ HILL-F | 7 Ream 113/DBL SDHK/ HIM-PC 1 | " ROCM 113/DBL STUK/ CIJ-F | 5 Rum 113/DBL SIMK/CIN-R | 4 Bear 113/HANDSON: 2/HU-F | Brem 113/HAMOSEMIN 2/HIN-R | 2 ROWN 113/ HAMDSTHK 2/ CILI-F         | ROCH 113/HAMDSINK 2/CLI-12 |                          | SAMPLE ID STANDS OF THE STANDS | CODE          | Requested 10 DAYS Project Number | Phone: 315,361,5750 Fax: Project Name: | Email To: Purchase tvandresar@moboces.org Order No.: | Verona, NY 13478 | Address: 4937 Spring Rd Copy To: | Company: Madison Oneida BOCES Report To: | Nequieu Caeix anormaton. |
|---|-------------------------|-----------------------------|----------------------------|-----|--------------|---------------------------------------|--|-------------------------------|---|--|----------|--------------------------|-----------------------------|-------------------------------|----------------------------|--------------------------|----------------------------|----------------------------|--|----------------------------|--------------------------|--|---------------|----------------------------------|--|--|------------------|----------------------------------|--|--------------------------|
|   |                         |                             |                            |     | 4            |                                       | 2  | NQUIS                         | DW G                                    | DW G                                   | DW G     | DW G                     | G WG                        | DW G                          | DW G                       | DW G                     | DW G                       | DW G                       | DW G                                   | DW G                       |                          | MATRIX CODI  | =             | , e                              |  |  |                  |                                  |  | nien                     |
| , |                         |                             |                            |     | •            |                                       | 3  | HED B                         | u)                                      | <u> </u>                               | -        | -                        | G/                          | G'                            | 107                        | 1                        | -                          | -                          | u'_                                    | "-                         | DATE                     | G=GRAB C=CO  | MP            |                                  | Rossetti                               |  |                  |                                  |  | Olliano                  |
| • | SIGN                    | PR                          | SAM                        |     |              |                                       | 72   | RELINQUISHED BY / AFFILIATION |   |  |          |                          | ļ                           |                               |                            |                          | -                          |                            |  |                            | TE TIME                  | COMPOSITE<br>START   | 00            |                                  |  |  |                  |                                  |  | ;<br>                    |
|   | ATURE                   | IT Name                     | PLER NA                    |     |              |                                       | SME  | IATION                        | 4                                       |  |          | _                        |                             |                               |                            |                          | -                          |                            | _                                      | 3/4                        | E DATE                   |  | COLLECTED     | Pace P                           | Pace P                                 | Pace Q   | Address          | Compa                            | Attention:                               | SOLONIA                  |
| • | SIGNATURE of SAMPLER:   | PRINT Name of SAMPLER:      | SAMPLER NAME AND SIGNATURE |     |              |                                       | Halic  | DATE                          | 12:37                                   | ###################################### | 17:36    | 12:35                    | 12:34                       | 元:2                           | 12:33                      | 12:33                    | 16:21                      | 15.21                      | 12:30                                  | 01:21                      | TIME                     | COMPOSITE<br>END/GRAB  | ٥             | Pace Profile #:                  | Pace Project Manager                   | Pace Quote Reference:                                | SS:              | Company Name:                    | jon:                                     | INVOICE INIONINATION     |
| 1 | se i                    | i                           | SIGN                       |     |              |                                       | <u> </u>   | Ë                             |   |  |          |                          |                             |                               |                            |                          |                            |                            |  |                            |                          | SAMPLE TEMP<br>COLLECTION  |               |                                  | gen                                    | ince:  |                  |                                  |  | 38                       |
| , | 1                       | James Murphy PACE Analytica | ATURI                      |     | ,            |                                       | 17:00  | 1                             |   | _                                      | -        |                          |                             | -                             | -                          | -                        | _                          | _                          | _                                      | _                          |                          | # OF CONTAINE  | RS            |                                  |  |  |                  |                                  | *  | ,                        |
|   | 7                       | s Mu                        |                            | 4   |              |                                       | O  | TIME                          |   |  | _        | _                        | ļ                           | -                             | ┼                          | <u> </u>                 | -                          |                            | ļ                                      | A standardo                | Unp<br>H <sub>2</sub> St | reserved<br>O <sub>4</sub>   |               |                                  |  |  |                  |                                  |  |                          |
| 1 | ×                       | rphy                        | rie.                       |     |              |                                       | ٠,   | marceettei.eu                 | 1                                       | ->                                     | -        | -                        |                             | -                             | -                          | _                        | _                          |                            | -                                      | -                          | HNC                      | <b>)</b> 3   | Pres          |                                  |  |  |                  |                                  |  | İ                        |
|   | -                       | PAC                         |                            |     |              |                                       | 6  | ACCEPTED                      |   | <u> </u>                               | -        | ļ                        | <del> </del>                | <del> </del>                  | -                          | <del> </del>             | -                          | <u> </u>                   | <del> </del>                           | <u> </u>                   | HCI<br>NaC               | Н  | Preservatives |                                  |  |  |                  |                                  |  |                          |
|   |                         | ΞA                          |                            |     |              | 6                                     | 7  | PTE                           |   |  |          |                          |                             |                               |                            | <u> </u>                 |                            |                            |  | 1                          | -                        | S <sub>2</sub> O <sub>3</sub>  | es            |                                  |  |  |                  |                                  |  | ĺ                        |
|   |                         | nalyti                      |                            |     |              |                                       | 3  | ΒY                            | we <del>r en</del> chy                  |  |          |                          | ļ                           | ļ                             | -                          | ┼                        |                            | -                          | -                                      | ┼                          | Meti<br>Na2              | nanol<br>SO4   |               | H                                |  | <u> </u>   |                  |                                  |  | }                        |
| , |                         | 8                           |                            |     |              |                                       | Z  | / A                           |   |  |          |                          |                             |                               |                            |                          |                            |                            |  |                            |                          | An   | Req           | Till die                         |  |  | ~                | 7                                |  |                          |
|   |                         |                             |                            |     |              |                                       |  | FFILIATION                    | ×                                       | ×                                      | ×        | ×                        | ×                           | Ľ                             | ×                          | ×                        | ×                          | ×                          | ×                                      | ×                          |                          | 73   | Requested     | Itered (Y/N)                     | ·                                      |  | UST              | NPDES                            |  |                          |
| ľ | DATE Signed (MM/DD/YY): |                             |                            |     |              |                                       |  | NOI                           |   |  |          |                          |                             |                               |                            |                          |                            |                            | <u> </u>                               |                            |                          |  |               | (N                               | LOCATION                               | SITE   |                  | S                                |  |                          |
|   | igned<br>b/YY           |                             |                            |     |              |                                       |  |                               |   |  |          |                          |                             | <u> </u>                      |                            |                          | _                          |                            | $\perp$                                | <u> </u>                   |                          |  |               |                                  | TIO                                    | mi   | 7                | ٦                                |  |                          |
|   |                         | }                           |                            |     | <del> </del> |                                       | <del>  ,</del>   | art restrictions              |   |  |          |                          | $oxed{oxed}$                |                               |                            |                          |                            |                            | $oldsymbol{oldsymbol{oldsymbol{eta}}}$ |                            |                          |  |               | $\sum$                           | ~                                      |  | RCRA             | GROUND WATER                     |  | ĺ                        |
|   | 2/1                     |                             |                            |     |              |                                       | 7/13   | DATE                          | *************************************** |  | -        | <del> </del>             | -                           | ļ                             | <del> </del>               | -                        | <del> </del>               | -                          | <u> </u>                               |                            |                          |  |               |                                  |  |  |                  | N GIN                            | REG                                      | ĺ                        |
|   | 7/9/16                  |                             |                            |     |              |                                       | 100  | m,                            |   |  |          | -                        | -                           |                               |                            | -                        | Ι                          |                            | -                                      |                            |                          |  |               |                                  |  | 7  |                  | VATE                             | ULA                                      |                          |
|   | •                       |                             |                            |     |              |                                       | 10.  |                               |   | ļ                                      |          |                          | 1                           | 1                             | -                          | 1                        | -                          | -                          | -                                      | -                          |                          |  |               |                                  | 오                                      | GA   |                  |                                  | TOR                                      | ĺ                        |
| • | '                       |                             |                            |     |              |                                       | 2008   | TIME                          | *************************************** | <u> </u>                               |          | <b> </b>                 | <b> </b>                    | <b> </b>                      |                            | 1                        | <del> </del>               | <b> </b>                   | 1                                      | 1                          |                          |  |               |                                  | SC SC                                  | 7  | 01               | 7                                | Y AC                                     | İ                        |
|   |                         | <u> </u>                    |                            |     |              |                                       |  |                               |   |  | <u> </u> | <u> </u>                 | 1                           | <b> </b>                      | -                          | -                        | <b>_</b>                   |                            | <b>!</b>                               | #                          |                          |  |               |                                  |  | -  | OTHER_           | RINK                             | REGULATORY AGENCY                        | Γ                        |
| ! | Te                      | ing in                      | C                          |     |              |                                       |  | ı                             |   | _                                      |          |                          |                             |                               | T                          |                          | 1                          |                            |  |                            | Resu                     |  |               |                                  | ≦                                      | Z  |                  | NG V                             | YC                                       | İ                        |
| ľ | Re                      | teived<br>Ice               | on                         | Y/N | Y/N          | Y/N                                   | Y/N  | SAMPLE                        |   |  |          |                          |                             |                               |                            |                          |                            |                            | 1                                      |                            |                          | Tual Chlorine (YN)   |               |                                  | 7                                      | ~T   |                  | DRINKING WATER                   |  |                          |
| ľ | Cust                    | ody S<br>Coole              | ealed<br>r                 | Y/N | Y/N          | Y/N                                   | Y/N  | E CONDITIONS                  |   |  |          |                          |                             |                               |                            |                          |                            |                            | 007                                    | 10                         |                          | `  | \             |                                  | OTHER                                  | M NC   |                  | ~                                |  |                          |
|   | Sam                     | iples l                     | ntact                      | Y/N | Y/N          | Y/N                                   | Y/N  | SNOIL                         |   |  |          |                          |                             |                               |                            |                          |                            |                            | W.                                     | 以                          | Lab I.D.                 | Pace Project No.   |               |                                  | NY                                     | กี   |                  |                                  |  |                          |



Section A

י אחאואיטרייטסוטשן / Analytical Kequest שסכעווופחני The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields in ust be completed accurately.

Required Client Information: Address: 4937 Spring Rd Company: Madison Oneida BOCES tvandresar@moboces.org 10 DAYS Purchase Order No.: Project Number Project Name: Copy To: Report To: Section B Required Project Information: Rossett Pace Project Manager Address: Company Name: Attention: invoice information: Section C Pace Profile #: Pace Quote Reference

Email To:

Verona, NY 13478

TEM#

Boon 113/ STAGLE SEAK 2/HILI-R

Rion 113/SINGLE SINK 2/CH-F ROW 113/SINGLE SINKZ/CIJI-R

Room 113/GLAD STUIC/VEST/HIJ-R Ruan 113/GUAD STHIC/LEGY/CIL-F Room 113/6000 STAN/LEFT/CH-R REM 113/STAGLE SINKZ/HIL-F

> DW WG DW DW Š D V

> > 12:43

11:11

[F: 2] 2:40

Row 113/GUAD SIMIN/LEFF/HILL-F

SAMPLE ID

(A-Z, 0-9 / -)

Sample IDs MUST BE UNIQUE

Sample Sample Sample IDs MUST BE UNIQUE

Sample IDs MUST BE UNIQUE

TESSEE

TESSEE

MATRIX CODE SAMPLE TYPE G=GRAB C=COMP

COMPOSITE START

COMPOSITE END/GRAB

SAMPLE TEMP AT

# OF CONTAINERS

DATE

TIME

DATE

TIME

Unpreserved H₂SO4 HNO₃

<u>ب</u>

721.40

Section D quired Client Information

MATRIX

600

COLLECTED

| LOCATION            | SITE                 | T UST | I NPDES        |                   |
|---------------------|----------------------|-------|----------------|-------------------|
| ATIO                | H                    |       | ٦              |                   |
| Z                   |                      | RCRA  | GROUND WATER   | RE                |
|                     | ****                 |       | TAW C          | REGULATORY AGENCY |
| 오                   | GA                   |       | ER             | ATC               |
| 7                   | 7                    | 7     |                | ŔY,               |
| SC                  | =                    | OTHER | DRIN           | \GEI              |
| OH TSC WI TOTHER NY | GA TIL TIN T MI T NC | ٦     | DRINKING WATER | VCY               |
| 7                   | -1                   |       | WATI           |                   |
| 걸                   | Z                    |       | X              |                   |
| OTHER_N             | 7                    |       |                |                   |
| NY                  | ñ                    |       |                |                   |

2

| ACCEPTED BY / AFFILIATION DATE TIME S | X X DATE TIME BY/AFFILIATION DATE TIME                         | BY/AFFILIATION DATE TIME  | X X DATE TIME TIME    | BY/AFFILIATION DATE TIME |  |  | × | × | × | × | × | × | × | ×      | ×       | NaOH Na2S <sub>2</sub> O <sub>3</sub> Methanol Na2SO4 | Ans //////////////////////////////////// | servatives Requested //////////////////////////////////// | Filtered (Y/N) /////////////////////////////////// | LOCATION FOR TSC F WI | SITE F GA F IL F IN | UST   RCRA   OTHER | F NPDES F GROUND WATER F DRINKING | REGULATORY AGENCY |
|---------------------------------------|--|---|-----------------------|--------------------------|--|--|---|---|---|---|---|---|---|--------|---------|---|--|---|--|-----------------------|---------------------|--------------------|-----------------------------------|-------------------|
| TIME 1028                             | TIME SAMPLE CONDITION  Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N | TIME SAMPLE CONDITION  \$\frac{7}{2} \frac{7}{2} E SAMPLE CONDITION | TIME                     |  |  |   |   |   |   |   |   |   | 160785 | 1001168 | Residual Chlorine YAN Lab I.D. Lab I.D.               |  |   | 7//////////////////////////////////////            | OH T SC T             | GA T IL T           | OTHER              | ITER   DRINKING WATER             | LATORY AGENCY     |

to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOY

Samples ending in F are flushed samples and are

ADDITIONAL COMMENTS

RELINQUISHED BY / AFFILIATION

MES

Histic

17:00

DW G

44:21

DATE

TIME

12:47

G G G G G G G ဝ ြ G G

DW W WO

175:46

12:48

37:21 £4:2]

17:46

Reon 113/QUAD SDAG/BEANT/HU-F Rean 113/2004D STHIK/RECUTT/HIJ.R Rem 113/QUAD SDHIC/RIGHT/CILIF ROOM 113/GLAD SENK/RIGHT/CH-R

WATER, DF=DRINKING FOUNTAIN

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

James Murphy

SAMPLER NAME AND SIGNATURE



. LANAIN: UT - UO I UU J / ARIAIYTICAI KEQUEST DOCUMENT. A The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields iffust be completed accurately.

| Section A  | Section B                     |          |          | s                          | Section C              |            |        |              |     |           |               |                               |              |  |            |        |              |                             |             |              |  |          |  |              |  |        |          |                | ~  | Page:    | P        | W        | 8         |          | 앜            |              |                   |
|--|-------------------------------|----------|----------|----------------------------|------------------------|------------|--------|--------------|-----|-----------|---------------|-------------------------------|--------------|--|------------|--------|--------------|-----------------------------|-------------|--------------|--|----------|--|--------------|--|--------|----------|----------------|--|----------|----------|----------|-----------|----------|--------------|--------------|-------------------|
| ient Information:  | Required Project Information: | 쿲        | mation:  | 5                          | Invoice Information:   | mation:    |        | •            |     |           |               |                               |              | 1  |            | ŀ      |              | l                           | İ           |              |  |          |  |              | Ī  | Ī      |          | -              |  |          |          |          |           | 1        |              | ı            |                   |
| : Madison Oneida BOCES   | Report To:                    |          |          |                            | Attention:             |            | ب      |              | ļ   | ļ         |               |                               |              |  |            |        |              |                             |             |              |  | 뀨        | G                                      | 7            | REGULATORY AGENCY                                | X      | A        | GE             | Z  | ΥS       |          |          |           |          |              |              |                   |
| Address: 4937 Spring Rd  | Copy To:                      |          |          | -0                         | Company Name           | ame:       |        |              |     |           |               |                               |              |  | **1        |        | NPDES        | S                           | 7           |              | GROUND WATER                                     | S        | ₹                                      | Ä            | Ö  | 7      |          | DRINKING WATER | X  | Ž        | ž        | Ä        | Я         |          |              |              |                   |
| Verona, NY 13478   |                               |          |          | →                          | Address:               |            |        |              |     |           |               | l                             | l            | 1  |            | · _    | JST          |                             | *****       | ່ສໍ          | RCRA   |          |  |              |  | solve) | ်        | OTHER          | ,;;;   |          | . 1      |          |           | ł        |              |              |                   |
| Email To:<br>tvandresar@moboces.org  | Purchase<br>Order No.:        |          |          | - 20                       | Pace Quote Reference:  | deference: |        |              |     |           |               |                               |              |  |            |        |              | SITE                        | m           |              |  |          | ······································ | 7            | GA   | may    | =        | _              | Vision)  | Z        |          | Trees    | ≊         |          | ٦            | S            |                   |
|  | Project Name:                 | Rossetti | setti    | 70                         | Pace Project Manager   | Manager    |        |              |     |           |               |                               |              |  |            |        | 1            | LOCATION                    | Ħ           | 9            |  |          | ·wwy                                   | _            | 오  | uwg    | 7        | SC             | WWW.   | ≨        |          | 1        | 0         | OTHER    | 发            | ¥            | <u></u>           |
| Requested 10 DAYS The Date FIAT:   | Project Number:               |          |          | 70                         | Pace Profile #:        | **         |        |              |     |           |               |                               |              |  | Filtered   | eg     | d (Y/N)      | ٤                           | $\square$   |              |  |          |  |              |  |        | 1        | /              | 1  | 1        | /        | /        | $\sim$    |          | 1            |              |                   |
| Section D Valid Matrix Codes Required Client Information  MATRIX  C                                | CODE                          |          | VIII.    | COLLECTED                  | OTED                   |            |        |              |     | Pres      | Preservatives | tives                         |              |  | Z)         | Reques | sted         | \                           |             |              | <u> </u>   |          |  | <u> </u>     |  |        |          | \              |  | <u>`</u> | <u> </u> |          |           |          | _            |              |                   |
| DRINGING WATER WATER   |                               |          |          |                            |                        |            |        | ]            |     |           | _             | $\dashv$                      | $\dashv$     | $\neg$   | Ani        |        | _            | $\sim$                      |             | `            |  | `        | `                                      | _            | `  | _      | _        | `              | `  | _        | _        |          | 2         | _        |              |              |                   |
|  | ₽₽™<br>RIX CC                 | PLE TY   |          | COMPOSITE                  | COMPOSITE<br>END/GRAB  | LE TEN     | CONTAI | d            |     | -         |               |                               |              | *********  |            |        |              |                             | <u> </u>    |              |  | <u> </u> | <u> </u>                               |              | _  | /      | <u> </u> |                | <u>``</u>  |          |          | ine      | ine (YAV) | •        |              |              |                   |
|  |                               |          |          |                            |                        |            |        | reserve      | 04  | )3        |               | S <sub>2</sub> O <sub>3</sub> | nanol        | SO4  |            | \      |              |                             |             |              |  |          | <u> </u>                               |              |  | \      | <u> </u> |                |  |          | (Up)     | -al Chio | _         |          | Pac          | e<br>P       | Pace Project No.  |
| ITE  |                               |          | DATE     | TIME                       | 1                      | TIME       |        | Unp          | H₂S | HN        | HC<br>Na(     | +                             | +            | Naz  |            |        | $\vdash$     | 1                           | $\Gamma$    | $\vdash$     | <u></u>  |          | $\downarrow$                           | ╀            |  | 1      | $\prec$  | +              | ₩  | 1        | Pes.     | 1        | ı         |          | 1            | 1            | Lab I.D.          |
| Ream 113/HAWSSEME3/C   | CT & DW                       | G        |          |                            | 21 b)L                 | 12:49      |        |              |     |           |               |                               | <u> </u>     | <u> </u>   | -          | ×      |              |                             |             | -            |  |          | -                                      | ├─           |  |        | <u> </u> |                | +  |          |          | _        | 2         | M        | 2            | 4            | 8                 |
| 2 Ray 113/HANDSINK3/CW-F   | E-F DW                        | ဂ        |          |                            | 12                     | 2:4        |        |              |     |           |               | ├                             | <del> </del> |  |            | ×      |              |                             |             | ├            | 1  |          | <u> </u>                               | -            |  |        | ļ        | -              |  | +        |          | -        | 6         | K        | V            | 12           | 8                 |
| Ban 113/HANDSENK3/HIJ-X  | E TOW                         | െ        |          |                            | 72                     | 12:50      | _      |              |     |           | -             | -                             | <del> </del> | -  |            | ×      | -            |                             |             | ┼            | <del>                                     </del> |          | ļ                                      |              |  |        | _        | ┼              | <del> </del>                                     | -        |          | ,        | 1         |          |              |              |                   |
| 13/HANDSTHIS/HIN-F   | HNJ-F DW                      | ြ        |          |                            | T P                    | 12:30      |        |              |     | <u> </u>  | ļ             | <b> </b>                      | <del> </del> | _  |            | ×      | <del> </del> |                             | <u> </u>    | +            | 1  |          | <del> </del>                           | ┼            | 1  |        |          |                | <del> </del>                                     | +        |          |          | 1         | 1        | 1            | 1            |                   |
| Ream 114/BATH/STHE 1/CHR   | CH-R DW                       | G        |          |                            | 12                     | 15:23      | _      |              |     | 1         | <del> </del>  | ┼                             | <del> </del> | <u> </u>   |            | ×      | ┼──          |                             | Ţ           | ┼            | †  |          | <del> </del>                           | ┼            | 1  |        |          | <del> </del>   | +  | +-       |          | T        | 1         |          |              |              |                   |
| Rum 114) BATH /STHK 1/OU.F   | CH-F DW                       | G        |          |                            | 73                     | 13:21      | -1     |              |     | <u> -</u> | <b>-</b>      | -                             | <del> </del> | T  |            | ×      |              |                             |             |              |  |          | ļ                                      | <del> </del> |  |        | <u> </u> | <b>↓</b>       |  | -        |          |          | 1         |          | 1            |              |                   |
| REAL HA /BATH/STIAK 1/HUR  | MU-K DW                       | G        |          |                            | R                      | n:33       |        |              |     |           | <u> </u>      | ┼                             | <del> </del> | <del>                                     </del> |            | ×      | <del> </del> |                             |             | <del> </del> | <u> </u>   |          | ļ                                      | ┼──          | <b>†</b>   |        | <u> </u> | <del> </del>   | +  | +        |          |          | 1         |          |              |              |                   |
| 8 Reen 114/BATH/SIM 1/MIF  | MUT DW                        | ଜ        |          |                            | 8                      | n:55       |        |              |     |           |               |                               |              |  |            | ×      |              |                             |             |              | <del>                                     </del> |          | ļ                                      | <del> </del> |  |        |          | ļ              | <del> </del>                                     | -        |          |          |           |          | 1            |              |                   |
| H  | MCN-R DW                      | 6        |          |                            | 77                     | 15:21      |        |              |     | _         |               |                               | <del> </del> | -  |            | ×      | -            |                             |             | ╄            | <del>                                     </del> |          | <b></b>                                | ┼            | <u> </u>   | L      |          |                | <del>                                     </del> | -        |          |          | 1         | ĺ        |              |              |                   |
| ī  | CH-F DW                       | G        |          |                            | 7                      | 15:1       | >      |              |     |           | ļ             |                               | <b></b>      | <del> </del>                                     |            | ×      |              |                             |             |              | <del> </del>                                     |          | ļ                                      | ├            | <b> </b>   |        |          | <b> </b>       | ┼  | -        | <u> </u> |          |           |          |              |              |                   |
|  | HL-R DW                       | ြ        |          |                            | 12                     | 12:5%      |        |              |     | -         | <u> </u>      |                               |              |  |            | ×      |              |                             |             | <del> </del> | <del> </del>                                     |          | <u> </u>                               | ├            | 1  |        |          | <u> </u>       | <del> </del>                                     | -        |          |          | 1         |          |              |              |                   |
| 12 Room 114/152TU/SINK2/HU.F   | MH.F DW                       | G        |          |                            | 4                      | 12:21      |        |              |     | 1         |               |                               | <del></del>  | *******  |            | ×      | ·            |                             |             |              |  |          |  |              |  |        |          |                | <b> </b>   | -        |          |          | l         |          | 1            |              |                   |
| ADDITIONAL COMMENTS  | RELINQUISHED BY / AFFILIATION | HSIL     | ,/ A8 UE | AFFILIAT.                  |                        | DATE       |        | TIME         |     |           | ACCEPTED      | ΈP                            | Œ            |  | BY / AFFIL |        | IATION       | 8                           |             |              |  | D        | DATE                                   | (11)         | a ja a firmana a a a firma                       |        | TIME     |                |  | l        | 8        | 1        | ١Ã        | 8        | Ĭ            | Ę            | SAMPLE CONDITIONS |
| Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | nulla                         | 7        | Z        | Mes                        |                        | 7/12/110   | -      | 17.00        | 0   |           | W             | M                             | \$           | 1  | ( )        | 1      |              |                             |             |              | 1  | -        | Si                                     |              |  | 6      | 213      | 1 🤻            | <u> </u>   |          |          | Y/N      | 1/19      | l        | Y/N          | -            | Y/N               |
| Sample ID code: CW=COLD WATER, HW=HOT  |                               |          | 0        |                            |                        | ·          |        |              |     |           |               |                               | 1            |  |            |        |              |                             |             |              | <del> </del>                                     | -        |  |              | <del>                                     </del> |        |          |                | ├  | 1        |          | Y/N      | ''N       | l .      | Y/N          | <del> </del> | Y/N               |
|  |                               | 4        |          |                            |                        |            |        |              |     |           |               |                               |              |  |            |        |              |                             |             |              | <del>                                     </del> | l        |  |              |  |        | 1        |                | <del> </del>                                     |          |          | Y/N      | '''       | <u> </u> | Y/N          | -            | Y/N               |
|  |                               |          |          |                            |                        |            |        |              |     |           |               |                               |              |  |            |        |              |                             | ĺ           |              |  |          |  |              |  |        |          |                | <b> </b>   | 1        |          | Y/N      | '''       | 1        | Y/N          | ┼─           | Y/N               |
|  |                               |          |          | SAMPLER NAME AND SIGNATURE | R NAME ,               | AND SIG    | NATU   | RE           |     | , i       |               |                               |              |  |            |        |              |                             |             |              |  |          |  |              |  |        |          |                |  | ırc      |          | d on     |           | ealed    | .saicu<br>Př |              | Intact            |
|  | •                             |          |          | PRINT N                    | PRINT Name of SAMPLER: | MPLER:     | 1      | James Murphy |     | Į₹        | Ş             | PACE                          | Analytical   | <b>M</b>   | <u>8</u>   |        | l            | ļ                           |             | l            | ł  |          | l                                      |              |  |        |          |                | 1  | nap in   | • "      | teive    | Ice       | odv 9    | Coole        |              | ples              |
| •  | (                             |          |          | SIGNATURE of SAMPLER:      | JRE of SA              | MPLER:     | 3      | 3            | 7   | \$        | ,             | •                             |              |  |            |        | 3 D          | DATE Signed (MM / DD / YY): | Sign<br>OD/ | ₹ <u>¤</u>   | . '  | 7        | 7/9/11                                 | 60           | ١  |        |          |                |  | 76       |          | Re       | ,         | Cue      | Just         |              | San               |
| •  | ,                             |          | •        | ٠                          |                        |            | - (/)  | -            | -   | 0         |               | •                             |              |  | ,          |        | •            |                             |             |              | ı  |          |  |              |  |        | •        | ·              |  |          |          |          |           |          |              |              | ,                 |
|  |                               |          |          |                            |                        | Fa.i.      |        |              | ٠   | •         |               |                               |              |  |            |        |              |                             |             |              |  |          |  |              |  |        |          |                |  |          |          |          |           |          |              |              |                   |

| ,                           | •                      | ÷                          |            |            | Sample ID code: CW=COLD WATER, HW=HQT | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | ADDITIONAL COMMENTS           | 12 Run 115/BATH/SINK2/HIN-1= |          | 10 ROW 115/BATH/5DALZ/CIN-1= | · Row 115/BATUISTAK 2/CII-R | · Rum 115/BATH/SJN+1/HIL-F | 15    | e Ruon 115/13ATW/SIMF 1/CH、有 | 6 ROOM 115/BATH/SINX 1/CLIVE | 4 ROBA 114/BATH /SEANS/HUF | F     | 2 Ruga 114/73ATW / 53143/CW-F | ROCH 114/ BATH I STUN 3/CH-X | Table 1   | SAMPLE ID WATER VANCE AND AND AND AND AND AND AND AND AND AND | es<br>es      | Requested 10 DAYS Due Date/TAT: | Phone: 315.361.5750 Fax | Email To: tvandresar@moboces.org | Verona, NY 13478 | Address: 4937 Spring Rd | Company: Madison Oneida BOCES | Required Client Information:  | Section A |
|-----------------------------|------------------------|----------------------------|------------|------------|---------------------------------------|--|-------------------------------|------------------------------|----------|------------------------------|-----------------------------|----------------------------|-------|------------------------------|------------------------------|----------------------------|-------|-------------------------------|------------------------------|---|---|---------------|---------------------------------|-------------------------|----------------------------------|------------------|-------------------------|-------------------------------|-------------------------------|-----------|
| (                           | •                      |                            |            |            | 1                                     | ire AMA  |                               | DW                           | DW       | DW                           | DW                          | HLI-F DW                   | DW    | DW                           | CHIK DW                      | MU-F DW                    | DW    | WD                            | W                            |   | ## MATRIX COD  SAMPLE TYP                                     | m<br>E        | Project Number:                 | Project Name: R         | Purchase<br>Order No.:           |                  | Copy To:                | Report To:                    | Required Project Information: | Section B |
| SIGN                        | PRIN                   | SAMP                       |            |            | 0                                     | i tru  | RELINQUISHED BY / AFFILIATION | G                            | <u>ြ</u> | 6                            | <u>ြ</u>                    | ဂ                          | G     | <u>ெ</u>                     | 6                            | G                          | 6     | 6                             | ြ                            | DATE TIME   | G=GRAB START  | MP            |                                 | Rossetti                |                                  |                  |                         |                               | nformation:                   |           |
| SIGNATURE of SAMPLER:       | PRINT Name of SAMPLER: | SAMPLER NAME AND SIGNATURE |            |            |                                       | ones The   |                               | \$ 15:05                     | 15:08    | 15:08                        | 13:07                       | 3:0b                       | 15:05 | 13:05                        | 13:04                        | 13:02                      | 13:02 | 13:01                         | 10:61                        | '''   | COMPOSITE<br>END/GRAB   | COLLECTED     | Pace Profile #:                 | Pace Project Manager    | Pace Quote Reference             | Address:         | Company Name:           | Attention:                    | Invoice Information:          | Section C |
| l                           | ER: James Murphy       | SIGNATURE                  |            |            |                                       | 1/6/17.00  | TIME                          | -                            | -        |                              | -                           |                            | -     |                              |                              |                            | -     | -                             |                              | Unpr  | SAMPLE TEMP<br>COLLECTION<br># OF CONTAINS                    | ν             |                                 | gen                     | nce:                             |                  |                         | #                             | ж.                            |           |
|                             |                        |                            |            |            |                                       | 318  | ACCEPT                        | <u> </u>                     |          |                              |                             |                            |       |                              |                              |                            | -     |                               |                              | H <sub>2</sub> SC<br>HNC<br>HCI<br>NaO<br>Na <sub>2</sub> S | Н   | Preservatives |                                 |                         |                                  |                  |                         | χ.                            |                               |           |
|                             | PACE Analytical        |                            |            |            |                                       | M  | ACCEPTED BY / AFFILIATION     | ×                            | ×        | ×                            | ×                           | ×                          | ×     | ×                            | ×                            | ×                          | ×     | ×                             | ×                            | Meth<br>Na2s  |   | Requested     | Filtered (Y/N)                  |                         |                                  | F ust            | NPDES                   |                               |                               |           |
| DATE Signed (MM / DD / YY): |                        |                            |            |            |                                       | 7,   |                               |                              |          |                              |                             |                            |       |                              |                              |                            |       |                               |                              |   |   |               | (N)                             | LOCATION                | SITE                             | 「 RCRA           | ٦                       | חד                            |                               |           |
| Julyle                      |                        |                            |            |            |                                       | 81 21/   | DATE TII                      |                              |          |                              |                             |                            |       |                              |                              |                            |       |                               |                              | 11111   |   |               |                                 | 94                      | F GA                             |                  | GROUND WATER            | REGULATORY AGENCY             |                               |           |
|                             | telve                  |                            |            |            |                                       | 827  |                               |                              |          | -                            |                             |                            |       |                              |                              |                            |       |                               |                              | Resid   | tual Chlorine (VAV)   |               |                                 | SC T WI T               | 7<br>2<br>7                      | OTHER            | DRINKING WATER          | AGENCY                        |                               | Page: 3   |
| Cust                        | Ice                    | Sealed                     | Y/N<br>Y/N | Y/N<br>Y/N | Y/N<br>Y/N                            | Y/N<br>Y/N   | SAMPLE CONDITIONS             |                              |          |                              |                             |                            |       |                              |                              |                            | ;     | 1007                          | WO11                         |   |   |               |                                 | OTHER_N                 | M NC                             | , , ,<br>,       | Ħ                       |                               |                               | 31 of     |
| San                         | nples                  | Intact                     | Y/N        | Y/N        | Y/N                                   | Y/N  | SNO                           |                              |          |                              |                             |                            |       |                              |                              |                            |       | S S                           | 感                            | Lab I.D.  | Pace Project No.  |               |                                 | NY                      |                                  |                  |                         |                               |                               |           |

The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields if ust be completed accurately.

The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields in the completed accurately.

|      | •                            | . *                          |                            |                   |                   | Sample ID code: CW=COLD WATER, HW=HQT | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples, | ADDITIONAL COMMENTS           | 12 Ruch 310/ HUSE/CH-F | 11 Rach 310/HUSE/CLI-R | 10 Rem 310/BATH/STHK HILL-F | BLUM FINTS/HIM/SINK/HILL-IZ | 8 ROOM 310/BATH/SIMK/CIJ-F | 7 ROWS 310/BATH/SINK/CH-R | 6 Ruga 310/3320 BATH F | 5 Ruch 310/BIRD BATH/ 12 | 1 '   | 310/HA11-DF/LOLIER- | •     | 310/HA11- DF/UPPER - 1 | SAMPLE ID WATER WA | odes          | Requested 10 DAYS Due Date/TAT: | Phone: 315.361.5750 Fax | Email To:<br>tvandresar@moboces.org | Verona, NY 13478 | Address: 4937 Spring Rd | Company: Madison Oneida BOCES  | Section A  Required Client information: |
|------|------------------------------|------------------------------|----------------------------|-------------------|-------------------|---------------------------------------|--|-------------------------------|------------------------|------------------------|-----------------------------|-----------------------------|----------------------------|---------------------------|------------------------|--------------------------|-------|---------------------|-------|------------------------|--|---------------|---------------------------------|-------------------------|-------------------------------------|------------------|-------------------------|--|---|
| • [  | SIGN                         | PRINI                        | SAMP                       |                   |                   | X/ 10                                 | es AM hay Me   | RELINQUISHED BY / AFFILIATION | DW G                   | DW G                   | M-F DW G                    | 15-7 DW 6                   | N-F DW G                   | H-R DW G                  | T DW G                 | DW G                     | DW G  | DW G                | DW G  | DW G                   | MATRIX COL<br>SAMPLE TYPO<br>COMPOSITE<br>SAMPLE START   | E DMP         | Project Number:                 | Project Name: Rossetti  | Purchase<br>Order No.:              |                  | Сору То:                | Report To:   | Section B Required Project Information: |
| . // | SIGNATURE of SAMPLER:        | PRINT Name of SAMPLER:       | SAMPLER NAME AND SIGNATURE |                   |                   |                                       | 4 Wielie   | ATION DATE                    | 4 13:24                | 13:73                  | 13:15                       | 13:14                       | 13:19                      | 13:18                     | 13:16                  | 13:16                    | 13:JN | 13:14               | 13:13 | 7/9 13:13              | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \   |               | Pace Profile #:                 | Pace Project Manager.   | Pace Quote Reference:               | Address:         | Company Name:           | Attention:   | Section C Invoice Information:          |
|      |                              | James Murphy PACE Analytical | ATURE                      | •                 |                   | 0                                     | 17:00 (1   | TIME ACCEPTED BY / AF         |                        |                        |                             |                             |                            |                           |                        |                          |       |                     |       |                        | # OF CONTAIN Unpreserved H <sub>2</sub> SO <sub>4</sub> HNO <sub>3</sub> HCI NaOH Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>  | Preservatives |                                 |                         |                                     |                  |                         | le de la companya de la companya de la companya de la companya de la companya de la companya de la companya de | •                                       |
| ,    | DATE Signed (MMM / DD / YY): | nalytical                    |                            |                   |                   |                                       | 1  | D BY / AFFILIATION            | ×                      | ×                      | ×                           | ×                           | ×                          | ×                         | ×                      | ×                        | ×     | ×                   | ×     | ×                      | Methanol Na2SO4  | Requested     | Filtered (Y/N)                  | LOCATION                | SITE                                |                  | J NPDES ∫ (             |  |   |
| ٠    | 1/3/1                        |                              |                            |                   |                   |                                       | 7/15 125   | DATE TIME                     |                        |                        |                             |                             |                            |                           |                        |                          |       |                     |       |                        |  |               | ////////                        | F 0H                    | F GA                                | RCRA T           | GROUND WATER            | REGULATORY AGENCY  |   |
| P    | Ref<br>Cust                  | Coole                        | d on<br>Sealed             | Y/N<br>Y/N<br>Y/N | Y/N<br>Y/N<br>Y/N | Y/N<br>Y/N<br>Y/N                     | Y/N<br>Y/N   | SAMPLE CONDITIONS             |                        |                        | -                           |                             |                            |                           |                        |                          |       |                     | 1877  | M CONTRO               | Roskfust Chonne (Yny) Pace Project No  |               |                                 | SC WI TOTHER NY         | IL J'IN J' MI J' NC                 | OTHER            | DRINKING WATER          | AGENCY   | Page: 32 of                             |

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3 . יאחאואי-ערי-עסועטן / אחמוענוכמו Kequest שסכעוווופחני The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields must be completed accurately.

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to be held penfing the results of the Raw samples, Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN Samples ending in F are flushed samples and are Company: Madison Oneida BOCES Required Client Information: Section A /erona, NY 13478 ddress: 4937 Spring Rd KLLM310/KETCHEM/SIMK2/HIP ROOM 310/KETCHEN/95MK 3/CH RUM 310/BATH/STNK/CH-F RUM 310/BATH/SINK/CH-R Rom 310 KITCHEN/SINKE/ HH ROM 310/KITCHEN/SINKZ/CH.F RUM 310/KETONEW/SIMICE/CHIR REW 310/ KETCHEN/SENK 1/ HIM-PLOM 310/KITCHEN/SINK 1/CH 160m 310/ HOSE/HIU-R (A-Z, 0-9 / ,-)
Sample IDs MUST BE UNIQUE ROM 310/KETCHEN /SIN K2/ HH-Rocom 310/HOSE/HW-F Section D SAMPLE 315.361.5750 tvandresar@moboces.org
315.361.5750 | Fax: ADDITIONAL COMMENTS 10 DAYS ₽ DERINGNO WATER
WANTER
WASTE WATER
PRODUCT
SOLUSCUD
OIL
WIFE
AR
TISSUE MATRIX 8 Purchase Order No.: Copy To: Report To: Project Name: Required Project Information: Section B Project Number RELINQUISHED BY / AFFILIATION nDW G DW Wd DW DW DW DW DW 2 DW MG WG MATRIX CODE SAMPLE TYPE Rossetti G ଦ G ດ ြ G G G G ດ G G=GRAB C=COMP DATE COMPOSITE START SIGNATURE of SAMPLER: TIME COLLECTED PRINT Name of SAMPLER: SAMPLER NAME AND SIGNATURE 11168 <u>t</u> Pace Profile #: Pace Quote Reference Address: Attention: Section C Pace Project Manager Company Name Invoice Information DATE 13:25 13:31 13:30 13:34 13:32 13:32 12:31 18:31 13:34 TIME 13:35 1111116 DATE SAMPLE TEMP AT James Murphy PACE Analytical 17:00 # OF CONTAINERS TIME Unpreserved 1,804 -INO₃ 1CI ACCEPTED BY / AFFILIATION NaOH Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> Ang Requested Filtered (Y/N) 1 NPDES UST LOCATION DATE Signed (MM / DD / YY): SITE T RCRA **GROUND WATER** 7115/4 DATE REGULATORY AGENCY ジ 오 GA 10.00 T DRINKING WATER TIME 7 T OTHER, 8 E Page: ≦ Temp in 'C SAMPLE CONDITIONS なな Reteived on Y/N Y/N Y/N Y/N Ice ₹ OTHER. Custody Sealed ---앜 Y/N Y/N Y/N Y/N Pace Project No. Lab I.D. Cooler J R R S Z Y/N Y/N Y/N Samples Intact

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to be held penfing the results of the Raw samples.
Sample ID code: CW=COLD WATER, HW=HOF
WATER, DF=DRINKING FOUNTAIN TEM# Company: Madison Oneida BOCES Required Client Information: Section A Samples ending in F are flushed samples and are 6 /erona, NY 13478 ddress: 4937 Spring Rd Run 308/71F/R ROUM SOB/BIRD BATH/F RUM 308/BIZD BATH/R Room 311/Hose 3/F Rom 311/HOSE 2/F Rwm 311/HOSE 2/R Ram 311/HOSE 1/F Brom 310/ BATH/STMK/HIJ-F ROM SHO /BATH/STHK/HH-R (A-Z, 0-9 / ,-)
Sample IDs MUST BE UNIQUE Run 22/0+/+ BOOM 311/ HOSE 3/R RUM 311/ HOSE 1/R ired Client Information SAMPLE 315.361.5750 tvandresar@moboces.org ADDITIONAL COMMENTS 10 DAYS 5 Fax MATRIX 5000 Purchase Order No.: Copy To: Report To: Project Name: Required Project Information: Project Number: RELINQUISHED BY / AFFILIATION DW Wd W DW DW 8 DW W DW ğ Ø WD MATRIX CODE SAMPLE TYPE G Rossetti G G G ၈ G G G ြ ଉ ଦ മ G=GRAB C=COMP DATE COMPOSITE START TIME COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: SAMPLER NAME AND SIGNATURE MES 200 Company Name: Attention: Pace Profile #: Pace Project Manager Pace Quote Reference Address: Invoice Information Section C DATE COMPOSITE END/GRAB Midle 18:5 13:50 国に 14:C FO: 1-1 1.00 12:50 TIME 4.03 13:58 13:57 13:58 13:57 DATE SAMPLE TEMP AT COLLECTION James Murphy 17: 00 # OF CONTAINERS TIME Unpreserved 1,50, 4NO₃ ICI PACE Analytical ACCEPTED BY / AFFILIATION NaOH Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> **dethanol** An Requested Filtered (Y/N) NPDES UST LOCATION (MM/DD/YY): SITE T RCRA **GROUND WATER** DATE REGULÄTÖRY AGENCY J 오 GA 1803 T DRINKING WATER TIME OTHER 7 ဗ္ဂ F ww. Page: ≦ Temp in 'C SAMPLE CONDITIONS シュ Received on Y/N Y/N Y/N Y/N ≦ Ice OTHER SSOLODI SSOLODI Custody Sealed Cooler -으 Y/N Pace Project No. Lab I.D. Y/N Y/N Y/N S R Y/N Y/N Y/N Samples Intact

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## CHAIN-OF-CUSTODY / Analytical Request Document . The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields iffust be completed accurately.

| Attention:   Att   | Address:    Company Name:   Co | Attention:   Attention:   Attention:   Attention:   Attention:   Attention:   Attention:   Attention:   Attention:   Attention:   Address:      | Annex Information: Invoice Information: Alenthon: Company Name: Company  | And Invoice Information: Invoice Information:  Address:  | Altendom: Invoked Information:  Altendom:  Altendom:  Antendom:  A | Altendom: Invoked Information:  Altendom:  Altendom:  Antendom:  A | Altendom: Invoked Information:  Altendom:  Altendom:  Antendom:  A | Address:    Control   Cont | Address:    Contract   | The process of the property Notes of Street (VAN)  WATRIX CODE  Address:  Company Name:  Company Name:  Proc Company Name:  Company Name:  Proc Company Name:  Company Name | •  |          |               | •        | ·····T | WATER, DESCRIPTING FOUNTAIN | Sample ID code: CVI=COLD WATER, HW=HQT | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. |          | -    |       | 10 Run Jus/DF/F | Rum 309/DFIR | RECT XOS/BATH/SIMMINJ.F | ROW XOS/BATU/STUK/LINJ-R | · Rum 309/BATH/STHK/CH-F | & ROOM 309/BATH/SINK/CHIR | 1 Room 308/1105E/HW-F | Ram 308/HUSE/HN-R |       | Room 308/HUSE/CH-R | # SAMPLE ID WATER NAMES WITH PRODUCT ON THE PRODUCT | D Valid Matrix Codes  MATRIX  Client Information |          |             | Email To: Purchase Purchase tyandresar@moboces.org Order No.: | Verona, NY 13478 | Address: 4937 Spring Rd Copy To: | Company: Madison Oneida BOCES Report To: | Required Client Information: Requi |
|--|--|--|--|--|--|--|--|--|--|--|----|----------|---------------|----------|--------|-----------------------------|--|--|----------|------|-------|-----------------|--------------|-------------------------|--------------------------|--------------------------|---------------------------|-----------------------|-------------------|-------|--------------------|--|--|----------|-------------|---|------------------|----------------------------------|--|------------------------------------|
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| BY AFFE X X X X X X X X X X X X X X X X X X  | Na2SO4 Requeste d C US   | Na2SO4 Requeste d C US   | Na2SO4   Na2SO4   Na2SO4   Requested (V/N)   Requested   X   | T UST T GROUNT SITE LOCATION Filtered (Y/N) Requested Ans  X X X X X X X X X X X X X X X X X X X   | T UST T GROUNT SITE LOCATION Filtered (Y/N) Requested Ans  X X X X X X X X X X X X X X X X X X X   | T UST T GROUNT SITE LOCATION Filtered (Y/N) Requested Ans  X X X X X X X X X X X X X X X X X X X   | T UST T GROUNT SITE LOCATION Filtered (Y/N) Requested Ans  X X X X X X X X X X X X X X X X X X X   | REGULATORY,  I NPDES I GROUND WATER I  UST RCRA  FIRE  LOCATION  Requested (VIN)  X  X  X  X  X  X  X  X  X  X  X  X  X  | REGULATORY,  T NPDES T GROUND WATER T  UST T RCRA  FIRE  LOCATION  Requested (V/M)  X  X  X  X  X  X  X  X  X  X  X  X  X  | T NPDES T GROUND WATER T DRINKING T UST T RCRA  SITE  LOCATION  Requested  And  X  X  X  X  X  X  X  X  X  X  X  X  X  |    | 1        | S<br>M        |          |        |                             |  | 7  | CEP      |      | -     | -               | ╁            | ┼                       | -                        | +-                       | <del> </del>              |                       |                   | _     | ┼                  |  | tives  |          |             |   |                  |                                  |  |                                    |
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|  | ATTIO ATTIO  | DES F SITE LOCATION ATION  | SITE SCATION NJ NO NO NO NO NO NA NA NA NA NA NA NA NA NA NA NA NA NA  | SITE SITE OCATION N) ION OCATION   | REGULATORY, S   GROUND WATER     RCRA   GA     OH   | REGULATORY, S   GROUND WATER   RCRA   GA   RCRA   OCATION   GA   OH   OH   OH   OH   OH   OH   OH   OH   | REGULATORY AGENCY S F GROUND WATER F DRINKING F RCRA F OTHER SITE OH F SC F WI OCATION DATE TIME TON DATE TIME TON TON TON TON TON TON TON TON TON TON   |    |          |               |          |        |                             |  | 1  | 100      | ×    | ×     | ×               | ×            | ×                       | ×                        | ×                        | ×                         | ×                     | ×                 | ×     | ×                  |  | duesi  | tered    |             |   | ,<br>,           |                                  |  |                                    |
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| TE GROUND WATER T DRINKING WATER  TRESPOSED  THE SQUEET  THE SQUEET  THE SQUEET  THE SQUEET  THE SQUEET  THE SQUEET  TOTHER  THE SQUEET  TOTHER  THE SQUEET  TOTHER  THE SQUEET  TOTHER  THE SAMPLE CO  Rebelved on Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY REGULATORY AGENCY  TO THER  TO | REGULATORY AGENCY  REGULATORY AGENCY  REGULATORY AGENCY  REPORT IN THE SAMPLE OF THE S | Temp in 'C  Rebeived on Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | Temp in 'C  Rebeived on Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | Temp in 'C  Rebeived on Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N  | Retelved on V/N V/N V/N V/N V/N V/N V/N V/N V/N V/N  | Retelved on V/N V/N V/N V/N V/N V/N V/N V/N V/N V/N  | Retelved on V/N V/N V/N V/N V/N V/N V/N V/N V/N V/N  |  |  | -1 |          | Coo           | ler      | T/N    | Y/N                         | Y/N                                    | 1/N  | Į į      |      |       |                 |              |                         |                          |                          |                           | 1                     |                   | 3     | T                  | Pace Project No.   |  |          |             | _   |                  |                                  |  | ı                                  |



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| Section A S  | Section B                     | Section C                  |  |   |                |                   | Page:            | Page: 300 of                  |                              |
|--|-------------------------------|----------------------------|--|---|----------------|-------------------|------------------|-------------------------------|------------------------------|
| lient Information:   | Required Project Information: | Invoice Information:       | 1  |   |                |                   |                  |                               |                              |
| ida BOCES  | Report To:                    | Attention:                 | 3  |   |                | REGULATORY AGENCY | RY AGENCY        |                               |                              |
| Address: 4937 Spring Rd C  | Copy To:                      | Company Name:              |  |   | MPDES F        | GROUND WATER      | T DRINKING WATER | TER                           |                              |
| Verona, NY 13478   |                               | Address:                   |  |   | F UST F F      | RCRA              | OTHER            |                               |                              |
|  | Purchase<br>Order No.:        | Pace Quote Reference:      |  |   | SITE           | [ GA              | Z                | MI NC                         | ñ                            |
| Phone: 315.361.5750 Fax: P   | Project Name: Rossetti        | Pace Project Manager.      |  |   | LOCATION       | HO H              | T SC T WI T      | OTHER                         | NY                           |
| Requested 10 DAYS Published P  | Project Number:               | Pace Profile #:            |  | 71  | Filtered (Y/N) | 1111111           |                  |                               |                              |
| Valid Matrix Codes D <u>MATRIX</u> Client Information  | im                            | COLLECTED                  | RS   | Preservatives                                   | Requested ///  |                   |                  |                               |                              |
| SAMPLE ID SOCIETA SAME OF THE PARTY OF THE P | MPLE TYPI RAB C=CO START      | COMPOSITE HE ENDICERAB ME  | OLLECTION<br>CONTAINE                                |   | Ane            |                   | Thomas (YN)      | Sine (YIN)                    |                              |
| Sample IDS MOST BE ONIQUE TISSUE   | DATE                          | TIME DATE TIME             | #<br>Unpre<br>H <sub>2</sub> SO,<br>HNO <sub>3</sub> | NaOH<br>Na <sub>2</sub> S <sub>2</sub><br>Metha |                | ////////          | Costal Costal    |                               | Pace Project No.<br>Lab I.D. |
| 1 Row 309/HUSE 1/CH-R  | DW G                          | CE: hI byte                |  |   | ×              |                   |                  | (Col)                         | 180                          |
| 2 Ram 309/ NOSE 2/CH-F   |                               | 1E:M                       |  |   | ×              |                   |                  | 16011                         | 15%                          |
| 8 ROCH 309/NOSE1/NN-R  | DW G                          | M:32                       |  |   | ×              |                   |                  |                               |                              |
| 4 Rum 309/HOSE 1/HU-F  | T DW G                        | M:35                       |  |   | ×              |                   |                  |                               |                              |
| 304 / HOSE 2/  | CU-X DW G                     | M:35                       |  |   | ×              |                   |                  |                               |                              |
| 6 Rach 309 / HOSE 2/0  | CA-F DW G                     | 14:36                      |  |   | ×              |                   |                  |                               |                              |
|  | DW G                          | 14:39                      |  |   | ×              |                   |                  |                               |                              |
| 8 Ram 306/DF/F   | DW G                          | 14:34                      | -  |   | ×              |                   |                  |                               |                              |
| · ROWH SOLIBLED FATH/R   | N DW G                        | l/yiyo                     |  |   | ×              |                   |                  |                               |                              |
| 10 Rear 306/35.20 3MH/F  | F DW G                        | lu;ul                      |  |   | ×              |                   |                  |                               |                              |
| A RUCH SOL/BATH/STHK/CKLR  | CK-R DW G                     | Spila                      |  |   | ×              |                   |                  |                               |                              |
|  | N-F DW G                      | \$h:h1                     |  |   | ×              |                   |                  |                               |                              |
|  |                               | ` .                        | TIME   | ACCEPTED BY / AFFI                              | AFFILIATION    | DATE              |                  | SAMPLE CONDITIONS             | SNOIT                        |
| Samples ending in F are flushed samples and are  | amma                          | PACE TIPLIC                | 17:00  | 1 15  | 1              | 1/12              | 1005             | Y/N<br>Y/N                    | Y/N                          |
| Sample 10 code: CV=COLD WATER, HW=HOT  |                               |                            |  | 0   |                |                   |                  | Y/N<br>Y/N                    | Y/N                          |
| WATER, DESCRINKING FOUNTAIN  |                               |                            |  |   |                |                   |                  | Y/N<br>Y/N                    | Y/N                          |
|  |                               |                            |  |   |                |                   |                  | Y/N<br>Y/N                    | Y/N                          |
| •  | S                             | SAMPLER NAME AND SIGNATURE | SNATURE  |   |                |                   |                  | Sealed                        | Intact                       |
|  | •                             | PRINT Name of SAMPLER:     | lames Murphy   | PACE Analytical                                 | į              |                   | emp i            | ice<br>lce<br>stody :<br>Čool | mples                        |
| •  | <u>.</u>                      | SIGNATURE of SAMPLER:      | I A March  |   | (MM / DD / YY  | MM/DD/YY): 7 9 16 |                  | <u> </u>                      | Sa                           |

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| •  | •               |                        |                            |     | WATER, DESCRINKING FOUNTAIN | Sample ID code: CW=COLD WATER, HW=HOX | Samples ending in F are flushed samples and are to be held peofing the results of the Raw samples. | ,                             | 12 Ram 305/3514K/CId-F | RCCM 305/SINK/CW-R | 10 ROM 118/BATH/SDUN/HIJ-F |           | BREMINS/FATH/STHK/CH-F | RECT 118/BATH/SINK/CH-R | 8 ROW 17/SLOP SENK/HU-F | Ron   | ROOM 117/5LUP STINK/CIN-F | BLOM 117/5102 STNK/CN-R | 2 ROOM 30LIBATH/SINK/HN-F | Row 30c/13ATU/SINK/HH-R | 1 100      | SAMPLE ID SUSSIBLE IN THE STATE OF THE STATE | Z ges         |                 |                       | moboces.org   | Verona, NY 13478 | Address: 4937 Spring Rd Co | ida BOCES         | lient Information:            | Section A Se |
|--|-----------------|------------------------|----------------------------|-----|-----------------------------|---------------------------------------|--|-------------------------------|------------------------|--------------------|----------------------------|-----------|------------------------|-------------------------|-------------------------|-------|---------------------------|-------------------------|---------------------------|-------------------------|------------|--|---------------|-----------------|-----------------------|---------------|------------------|----------------------------|-------------------|-------------------------------|--------------|
|  | ٠               |                        |                            |     |                             |                                       | mon  | RELINQUE                      | DW                     | DW                 | DW                         | DW        | DW                     | DW.                     | DW                      | DW    | DW                        | DW                      | DW                        | DW                      |            | MATRIX COD   | E             | Project Number: | Project Name: R       | 1             |                  | Copy To:                   | Report To:        | Required Project Information: | Section B    |
| i a  | ·               | 70                     | (A                         |     | 1                           |                                       | L  | RELINQUISHED BY / AFFILIATION | G                      | G                  | 6                          | G         | G                      | 6                       | 6                       | G     | G                         | 6                       | ြ                         | ြ                       | DATE       | G=CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC   | MP            |                 | Rossetti              |               |                  |                            |                   | formation:                    |              |
| SIGNATURE OF SAME LEY.   |                 | PRINT Name of SAMPLER: | SAMPLER NAME AND SIGNATURE |     |                             |                                       | PACS   | FILIATION                     | 4                      |                    |                            |           |                        |                         |                         |       |                           |                         | -                         | P.F.                    | TIME DATE  | SITE COMPOSITE END/GRAB  | COLLECTED     | Pace Profile #: | Pace Proj             | 2 20          | Address:         | Company Name:              | Attention:        | Invoice I                     | Section C    |
| A OWNIT LEIN.  | CALIFIC CO.     | SAMPLER:               | ME AND SIGI                |     |                             |                                       | Melic  | DATE                          | 15:01                  | 3: oc              | 45:h                       | 125.N     | ts:n                   | 4. 5.                   | 14:57                   | 14:52 | 14:54                     | 14: Sz                  | 14:46                     | Spill                   | TIME       | SAMPLE TEMP  | AT            | €e#.            | Pace Project Managet. | ace described | S:               | y Name:                    | A                 | Invoice Information:          | ັດ           |
| of the hand  | James Murphy    |                        | NATURE                     | •   |                             |                                       | 17:00  | TIME                          |                        |                    |                            |           |                        | -                       | _                       |       | -                         | -                       | -                         | 1                       | -          | # OF CONTAIN<br>reserved<br>O <sub>4</sub>   | ERS           |                 |                       |               |                  |                            | 3                 | ,                             |              |
| The state of the s | 1               | •                      | ,                          |     |                             |                                       | 1  | ACCEP                         | _                      |                    |                            |           | -                      |                         |                         |       |                           | 1                       |                           |                         | HCI<br>NaO |  | Preservatives |                 |                       |               |                  |                            |                   |                               |              |
|  | PACE Analytical | Application            |                            |     |                             | (                                     | 2  | ACCEPTED BY / AFI             |                        |                    |                            |           |                        |                         |                         |       |                           |                         |                           |                         | Meth       | hanol<br>SO4   | - Re          | Filts           |                       |               |                  |                            |                   |                               |              |
| (MM/DD/YY):  | DATE 2          |                        |                            |     |                             |                                       |  | FILIATION                     | ×                      | ×                  | ×                          | ×         | ×                      | ×                       | ×                       | ×     | ×                         | ×                       | ×                         | ×                       |            | 2  | Requested     | Filtered (Y/N)  | LOCATION              | ī.            | UST              | NPDES                      |                   |                               |              |
|  |                 |                        |                            |     |                             |                                       | 12   | , D,/                         |                        |                    |                            |           |                        |                         |                         |       |                           |                         |                           |                         |            |  |               |                 | ION                   |               | RCRA             | GROUND WATER               |                   |                               |              |
| 71181  | -               |                        |                            |     |                             |                                       | 13 100   | DATE T                        |                        |                    |                            |           |                        |                         |                         |       |                           |                         |                           |                         |            |  |               |                 | 유                     | GA<br>F       |                  | WATER                      | REGULATORY AGENCY |                               |              |
| _  | Tern            | ıp İn                  | ·C                         |     |                             |                                       | 104  |                               |                        |                    |                            |           |                        |                         |                         |       |                           |                         |                           |                         | <u> </u>   |  |               |                 | SC = M                | 1 -           |                  |                            | AGENCY            |                               | Page         |
| F  |                 | lce                    | on                         | Y/N | Y/N                         | Y/N                                   | Y/N  | AMPLE                         |                        | -                  |                            | $\dagger$ |                        |                         |                         |       | <u> </u>                  |                         |                           |                         | 100        | duel Chlorine (Y/N)  |               | $\blacksquare$  | )<br> <br>            | 1 =           | 1                | WATER                      |                   |                               | Page: 37     |
| Cı   | stoc            | dy S<br>oole           | ealed<br>r                 | Y/N | Y/N                         | Y/N                                   | Y/N  | SAMPLE CONDITIONS             |                        |                    |                            |           |                        |                         |                         |       |                           |                         | 001                       | 007                     | 1          |  |               | 1               |                       | -             | 7                |                            |                   |                               | 앜            |
| S  | amp             | les l                  | ntact                      | Y/N | Y/N                         | Y/N                                   | Y/N  | SNOIT                         |                        |                    |                            |           |                        |                         |                         |       |                           |                         | 1000                      | 多多                      | Lab I.D.   | Pace Project No.   |               |                 | NY                    |               |                  |                            |                   |                               |              |



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|-------------------------------|-----------------------|-------------------|--------------|----------------|-----------------|----------------|----------|-------------------------------|--|---|------------|----------------|-----------------------|----------------------|-------------------------------|--------------------|---------------------------|------------|-------------------------------|---|----------------------------|
|                               |                       |                   | 7/8/16       | ٧              | (MM / DD / YY): |                |          |                               | The state of the s | Š.                                      | d show all |                | AMPLER                | ₹E of S              | SIGNATURE of SAMPLER:         |                    |                           | •          |                               | •   |                            |
| ç٥                            | etei                  |                   |              | ł              |                 |                | alytic   | James Murphy PACE Analytical  | PA   | urphy                                   | nes M      | l              |                       | 9                    | - INIINI ING                  |                    |                           | •          |                               |   |                            |
| y Sealed<br>oler<br>es Intact | ved on                |                   |              |                |                 |                |          |                               | <i>M</i>   |   | R          | JIANE          | AND SIG               | NAME                 | SAMPLER NAME AND SIGNATURE    |                    |                           |            |                               |   |                            |
| T/N                           | Y/N                   |                   |              |                |                 |                |          |                               |  |   |            |                |                       |                      |                               |                    |                           |            |                               |   |                            |
| Y/N<br>Y/N                    | Y/N                   |                   |              |                |                 |                |          |                               |  |   |            | -              |                       |                      |                               |                    | 1                         |            | 1                             | WATER, DF=DRINKING FOUNTAIN   | WATER,                     |
| Y/N<br>Y/N                    | Y/N                   |                   |              |                |                 |                |          | 7                             |  |   |            | _              |                       |                      |                               | 9                  |                           | 1          | 7                             | Sample ID code: CW=COLD WATER, HW=HOY   | Sample II                  |
| $\vdash$                      | Y/N                   | des               | 1/3          | 12             |                 | 1              | Z        |                               | $\mathcal{N}$  |   | 17:00      |                | Whole                 | 7 374                | Sh                            | 2                  | 15                        | 3          |                               | Samples ending in F are flushed samples and are to be held pending the results of the Raw samples | Samples                    |
| SAMPLE CONDITIONS             | SAMPLE                | TIME              | DATE         |                | N               | AFFILIATION    | ) BY /   | ACCEPTED BY / AFF             | ACC  | *************************************** | TIME       | - Aprondisease | DATE                  | ž                    | RELINQUISHED BY / AFFILIATION | D BY / /           | JISHE                     | LINQU      | 뀨                             | ADDITIONAL COMMENTS   |                            |
|                               |                       |                   |              |                |                 | ×              |          |                               |  | 1                                       |            | >              | 15:r                  | 4                    |                               |                    | ត                         | DW         | W/F                           | Room 301/75527378441F   | 12 72                      |
|                               |                       |                   |              | +              |                 | ×              |          | <b> </b>                      | <del> </del>   |   | <u> </u>   |                | <b>장.</b> =           | 7                    |                               |                    | G                         | DW         | N                             | RUM 301/BIRD BATH/R   | マ                          |
|                               | ·                     |                   |              | _              |                 | ×              |          | 1                             | -  |   | _          |                | 2:2                   | <b>5</b>             |                               |                    | G                         | DW         | HU-F                          | Parm ZUZ/FATTH/SONK/H   | 2 B                        |
|                               |                       |                   |              | +              | _               | ×              |          | 1                             | +  |   | <u> </u>   | <b>→</b>       | 5:61                  | 7                    |                               |                    | ဓ                         | DW         | 三六                            | Room 202/ Path / SINK/HU-R  | ر<br>الم                   |
|                               |                       |                   |              | <u> </u>       |                 | ×              |          | <b> </b>                      | -  | -                                       |            | _              | 2:5                   |                      |                               |                    | G                         | DW         | CM-F                          | Reem 702/BATH/SENK/CH-F   | 。<br><b>조</b>              |
|                               |                       |                   |              | #              |                 | ×              |          | 1                             | -  | <u> </u>                                | _          |                | 15; G                 | 7                    |                               | <u></u>            | G                         | DW         | CEN                           |   | なり                         |
|                               |                       |                   |              | 1              |                 | ×              |          | 1                             | <del> </del>   | _                                       | 1          |                | 10:51                 | -                    |                               |                    | G                         | DW         | TEL-F                         | RECT 305/BATH/SENK/HW-F   | ە<br>كى                    |
|                               |                       |                   | -            | -              | +               | ×              | 士        | 1                             | +-   | -                                       | <b> </b>   | -              | Nats                  | 3                    |                               |                    | G                         | DW         | 141-12                        | ROOM 305/BATU/TONK/HWI-R  |                            |
|                               |                       |                   |              | -              |                 | ×              |          |                               |  | =                                       | 1          | -              | 15:03                 | 3                    |                               |                    | G                         | DW         | Chi                           | Room SUS/BATH/SEMIC/CH-F  | <b>K</b>                   |
|                               |                       |                   |              | +              |                 | ×              | #        | 1                             | -  | -                                       | 1          | -              | 25.2                  | 173                  |                               |                    | ଜ                         | DW         | 3-15                          |   | S<br>K                     |
| Oliso                         | 14                    |                   |              | -              | +               | ×              | 1        | 1                             | -  |   |            |                | 75:02                 | 3                    |                               |                    | ရ                         | DW         | Ħ                             | Reun 305/SIMK/IILI-F  | 2<br>C                     |
| 250                           | ;<br>[8]              |                   |              | ‡              | 1               | ×              | #        | -                             | <del> </del>   |   | 1          | _              | 10:01                 | 1                    | St.                           |                    | G                         | DW         | ~                             | Room 305/534K/HH-12   | N N                        |
| Labil.D.                      | ROS                   |                   | #            | $\updownarrow$ | *               | 1              | +        | -                             | HCI<br>Nac   | HNO                                     | Unp<br>H₂S |                | TIME                  | +                    | TIME D                        | DATE               | _                         |            |                               | 12300   |                            |
| Pace Project No.              | Pidual Chlorina (YIN) |                   |              |                |                 | Po             | 2804     | S <sub>2</sub> O <sub>3</sub> |  | O <sub>3</sub>                          | reserved   | # OF CONTAIN   | SAMPLE TEMP           | COMPOSITE            |                               | COMPOSITE<br>START | SAMPLE TYP<br>G=GRAB C=CC | MATRIX COD | सन्दर्भाषाः दुनिः             | SAMPLE ID WITE WARE WARE WARE WARE WARE WARE WARE WAR   | M#<br>Samı                 |
|                               |                       |                   |              |                |                 | Requested /    | <u>_</u> | ]es                           | Preservatives  | Pre                                     |            |                |                       | G                    | COLLECTED                     |                    |                           |            | 3000                          | Valid Matrix Codes  MATRIX at Information   | Section D<br>Required Clie |
|                               |                       |                   |              | 1              |                 | Filtered (Y/N) | <u> </u> |                               |  |   |            | 1              | *                     | Pace Profile #:      | Pao                           |                    |                           | nber       | Project Number                | 10 DAYS   | Requested Due Date/TAT:    |
| NY NY                         | M ) OTHER             | - SC =            | 유            |                | LOCATION        | 707            |          |                               |  |   |            |                | Manager.              | Pace Project Manager | Pac                           | €.                 | Rossetti                  |            | Project Name:                 |   | Phone:                     |
| -                             | 1 ****                | 1                 | GA GA        |                | SITE            | S              |          |                               |  |   |            |                | Pace Quote Reference: | Quote F              | Pace                          |                    |                           |            | Purchase<br>Order No.:        | tvandresar@moboces.org on   | Email To:                  |
|                               |                       | OTHER             |              | RCRA           | 7 2             | r ust          |          |                               |  |   |            |                |                       | Address:             | Adc                           |                    |                           |            |                               | 13478   | Verona, NY 13478           |
|                               | DRINKING WATER        | DRINKIN           | GROUND WATER | ROUN           | ٦               | NPDES          | 1        |                               |  |   |            | •              | ате:                  | Company Name:        | Соп                           |                    |                           |            | Copy To:                      | 4937 Spring Rd Cc   | Address: 4                 |
|                               | Y                     | REGULATORY AGENCY | EGULATO      | Z)             |                 |                |          |                               | ,  |   |            | *              |                       | Attention:           | Atte                          |                    |                           | **         | Report To:                    | da BOCES  | Company:                   |
|                               |                       |                   |              |                |                 |                | I        |                               |  |   |            | ,              | mation:               | Invoice Information: | invo                          | ation:             | Inform                    | Project    | Required Project Information: | lient Information:  | Required C                 |
| of                            | Page: 38              | Pg                |              |                |                 |                |          |                               |  |   |            |                |                       | Section C            | Sec                           |                    |                           | w          | Section B                     |   | Section A                  |



# CHAIN-OF-CUSTODY / Analytical Kequest Document ... The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields flust be completed accurately.

|          |                     | }              | ,                                   | ine #    | 2/16/16      | - 1  |             | •       |                 |            |  | J                 |          |                            | 1             |                           |                            |            | •[   |          |               | ,           | •                             | •  | •<br>3  | ,                         |
|----------|---------------------|----------------|-------------------------------------|----------|--------------|------|-------------|---------|-----------------|------------|--|-------------------|----------|----------------------------|---------------|---------------------------|----------------------------|------------|--|----------|---------------|-------------|-------------------------------|--|---|---------------------------|
|          | Re                  | те             | K.                                  | wystleto | 170          |      | DATE Signed | DAT DAT |                 |            | , - '                                  |                   | 2        | 1                          |               | ĽER:                      | SIGNATURE of SAMPLER:      | ATURE      | SiG  |          |               | •           |                               | •  |   |                           |
| C001     | teive<br>Ice        | erap li        |                                     |          |              |      |             |         | <u> 20</u>      | Analytical | ΈAn                                    | James Murphy PACE | rphy     | S Mu                       | Jame          | PLER:                     | PRINT Name of SAMPLER:     | IT Name    | PRIN   |          |               |             | •                             | *  |   |                           |
|          | ed on               | n °C           |                                     |          |              |      |             |         |                 |            |  |                   | , i      | m                          | JATUR         | D SIGN                    | SAMPLER NAME AND SIGNATURE | PLER N     | SAM  |          |               |             |                               | *  |   |                           |
| +-       | Y/N<br>Y/N          |                |                                     |          |              |      |             |         |                 |            |  |                   |          |                            |               |                           |                            |            |  |          |               |             | T                             |  |   |                           |
| -        | Y/N<br>Y/N          | <b> </b>       |                                     |          |              |      |             |         |                 |            |  |                   |          |                            |               |                           |                            |            |  |          |               | `           | 2                             | FOUNTAIN   | WATER, DESURING FOUNTAIN                          | A                         |
| ┼        | ╁                   | <u> </u>       |                                     |          |              |      |             |         |                 |            | 7                                      |                   |          |                            |               |                           |                            |            |  | 9        |               | Ì           | 1=HØT                         | )LD WATER, HV  | Sample ID code: CW=COLD WATER, HW=HØT             | ample                     |
| ┼        | Y/N<br>Y/N          |                | 100s                                | _        | 2/12         | 7    |             |         | $  \setminus  $ | Z          |  | 1                 |          | Ö                          | 17:00         | Well.                     | 1/1/                       | 374        | 4<br>(i)   | 7        | 7             | 3           | and are                       | flushed samples  | Samples ending in F are flushed samples and are   | ample                     |
| 튑        | SAMPLE CONDITIONS   | 10             | TIME                                |          | DATE         |      | Z           | LIATION | AFFI            | ) BY /     | ACCEPTED BY / AFFIL                    | ACCE              | ******   | TIME                       | 크             | DATE                      |                            | IATION     | RELINQUISHED BY / AFFILIATION                    | ED B)    | HSIU          | ELING       | T                             | COMMENTS   | ADDITIONAL COMMENTS                               |                           |
|          |                     |                |                                     |          |              |      |             |         | ×               |            |  |                   | 1        |                            | 1             | 73                        | 15:21                      | 4          |  |          | <u>۷</u><br>۵ | TI          | · PIH /X                      | 412 / 2 MFA  | RUM 301/18ATH 2/ SINK/ HIJ F                      |                           |
|          |                     |                |                                     |          | 1            |      | +           | 1       | ×               |            |  | ┼                 |          | -                          | -             | <u> </u>                  | 12:51                      |            | <b></b>  |          | <u>۷</u>      | DW          | -MH/X                         | ATH 2/ST   | ROCH 301/BATH 2/SINK/HIN-R                        | はと                        |
|          |                     |                |                                     |          |              |      | +           |         | ×               |            | 1                                      | _                 | <u> </u> | +                          | _             | Ŏ                         | D:70                       |            | -  |          | G             | t)<br>DW    | IK/CIJ.                       | 301/BAM2/SINK/CINF   | Razm 301/F  | iô<br>Z                   |
|          |                     |                | 1                                   |          | -            | 1    | +           |         | ×               |            | -                                      | $\vdash$          |          | -                          |               | 2                         | 15:20                      |            |  |          | <u>۷</u><br>۵ | Z DW        | victor-                       | ATU 2/55   | Rum 301/JATN 2/SINK/CLI-R                         | ي<br>كر                   |
|          |                     |                |                                     | _        |              |      | +           | -       | ×               |            |  | _                 | =        | _                          | -             | <u></u>                   | 5:2                        | _          | -  | <b>†</b> | G             | F DW        | dic/Hm-                       | 12/T 11-LV   | Ricom 301 / BATH 1/STAIL/HW-F                     | 。<br>کر                   |
|          |                     | -              | 1                                   |          |              |      | 1           |         | ×               |            | -                                      | <u> </u>          |          | <del> </del>               | _             | ~                         | 2:18                       |            | <u> </u>   |          | G             | NOW DW      | THHIA.                        | MW 2/ 75   | ROM 301/BATH 1/ JEHK/HW-R                         |                           |
|          |                     |                |                                     |          |              |      | +           |         | ×               |            | _                                      | <u> </u>          | _        | ┼                          | -             | *                         | 5:1%                       |            |  |          | <u>&lt;</u>   | DW          | 7K/C1-1                       | 301/BATH 1/SINK/CIN-F  | RODA YOU  |                           |
|          |                     |                |                                     | 1        | -            |      | 1           |         | ×               |            |  | $oxed{+}$         |          | +                          |               | بد                        | 15:17                      |            |  |          | G             | DW          | ANC CH                        | ATH 1/5  | Roum 301/BATH 1/SIMU/CH                           |                           |
|          |                     |                |                                     |          | ļ <u> </u>   |      |             | -       | ×               |            | -                                      | <u></u>           |          | ╁                          | -             | 7                         | 15:17                      |            | <u> </u>   |          | 6             | DW          |                               | F/F  | Reem 301/DF1F                                     |                           |
|          |                     | -              |                                     | <u> </u> | 1            |      |             | -       | ×               | 二          |  |                   | -        | <del> </del>               | -             | 2                         | 13:16                      |            |  |          | G             | DW          |                               | )6/R   | RCOM 301/05/R                                     |                           |
| 110      | 140                 |                |                                     |          | _            |      |             |         | ×               | 1          | -                                      |                   |          |                            | _             |                           | 15:15                      | 77         |  |          | 6             | DW          | 2/64                          | 301/BIRD FATH 2/ANT  | Rum 301/R   | _                         |
| 2/2      | 160                 |                |                                     | 1        | +            |      |             |         | ×               | #          | -                                      |                   |          | -                          |               |                           | 1                          | 2 2        | <del>                                     </del> |          | 6             | DW          | BATH 2/ CH                    |  | RUM 301/151.20                                    | لح                        |
| راي      | 1                   |                | $\stackrel{\downarrow}{\downarrow}$ | *        | $\sharp$     | F    | *           | +       | +               | Na2        | Na <sub>2</sub> 8                      | HCI<br>NaC        | HNC      | Unpi<br>H <sub>2</sub> S0  | +-            |                           |                            | -          | E TIME   | DATE     | <u> </u>      | +           |                               | 1 =  |   | ITE                       |
| Pace Pro | qual Chlorine (YIN) |                |                                     |          |              |      |             | 20      | Ana             | SO4        | S <sub>2</sub> O <sub>3</sub><br>nanol | H                 | 3        | reserved<br>D <sub>4</sub> | # OF CONTAINE | SAMPLE TEMP<br>COLLECTION | COMPOSITE<br>END/GRAB      | COA        | COMPOSITE<br>START                               |          | SAMPLE TYPE   | MATRIX CODE | 103 # # 0 # F 10 1            | DEMONSTRATES WATER WATER WATER PRODUCT SOUSCOLD OR WATER WAT | SAMPLE ID  (A-Z. 0-9 /) Sample IDs MUST BE UNIQUE |                           |
|          |                     |                |                                     |          |              |      |             | sted /  | Requested       |            | SS.                                    | Preservatives     | Pres     |                            | RS            |                           | D                          | COLLECTED  | COL  |          |               | -           | ~ ~ L                         | Valid Matrix Codes   | Section D Required Client Information             | Reg Sec                   |
| `        |                     |                |                                     |          |              |      |             | (N/A) p | Filtered        |            |  |                   |          |                            |               |                           | Pace Profile #:            | Pace P     |  |          |               | umber:      | Project Number                | S  | 10 DAYS   | equested<br>tue Date/TAT: |
|          | OTHER               | 8              | T SC                                | 오        | -1           | Z    | LOCATION    | LOC     |                 |            |  |                   |          |                            |               | ager.                     | Pace Project Manager       | Pace P     |  | etti     | Rossetti      | łame:       | Project Name:                 | Fax:   | 315.361.5750 Fax:                                 | hone:                     |
| S        | M                   | Z              | ~\<br>F                             | GA       | 7            |      | SITE        | S       |                 |            |  |                   |          |                            |               | ence:                     | Pace Quote Reference:      | Pace Q     |  |          |               | "           | Purchase<br>Order No.         | oboces.org   | tvandresar@m                                      | mail To:                  |
|          |                     | 用              | ГОТНЕК                              |          |              | RCRA | 7           | UST     | ٦               |            |  |                   |          |                            |               |                           | iss:                       | Address    |  |          |               |             |                               |  | erona, NY 13478                                   | rona, N                   |
|          | WATER               | DRINKING WATER | R<br>R                              |          | GROUND WATER | GROU | ٦           | NPDES   | 7<br>2          |            |  |                   |          |                            |               | n                         | Company Name:              | Compa      |  |          |               |             | Copy To:                      |  | 4937 Spring Rd                                    | ddress:                   |
|          |                     | ENCY           | REGULATORY AGENCY                   | LATOR    | REGU         |      |             |         |                 |            |  | i,                |          |                            | T T           |                           | ion:                       | Attention: |  |          |               | 9.          | Report To:                    | la BOCES   | ompany: Madison Oneida BOCES                      | mpany:                    |
|          |                     |                |                                     |          |              |      |             |         |                 |            |  |                   |          |                            |               | en:                       | Invoice Information:       | Invoice    |  | mation:  | ≭ Infon       | 1 Projec    | Required Project Information: |  | equired Client Information:                       | quired                    |
|          | Page: 3A of         | Page:          |                                     |          |              |      |             |         |                 |            |  |                   |          |                            |               |                           | yn C                       | Section C  |  |          |               | æ           | Section B                     |  | >   | ection A                  |
|          | -                   | -              |                                     |          |              |      |             |         |                 |            |  |                   |          |                            |               |                           |                            |            |  |          |               |             |                               |  |   |                           |



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| n:<br>eida BOCES   | Section B Required Project Information: Report To: | Section C Invoice Information: Attention: | mation:                   | ,                         |  |                  | 8               | $\circ$      | 9              | 40 of               |                  |
|--|--|---|---------------------------|---------------------------|--|------------------|-----------------|--------------|----------------|---------------------|------------------|
| Address: 4937 Spring Rd Copy To:   | O:   | Company Name                              | lame:                     |                           |  | NPDES            | F GROUND        | GROUND WATER | DRINKING WATER | TER                 |                  |
| Verona, NY 13478   |  | Address:                                  |                           |                           |  | _ nst            | F RCRA          |              | 물              |                     |                  |
| Email To: Purchase Purchase Order No.:   | se<br>ło.:   | Pace Quote Reference                      | Reference:                |                           |  | SITE             | mi              | T GA T       | F<br>I<br>Z    | MI T NC             | G                |
| Phone: 315.361.5750 Fax: Project   | Project Name: Rossetti                             | Pace Project Manager                      | Manager:                  |                           |  | LOC/             | LOCATION        | 유            | SC WI          | OTHER               | NY               |
|  | Project Number:                                    | Pace Profile #:                           | *                         |                           |  | Filtered (Y/N)   |                 | 111111       |                |                     |                  |
| D Valid Matrix Codes  MATRIX  Silent Information   | E<br>MP  | COLLECTED                                 | 4                         |                           | Preservatives                                  | Requested        |                 |              |                |                     |                  |
|  | MATRIX CODI SAMPLE TYPE 3=GRAB C=CO START          | SITE COMPOSITE END/GRAB                   | SAMPLE TEMP<br>COLLECTION | ····                      | Н  | SO4 PR           |                 |              | dual o         | dual Chlorine (Y/N) | Pace Project No. |
| 1  | DATE   |   | _                         | Unpr<br>H <sub>2</sub> S( | HOO<br>HOI<br>NaO<br>Na <sub>2</sub> S<br>Meth | Na2              |                 |              | Resid          | 2                   | <b>A</b> E i.5.  |
| Boom 301/ HUSE/CW-R  | DW G   | - A                                       |                           | _                         |  | ×                |                 |              |                | 1000                | 27<br>27<br>27   |
| 2 Room 301 / HOSE/CIJ-F  | DW G   | 7   |                           |                           |  | ×                |                 |              |                | (WOT                | )                |
| ROOM SOI /HOSE/HW-R  | DW G   |   | 12:24                     |                           |  | ×                |                 |              |                |                     |                  |
| Room Jul / HOSE / HH-F   | DW G   |   | 12.72                     |                           |  | ×                |                 |              |                |                     |                  |
| 5 ROW 201/HOSE/CHI-R   | DW G   | -   | 15:28                     |                           |  | ×                |                 |              |                |                     |                  |
| · Row 201/HOSE/CLI-F   | DW G   | 9   | 5:2                       |                           |  | ×                |                 |              |                |                     |                  |
| 201 / MOSE   | DW G   |   | 2:30                      | -                         | -  | ×                |                 |              |                |                     |                  |
| 25/  | DW G   | -   | D:31                      | _                         |  | ×                |                 |              |                |                     |                  |
| Place 2001 /   | <b>₽</b> DW G                                      |   | 15:32                     |                           |  | ×                |                 |              |                |                     |                  |
|  | -  |   | 72:57                     |                           |  | ×                |                 |              |                |                     |                  |
|  | -  |   | 15:33                     |                           |  | ×                |                 |              |                |                     |                  |
|  | DW G   | 4   | 15:34                     |                           |  | ×                |                 |              |                |                     |                  |
| ADDITIONAL COMMENTS  | LINQU  |   | DATE                      | TIME                      | ACCEPTED I                                     | BY / AFFILIATION |                 | DATE TII     |                | SAMPLE CONDITIONS   | SNOIL            |
| Samples ending in F are flushed samples and are  | 1 think  | JOHN TON                                  | 21/21/4                   | a:0                       | ~ 7.3  | 7                | 7/              | 1/3 1000     | 10             | Y/N<br>Y/N          | Y/N              |
| Control of the contro |  |   |                           | 6                         | 7  |                  |                 |              |                | ┼                   | Y/N              |
| WATER, DE-DRINKING FOUNTAIN  |  |   |                           |                           |  |                  |                 |              |                | -                   | y/N              |
|  |  |   |                           |                           |  |                  |                 |              |                |                     | at Y/            |
| •  |  | SAMPLER NAME AND SIGNATURE                | AND SIGNA                 | TURE                      | **   |                  |                 |              | in °C          | Seale               | Intac            |
|  |  | PRINT Name of SAMPLER:                    | l                         | ames Murp                 | James Murphy PACE Analytical                   |                  |                 |              | erap i         | Ice                 | mples            |
| •  | ,  | SIGNATURE of SAMPLER:                     |                           | AMOUNT                    | J.   |                  | (MM / DD / YY): | 2/19/11      |                |                     | Sar              |
|  |  |   |                           | ,                         | 11 11 11                                       | •                | 1               |              | •              |                     |                  |



# . CHAIN-OF-CUSTODY / Analytical Kequest Document \* The Chain-of-Custody is a LEGAL DÖCUMENT. All relevant fields in ust be completed accurately.

| , [              |                   |                        | ,                 |          |              | . 1    | ľ           |                  |           |   |               | 1           | +                    | *          |            |                            | -                             | ŗ                          |                        |           |  |   |  |                                       |
|------------------|-------------------|------------------------|-------------------|----------|--------------|--------|-------------|------------------|-----------|---|---------------|-------------|----------------------|------------|------------|----------------------------|-------------------------------|----------------------------|------------------------|-----------|--|---|--|---------------------------------------|
| Sar              | Cus               |                        |                   | r        | 7            |        | DATE Signed |                  |           |   |               | 2           | £                    |            | PLER       | SIGNATURE of SAMPLER:      | IGNATUR                       | S                          |                        | •         |  | ,   | •  |                                       |
| mple             | tod               | etei                   |                   | Y        |              |        |             |                  | ytical    | PACE Analytical   | PAC           | Phy         | James Murphy         | Jame       |            |                            |                               | 1                          | •                      | ٠         |  |   | •  |                                       |
| es Ir            |                   | o in '                 |                   |          |              |        |             |                  |           |   |               |             |                      |            | PLER       | PRINT Name of SAMPLER:     | RINT Nam                      | o l                        |                        |           |  | *   |  |                                       |
| ntact            | aled              |                        |                   |          |              |        |             |                  |           |   |               |             | 111                  | ATUR       | D SIGN     | SAMPLER NAME AND SIGNATURE | AMPLER                        | S                          |                        |           | }  |   |  |                                       |
| Y/N              | Y/N               | Y/N                    | -                 |          |              |        |             |                  |           |   |               |             |                      |            |            |                            |                               |                            |                        |           |  |   |  |                                       |
| Y/N              | Y/N               | Y/N                    |                   |          |              |        |             |                  |           |   |               |             |                      |            |            |                            |                               |                            |                        |           | 7  | CONTAIN   | WATER, DEEDRINKING FOON AIN                          | אובא, טריינ                           |
| Y/N              | Y/N               | Y/N                    |                   |          | -            |        |             |                  |           | (   |               |             |                      |            |            |                            |                               |                            |                        | Ì         | 2  | Sample ID code: CW=COLD WATER, HW=HOT   | e: CW=COL  | imple ID cod                          |
| Y/N              | Y/N               | Y/N                    | 1005              |          | 2/13         |        |             | 1/2              |           | 5   | 1             |             | 7:00                 | 17:        | 7/12/16    | 1/1                        | ME                            | 41                         | 7                      | 1,16      | es es                                    | Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples.  | g in F are flu                                       | mples endin                           |
| SNO              | SAMPLE CONDITIONS | SAMPLE                 | TIME              |          | DATE         |        | JATION      |                  | BY / AFFI | O3.Le   | ACCEPTED      |             | TIME                 | T          | DATE       | ,                          | RELINQUISHED BY / AFFILIATION | 94 <sup>7</sup> AB         | JISHE                  | ELINQU    | 20_                                      | OMMENTS   | ADDITIONAL COMMENTS                                  | ,                                     |
|                  |                   |                        |                   |          |              |        |             | ×                |           |   |               | 1           | <b> </b>             |            |            |                            |                               |                            | G                      | DW        |  |   |  | 12                                    |
|                  |                   |                        |                   | <u> </u> |              |        | -           | ×                | -         |   | _             |             | -                    |            | - 3        | 0                          |                               |                            | G                      | DW        |  |   |  | 4m2                                   |
|                  |                   | ·                      |                   |          |              |        |             | ×                |           |   |               |             | -                    |            | \$         |                            |                               |                            | 6                      | DW        | T  | SPYSGOT 3-  |  | (C)                                   |
|                  |                   |                        |                   |          |              |        | -           | ×                |           |   |               | =           | _                    |            | 2          | EP:S                       |                               |                            | G                      | DW        | N  | SP5601-3-   |  | عدودس                                 |
|                  |                   |                        |                   | 1        |              |        |             | ×                |           |   | _             | -           | <del> </del>         | _          | ड          | 18:52                      | <u> </u>                      |                            | 6                      | DW        | ח  | 575607 2-   |  | 30TSTOS                               |
|                  |                   |                        |                   | _        | <u> </u>     |        |             | ×                |           | <u> </u>  | <b></b>       | 1-3         | -                    |            | 토          | 15: V                      |                               |                            | G                      | DW        | M  | 'n  |  | ארב אים                               |
|                  |                   |                        |                   | -        | <u> </u>     | 1      | _           | ×                |           |   |               | -           | +-                   | -          | Ź          | 15:43                      |                               |                            | ရ                      | )<br>DW   | Floor                                    | SPAGGT 1.   |  | e curstae                             |
|                  |                   |                        |                   |          |              |        | _           | ×                |           |   | 1             | -           | _                    |            | *          | 15:43                      |                               |                            | G                      | DW        | -R(pre)                                  | Spigat 1 -  | 1  | 3025208                               |
|                  |                   |                        |                   |          |              |        |             | ×                |           |   | <u> </u>      |             | <u> </u>             | -          | 2          | 15:38                      |                               |                            | G                      | DW        | 1 =                                      | BIG BATH  | 201/7  | Room                                  |
|                  |                   |                        |                   |          | _            |        | -           | ×                |           |   | <u> </u>      | -           | <u> </u>             |            | Ľ          | 2:5                        |                               | -                          | ြ                      | DW        | /X                                       | BILLO BATH/R  | 1201/17  | ROCM 201,                             |
| 200              | 1100              |                        |                   |          |              | 1      |             | ×                | -         |   | <u> </u>      | _           | $oldsymbol{\perp}$   | -          | 8          | 15:34                      |                               |                            | ြ                      | DW        |  | F/F   | Ruan 201/25/F  | 2 Recom                               |
|                  | 1001              |                        |                   | +        |              |        | +           | ×                | +         | $oldsymbol{\perp}$  | 1             |             | _                    | 1          | 9          | 4 13:35                    | +1/4                          |                            | G                      | WG        |  | FIR   | Roam 201/DF/R  | Rear                                  |
| Pace Project No. |                   | Residual Chlorine (Y/A |                   |          |              |        |             |                  | Na2SO4    | Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub><br>Methanol | NaOH          | HNO₃<br>HCI | Unpreserved<br>H₂SO₄ | # OF CONTA | SAMPLE TEN | m   25                     | <del> </del>                  | COMPOSITE START  DATE TIME | SAMPLE T'<br>G=GRAB C= | MATRIX CO | 18 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | WASTE WATER WATER PRODUCT SOLUSION OF WASTE WASTE AND THESE | SAMPLE ID  (A-Z, 0-9/, -)  Sample IDs MUST BE UNIQUE | SAM Sample ID:                        |
|                  |                   |                        |                   |          |              |        | <u>\</u>    | Requested<br>Ana | A Req     |   | Preservatives | Prese       |                      | INERS      |            | ED                         | COLLECTED                     | S                          |                        | DDE       | wa wa €                                  | MATRIX  DRAWNO WATER WATER  | t information  | Section D Required Client information |
|                  | 7                 | <del> </del>           | ///               | #        | #            | #      | Į.          | Filtered (1/N)   | +         |   |               |             |                      | 1          | 1          |                            |                               |                            | 1                      |           |  |   | IO DATS  | Due Date/TAT:                         |
|                  | 7 1               | ┧.                     |                   |          | ,            |        | 002         |                  |           |   |               |             |                      |            |            | Dans Drofile #             |                               |                            |                        | 1         | Brins Number                             |   | 01.07.00   |                                       |
| ٠<br>            | OTHER NY          | ≦<br>Ti<br>O.          | T<br>S<br>T       | 2        |              |        |             |                  | ,         |   |               |             |                      |            | ager.      | Pace Project Manager       | Pace                          | eti                        | Rossetti               | 1         | Project Name:                            | poces.org   | Nangresar@mopoces.org                                | Wanc                                  |
|                  | I T NC            | IN . WI                | T = T             | GA       |              |        | SITE        |                  |           |   |               |             |                      |            | rence:     | Pace Quote Reference       | Pace                          |                            |                        |           | Purchase                                 |   |  | Email To:                             |
|                  |                   |                        | T OTHER.          |          | Þ            | T RCRA | •           | T ust            |           |   |               |             |                      |            |            | Address:                   | Add                           |                            |                        |           | 1  |   |  | Verona, NY 13478                      |
|                  |                   | DRINKING WATER         | DRINK             |          | GROUND WATER | Γ GRO  |             | NPDES            | emy       |   |               |             |                      |            | 69         | Company Name               | Com                           |                            |                        |           | Copy To:                                 |   | 4937 Spring Rd                                       | Address: 4937 S                       |
|                  |                   | CY                     | REGULATORY AGENCY | JLATOR   | REGU         |        |             |                  |           |   | 1             |             |                      | 3          |            | Attention:                 | Atte                          |                            |                        | 2         | Report To:                               | BOCES   | Company: Madison Oneida BOCES                        | npany: Madi                           |
|                  |                   |                        |                   |          |              |        |             |                  |           |   |               |             |                      | •          | tion:      | Invoice Information:       | invoi                         | ation:                     | Inform                 | Project   | Required Project Information:            |   | nformation:  | Required Client Information:          |
| <u> </u>         | of                | Page: 41               |                   |          |              |        |             |                  |           |   |               |             |                      |            |            | Section C                  | Sec                           |                            |                        | JD        | Section B                                |   |  | Section A                             |

The Chain-of-Cusfody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

SAMPLE CONDITIONS DRINKING WATER × L Z L ۲ ပ္တ 425 TIME <u>\_\_\_</u> Ì.,.. F ð GROUND WATER L DATE <u>(</u>8 RCRA LOCATION 1... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ą POSZE COSSSE! HOB IO €ONI \*05<sup>2</sup> 3.81 TIME # OF CONTAINERS Helle DATE ace Quote Reference: ace Project Manager Invoice Information: 7 16 8:00 8:15 3:8 10:5 \$.04 8:08 8:10 8:13 P1, 28 S S 8:10 5. T TIME Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION DACE TIME COMPOSITE START DATE Required Project Information: Project Name: G=GRAB C=COMP ပ ტ Ø O g Ø Ø SAMPLE TYPE š š š Š ě Ma M š M M š ΔM **BUOD XIRTAN** Section B 18cm 517A/BATH STHK/CLU·R ROOM SITA (TSATUS THE/HH-F ROOMSIG/SLOP STHK/HW.F Ron 519/540? SINK/CH-F Copy To: Purchase Order No.: Rown 519/5002 5INK/CLU-R RCCM 519/510° 554K/HW-R ROMSITA BATH STAIK (CLI-FR ROOM SITA BATU STAK/CHOT ROOM 304/SINK/HLL-F Room 304/55WK/HU.R RCCIM 304/ STINK/ CW-F 8 ROOM 304/SINK/CW-R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN Valid Matrix MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Madison OneidaBOCES (A-Z, 0-9 / ,-) Sample IDS MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Required Client Information Address: 4937 Spring Rd /erona,NY 13478 Section D Email To: Shone: 10 12 6 #W3L

Pace Project No. Lab I.D.

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James Murphy PACE Analytical

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

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\* The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Project No. Lab I.D. SAMPLE CONDITIONS OTHER NY ပ္ ğ L W L N/A N/A N/A N/A Custody Sealed 4 DRINKING WATER N/A N/A N/A N/A Page: ₹ L ڬ သွ TIME 927 l.... ᆼ 8 GROUND WATER 1... الا/ الا/ DATE RCRA LOCATION <u>\_\_</u> SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested LST 192SO4 lethanol 182S2O3 HOB IOI EONI 18:50 152O4 TAME ubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 120/110 ace Quote Reference DATE Invoice Information: ace Project Manager 22:5 8:27 8:13 8:5 21.8 8:13 32:8 41.5 12:3 2:26 Company Name: TIME N.c. 8:16 3:5% Pace Profile # Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION Ser TIME COMPOSITE START DATE Required Project Information: mny G=GRAB C=COMP G Ø G Ø Ø Ø ග SAMPLE TYPE ROOM SIZA/ BATH SCHIL/HILF OW ă M 200 ΔM Ma Ma š š M Mo Š **MATRIX CODE** Project Name: Project Number Section B ROOM SISA BATH STUK/CH-R ROCH SIBA/BATH STURICH.F ROOM SISA BATH STUK/HUR ROOM SISA BATH STHKHILF ROOM SISA /BATH SEMK/HUR ROOM SIYA/ TSATU SILU/CIA.F ROOM SI3A /3ATH STAIN/CHAF ROCH SIHA/BATHSTHIC/CLLINE ROOM SIMA/BATH SENK/HILL F Copy To: Purchase Order No.: ROOM SIYA BATH STHE/HIJ-R ROOM SIBA FISATU STAK/CLI-R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN Valid Matrix MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Fiddison OntidaBOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd equired Client Information /erona,NY 13478 Section D Section A Email To: Phone: 10 6 12 # MaT

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James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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\* The Chain-of-Cusfody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

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SAMPLE CONDITIONS OTHER NY MINC Custody Sealed DRINKING WATER N/A N/A N/X N/X (1) Received on Page: ₹ Z L ػؚ OTHER ပ္ပ TIME 426 1.... ᆼ ₽ GROUND WATER DATE ৰ্ RCRA LOCATION 1\_ SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ans 4082B lonanier COSSSEV HOB IOI EON! \*05°I TIME 1800 SAMPLER NAME AND SIGNATURE # OF CONTAINERS Moch DATE Pace Quote Reference: SAMPLE TEMP AT Pace Project Manager: Invoice Information: 5:32 8:36 8.33 8:3 8:34 4:37 4:32 72:5 8:32 2/11/8,70 4:3 TIME Company Name: 8:3 COMPOSITE END/GRAB Pace Profile #: Section C Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION ance TIME COMPOSITE START DATE Required Project Information: G=GRAB C=COMP ပ ტ ග ဖ g Ø O ပ ტ დ g Ö SAMPLE TYPE Š ΜO Š Š ΔM M M Š ≧ š Š Š MATRIX CODE Project Name: Project Number Section B Room 510/5107 50411/HIJ.F 120m 510/5100 SENK/HIJ-R Copy To: ROOM SIZA/13ATH SEMK/HIM-F Purchase Order No.: RUCH SIZA/BATH SINK/ HILL-K RUM SIIA / BATH STUK/CIJ-F RUM SIIA/BATU STNK/HIJ-R Run SII A/BATH SINK/ HIJ-F ROOM SIIA/BATH STONK/CW-R RUNK SICHSLOP STAK/CIL-F Rum SIZA/BATH SENK/CLIF Ren 510/ SUS SENK/ CIT-R ROOM SIZA FISATU SINK/CIU-R 8 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN Valid Matrix Code MATRIX DRAMONG WATER
WATER
WASTE WATER
PRODUCT
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TISSUE tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Onlida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information /erona,NY 13478 Section D Section A Email To: Phone: 6 10 12 8 # MaT

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James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER.

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## CHAIN-OF-CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

| Section A   | Section B                             |             |              |               | Section C | S  |               |              |                  |               |                          |                      |                |                           |   |      |              |                  | L        | Page:          | 1                   | ,<br>5                       |          |
|---|---------------------------------------|-------------|--------------|---------------|-----------|--|---------------|--------------|------------------|---------------|--------------------------|----------------------|----------------|---------------------------|---|------|--------------|------------------|----------|----------------|---------------------|------------------------------|----------|
| lient Information:  | Required Project Information:         | ect Info    | rmation:     |               | Invoice   | Invoice Information:                                 |               |              |                  |               |                          |                      |                |                           |   |      |              |                  | <u> </u> |                |                     |                              | Ī        |
| Madison OneidaBOCES   |                                       |             |              |               |           |  |               |              |                  |               |                          |                      |                |                           |   |      |              |                  |          | <u>ر</u> ز     |                     |                              |          |
| Address: 4937 Spring Rd   | Copy To:                              |             |              |               | Compa     | Company Name:  |               |              |                  |               |                          | T                    | l E            | NPDES                     | L                                       | ROUN | GROUND WATER | R                | DRIN     | DRINKING WATER | ATER                |                              |          |
| Verona,NY 13478   |                                       | 1           |              |               | Address   | SS:  |               |              |                  |               |                          | T                    | L              | UST                       | L                                       | RCRA |              | 1                | OTHER    |                | 1                   |                              |          |
| Email To: tvandresar@moboces.org  | Purchase<br>Order No.:                |             |              |               | Pace Q    | Pace Quote Reference:                                | æ             |              |                  |               |                          |                      |                | SITE                      | Щ                                       |      | L            | ₽<br>B           | _        | Z              | Z                   | S                            |          |
|   | Project Name:                         |             |              |               | Pace Pr   | Pace Project Manager.                                | ١             |              |                  |               |                          | T                    |                | /207                      | LOCATION                                |      | L.           | <del></del><br>Н | သွ       | <b>∑</b>       | TO                  | OTHER NY                     |          |
| Requested 10 DAYS In Date/TAT:  | Project Number:                       | •           |              |               | Pace P    | Pace Profile #:                                      |               |              |                  |               |                          | T                    | Filtered (Y/N) | (A/IN)                    | ///                                     | ///  |              |                  |          |                |                     |                              |          |
| I D Valid Matrix Codes  MATRIX  Client Information  | CODE                                  | <b> </b>    |              | 5             | COLLECTED |  | <u> </u>      |              | ď                | Preservatives | fives                    |                      | Requested      | peq                       |   |      |              |                  |          |                |                     |                              |          |
| SAMPLE ID SCACOL (A-Z, 0-9 / -) WFE Sample IDS MUST BE UNIQUE OFFER                               | ### ### ############################# | SAMPLE TYPE | NOD=D BARD=6 | COMPOSITE     | CON       | SITE<br>RAB  | SAMPLE TEMP A | SECONTAINER  |                  |               |                          | 100                  | Ani            |                           |   |      |              |                  |          |                | IBI Chlorine (YIV.) | e e                          |          |
| TISSUE  | 2                                     |             | DATE         | TIME          | DATE      | TIME   |               |              | НИО <sup>3</sup> | нсі           | OBN<br>S <sub>S</sub> BN | Meth                 | \              |                           |   |      |              |                  | <u> </u> | JO/SEY         |                     | Pace Project No.<br>Lab f.D. | ab f.D.  |
| RUCM 508A FRATH SINK/CH.R   | CLI-R DW                              | ა >         |              |               | 3         | 7/16 g:40  |               | -            | -                |               |                          |                      | ×              |                           |   |      |              |                  |          |                | (K                  | th                           | 59       |
| 12com 508A  | CLJ-F DW                              | დ<br>≥      |              |               |           | <b>4</b> ;₹  |               | -            | -                |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
| 3 RUCH SOBA/BATH SINK/HIJ-R   | /HIJ-R DW                             | ა ≥         |              |               |           | g;41   |               |              | -                |               |                          |                      | ×              |                           |   |      |              |                  |          |                | ***                 |                              |          |
|   | HILF DW                               | ა ≥         |              |               |           | ابر:<br>ا  |               | _            | -                |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
| 5 ROOM SUTA/BATH STUK/CIJ·K   | CLJ-R DW                              | ა ≥         |              |               |           | 4:44   |               |              |                  |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
| 6 ROCM SOJA/BATU SINK/CH-F  | CH-F DW                               | 8           |              | <u></u>       |           | 4:44   |               | _            | -                |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
|   | HU.K DW                               | δ ×         |              |               |           | 4:57   |               | -            |                  |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
| 7. r.3.   | Ma J- FIH                             | <u>ა</u>    |              |               |           | 3:45   |               | -            | -                |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
|   | CLI-K DW                              | 8           |              |               |           | 4:47   |               | <b>,_</b> _1 | -                |               |                          |                      | ×              |                           | *************************************** |      |              |                  |          |                |                     |                              |          |
| 10 Acom Soca /BATH SENK/CH-F  | (CH-F)                                | N G         |              |               |           | 44:8   |               |              | -1               |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
|   | 1-111-12 DW                           | <i>N</i> G  |              |               |           | क्रःस्ट  |               | -            |                  |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
| 12 Reave School Franciscon Sent/HH.F DW   | /HW-F                                 | ა გ         |              |               | <b>~</b>  | 4:48   |               | -            | 1                |               |                          |                      | ×              |                           |   |      |              |                  |          |                |                     |                              |          |
| ADDITIONAL COMMENTS   | RELINQUISHED BY                       | HSIN        |              | / AFFILIATION | ATION     | DATE   | 111           | TIME         |                  | ACO           | EPTE                     | DBY/                 | AFFILI         | ACCEPTED BY / AFFILIATION |   |      | DATE         | <del>-</del>     | TIME     | VS             | MPLE C              | SAMPLE CONDITIONS            | SN       |
| Samples ending in F are flushed samples and are to be held pending the results of the Raw samples | U.L.                                  | h           | M            | 10            | MCE       | 1/2/16   |               | 28:81        |                  | W             | N.                       | $\frac{1}{\sqrt{2}}$ |                | i                         |   | //   | 12/          | 3                | なる       |                | N/A                 | N/A                          | N/A      |
| Sample perming the results of the remainder Sample De-Denich COLD WATER, HW=HOT                   |                                       |             | 0            |               |           |  | 1             |              |                  |               |                          |                      |                |                           |   | _    |              |                  |          |                | N/A                 | N/A                          | N/A      |
| WATER, DI-DRIING FOOM AIN   |                                       |             |              |               |           | _  |               |              |                  |               |                          |                      |                |                           |   |      |              |                  |          |                | N/A                 | N/A                          | N/A      |
|   |                                       |             |              |               |           |  |               |              | -                |               |                          |                      |                |                           |   |      |              |                  |          |                | N/A                 | N/A                          | N/A      |
|   |                                       |             |              | SAMP          | LER NA    | SAMPLER NAME AND SIGNATURE<br>TRINT Name of SAMPLER: | IGNAT         | URE          |                  |               |                          |                      |                |                           |   |      |              |                  |          | o. ui          | uo pe/              | Sealed<br>oler               | s Intact |
| •   |                                       |             | •            | SIGN          | ATURE     | SIGNATURE of SAMPLER:                                | 1             | James Murphy | 1 La             | A N           | PACE Analytical          | alytic               | <u></u>        | DATE                      | DATE Signed                             | 1    | 1            | 13               |          | Temp           | 0                   | Voolen/                      | Sample   |

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Pace Project No. Lab I.D. SAMPLE CONDITIONS OTHER NY Š Custody Sealed ŏ N/A N/A N/A N/۸ Ξ DRINKING WATER N/A N/X N/A Received on Page: ₹ L L J° ni qmeT ڮ OTHER သွ TIME 00 R æ GROUND WATER L DATE 1/2 RCRA LOCATION L. SITE ACCEPTED BY / AFFILIATION Fittered (Y/N) NPDES Requested LST \$08ZB lethanol S2S2D3 HOB ICI €ON POSZ 18:10 TIME npreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Mollo ace Quote Reference: DATE Invoice Information: ace Project Manager スジゲ ならな 3:0 30:5 8:53 8:53 43:54 8:54 ない。 4:59 7 TIME 4:51 Company Name: COMPOSITE END/GRAB Pace Profile #: Section C Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION 3346 TIME COMPOSITE DATE Required Project Information: G=GRAB C=COMP g თ G Ø Ø G ტ Ö nu š Š Š ě M Š Š Š š Š Š Ճ MATRIX CODE Project Number Project Name: Section B ROOM SCIA/BATH STAK/HIN-K Run SOZA/BATH SINK/HIJ.F RUCH SOIA /BATH SONK/HILL-F RUM 5024/BATH STUK/C11-18 RUM 502A/13ATH JEHK/C 14.F Copy To: Rum SUSA / BATH SEHIN/HIM-F RECOM 5024/13ATU 3DNK/CHUIR Rum SUSA/BATH SEMK/HW.R ROM SOIA/13ATH STUR/CIDIF Purchase Order No.: Rech 505 A / RATH SIME/CLI-F RCM 501 A BATH STAK/CHIR KOUN SUSA/RATH STAK/CH-R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Padison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd Section D Required Client Information erona, NY 13478 Requested Due Date/TAT: Section A Address: Email To: hone: 11 12 10 8 6 # M∃L

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DATE Signed (MM / DD / YY):

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER:

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Pace Project No. Samples Intact N/A N/A N/A るけんで SAMPLE CONDITIONS OTHER NY M NC C0016F N/A N/A Page: 6 Per of N/A Custody Sealed DRINKING WATER N/A N/A N/ N/λ Received on ₹ O° ni qmeT N L 2 သွ TIME 225 1.... ᆼ 8 GROUND WATER 1... Z DATE RCRA LOCATION 1... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ani 192SO4 lethanol <sup>©</sup>C<sup>2</sup>S<sup>2</sup>E HOP ICI <sup>€</sup>ON POS<sup>2</sup> 18:50 TIME ubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 7/2/16 PRINT Name of SAMPLER: ace Quote Reference DATE Invoice Information: ace Project Manager 4:08 4.00 4:14 4:03 150:0 4:0% 2.08 4:13 4:4 9:13 7/16 9:03 4:12 Company Name: TIME Pace Profile #: Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION v 14ch TIME COMPOSITE START DATE Required Project Information: 2 G=GRAB C=COMP Bun 102/5(2) SEGAK/HIMIFTOW G Ø Ø Ø Ø Ö O g SAMPLE TYPE Š Š Š š Ã Š ž Š ≧ Š M **BUOD XISTAM** Project Name: Project Number Section B Room 5000/SLOP SINK/HWR Rucm 500A/SLOP SINFRWIR Room SOOA/SLOP SING/CW-F Rucm 500A/Slup SINK/HWF Copy To: Room 402/5100 SIMK/CLU-F ROCM 402/SLOP SINK/HILA FLOM 402/ SLOP SSAK/CW-R Purchase Order No.: HAN DF. 2/ HEAR RM 462/ R WAII DF.2/ NEAR RAN 402/F HAII DF-1/NEAR RM 4102/R HAII DF. 1/NEAR RM 4102/F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN MATRIX tvandresar@moboces.org Pradison Onei da BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information /erona,NY 13478 Section D Section A Email To: Phone: 10 6 8 9 5 # W<sub>3</sub>L

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DATE Signed (MM / DD / YY):

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Pace Analytical

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Pace Project No. SAMPLE CONDITIONS OTHER NY L Z þ N/A N/A N/A N/A DRINKING WATER ch N/A N/A N/A N/A 1.... Page: ₹ Z ڬ \_ SC TIME から 1 등 β GROUND WATER 1.... DATE RCRA LOCATION **L**... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ans 192804 letnanoi eOsBsel HOR IOI CONH \*052H TIME 7/2 /16 1800 # OF CONTAINERS COLLECTION DATE Pace Quote Reference Invoice Information: Pace Project Manager 4:18 \$1:14 42:4 4:18 4:14 4:22 4.22 4:5 12:5 12:4 52:6 23:50 TIME Company Name: Pace Profile #: Section C Address: COLLECTED DATE 7 RELINQUISHED BY / AFFILIATION ME TIME COMPOSITE DATE 7 Required Project Information: POPPLATENCE G=GRAB C=COMP Ø g g O Φ Ø ග Ø ტ Q g g SAMPLE TYPE š 8 Š M M <u>≷</u> 8 š ĕ ð š ΜO MATRIX CODE Section B Copy To: Purchase Order No.: RECOM 4 07/15ATH STAK/ FILL . F RUSH 405/BATH SINK/CLI-F Room 405/32TH STUK/ HILL-F ROOM HOH/BATH STHIL/ CIJ-R ROCOM 405/134TH SINK/ HIJ.R ROOM -167/13-114 SEMIC/ FILLI-R ROOM HOS /BATH STAK/CIJ-R ROUNTIUT/BATH STAIK/ CLd. F ROOM HOH/BATH STAK/ CIJ-F ROOM 1604/3 ATH 550K/ HId.R ROOM 404/13ATH STHIK/ HIJ-F ROOM 407/13ATH SINK/CIA iR S Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN WA W S S D WAT WIT ST SAMPLE ID Second MATER tvandresar@moboces.org ADDITIONAL COMMENTS Madison Could a BOCES 10 DAYS Required Client Information: 4937 Spring Rd quired Client Information Verona, NY 13478 Section D Requested Due Date/TAT: Section A Address: Email To: Phone: 9 8 6 10 12 # WILL

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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N/A N/A

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Pace Analytical

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Pace Project No. Lab f.D. SAMPLE CONDITIONS OTHER NY S ಕ N/A N/A N/A N/A Custody Sealed Ī **DRINKING WATER** N/A N/A N/A N/A Page: \$ Received on ₹ L L ૅ L... OTHER သွ TIME 20 **L**... P ð GROUND WATER 1... 1.... DATE Z RCRA LOCATION L. SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES UST Requested Ans 1925O4 lonanie 182S2O3 HOP IO €ONF \*0S2 18:00 SAMPLER NAME AND SIGNATURE Mashe DATE асе Quote Reference ace Project Manager Invoice Information: 82:4 7,7 4:37 4:37 4:38 4:34 82:4 4:29 4:24 4:34 4:35 ₹:5 Company Name: TIME Pace Profile #: Section C Address COLLECTED DATE Ð RELINQUISHED BY / AFFILIATION Marie TIME COMPOSITE DATE Required Project Information: My My PRET PLEXUS G=GRAB C=COMP တ g ტ g Ø g G g ပ G Ø ტ SAMPLE TYPE <u>}</u> Š 8 š Š ž § Š Š 8 š Š MATRIX CODE Section B Recontio/Bath Stall HILF Roem 409/BATH STHK/HIL-R Reen 408/13ATH SINK/HILL-F Rum 404/3xTII STHIC/CID'R ROOM 409/13ATH STHIK/CIU-F RECOM 410/BATHSENK/HILI-R Copy To: Purchase Order No.: Ram 408/13 ATH STAIL/ HILV-R ROCH 410/BATH STAIK/CIJ.F Rountlos/134TH STHK/ENd.F Rear Clog/Patri Synk/HIJ-F Kocam 408/13.4TH SENICKEW.R REOM 410/BATH STAK/CIA-R S Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT/WATER, DF=DRINKING FOUNTAIN tvandresar@moboces.org ADDITIONAL COMMENTS Madison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd Required Client Information Jerona, NY 13478 Section D Requested Due Date/TAT: Section A Address: Email To: Phone: 10 8 12 # MaTi

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DATE Signed (MM / DD / YY):

PACE Analytical

James Murphy

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A

N/A N/A

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Project No. N/Y | Y/W N/A N/A SAMPLE CONDITIONS OTHER NY S ğ L Z N/A N/A N/A N/J Custody Sealer DRINKING WATER Received on Ice O N/A N/A N/A N/A Page: ₹ N L L O° ni qmeT သွ TIME 526 1\_\_ B g GROUND WATER 1.... DATE 12/ RCRA LOCATION **L**... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested LS Ą \$250¢ lethanol COZSZE HOB CI <sup>€</sup>ON 3.8 \*0S2 TIME npreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 11/2/11 PRINT Name of SAMPLER: DATE ace Quote Reference: ace Project Manager Invoice Information: <u>6</u>5:5 9:43 2..2 4:50 9:4 4:46 4:50 4:45 4:45 4.5 TIME 9:51 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION 3766 TIME COMPOSITE START DATE Required Project Information: Project Name: 122 G=GRAB C=COMP O Ø Ø g O Ø Ø **BAYT BJAMA8** š δ ð ð M M 8 š M š š ΜO ANTRIX CODE Section B ROCH 412/BATH STAK/CIU-R RUCH 412/BATH STAK/CW-F ROOM 412/13ATH STAK/HIM-R ROOM 412/BATU SIMK/LILA-F RUMHOG/KITCHEN SINK/EID-F Recon 408/KITCHEN SEMK/HIJ·R ROOM 414/BATH STAIK/HILI-F RUCH GOG/KITCHEN STAK/HILIF RECOM 414/13ATU SINK/CIA.F ROOM 414/13/ATH STAIL/HILI-R RUM 409/KETCHEN STAN /CIJ-R Copy To: Purchase Order No.: ROW 414/BATH STUK/CM-R 8 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN DRANGNO WATER
WATER
WASTE WATER
PRODUCT
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ANDE Valid Matrix MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Madison Onei da BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Section D
Required Client Information Address: 4937 Spring Rd erona, NY 13478 Requested Due Date/TAT: Section A Email To: Phone: 10 6 12 9 # MBL

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

|                         |   |                              |                 |                             |             |               |                 |                            |                            |              |  |               |                |                              |                           |                |                             |                  |              |                       |          |        |                 |                       |                              | Γ        |
|-------------------------|---|------------------------------|-----------------|-----------------------------|-------------|---------------|-----------------|----------------------------|----------------------------|--------------|--|---------------|----------------|------------------------------|---------------------------|----------------|-----------------------------|------------------|--------------|-----------------------|----------|--------|-----------------|-----------------------|------------------------------|----------|
| Section A               | ın A  | Section B                    |                 |                             |             |               | Section C       | J L                        |                            |              |  |               |                |                              |                           |                |                             |                  |              |                       |          | Pa     | Page:           | ō<br>O                |                              |          |
| Requir                  | Required Client Information:  | Required Project Information | roject          | Inform                      | ation:      |               | Invoice         | Invoice Information.       | 1                          |              |  |               |                | ſ                            | À                         |                | SIL MARKET                  | distantial and a |              | Statement of the Park |          |        |                 |                       |                              | 7        |
|                         | LIDABOCES   |                              |                 |                             |             |               |                 |                            |                            |              |  |               |                |                              | inano e si                | *              |                             |                  |              |                       |          | NC.    |                 |                       |                              |          |
| Address:                | 4937 Spring Rd  | Copy To:                     |                 |                             |             |               | Compar          | Company Name:              |                            |              |  |               |                |                              | L                         | NPDES          | L .                         | GRO              | GROUND WATER | ATER                  | L        | RINKIN | DRINKING WATER  | æ                     |                              |          |
| Verona                  | Verona,NY 13478   |                              |                 |                             |             |               | Address         | .;;                        |                            |              |  |               |                |                              | <u>L.</u>                 | UST            | ۱                           | RCRA             | ∢            |                       | <b>5</b> | OTHER  |                 |                       |                              |          |
| Email To:               | tvandresar@moboces.org  | Purchase<br>Order No.:       |                 |                             |             |               | Pace Qu         | Pace Quote Reference:      | io i                       |              |  |               |                |                              |                           |                | SITE                        |                  | Armo         | 8                     | <u> </u> | 1      | L               | M                     | NC<br>C                      | T        |
| Phone:                  |   | Project Name:                | ن ا             | 35                          |             |               | Pace Pro        | Pace Project Manager.      |                            | ,            |  |               |                |                              |                           | 07             | LOCATION                    | NO               | stroom.      | 동<br>1                | 1        | Sc L   | <u> </u>        | OTHER                 | ¥                            |          |
| Requested<br>Due Date/T | Requested 10 DAYS  Due Date/TAT:  | Project Number               | Jer.            |                             |             |               | Pace Profile #: | ofile #:                   |                            |              | ,  |               |                |                              | Filter                    | Filtered (Y/N) | <u> </u>                    | //               |              |                       |          |        |                 |                       |                              |          |
| _ <u>~</u>              | D Valid Matrix Codes MATRIX Client Information  | CODE                         |                 | dl                          |             | COLLECTED     |                 |                            |                            | <u> </u>     | ٥  | Preservatives | atives         |                              | Requ                      | Requested      |                             |                  |              |                       |          |        |                 |                       |                              |          |
|                         | DERVINOUS WASTEWNIER WASTEWNIER PRODUCT SCALSOLD OF WIFE WASTEWNIER PRODUCT SCALSOLD OF WIFE PER PER PER PER PER PER PER PER PER PE | WY<br>WW<br>W W<br>W W       | BOOD XIRTAM     | SAMPLE TYPE<br>NOD=D BARD=: | COMPOSITE   | OSITE<br>RT   | COMF<br>END/    | COMPOSITE TEMP A END/GRAB  | COLLECTION<br>OF CONTAINER | редея        |  |               | ్              | loui                         | Ani                       | Par l          |                             |                  |              |                       |          |        | IN OHOUNG (VIN) | _                     |                              |          |
| ITEN                    | TISSUE  | 5                            |                 |                             | DATE        | TIME          | DATE            | TIME                       |                            |              | FONH<br>OS <sup>2</sup> H                        | НСІ           | HOBN<br>S2S2BN | srheM                        | Nazso                     |                |                             |                  |              |                       |          |        | npisey          |                       | Pace Project No.<br>Lab f.D. | <u>0</u> |
| -                       | Roam 415/73ATII STUK/CIJ-R  | 1J-K                         | ă<br>ă          | ဗ                           |             |               | 7               |                            | -                          | <del> </del> | -  |               | -              |                              | ×                         |                |                             |                  |              |                       |          |        |                 | Ò                     | 17765                        |          |
| 2                       | BCKH 415/BATH SINK/CIA-F  | F-17                         | M               | ပ                           |             |               | _               | 4:54                       | -                          |              |  |               |                |                              | ×                         |                |                             |                  |              |                       |          |        |                 |                       |                              |          |
| 13                      | RUM 415/13/ATU SEVIC/HILI-R   | 1-1-K                        | ă               | ပ                           |             |               |                 | 4:5                        |                            |              | -  |               |                |                              | ×                         |                |                             |                  |              |                       |          |        |                 | ~                     |                              |          |
|                         | Rach 415/13ATU SINK/HIJ-F   | 나그                           | M               | 9                           |             |               |                 | <b>9</b> :33               | -                          |              | _  | <u> </u>      |                |                              | ×                         |                |                             | <u> </u>         |              |                       |          |        |                 |                       |                              |          |
|                         | Run 416/ 13 TH SINK/CW-R  | N-2                          | ă<br>ă          | ပ                           |             |               |                 | 4:57                       | _                          |              |  |               |                |                              | ×                         |                |                             |                  |              |                       |          |        |                 | A .                   |                              |          |
|                         |   | 7.7                          | ĕ               | ပ                           |             |               |                 | ę.<br>Ś.                   | -                          |              | -  |               |                |                              | ×                         |                |                             |                  |              |                       |          |        |                 |                       |                              |          |
|                         | 12000 4116/1347H STHIV HILA-R   | 14-K                         | š               | ဗ                           |             |               |                 | 4:58                       | -                          |              | -  |               |                |                              | ×                         |                |                             |                  |              |                       |          |        |                 |                       |                              |          |
|                         | Reen 416/18ATH SINK/ HW-F   | 14.F                         | ΜO              | 9                           |             |               |                 | 4:58                       | ,-                         |              |  |               |                |                              | ×                         |                |                             |                  |              |                       |          |        |                 |                       |                              |          |
| 6                       | 414-416/ KITCHEN SINK/CILIA   | /c11.R                       | ΔOW             | 9                           |             |               |                 | 10:01                      |                            |              | Ψ-   |               |                |                              |                           | ×              |                             |                  |              |                       |          |        |                 |                       |                              |          |
| 10                      | HH-HIL/KITCHEN SDAG   | SDAIC/CIA-F                  | υw              | 9                           | *********** |               |                 | 10:01                      | -                          |              |  |               |                |                              |                           | ×              |                             |                  |              |                       |          |        |                 |                       |                              | T        |
| 7                       | 414-416/KETCHEMSINIVHINA  | /HWR                         | DW              | ဗ                           |             |               |                 | 20:01                      |                            |              | -  |               |                |                              |                           | ×              |                             |                  |              | $\dashv$              |          |        |                 |                       |                              |          |
| 12                      | 414-416/KETCHEN STNICHILF OW  | 山立王                          | ΔM              | ဟ                           |             |               | <b>-&gt;</b>    | 10:03                      |                            |              |  |               |                |                              |                           | ×              |                             |                  |              |                       |          |        |                 |                       |                              |          |
|                         | ADDITIONAL COMMENTS   | REL                          | RELINQUISHED BY | SHE                         | >           | / AFFILIATION | NOIL            | DATE                       |                            | TIME         |  | AC            | CEPT           | ED BY                        | ACCEPTED BY / AFFILIATION | LIATIC         | NC                          |                  | DATE         | 111                   | TIME     |        | SAMP            | SAMPLE CONDITIONS     | SNOIL                        |          |
| Samp                    | Samples ending in F are flushed samples and are   | N J e                        | 40              | ry                          | 4           | the           | 3740            | 1/20/16                    | ,                          | 18:00        | <br>a  | N             | 1              |                              | $\bigcup$                 |                |                             | <u> </u>         | 7/4          | _                     | 229      | <br>   | N/A             | N/A                   | N/A                          |          |
| Samp                    | Sample ID code: CW=COLD WATER, HW=HOT   |                              |                 |                             |             |               |                 |                            | 4                          |              | -  | 1             |                | 1                            |                           |                |                             |                  | -            | -                     |          |        | N/A             | N/A                   | N/A                          | <u> </u> |
| WA<br>E                 | WATER, DEBRINKING FOUNTAIN  |                              |                 |                             |             |               |                 |                            | $\vdash$                   | 1            | <del> </del>                                     |               |                |                              |                           |                |                             |                  |              |                       |          |        | N/A             | N/A                   | N/A                          |          |
|                         | ,   |                              |                 |                             |             |               |                 |                            | -                          |              | <del>                                     </del> |               |                |                              |                           |                |                             |                  |              |                       |          |        | N/A             |                       | N/A                          | <u> </u> |
|                         |   |                              |                 |                             |             | SAMPL         | ER NA           | SAMPLER NAME AND SIGNATURE | GNAT                       | URE          |  |               |                |                              |                           |                |                             |                  | f            |                       |          | 0.     |                 | ealed<br>r            |                              |          |
|                         |   |                              |                 |                             |             | PRINT         | Name c          | PRINT Name of SAMPLER:     |                            | mes \        | Aurph  | ₹<br>P        | ACE /          | James Murphy PACE Analytical | ical                      |                |                             |                  |              |                       |          |        | ni qm<br>seviec | lce<br>ody S<br>Coole | i səlqi                      |          |
| i                       | •   |                              |                 |                             | 1           | SIGNA         | TURE            | SIGNATURE of SAMPLER:      | 1                          | 411          | 4  | 1             | . •            |                              |                           | 8              | DATE Signed (MM / DD / YY): | 1                | אוחווב       | 1/2                   | _1       |        | **********      | teuO                  |                              |          |

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Pace Project No. N/Y | Intact | Y/N N/A N/A SAMPLE CONDITIONS OTHER NY ပ္ ğ L N/A N/A N/A N/A Custody Sealed DRINKING WATER Received on Ice N/A N/A N/A N/A Page: ₹ L L O° ni qmeT స్త Sc 7 OTHER から TIME ᆼ g **GROUND WATER** 1... DATE 1/2 RCRA LOCATION 1\_\_ SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Anë POSZEI lonsitie 1852503 HOB IOI <sup>E</sup>ON \*0S2 18:00 TIME ubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Nash DATE ace Quote Reference ace Project Manager Invoice Information: 10: N 10:0 FO:0) 0:10 20:01 15:0g Fi io 10:14 5:03 12:51 0:15 TIME 7/16 10:06 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION 326 TIME COMPOSITE DATE Required Project Information: Project Name: XUS G=GRAB C=COMP Ø g Ø Ø Ø G G G SAMPLE TYPE Š M Š M M M M M M Š M MΩ MATRIX CODE Project Number Section B Copy To: Purchase Order No.: 上二十二 Room 119/BATH SENK/ HILL-F とこれ 120m 414/30 TH 35-11/ CIJ. F Room 419/130TH SSAIL/ HILL-R Room 420/BATH STUK/ CIJ-F 10 Room 431/BATH STAIL CLAFF RCON 4119/BATH SELIK/CLIP ROOM 420/5014 SEMIL/ CLIFR ROOM 420/13ATH STHING HILL-R Rown 420/32774 95HK/ HILL.F ROOM 431/13ATH SCHIN CLINE 8 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN DRANGING WATER WASTE WASTE WASTE SOLSOLD Valid Matrix MATRIX Room 431/18ATH STHK/ TROOM 431/13ATH SEMIL tvandresar@moboces.org ADDITIONAL COMMENTS MADI'SEN ONLI DABOCES (A-Z, 0-97, -) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Section D
Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Requested Due Date/TAT: Section A Email To: Phone: 11 12 6 9 # WHI

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER:

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Pace Project No. Lab I.D. 10716 SAMPLE CONDITIONS OTHER NY L E ğ N/A N/X N/X N/ N DRINKING WATER N/A N/A N/A N/λ Page: ₹ Š 드 L ပ္ပ TIME 3 L... 1.... ᆼ δ **GROUND WATER** DATE Ū RCRA LOCATION **L**... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ang 925O4 ethanol S2S2B1 HOP IOI €ONI POS<sup>2</sup> 19:00 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS 7/20/16 DATE Pace Quote Reference Pace Project Manager. Invoice Information: (c; 0) 10:24 10:27 12:01 12:01 12:01 7/16 10:17 2.01 12:01 17:0 Company Name: TIME COMPOSITE END/GRAB Pace Profile #: Section C Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION 3740 TIME COMPOSITE START DATE Required Project Information: G=GRAB C=COMP Project Name: JRIPLEXUS Project Number: ဖ Φ ტ ტ ပ G O Ø g g ဗ G **BAYT BJ9MA8** š M ΔM ΜO Δ Š DΜ DW M M Š Š **AMATRIX CODE** Section B Copy To: Purchase Order No.: GYM / BATH 1 - SIMK / HILL-R CNM / TSATU 1 - SIMIC/HIJ-F CYH/13ATU 2-514K/HW.R SYM/13474 1-5544/CIL-F GYM /BATH 1 - SIMK/ CLL-R GYM/RATIZ·STUK/CIJ-F GYM/RATH 2-SIMIC/ HIM-F GYM/BATH 2 - SIMK/CLJ.R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples, Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN 区 MASN LOBISY /DF-11/F SAMPLE ID

(A-Z, 0-9 / -)

Sample IDS MUST BE UNIQUE ones Valid Matrix MATRIX MATH LUBBY /DF-1/ tvandresar@moboces.org Piddison Oneida BOCES ADDITIONAL COMMENTS 10 DAYS Required Client Information: 4937 Spring Rd Required Client Information Jerona, NY 13478 Section D Requested Due Date/TAT: Address: Email To: Phone: 10 9 2 12 # MHLI

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Received on

Jemp in °C

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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Pace Project No. Lab f.D. Samples Intact | Y/N N/A N/A 10/1/16 SAMPLE CONDITIONS OTHER NY MINC ğ N/A N/A N/A N/A Custody Sealed M DRINKING WATER N/A N/A N/λ N/X Received on Page: ₹ O° ni qmeT Z L خ OTHER ပ္တ 620 TIME 1.... ĕ ð GROUND WATER 1... DATE 7 RCRA LOCATION L. SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane 1925O4 lonsman Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOEN IOF 4NO3 POS<sup>2</sup>I TIME 18:50 Jubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 1/20/10 DATE SAMPLE TEMP A ace Quote Reference Invoice Information: ace Project Manager 10:34 (c.3 10,37 35:01 13:40 97:37 .33 10:36 い。 10:38 0:34 5:3 TIME Company Name: COMPOSITE END/GRAB Pace Profile #: Section C Address: 3/12 DATE COLLECTED RELINQUISHED BY / AFFILIATION ONCE TIME COMPOSITE START DATE Required Project Information: my Project Name: G=GRAB C=COMP ပာ ပ ტ g Ø თ Ø ტ G G ტ ဗ **BAYT BJ9MA8** Š M Δ δ M M M M M M MO Š **BOOD XIRTAM** Project Number Section B Copy To: Pacum 429/SENIGLE SIMK/ 1414-R GOOM 426/SEMCLE STAIK/CLA-F Room 425/25220ce SINKHIN-F Purchase Order No.: ROOM 429/DOUBLE SEUK/HILL-F ROCK 429/SINICLE STHK/CIN.R Room 424/2003LE SEUK/HILLI-R Rum 429/DOUBLE SENIGLES F Roon 429/2008LE SINK/CHIR 12com 424/KETTLE/ HW-F Room 429/KETTE/ HIS .K Roon 429/ KETTLE / CIN-F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Roun 424/KETTLE / CLJ-R Sample ID code: CW=COLD WATER, HW=HOP WATER, DF=DRINKING FOUNTAIN Valid Matrix Code DREADONS WATER
WATER
WATER
WASTE WATER
PRODUCT
SOLUDOL
OIL
WINE
AIR
TISSIE tvandresar@moboces.org ADDITIONAL COMMENTS PIAdison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information Jerona, NY 13478 Section D Requested Due Date/TAT: Section A Email To: Phone: 9 6 12 # M3TI

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER:

### CHAIN-OF\_CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

| A contract  | G actions                               |             |                 |   | ·                                       | Coctions          | ٠                             |                         |   |                   |               |  |               |          |                 |                                |  |              |      |          | L     |                     | <u>ה</u>               | ١.                           | Γ        |
|---|---|-------------|-----------------|---|---|-------------------|-------------------------------|-------------------------|---|-------------------|---------------|--|---------------|----------|-----------------|--------------------------------|--|--------------|------|----------|-------|---------------------|------------------------|------------------------------|----------|
| Required Client Information:                              | Required Project Information:           | roject I    | nformat         | ion:                                    |   | nvoice I          | Invoice Information:          |                         |   |                   |               |  |               |          |                 |                                |  |              |      |          |       | j.                  | 1                      |                              | Τ        |
| Pladises Ontida BOCES                                     |   |             |                 |   |   |                   |                               |                         |   |                   |               |  | Γ             |          | THE PROPERTY OF |                                |  |              |      |          |       | NCY                 |                        |                              |          |
| Address: 4937 Spring Rd                                   | Copy To:                                |             |                 |   |   | Company Name:     | / Name:                       |                         |   |                   |               |  | T             | <b>L</b> | NPDES           |                                | GRO  | GROUND WATER | ATER | L        | DRINK | DRINKING WATER      | 斑                      |                              |          |
| Verona,NY 13478   |   |             |                 |   |   | Address           |                               |                         |   |                   |               |  | Τ             | L        | UST             | <b>L</b>                       | RCRA   | 4            |      | <u> </u> | OTHER |                     | 1                      |                              |          |
| Email To: tvandresar@moboces.org                          | Purchase<br>Order No.:                  |             |                 |   |   | ace Quo           | Pace Quote Reference          |                         |   |                   |               |  |               |          |                 | SITE                           |  |              | 8    | L        | L     | Z                   | Ξ                      | NC.                          | <u> </u> |
| Phone: Fax:   | Project Name:                           |             | 3               |   |   | ace Proj          | Pace Project Manager.         |                         | ,                                       |                   |               |  |               |          | 07              | LOCATION                       | NO   |              | H    | 1        | ည     | *<br>\$             | OTHER NY               | N<br>~                       | , ,      |
| Requested 10 DAYS Due Date/TAT:                           | Project Number                          | oer.        |                 |   |   | Pace Profile #:   | file #:                       |                         |   |                   |               |  | Γ             | Filter   | Filtered (Y/N)  | /                              | ///  |              |      |          |       |                     |                        |                              |          |
| Section D Valid Matrix Codes  Required Client Information | codes<br>CODE                           |             |                 | ľ                                       | OLLE                                    | COLLECTED         |                               | _                       | *************************************** | ď                 | Preservatives | atives                                   |               | Requ     | Requested       |                                |  |              |      |          |       |                     |                        |                              |          |
|   | 9 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | BOOD XIRTAM | SAMPLE TYPE     | COMPOSITE                               | SITE                                    | COMPOSITE         | SSTE<br>TRAB<br>A QMET ELGMAS | COLLECTION OF CONTAINER | pevies                                  |                   |               | 6O <sub>3</sub>                          |               | Ane      | B               |                                |  |              |      |          |       | NA) BUIONOUNB (AWI) | _                      | •                            |          |
|   | 20                                      |             |                 | DATE                                    | TIME                                    | DATE              | TIME                          |                         |   | н <sup>2</sup> 80 | ЮН            | HOBN<br>S <sub>2</sub> S <sub>2</sub> BN | Meths<br>Na2S | _        |                 |                                |  |              |      |          |       | Nesidu              | - *                    | Pace Project No.<br>Lab I.D. | . D &    |
| Room 429/HAMDSENIC/CLI-R                                  | /c11.12                                 | M           | U               |   | 1                                       | 3/11              | 5. th                         | -                       | <del> </del>                            |                   |               |  | <del> </del>  |          | ×               |                                |  |              |      |          |       |                     | Š                      | 7765                         | <u>\</u> |
|   | Ven.F                                   | M           | ပ               |   |   |                   | 5.5                           | -                       |   |                   |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        | )                            |          |
| ROUM LIZY /HAND SOUN HIJ-R                                | V 111-R                                 | M           | Ű               | <b></b>                                 |   |                   | 57:01                         | -                       |   | -                 |               |  |               |          | ×               |                                |  |              |      |          |       |                     | *.                     |                              |          |
| ĺχ  | 山・アゴノ                                   | Ma          | ပ               |   |   |                   | PP:01                         | -                       |   | -                 |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| 1   | 1/cu-R                                  | ΜΩ          | 9               |   |   |                   | 10:45                         |                         |   | -                 |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| · Variation   | 1/C13.F                                 | ΔÃ          | 9               |   |   |                   | 10:40                         |                         |   | -                 |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| 1 Room 425/3 1314 SENK 2/HIJ.R                            | 1/H1J.R                                 | λ           | ŋ               |   |   |                   | 9K(0)                         | -                       |   | -                 |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| 1 Room 429/3 BAY SEMK                                     | SEMIK 4/HILI-F                          | DW          | 9               |   |   |                   | Lti.01                        | -                       |   | -1                |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| 9 Reon 429/3 BAY SEHINZ/CLA.R                             | 11 2/CM·K                               | DW          | 9               | *************************************** | *************************************** |                   | 8h:01                         |                         |   | -                 |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| 10 (2004 4/29/3 BAH SIMK2/CH-F                            | 12/C11-F                                | MΩ          | 9               |   |   | .,p.,,,,,,,,,,,,, | 2):√S                         |                         |   | <b>,</b>          |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| 7 (Com 429/3BAY SIM12/HIJ-R                               | 2/H13-R                                 | MΩ          | ၅               |   |   |                   | 8h: a                         | -                       |   | -                 |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| 7-41-1/278MYSSMXZ/1-111-F                                 | ナロ11/2                                  | ΔM          | <sub>o</sub>    |   |   | P                 | bhs el                        | 1                       |   | -                 |               |  |               |          | ×               |                                |  |              |      |          |       |                     |                        |                              |          |
| ADDITIONAL COMMENTS                                       | REL                                     | INONI       | RELINQUISHED BY |   | / AFFILIATION                           | FION              | DATE                          |                         | TIME                                    |                   | AC            | ACCEPTED BY / AFFILIATION                | ED BY         | /AFF     | ILIATI          | NO                             |  | DATE         | ш    | TIME     |       | SAN                 | LE CO                  | SAMPLE CONDITIONS            |          |
| Samples ending in F are flushed samples and are           | nd are                                  | 111         | my              | , 1                                     | 3740                                    | W                 | 21/02/1                       |                         | mis/                                    | <u> </u>          | \`\\          | Z  | ***           | X        | ١               |                                |  | (2/ 6        | 1.   | 220      | h.    |                     | N/A                    | N/A                          | Ī        |
| Sample ID code: CW=COLD WATER, HW=HOT                     | -нот                                    |             | 0               |   |   |                   |                               |                         |   | <del> </del>      | 1             |  |               |          |                 |                                |  | -            |      |          |       |                     | N/A                    | N/A                          |          |
| WATER, DIEDRINNING FOUNTAIN                               | 2                                       | •           |                 |   |   | 1                 |                               |                         |   |                   |               |  |               |          |                 |                                | <del>                                     </del> |              |      |          |       |                     | N/A                    | N/A                          | Ī        |
|   |   |             |                 |   |   |                   |                               |                         |   |                   |               |  |               |          |                 |                                |  |              |      |          |       |                     | N/A<br>N/A             | N/A                          | Ī        |
|   |   |             |                 | رن                                      | AMPL                                    | ER NAM            | SAMPLER NAME AND SIGNATURE    | GNAT                    | JRE                                     |                   |               |  |               |          |                 |                                |  | ۶            |      |          |       |                     | ealed                  | Ji                           | Intact   |
|   |   |             |                 |   | RINT                                    | lame of           | PRINT Name of SAMPLER:        |                         | mes 1                                   | James Murphy      |               | PACE Analytical                          | ∖nalyti       | g        |                 |                                |  |              |      |          |       | ni qm               | ceiver<br>lce<br>ody S | Coole                        |          |
| <b>.</b>  |   |             |                 | 10)                                     | IGNAT                                   | URE               | SIGNATURE of SAMPLER:         | ı                       | 3                                       | 3                 |               | . 3                                      |               |          | <u>à</u> €      | DATE Signed<br>(MM / DD / YY): |  | 11/11/2      | 1    | <b>,</b> |       |                     |                        | )                            |          |

\* The Chain-of-Custody is a LEGAL\*DOCUMENT. All relevant fields must be completed accurately.

Pace Project No. 107TZ SAMPLE CONDITIONS OTHER NY ပ္ 1... ₽ N/A N/λ N/A N/A Custody Sealed Z L **DRINKING WATER** N/A N/A N/A N/A Received on Page: ₹ L L O° ni qmeT ػۣ ပ္တ TIME 17,00 1.... R 8 **GROUND WATER** 1.... DATE 12/21 RCRA LOCATION **L**... SITE ACCEPTED BY / AFFILIATION iltered (Y/N) NPDES Requested JST Ans \$250¢ eOsSs6 HOP ICI NO3 POS 7/2/1/18:cd TIME Inpreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS ace Quote Reference: DATE Invoice Information; ace Project Manager 3 (0: 5° 10:11 10:56 11:03 11:64 79:01 なら 10:59 65:01 9:// 10.57 TIME Company Name: Pace Profile # Section C Address COLLECTED DATE RELINQUISHED BY / AFFILIATION 376 TIME COMPOSITE START DATE Required Project Information: meny Project Name: TRAPLEXUS G=GRAB C=COMP Ø g O g Ø Ø Q G SAMPLE TYPE š Š M M M Š M <u>₹</u> š Š Ã Š MATRIX CODE Section B Copy To: Purchase Order No.: Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT STUK 1/F K Roum 433/5IHKZ/F 1/R AFERCEA - JANETORZAL) SAMPLE ID WATER WA Capetrata - Jametraeta./ Slop Senk / Cli-F Cappeseta - Jametraetal / Slog Senk / HH-P DEFTERER AT JANETOREAL SINK 2/ CAFETELIA (DF-21F CAFETERTA MF-2/R CAFETELES (DF . 1 | F CAFETEREA (TOF-1/R 1 Ch-R SINK tvandresar@moboces.org ADDITIONAL COMMENTS Pradison OneidaBOCES WATER, DF=DRINKING FOUNTAIN 10 DAYS Room 433/ Room 433, Required Client Information: 4937 Spring Rd equired Client Information Ren 433 /erona,NY 13478 Section D Requested Due Date/TAT: Section A Address: Email To: Phone: 10 12 9 8 6 # MaT

Sangples Intact

Cooler

2/10/10

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A

N/X N/A

# CHAIN-OF\_CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

|  | 1     |                 |              | •  |                            |                              |                              |              |               |                          |          |  |                                |  |              |              |      |                | 1                | 7  |                  |
|--|---|-----------------|--------------|--|----------------------------|------------------------------|------------------------------|--------------|---------------|--------------------------|----------|--|--------------------------------|--|--------------|--------------|------|----------------|------------------|--|------------------|
| Section A Remation:                                      | Section B<br>Required Project Information:  | noiert Inf      | ormation.    | · -  | Section C                  | . delibora                   |                              |              |               |                          |          |  |                                |  |              |              |      | rage.          | ı                | - 1  |                  |
| Sequined Cherit Illications.                             |   | 52              |              |  | IIIVOICE IIIIOI III auditi | Hanon                        |                              |              |               |                          | <b>i</b> | Sanyaries myster.  | ATT WELLENSON                  | E STATE OF THE STA |              | and the same |      |                |                  | A STATE OF THE STA | C. Colonia       |
| radi ser Crei das Ores                                   |   |                 |              |  |                            |                              |                              |              |               |                          |          | Action of the Control |                                |  |              |              |      | S<br>L         |                  |  |                  |
| Address: 4937 Spring Rd                                  | Copy To:                                    |                 |              | <u> </u>   | Company Name:              | ame:                         |                              |              |               |                          |          | NPDES  | S                              | GRO  | GROUND WATER | \TER         |      | DRINKING WATER | WATE             | ~  |                  |
| Verona,NY 13478  |   |                 |              |  | Address:                   |                              |                              |              |               |                          |          | T UST  | <b>L</b>                       | RCRA   | 4            |              | E    | OTHER          |                  |  |                  |
| Email To: tvandresar@moboces.org                         | Purchase<br>Order No.:                      |                 |              |  | Pace Quote Reference:      | Reference:                   |                              |              |               |                          |          |  | SITE                           |  | hom          | ₽5           | L    | Z<br>L         | 1                | M  |                  |
| Phone: Fax:  | Project Name:                               |                 | PEP EXUS     | <del>                                     </del> | Pace Project Manager.      | Manager.                     |                              |              |               |                          |          | ĭ  | LOCATION                       | NO   | l            | 문            | SC   | ∑<br>L         | <b>L</b>         | OTHER NY   | <u>}</u>         |
| Requested 10 DAYS Due Date/TAT:                          | Project Number:                             | 1               |              | 1  | Pace Profile #:            | #                            |                              |              |               |                          | Œ        | Filtered (Y/N)   | / (N                           | //   |              |              |      |                |                  |  |                  |
| Section D Valid Matrix Codes Required Client Information | k Codes<br>CODE                             |                 | di           | COLLECTED  | CTED                       | <u>T,</u>                    | St                           | ۵            | Preservatives | ïves                     | œ.       | Requested  |                                |  |              |              |      |                |                  |  |                  |
|  | R DW WIT WIT WIT WIT WIT WIT WIT WIT WIT WI | ANTRIX CODE     | SEGRAB CECON | COMPOSITE  | COMPOSITE                  | SAMPLE TEMP A                | OF CONTAINER                 |              | <u> </u>      |                          |          | # ************************************   |                                |  |              |              |      |                | (N/X) enholho le | _  |                  |
|  | 0   |                 | DATE         | TIME   | DATE                       | TIME                         |                              | OS²H<br>OS²H | NªOH<br>HCI   | S <sub>S</sub> N<br>Meth | SZBN     |  |                                |  |              |              |      |                | Noseld.          | _ ^  | Pace Project No. |
| RCOM 433/5241K-3   | /R  | DW G            | <del> </del> |  |                            | :01                          | -                            | -            |               |                          |          | ×  |                                |  |              |              |      |                | Ü                | 07   | 765              |
| Reom 433/  | Į.  | DW              |              |  |                            | 11:07                        | -                            |              |               |                          |          | ×  |                                |  |              |              |      |                |                  |  | )                |
| 1(33/  | /R  | ļ               |              |  | <i>-</i>                   | ¥0:11                        | -                            |              |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| Keen 433/  | 1   | DW              |              |  |                            | 11:09                        | -                            | -            |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| Recom 4/33/SHOWER  | 1/012-R                                     | DW              |              |  | _                          | 11:11                        | -                            |              |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| 7007   |   | ļ               |              |  |                            | 11:11                        | -                            |              |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| K  | 1/11M·R                                     | DW              | -            |  |                            | 71:11                        | -                            | -            |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| 8 ROOM 435/511011621                                     | 1/HM-F                                      | DW G            |              |  |                            | 11:12                        | -                            | -            |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| Prount33/5HOUSE 2/CIJ.R                                  | 2/C17.K                                     | DW G            | <b>,</b> n   |  |                            | 11:15                        | <b></b> *                    |              |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| 10 Roan 433/SHOLLER 2/CLJ.F                              | 2/CW.F                                      | DW G            |              |  |                            | 11:15                        | <del></del>                  |              |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| 17 Com 433/5404622                                       | 2/HH-K                                      | DW G            |              |  |                            | 71:11                        | 1                            | -            |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| 12 Ram 133 KHUMER 2                                      | 4 .   | DW G            |              |  | - <del>-</del> -           | ::د                          | -                            |              |               |                          |          | ×  |                                |  |              |              |      |                |                  |  |                  |
| ADDITIONAL COMMENTS                                      |   | RELINQUISHED BY | -            | / AFFILIATION                                    |                            | DATE                         | TIME                         |              | ACC           | EPTÉD                    | BY / A   | ACCEPTED BY / AFFILIATION  | NOI                            |  | DATE         |              | TIME |                | SAMPL            | SAMPLE CONDITIONS  | SNOI             |
| Samples ending in F are flushed samples and are          | 20  | me              | 26           | 32401  |                            | 2/100/16                     | 18:00                        | Ģ            | 2/            |                          | 7        |  |                                |  | 12/2         |              | 253  | _              | N/A              | N/A  | N/A              |
| Sample ID code: CW-COLD WATER, HW=HOT                    |   |                 | 1            |  |                            |                              |                              |              |               |                          |          |  |                                |  |              |              |      |                | N/A              | N/A  | N/A              |
| WATER, DESURINKING FOUNTAIN                              | 7   |                 | 2            |  | \ \                        |                              |                              | _            |               |                          |          |  |                                |  |              |              |      |                | N/A              | N/A  | N/A              |
|  |   |                 |              |  |                            |                              |                              | <del> </del> |               |                          |          |  |                                |  |              | -            |      |                | N/A              | N/A  | N/A              |
|  |   |                 |              | SAMPLE   | R NAME                     | SAMPLER NAME AND SIGNATURE   | ATURE                        |              |               |                          |          |  |                                |  | #            |              |      | ).             | <b></b>          | pajeq  | ntact            |
|  |   |                 |              |  | PRINT Name of SAMPLER:     | AMPLER:                      | James Murphy PACE Analytical | Murph        | y<br>PA       | CE Ana                   | alytical |  |                                |  |              |              |      | uị dư          | seived<br>lce    | ody Se   | ıl səld          |
| •  |   |                 | •            |  | URE of S/                  | SIGNATURE of SAMPLER: 4M Mm. | 11                           | n            | 7             |                          |          |  | DATE Signed<br>(MM / DD / YY): | ي<br>چ ڇ   | 11/2         | 2/10/16      |      | <br>эт         |                  | tsuO   | Sam              |

DATE Signed (MM / DD / YY):

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Pace Project No. Lab I.D. 18712S Samples Intact | Y/N N/J N/A SAMPLE CONDITIONS OTHER NY ပ္ Cooler L Z ŏ N/A N/λ N/A N/A Custody Sealed DRINKING WATER N/A N/A N/A N/A Received on Page: ₹ Z L O° ni qmeT ؼ OTHER **1** ပ္တ TIME 520 B ð **GROUND WATER** 1 DATE 12/5 RCRA LOCATION 1... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES T UST Requested Anie POSZEN lonsities COSSSEV HOB IOH EONH POS2 8:00 TIME npreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 7120/16 PRINT Name of SAMPLER: DATE ace Quote Reference: ace Project Manager Invoice Information: 82:11 11.19 11.24 11:29 11:20 11:30 1:32 2211 72:11 17.77 11:28 51,19 TIME Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address COLLECTED DATE RELINQUISHED BY / AFFILIATION PALE TIME COMPOSITE TREPLEXUS DATE 2 Required Project Information: 9MOD=D BARD=D g O Ø G g ပ Ø SAMPLE TYPE M š š š ě M M š M Š M ΜÓ MATRIX CODE Project Name: Project Number Section B RCO17433/54021623/4112-12 RUDIN 433/541012ER 3/HIJ-F ROOM 433/SHOLVER 4/CLU-R 1200H 433/SHOWERY/ HIJ-K ROCH 433/54014ER 3/014-12 12com 433/SHOWER 4/CLJ-F ROOM 433/ SHON-18/23/CIJ-F ROOM 433/SHOWER4/ HID.F Copy To: Purchase Order No.: ROOM 434/5INK 1/6H-R 8 IL Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. 7 Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN DEBAGNO WATER
WATER
WASTE WATER
PRODUCT
SOLSOLD
OIL
WIPE
AIR
TISSIE ROOM 434/304162/ ROOM 434/5IHK 2/ 10 ROOM 434/5INIL 1 Valid Matri MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information Verona,NY 13478 Section D Jue Date/TAT: Section A Email To: Phone: 12 # Mati

90

17

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

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Pace Project No. Lab I.D. 740 N/A lutact | Y/N N/J N/A SAMPLE CONDITIONS OTHER NY ပ္ Co ð L E N/A N/A N/A N/A Custody Sealed 2 DRINKING WATER N/A N/A N/A N/A Page: ₹ L L ػۣ OTHER ပ္တ 250 TIME L... 동 ð GROUND WATER L DATE  $\overline{\mathcal{L}}_j$ RCRA LOCATION 1... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane POSZEN lonsitiel COSSIGN HOP IOF <sup>€</sup>ON⊦ \*052 18.0 TIME ubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Modie DATE ace Quote Reference: ace Project Manager Invoice Information: <u>x</u>:= 11:40 11:43 11:30 三,2 1.33 01:11 25:1 11:35 11:3/ Company Name: TIME 11:31 |C.4| Pace Profile #: COMPOSITE END/GRAB Section C Address: 25 COLLECTED DATE RELINQUISHED BY / AFFILIATION PACE TIME COMPOSITE REPEXUS DATE Required Project Information: G=GRAB C=COMP ROOM 434/SUIOLIERZ/HILIF DW G g g Ø Ø G G ဖ Ø SAMPLE TYPE Š š Š M M ΔM M š M š ΔM Project Name: **BUOD XINTAM** Project Number Section B Rear 434/ SHOWER 1/CIN-F ROW 434/SHOWER 1/HIVE ROOM 434/ SUONER 2/012-F ROOM 434/ SHOWER 2/HIJ-12 RCOM 434/SHOWER 2/HID-F ROM 431/540LIER 2/01-R ROOM 434/SHOLIER I/CHIR Copy To: Purchase Order No.: 8 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN Ø 1 L ROCH 434/5INK 3/ R DERNICHO WATER
WATER
WATER
WASE WATER
PRODUCT
SOLSOLID
OLL
WIPE
AR
TISSUE ROUM 434/552412 4/ ROOM 434/SIMK 3/ アシスユダーション・コン MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Section D
Required Client Information Address: 4937 Spring Rd /erona,NY 13478 Oue Date/TAT: Section A Email To: Phone: 10 12 9 8 6 # MHL

eol

Received on

O° ni qmeT

DATE Signed (MIN / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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Pace Project No. วยเมื่อเคล เมเซตเ N/A N/A N/A SAMPLE CONDITIONS OTHER NY ဗ္ **...** ŏ N/A N/A N/A N/A Custody Seale Ξ ã. Received on Ice DRINKING WATER N/A N/A N/A N/A L., **X** Z L L O° ni qmeT သွ 220 TIME 1.... P ð GROUND WATER 1 DATE RCRA LOCATION <u>\_\_</u> SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES T UST Requested Ang POSZE 82S2O3 HOB IOI <sup>E</sup>ON POS2 3:8 TIME ubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Maple ace Quote Reference: DATE ace Project Manager Invoice Information: にこ 5:5 소가:11 37:11 11:55 11:55 1:52 3:52 11:58 87:11 \<del>'\</del>5::= 4/11 11/4 Company Name: TIME Pace Profile #: Section C Address COLLECTED DATE RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: Project Name Project S which G=GRAB C=COMP BATH BY RA 435/ SUCKOEL/C11-F DW G Ø ტ Ø ტ SAMPLE TYPE BATH BY RA 435/SHOWLEY/CIL-R DW š M Μ M δ Š š M M M **ANATRIX CODE** Project Number Section B BATU BY KA 4(35/55UK/4U.F ROOM 434/SHOLLER 3/# HIJ-R BMH BY RH 435/SINK/CH-F 30 EV KA 435/554K/HUK BATH 34 RM 435/SIHK/CH-R Copy To: Run 434/Suovier 4/ Hid-R Purchase Order No.: 134/2404E43/114-F Roam 434/SHOWER 4/HIL-F ROW 134/540WER 4/CLI-R Room 434/SHOWERY (CLI-F SODE Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT, WATER, DF=DRINKING FOUNTAIN Valid Matrix Code MATRIX DEBENONG WATER
WASTER WATER
WASTER WATER
SOULSOLID
OUL
AIR
AIR
TISSUE tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information /erona,NY 13478 Section D Requested Due Date/TAT: Section A Email To: Phone: 10 12 6 # MaT

Cooler

DATE Signed (MIM / DE-AYY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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Pace Project No. Lab I.D. SAMPLE CONDITIONS OTHER NY 2 N/J N/A ₽ Custody Sealed 00 Z L DRINKING WATER N/A Nλ N/X Received on L., Page: **X** Z J° ni qmeT <u>ර</u> **1** ပ္တ TIME 62 1.... ᆼ ð GROUND WATER 1... DATE 12/2 RCRA LOCATION **L** SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ang POSZEN 182S2O3 HOB IOI <sup>2</sup>ONI POST 18:00 TIME ubleselved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 1/20/11 DATE ace Quote Reference ace Project Manager 12:23 Invoice Information: 2:24 12:00 12:17 81:21 22:21 12:21 \$2:21 1:58 77:21 12:19 12:19 TIME Company Name: ace Profile #: Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION P 3/4 TIME COMPOSITE START mmy DATE Required Project Information: Project Name:
TIXIPLEXUS
Project Number: G=GRAB C=COMP DM CM Ø g Ø ဖ Φ Ø ტ Ø ပ SAMPLE TYPE ě M M DW M M Ճ M ă o š Š **BUOD XIRTAM** Section B Real 427/13474 SDHIL/CU.R RECOM 427/13ATU SIHK/CU-F Room 427/13ATU SINU(HIAR Roen 427/BATU SIGHIL/HIU-F Copy To: BATH BY RM 4135/SHOWER/ RE 32 34 24 138/54011ER/ 114 Purchase Order No.: サーコエノ RCOM 427/SIMIC/HIJ-R Kern 427/35HK / CLJ-F RCM 427/ SIHK/ CLI-R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT 425-42c/13572078ATU/F 425-42c/Berrabbatu / R DERWAND WATER WASTE WATER WASTE WATER PRODUCT SOLLSOLID OIL WINE AIR THE PROSE AIR THE PROSE AIR THE PROSE THE PROSE WATER PROSE WATER PROSE WATER PROSE WATER PROSE WATER PROSE WASTER PROSE WATER PR MATRIX Zeen 427/55416/ tvandresar@moboces.org ADDITIONAL COMMENTS Piddison OneidaBOCES **NATER, DF=DRINKING FOUNTAIN** (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information /erona,NY 13478 Section D Requested Due Date/TAT: Section A Email To: Phone: 10 11 12 9 6 # Mat

Sangples Intact

Cooler

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A N/A N/A

# CHAIN-OF\_CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

| Soution A                                       | J   | Soction B                      |           |                 |           | ď               | Coction                    |        |             |   |               |                               |                 |                           |          |        |              |       |          | Desp           | 1              | ,                 | ſ                |
|---|---|--------------------------------|-----------|-----------------|-----------|-----------------|----------------------------|--------|-------------|---|---------------|-------------------------------|-----------------|---------------------------|----------|--------|--------------|-------|----------|----------------|----------------|-------------------|------------------|
| Required Client Information:                    | , IĽ  | Securified Project Information | roject Ir | nformation      | Ë         | Invoi           | nvoice Information:        | ë      |             |   |               |                               |                 |                           |          |        |              |       |          | l ag           |                | 5                 |                  |
| Fradison Onlida BOCES                           | 5300  |                                |           | 1               |           |                 |                            |        |             |   |               |                               |                 |                           |          |        |              |       |          | NCY            |                |                   |                  |
| Address: 4937 Spring Rd                         | )   | Copy To:                       |           |                 |           | Com             | Company Name:              |        |             |   |               |                               | T               | NPDES                     | DES      | 5      | GROUND WATER | WATER | <u> </u> | DRINKING WATER | WATER          |                   |                  |
| Verona,NY 13478                                 |   |                                |           |                 |           | Add             | Address:                   |        |             |   |               |                               | T               | T UST                     | <b>-</b> | Γ<br>8 | RCRA         |       | <u> </u> | OTHER          |                |                   |                  |
| Email To: tvandresar@moboces.org                |   | Purchase<br>Order No.:         |           |                 |           | Pace            | Pace Quote Reference       | <br>90 |             |   |               |                               | 1               |                           | SITE     | ш      |              | 8     | L        | Z<br>L         | N N            | L                 |                  |
| Phone: Fax:                                     |   | Project Name                   | \         | REPLE           | \$ C \$   | Pace            | Pace Project Manager.      | i.     | ,           |   |               |                               |                 |                           | LOCATION | TION   |              | H     | SC       | ∑<br>L         | L.             | OTHER NY          | ٨                |
| Requested 10 DAYS Due Date/TAT:                 |   | Project Number:                | 1 1       |                 |           | Pace            | Pace Profile #:            |        |             |   |               |                               |                 | Filtered (Y/N)            | (N/A     | ///    |              |       |          |                |                |                   |                  |
| Section D<br>Required Client Information        | Valid Matrix Codes MATRIX CC                                  | CODE                           |           |                 | 8         | COLLECTED       | ED                         |        | St          | 4                                       | Preservatives | atives                        |                 | Requested                 | )<br>pe  |        |              | ///   | ///      | ///            |                |                   |                  |
| SAMPIFIN  | DRINGNO WATER DY WATER W WASTE WATER W PRODUCT P SOLISOLID SI | W d d                          | IX CODE   | C=CON           | COMPOSITE |                 | COMPOSITE                  | ECTION | 13NIATJV    |   |               |                               |                 | Ans                       |          |        |              |       |          |                | NAV.           | _                 |                  |
| # Sample IDs MUST BE UNIQUE                     | oil.<br>Wipe<br>Air<br>Other<br>Tissue                        | 7 g a = 2                      |           | BARD=0          | START     |                 | NDORAB                     | COLI   | # OF CC     | *************************************** |               | 8 <sup>5</sup> O <sup>3</sup> | lonari.<br>4089 |                           | No.      |        |              |       |          |                | Puliolino leub |                   | Pace Project No. |
| 11.i  |   |                                |           | DATE            | TE TIME   |                 | TE TIME                    |        | duN         | H <sup>S</sup> S                        | нсі           |                               |                 | /                         |          |        |              |       |          |                | Sex            |                   | Lab (.D.         |
| ROCH 222/ SLOP SIMIC/ELI-R                      | P STAIR/C   |                                | ΛΩ        | <b></b>         |           | 7               | 3/11 17:28                 |        | <del></del> |   |               |                               |                 | ×                         |          |        |              |       |          |                | 9)             | 2                 | 77565            |
| 1222 maz  | SLUP SOWIL/C  | 12115F                         | DW        | ၅               |           |                 | 32:21                      |        | 1           |   |               |                               |                 | ×                         |          |        |              |       |          |                | ,              |                   | )                |
| Run 224   | 1/NHIS J  |                                | MO        | ပ               |           |                 | 52:21                      |        |             | -                                       |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
| There 222/SLOIS SIDNIK/ HILVF                   | No SEPAIR   |                                | ∆         | 9               |           |                 | 52:21                      |        |             |   |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
|   | HEN STAK  |                                | ΜΩ        | 9               |           |                 | 17:73                      |        |             | -                                       |               |                               |                 | ×                         |          |        |              |       |          |                | -              | e                 |                  |
| 6 Ream 318/16ETEN                               | 318/KETEUEN SEMK1/CIM-F                                       |                                | DW        | 9               |           |                 | (2:33                      |        |             | γ                                       |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
| 7 Rugh 318/ICETEMEN SINKI/HU-ROW                | HEN SINK1   | (FU-4                          | DW        | 9               |           |                 | 12:5%                      |        | -           |   |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
| 8 Rocm 318/Ketemen Senk 1/HH-P                  | (EN SEMK 1/   | E-II                           | MQ        | 9               |           |                 | 18:24                      |        |             | <b></b>                                 |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
| (X  | 318/KETEMBUSSUN 2/CH-R  |                                | DW        | 9               |           |                 | 12:35                      |        | <b>—</b>    | <b>*</b>                                |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
| 10 Reen 318/KSTCH                               | 318/KITCHEN SDAK 2/ CIJ-F                                     |                                | DW        | 9               |           |                 | 12:35                      |        | -           | <b></b>                                 |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
|   | HEH SIMK 2/   |                                | DW        | <b></b>         |           |                 | K:2/                       |        | -           | -                                       |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
| 12 Peren 318 Netrousn szan 2/HIN-F DW           | uku Szanı Zı  | 7-11-F                         |           | ŋ               |           | <b>→</b>        | 12:30                      | ,      |             |   |               |                               |                 | ×                         |          |        |              |       |          |                |                |                   |                  |
| ADDITIONAL COMMENTS                             | MENTS   | RELI                           | NQUI      | RELINQUISHED BY |           | ( / AFFILIATION |                            | ш      | TIME        |   | AC            | CEPTE                         | D BY /          | ACCEPTED BY / AFFILIATION | TION     |        | DATE         | 크     | TIME     |                | SAMPLE         | SAMPLE CONDITIONS | ONS              |
| Samples ending in F are flushed samples and are | d samples and are   | of of                          | NU        | my              | 1 7/2     | 371/10          | 21/02/2                    |        | 0.81        | 4                                       | S             | X                             | Z               |                           |          |        | 1/2          | 12,   | 526      |                | N/A            | N/A               | N/A              |
| Sample ID Code: CWE-COLD WATER, HW=HOT          | VATER, HW=HOT   |                                | "         |                 |           |                 |                            | -      |             | <u> </u>                                |               | A                             |                 |                           |          |        |              |       |          | ,,             | N/A            | N/λ               | N/J              |
| WATER, DE-DRINKING FOUNTAIN                     |   | L                              |           | 7               |           |                 | , i                        |        | 1           |   |               |                               |                 |                           |          |        |              |       |          |                | N/A            | N/A               | N/A              |
|   |   |                                |           |                 |           |                 |                            | ļ      |             |   |               |                               |                 |                           |          |        |              |       |          |                | N/A            | N/A               | N/A              |
|   |   |                                |           |                 | SA        | /PLER           | SAMPLER NAME AND SIGNATURE | SIGNA  | rure        |   |               |                               |                 |                           |          |        | ۴            |       |          | J. 1           |                | esled             | fotact           |
|   |   |                                |           |                 | <u>R</u>  | NT Nam          | PRINT Name of SAMPLER:     |        | ames        | Murpt                                   | P             | James Murphy PACE Analytical  | nalytic         | 07                        |          |        |              |       |          | uị dư          | evie:          | 3 ybo             | səld             |

|  |   |                     |                              |                     |              |                     |                                     |                           |             |              | L        |                     |                   |                              |
|--|---|---------------------|------------------------------|---------------------|--------------|---------------------|-------------------------------------|---------------------------|-------------|--------------|----------|---------------------|-------------------|------------------------------|
|  | Section B                                 |                     | Section C                    | •                   |              |                     |                                     |                           |             |              |          | Page:               | 22 of             |                              |
|  | Required Project Information:             | mation:             | Invoice Information:         | ormation:           |              |                     |                                     |                           |             |              |          |                     |                   |                              |
| Hadisen OneidaBOCES                                      |   |                     |                              |                     |              |                     |                                     |                           |             |              |          | NCY                 |                   | La series                    |
| Address: 4937 Spring Rd Col                              | Copy To:                                  |                     | Company Name:                | vame:               |              |                     |                                     | L NPDES                   | GROU        | GROUND WATER | L        | DRINKING WATER      | 8                 |                              |
| Verona,NY 13478  |   |                     | Address:                     |                     |              |                     |                                     | T UST                     | T RCRA      |              | T OTHER  |                     |                   |                              |
| Email To: tvandresar@moboces.org Ord                     | Purchase<br>Order No.:                    |                     | Pace Quote Reference:        | Reference:          |              |                     |                                     | SITE                      | ш           | ₽            | 1 1      | Z                   | L                 | NC                           |
|  | Project Name:                             | \$                  | Pace Project Manager.        | t Manager.          |              |                     |                                     | LOCATION                  | TION        | E<br>L       | J OS _ I | <b>I</b>            | OTHER_NY          | ≱                            |
| 1  | Project Number:                           |                     | Pace Profile #:              | ÷.                  |              |                     |                                     | Filtered (Y/N)            | ////        |              |          |                     |                   |                              |
| Section D Valid Matrix Codes Required Client Information |   |                     | COLLECTED                    | T                   | SF           | Prese               | Preservatives                       | Requested                 |             |              |          |                     |                   |                              |
| ······   | EGOS XIRTAM<br>BAYTE JAMAS<br>BOSES GARDE | COMP                | COMPOSITE<br>END/GRAB        | 后岛<br>SAMPLE TEMP A | OF CONTAINER |                     |                                     | Ane &                     |             |              |          | (V/V) enfolho (V/V) | _                 |                              |
| TISSUE   |   | DATE TIME           | DATE                         | TIME                |              | нсі<br>нио³<br>н⁵го | HOBN<br>S <sup>2</sup> SBN<br>SrlbM | SZEN                      | ////        |              | /////    | Pinpiser            |                   | Pace Project No.<br>Lab I.D. |
| 1 ROCH 319/KITCHEN SIN 1/CH.A                            | 1-16 DW G                                 |                     | 1/11                         | 12:27               | -            |                     |                                     | ×                         |             |              |          |                     | $\delta$          | 77.6%                        |
| 2 ROOM 319/KITCHEN SINK 1/ELJ-F                          | DW G                                      |                     | _                            | 38:21               | -            | -                   |                                     | ×                         |             |              |          | ,                   |                   | )                            |
| 3 Room 319 (KITCHEN SINK 1/4114 A                        | 1.K DW G                                  |                     |                              | 2:40                | -            | γ                   |                                     | ×                         |             |              |          |                     | ,                 |                              |
|  | D M G                                     |                     |                              | op:11               | -            | -                   |                                     | ×                         |             |              |          |                     |                   | -                            |
| 5 1200 319/KETCHEN 95NH 2/CLI-A                          | -Æ DW G                                   |                     | 7                            | Zh:21               | -            | -                   |                                     | ×                         |             |              |          |                     | ₹41<br>134        |                              |
| 6 BOOM 3/4/KETCHEN STAIN 2/ CIA-F                        | F DW G                                    |                     | _                            | 12:42               | -            |                     |                                     | ×                         |             |              |          |                     |                   |                              |
| 7 Kowy 3/9/KETENGH SEMIK 2/ HILL-18                      | 1-14 DW G                                 |                     |                              | 8:21                |              |                     |                                     | ×                         |             |              |          |                     |                   |                              |
| 8 Rem 314/KETCHEN SENKZ/ HIJ-F                           | 1-F DW G                                  |                     |                              | 44:21               | <b>-</b> -   | -                   |                                     | ×                         |             |              |          |                     |                   |                              |
| 9 Them 317A/13ATH SINK/R                                 | Z DW G                                    |                     |                              | 14:21               | <b>-</b> ,   | Ψ-                  |                                     | ×                         |             |              |          |                     |                   |                              |
| 10 Recon 3174 (BATH STAIK!                               | F DW G                                    |                     |                              | 12:47               | <b>4-</b>    | <b>4</b>            |                                     | ×                         |             |              |          |                     |                   |                              |
| 11 ROOM 316/13ATH SIMK/1R                                | 9 Ma 2                                    |                     |                              | 13:20               | -            | 4-                  |                                     | ×                         |             |              |          |                     |                   |                              |
| 12 ROOM 31L/BATH SEHK/F                                  | F DW G                                    |                     | ~<br>~                       | as:71               | -            | Ψ-                  |                                     | ×                         |             |              |          |                     |                   |                              |
| . COMMENTS   | RELINQUISHED BY                           | ED BY / AFFILIATION | ATION                        | DATE                | TIME         |                     | CCEPTED E                           | ACCEPTED BY / AFFILIATION |             | DATE         | TIME     | SAME                | SAMPLE CONDITIONS | SNOL                         |
| Samples ending in F are flushed samples and are          | now                                       | refl ty             | " 3H                         | 1/20/16             | 18:00        | 0                   | 2/3                                 |                           | ^           | 121          | 528      |                     | N/A               | N/A                          |
| Sample Describe College CVE COLD WATER, HWEHOT           |   |                     |                              |                     |              |                     |                                     |                           |             |              |          |                     |                   | N/A                          |
| WATER, DE-DRINKING FOUNTAIN                              |   |                     | Ţ                            |                     | ù.           |                     |                                     |                           |             |              |          |                     | N/A               | N/A                          |
|  |   |                     |                              |                     |              |                     |                                     |                           |             |              |          |                     | N/A               | N/A                          |
|  |   | SAMP                | SAMPLER NAME AND SIGNAMPLER: | ~                   | TURE         |                     |                                     |                           |             | ,            |          | O° ni o             | oler<br>Sealed    | tosini se                    |
| •  |   | SIGN                | SIGNATURE of SAMPLER:        | ١,٦                 | James Murphy |                     | PACE Analytical                     | +                         | DATE Signed | 11 11        | •        |                     | )                 | sangple                      |
| •  |   |                     |                              | *                   | 701.17       | 2                   | <br>                                | 1 (MM / E                 |             | 11011        |          | 1                   | 2                 | 3                            |

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

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Pace Project No. Lab f.D. SAMPLE CONDITIONS OTHER NY N/A N/A N/A N/A Custody Sealed ₹ **DRINKING WATER** N/A N/A N/A N/A L., Page: ₹ L L <u></u> SC 120 TIME 1... ð F **GROUND WATER** Ì... DATE 7/2 RCRA LOCATION **L**... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES TSU T Requested Ank POSZEN 18<sup>2</sup>8<sup>2</sup>0<sup>3</sup> HOBI IOI €ONF POSZ 18:50 TIME pevieseidur # OF CONTAINERS 1/2/11 DATE ace Quote Reference ace Project Manager. Invoice Information: P/16 11:53 13:01 £3:21 12:57 13:02 13:02 (3:03 13:03 17:57 12:57 13:01 2:2 Company Name: TIME ace Profile #: Section C Address COLLECTED DATE RELINQUISHED BY / AFFILIATION TIME COMPOSITE Project Name: RTPLEXUS DATE Required Project Information: G=GRAB C=COMP တ Ø Ø ტ ტ ტ ტ ග SAMPLE TYPE <u>≧</u> M š ě M ΔM ΔM ΔM M Š š M MATRIX CODE Project Number. Section B Copy To: Purchase Order No.: 8 TECH 310/SINK 1/CELL-F 8 RUM 316/STHIC/HILL ROOM 316/SINK/ HIJ-F Rean 310/5INK 1/ CLJ -R ROM 310/554K1/HIJ-K Recm 310/554162/HIJ-F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOY WATER, DF=DRINKING FOUNTAIN Rown 310/ SINK 2/ CIJ-F Room 316/SIMK/CLI-F Reem 310/5IMIK 2/CLI-R RCOM 316/SEMIC/CH-R HANDFBY RM 3151 Hall DF By RM 315/ tvandresar@moboces.org ADDITIONAL COMMENTS Piddison Onlida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd sequired Client Information /erona,NY 13478 Section D Address: Email To: Phone: 10 12 5 9 6 # MaT

Sangples Intact

Received on Ice

O° ni qmeT

2/10/10

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A N/A N/A

\* The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Project No. 2สมใชเคร เมเสตเ N/A N/A N/A SAMPLE CONDITIONS OTHER NY ပ္ Cooler <u>\_\_\_</u> ö N/A N/A N/A N/A Custody Seale ₹ 74 **DRINKING WATER** Received on lce N/A N/A N/A N/A Page: M L L O° ni qmeT <u>ප</u> OTHER. သွ TIME 270 Ì.... ᆼ g GROUND WATER 1... DATE 12/2 T RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested LS POSZE S2S261 HOBI IOI EON! POSZ 120/16/18°W TIME ubleserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS PRINT Name of SAMPLER: DATE ace Quote Reference: ace Project Manager. 13:08 Invoice Information: 13:04 13:04 13:08 13:10 3:15 13:16 3:10 13:12 3:08 3:12 2/1/3:03 TIME Company Name: Pace Profile #: Section C Address COLLECTED DATE RELINQUISHED BY / AFFILIATION D The E TIME COMPOSITE DATE Required Project Information: 3=GRAB C=COMP Project Name: დ ტ Ø g Ö ပ SAMPLE TYPE <u>M</u> DW Mo ΜO M DΨ DΨ ΜO M M š Ã MATRIX CODE Section B Copy To: Purchase Order No.: ROUM 311/55HK 2/ HILI-R ROCH 311/ STAK 2/C11-F Rusm 311/ SDAK 1/HIJ-F RCON 311/5IMK 1/ HIN-R Rem 311/5IMK 2/611-R Row 311/55HK 3/CW-F ROOM 311/SIMK 1/CIJ-F 12com 311/5tm11 3/21-12 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT/WATER, DF=DRINKING FOUNTAIN Room 311/5IHK 1/CLI-12 ROOM 311/SINK 2/ HIL-F Rocm 310/5IN12/HU-F RCCH 310/554×2/HU-R tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Onlida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd tequired Client Information Verona, NY 13478 Section D Email To: Phone: 10 8 6 12 # WELL

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

# CHAIN-OF\_CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

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|--|---|--------------|-------------|-------------------------------|-----------|-------------|-----------------------------|----------------------------------|------------------------------|---------------------------------------|-------------|--|---------------------------|---|------------------|---|------------|--------------|---------|----------------------------|---------|-------------------|-------------------|--|---|
| Section A  | Section B   | œ i          |             |                               |           | Sect        | Section C                   |                                  |                              |                                       |             |  |                           |   |                  |   |            |              |         |                            | Page:   | e: 25             | ة<br>ما           |  |   |
| Required Client Information:   | Require   | d Proje      | ect Info    | Required Project Information: |           | Invoic      | Invoice Information:        | on:                              |                              |                                       |             |  | ſ                         | *************************************** | All Applications | 0.000                                   | NA CHARLES |              |         | y and international states |         |                   |                   |  |   |
| Madison Onei dagoces   |   |              |             |                               |           |             |                             |                                  |                              |                                       |             |  |                           | braneso io                              | ,                |   |            |              |         | - 2                        | NCX     |                   |                   |  |   |
| Address: 4937 Spring Rd  | Copy To:  |              |             |                               |           | Comp        | Company Name:               |                                  |                              |                                       |             |  |                           | <u></u>                                 | NPDES            | L                                       | GRO        | GROUND WATER | \TER    | L                          | SINKING | DRINKING WATER    |                   |  |   |
| Verona,NY 13478  |   |              |             |                               |           | Address:    | ess:                        |                                  |                              |                                       |             |  |                           | <u>L</u>                                | UST              | L                                       | F RCRA     | _            |         | T OTHER                    | Ä       |                   |                   |  |   |
| Email To: tvandresar@moboces.org   | Purchase<br>Order No.:  | ١            |             |                               |           | Pace        | Pace Quote Reference:       | ence:                            |                              |                                       |             |  |                           |   |                  | SITE                                    |            | J.m.         | 8       | L_                         | Z<br>L  | <u></u>           | L                 | NC   |   |
| Phone: Fax:  | Project Name  | Tige<br>Tige | Exus        | 3                             |           | Page        | Pace Project Manager:       | ager:                            | ×                            |                                       |             |  |                           |   | 07               | LOCATION                                | Z          | Jan.         | ¥.      | SC                         | M       | L.                | OTHER NY          | MY   |   |
| Requested 10 DAYS Due Date/TAT:  | Project Number  | umber:       |             |                               |           | Page        | Pace Profile #:             |                                  |                              |                                       |             |  |                           | Filter                                  | Filtered (Y/N)   | \<br>\<br>!                             |            |              |         |                            |         |                   |                   | , and the second second second second second second second second second second second second second second se |   |
| Section D Valid Mat<br>MATRIX<br>Required Client Information                                       | Valid Matrix Codes<br>MATRIX CODE   | <u> </u>     | <u> </u>    |                               | 00        | COLLECTED   | Ω                           | T                                | 85                           |                                       | Preser      | Preservatives                            | •                         | Requ                                    | Requested        |   |            |              |         |                            |         |                   |                   |  |   |
| ·····  | FER WY WY WY WW WY WP WY WP WY WP WY WP WP WP WP WP WP WP WP WP WP WP WP WP | MATRIX CODE  | SAMPLE TYPE |                               | COMPOSITE |             | COMPOSITE<br>END/GRAB       | I<br>SAMPLE TEMP A<br>COLLECTION | OF CONTAINER                 | , , , , , , , , , , , , , , , , , , , |             | \$0°                                     | lone                      | Ani                                     | B                |   |            |              |         |                            |         | (N/A) BUJUOJUO JE | _                 |  |   |
| TEL  | 2   |              | ,<br>       | DATE                          | TIME      | DATE        | E TIME                      | 1                                |                              | OSZH                                  | нсі<br>нио³ | HOBN<br>S <sub>2</sub> S <sub>1</sub> BN | Methe                     | SZBN                                    |                  | <i>\</i>                                |            |              |         |                            |         | anpises           | × .               | Pace Project No.<br>Lab I.D.   |   |
| ROCH 311/5IHIL 3   | / H11-R   | ΔO           | <u>ح</u>    |                               |           | -           |                             |                                  | -                            |                                       |             |  |                           |   | ×                |   |            |              |         |                            |         | 2                 | Z<br>Q            | 16/S   |   |
| ROCH 311/STAK 3  | 7-M14/  | ΜΩ           | <u>ე</u>    |                               |           | _           | 13:17                       | _                                | -                            |                                       | -           |  |                           |   | ×                |   |            | <u> </u>     |         |                            |         |                   |                   |  |   |
| 3 Rech 305/BATH SSHK/R   | SEMK/R  |              | <u>ე</u>    |                               |           |             | 13:20                       | _                                | -                            |                                       | -           |  |                           | Ļ                                       | ×                |   |            |              |         |                            |         |                   |                   |  |   |
| 1 RCM 365/ BATH SSMK/F   | SSENK/F   | MO.          | 9<br>2      |                               |           |             | 13:21                       |                                  | -                            |                                       |             |  |                           |   | ×                |   |            |              |         |                            |         |                   |                   |  |   |
| 5 Roch 305/ SIMK/  | CM-R  | δ            | 0<br>V      |                               |           |             | 13:22                       |                                  | -                            |                                       |             |  |                           | Î                                       | ×                |   |            |              |         |                            |         |                   | ,e -              |  |   |
| 6 Ruch 305/ SIHK/  | CH-F  | DW           | V G         |                               |           |             | 13:22                       |                                  | <b>4</b>                     |                                       |             |  |                           | $\hat{\Box}$                            | ×                |   |            |              |         |                            |         |                   |                   |  |   |
| 7 Rocm 305/5DNK/HIJ-R  | HIJ-R   | ΔM           | ٧ G         |                               |           |             | 13:23                       | 2                                | <del>,</del>                 |                                       | -           |  |                           |   | ×                |   |            |              |         |                            |         |                   |                   |  |   |
| 8 RECM 305/5IMIC/H   | HIJ-F   | ΔO           | ۷<br>G      |                               |           |             | 13:29                       | 5                                | -                            |                                       | 1           |  |                           |   | ×                |   |            |              |         |                            |         |                   |                   |  |   |
| 9 Run 307/SINK/CIJ-R   | C11-R   | DW           | <u>۷</u>    |                               |           |             | 13:25                       | 7                                | *                            |                                       | -           |  |                           |   | ×                | *************************************** |            |              |         |                            |         |                   |                   |  |   |
| 10 Recm 307/SIMK/CIU-F   | CI-F  | Δ            | ۷<br>د      |                               | .,        |             | 13:52                       | <b>\</b> _                       | <del></del>                  |                                       | <b></b>     |  |                           |   | ×                |   |            |              |         |                            |         |                   |                   |  |   |
| 11 ROOM 307/ SIMK/   | HIJ-R   | DW           | ٧           |                               |           |             | 13:26                       |                                  | -                            |                                       |             |  |                           |   | ×                |   |            |              |         |                            |         |                   |                   |  |   |
|  | 7-MH,   | MO           | V G         |                               |           | _/          | 72:81                       |                                  | -                            |                                       | 1           |  |                           |   | ×                |   |            |              |         |                            |         |                   |                   |  |   |
| ADDITIONAL COMMENTS  | R   | ELINQ        | HSIO        | RELINQUISHED BY /             | / AFFILI  | AFFILIATION |                             | 빌                                | TIME                         | ш                                     | , A(        | CCEPT                                    | ACCEPTED BY / AFFILIATION | /AFF                                    | LIATIO           | NO                                      |            | DATE         |         | TIME                       |         | SAMPLE            | SAMPLE CONDITIONS | SNOI   |   |
| Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. | samples.  | U            | W           | 7                             | 2 mel     | Me          | 21/09/                      |                                  | 03:81                        | 9.                                    | "           | Ŋ  |                           | 7                                       |                  |   | 2          | 1/1          | 3       | sib                        |         | N/A               | N/λ               | N/A  |   |
| Sample ID code: CW=COLD WATER, HW=HOT  | W=HOT   |              |             |                               |           |             |                             |                                  |                              |                                       |             |  |                           |   |                  |   |            | 9            |         |                            |         | N/A               | N/A               | N/A  |   |
| איני הי, הי ביי, הי ביי, היים היים היים היים היים היים היים ה                                      | 2   |              | •           | \$                            |           |             | 7                           |                                  |                              |                                       |             |  |                           |   |                  |   |            |              |         |                            |         | N/A               | N/A               | N/A  |   |
|  |   |              |             |                               |           |             |                             |                                  |                              |                                       |             |  |                           |   |                  |   |            |              |         |                            |         | N/A               | N/A               | N/A  |   |
|  |   |              |             |                               | SAMP      | LERN        | SAMPLER NAME AND SIGNATURE  | SIGN                             | ATURE                        |                                       |             |  |                           |   |                  |   |            | ۴            |         |                            | ာ.      |                   | esled             | ntact  |   |
| 1695 1890 890  | 16  |              |             | (                             | PRIN      | Name        | PRINT Name of SAMPLER:      | ËË                               | James Murphy PACE Analytical | Murp                                  | hy F        | ACE,                                     | Analyt                    | ical                                    |                  |   |            |              |         |                            | uị dw   | ceived<br>lce     | ody Se            | ıl səldi   |   |
|  |   |              |             | '                             | SIGN      | ATURE       | SIGNATURE of SAMPLER: M. M. | ER                               | 6                            | 2                                     | 7           |  |                           |   | 8                | DATE Signed<br>(MM / DD / YY):          |            | 2/16         | 7/10/10 |                            | ĐΤ      |                   | tsuO              | San  |   |

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SAMPLE CONDITIONS OTHER NY ₹ 25 Received on Ice DRINKING WATER N/A N/A N/A Νλ Page: ₹ L L O° ni qmeT ڮ ပ္တ TIME 57.0 1.... R ð GROUND WATER 1... DATE 2 RCRA LOCATION 1\_ SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST POSZE eOsSse HOB IOI ONI \*05<sup>2</sup> 18:00 TIME npreserved SAMPLER NAME AND SIGNATURE # ОF СОИТАІИЕЯ Nolle ace Quote Reference DATE ace Project Manager Invoice Information; 3:37 13:37 13:32 13:35 13:40 2:2 13:33 13:34 13:34 13:35 7/1c 13:29 13:35 Company Name: TIME Pace Profile # COMPOSITE END/GRAB Section C Address COLLECTED DATE RELINQUISHED BY / AFFILIATION 11/2 TIME COMPOSITE DATE Required Project Information: Project Name: 3=GRAB C=COMP RECORT 309 1/510P SENK | HI4-F DW G Φ Ø ტ ტ ტ Ø SAMPLE TYPE Š M ΔM Š M M DW ě M ΜO ĕ MATRIX CODE Project Number Section B 120cm 309A/5WPSIHK/HUR RUM 3294/5109 SINK/CH Copy To: Rum 309/BATH SENK/F KCOM 309A/SLOP SINK/CLI-F Purchase Order No.: ROUM 304/13/14 SINK/R ROOM 300/BATH SIDHK/R RUCH 300/BATH STHK/F ROM 308 /BATH STHK/ ROCH 308/134TH SINK/ Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT/WATER, DF=DRINKING FOUNTAIN Han DF Ry RM 305/ F Ho .. DF BY RM 308/R DEBERONS WATER
WASTER WATER
PRODUCT
SOLLSOLID
OIL
WINE
AIR
TISSUE tvandresar@moboces.org ADDITIONAL COMMENTS Hadison OneidaBOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd tequired Client Information /erona,NY 13478 Section D Section A Address: Email To: Phone: 10 12 5 9 6 11 # MaT

Pace Project No.

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Custody Sealed

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A N/A N/A

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Pace Project No. วรเมื่อเคล เมเชดเ N/X N/A N/A SAMPLE CONDITIONS OTHER NY ပ္ Cooler L W L N/A N/λ N/A N/J Custody Seale **DRINKING WATER** eo| N/X N/A N/A N/λ Received on ₹ L L O° ni qmeT ૅ သွ 525 TIME 1\_\_ g 吊 GROUND WATER 1... 1/2/2 DATE RCRA LOCATION L. SITE ACCEPTED BY / AFFILIATION iltered (Y/N) NPDES Requested UST James Murphy PACE Analytical \$250¢ lonsitie S2S26 HOBI IOI NO3 \*0S 7/20/16 18:00 TIME npreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS PRINT Name of SAMPLER: ace Quote Reference: DATE ace Project Manager. Invoice Information: 13:30 18:49 13:46 13:46 13:47 13.47 13:44 13:49 13: E 13:49 13:50 2/10 | Bith Company Name: TIME Pace Profile #: Section C Address COLLECTED DATE RELINQUISHED BY / AFFILIATION 3740 TIME COMPOSITE IREPLEXUS DATE Required Project Information: G=GRAB C=COMP Ø g ပ g G G Ø Ø **SAMPLE TYPE** š M M M ΜO š Š š M M š š **BUOD XINTAM** Project Name: Project Number Section B Copy To: Purchase Order No.: Room 304/ UTELET SDAIL/HIL-F Room 304/UTILITY SEMIK/HILL-IR BOOM BUY CHITTH SSMK/CHIR Them 304/ Utel ETM SANK/CIS-F Reom 302/ SINIC 1/ CIJ-F Reom 302/5IME 1/ HILL-R Rown 302/SINK 1/ HLI-F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN ROOM 302/SINK 1/CLU-R Rum 302/5544 2/ C1J.F 7000 302/SIME 2/ CLI-R Run 302/50411 2/ HIJ.R ROOM 302/5IHK 2/ HIJ-F MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Hadrson Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd tequired Client Information /erona,NY 13478 Section D Requested Due Date/TAT: Section A Address: Email To: hone: 10 12 8 6 # MHT

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DATE Signed (MM / DD / YY):

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Pace Project No. Lab I.D. SAMPLE CONDITIONS OTHER NY S ŏ L... N/A N/A N/A N/A Custody Sealed ₹ 8 DRINKING WATER N/A N/A N/A N/A Received on L Page: SC T WI L L ػ OTHER TIME 328 1... B ð **GROUND WATER** 1... DATE D RCRA LOCATION **L**... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES T UST Requested Ą POSZEN lonsitie 182S2O3 HOP IOI 6ONH \*05° 7/20/16 18:CO TIME npreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS DATE ace Quote Reference ace Project Manager Invoice Information: 7:02 14:10 15.75 15.75 14:08 3:5 3:5 13:55 13:50 14:03 711c 13:54 [n'. h] TIME Z4:0 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address COLLECTED DATE Þ RELINQUISHED BY / AFFILIATION 14CE TIME COMPOSITE CATA EXCA DATE min Required Project Information: G=GRAB C=COMP DM C Ø Ø Ø ტ ტ ტ Ø g SAMPLE TYPE ă ŏ Š M ĕ š š M ě Š M MATRIX CODE Project Name: Project Number Section B ROOM 220/BATH STHK/C1J-F 12cm 220/34TH SIHK/C11-R Rea 220/78/11 STAIL/HILF Copy To: Keon 220/BATH SSHIL/HU-F Purchase Order No.: Reen 306/SINK/ HIJ-F ROCH 306/5IHK/CHIR ROCM ZIEB/SINK/CLI-F Reem 306/SINK/HIJ-R ROOM 21813/SIMIK/CH-K Resm 306/5INK/C1J.F SDE Samples ending in F are flushed samples and are to be held penting the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOV Ŋ Reon 218/EXELLASH Room 218/EyenAsu, tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Oneida BOCES WATER, DF=DRINKING FOUNTAIN (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information Jerona, NY 13478 Section D Section A Email To: Phone: 10 6 8 12 # M<sub>3</sub>T

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/X N/A N/A

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Pace Project No. Lab I.D. SAMPLE CONDITIONS OTHER NY ပ္ N/ N/A Z. ö Custody Sealed DRINKING WATER N/λ N/λ L... Received on Page: X L Z L L O° ni qmeT သွ 23 TIME Ì... R ð GROUND WATER 1.... DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES T UST Requested Ane POSZE la<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOB IOI €ON! POS 300 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS Melle DATE ace Quote Reference: ace Project Manager Invoice Information: 14:43 11:H £1.73 Z = Z M:13 天,5, <u>د</u> <u>د</u>: <u>د</u> 77:75 14:22 正:13 14:21 TIME Company Name: 2/に |ユ::| Pace Profile #: Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION 2240 TIME COMPOSITE Project Name: DATE Required Project Information: G=GRAB C=COMP Ø g Ø O g Ø Q Ø M ΔM M M M š Š Š ≥ M ≧ Ճ **BOOD XISTAM** Project Number Section B 1200m 218A/3ATH STHK/CH-18 ROOM 2184 /34TH STHIKEH-F Rocm 218 A 13ATH STHK/HILI-R ROCM 2184 BATH SINK/HIMIF Resu 219A/BATH STAIL/ HIJ-F ROOM 2162/BATH SEMIN CH-F Copy To: ROOM 219A/BATH SONK/HIL-PR ROOM 216C/3ATH BEHIL/CH-R Purchase Order No.: ROW ZIGA FRATH SIMK/CLI-F ROM 219A/BATHI STHK/CLI-72 ROOM 218B/SIMK/HILL-F 300 218B/5INK/HIL-R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples, Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN Valid Matrix Codes DRANGNO WATER
WASTE WATER
PRODUCT
SOLLSOLD tvandresar@moboces.org ADDITIONAL COMMENTS Madison OneidaBOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Section D Required Client Information Address: 4937 Spring Rd /erona,NY 13478 Requested Due Date/TAT: Section A Email To: Phone: 10 11 12 6 # WHL

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7/10/16

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A N/A N/A

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Project No. Lab I.D. Samples Intact 60 TICS N/A N/A N/A N/A SAMPLE CONDITIONS OTHER NY ဗ္ဗ ŏ N/A N/A N٨ N/J Sustody Sealed 80 Ī DRINKING WATER N/A N/A N/A N/A Keceined ou Page: ₹ F N J° ni qmeT <u>ර</u> L... ပ္ပ TIME 110 1.... ð F GROUND WATER 1... DATE RCRA LOCATION 1... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Anie \$0828 lethanol 18<sup>5</sup>25<sup>5</sup>0<sup>3</sup> HOBI IOI NO3 POSE Hap/16 18:00 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP AT DATE Pace Quote Reference Invoice Information: ace Project Manager 天:汉 14:30 14:39 16:37 14:37 86.71 14:23 14:34 14:22 K2:h 7/11/14:26 14:31 TIME Company Name: Pace Profile #: Section C Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION 2360 TIME COMPOSITE START REPREKUS DATE Required Project Information: Mu G=GRAB C=COMP თ ტ ဖ თ ပ ပ Φ Ø g DM g O SAMPLE TYPE 8 š ĕ M MO M ě š š M š MATRIX CODE Project Name: Project Number Section B 1300 - 215/BRSAILADON SENIC/HUR Room 215/BREAKBOOM SENIC/HILF KOOM 216C/BATH STUK/HIL-R Recm 216C/BATH STHIC/HU-F RESM 215/ BRESKINSON SEMILLEW-F Copy To: ROM 216A/13ATH STHK/CIJ.F ROOM ZIGA/BATH SINK/CIJ-R ROOM 215/BREAKILLOW SENIL/RY Purchase Order No.: ROOM 216A / BATH STHK/ HIJ-F Room 216A/BATH STUR/HIJ-R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOY WATER, DF=DRINKING FOUNTAIN Han DF 34 RH 215/F Han DF 34 RH 215/ R SAMPLE ID

CACA. 0-9 / -)

Sample IDs MUST BE UNIQUE

Sample IDs MUST BE UNIQUE

Traces MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Onlida BOCES 10 DAYS Required Client Information: 4937 Spring Rd Required Client Information Verona, NY 13478 Section D Requested Due Date/TAT: Section A Address: Email To: Phone: 89 6 10 9 # MaTI

Cooler

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Project No. Lab I.D. esulbies iuracr N/X N/A N/A SAMPLE CONDITIONS OTHER NY MI NC ಕ N/A N/A N/A N/A Custody Sealed **DRINKING WATER** N/A N/A N/A N/A 3 Received on Page: Sc M Z O° ni qm9T ڮ OTHER L から TIME ŧ.... GROUND WATER HO ₽ DATE ري RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested LST POSZEI Nethanol Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOBN IOH <sup>€</sup>ON⊦ \*OSZH 800 TIME upreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 1/2/11 17.54 17.54 Pace Quote Reference: DATE ace Project Manager. Invoice Information: 25.44 14:47 XX:X/ 25:17/ 8h:h/ 14:40 8b.32 14:43 14:45 16:00 4:4 Company Name: TIME COMPOSITE END/GRAB Pace Profile #: Section C Address: COLLECTED DATE <u>ا</u> RELINQUISHED BY / AFFILIATION In the TIME COMPOSITE START DATE Required Project Information: Project Name: TRIPLEXUS Project Number: SAMPLE TYPE G=GRAB C=COMP DW G Ø Ø g g Ø Φ Ö Ø ტ ტ Ö š Δ Š ΔM Š Š Š Š š 10 Room 214 A /BATH STHIC/HIJ.F DW MATRIX CODE Section B ROM 214 A/BATH STAK/CLU-F ROOM 214C/BATH SEMIMON-F RUCH 214C/BATH STAL/HIJ-R Room 214C/BATH SSUIL/HLLIF Rush SIMA/BATH SINK/CH-R Room 214 A/BATCI STMIC/HIJIR ROOM SIYC/BATH STUL/CH-Copy To: Purchase Order No.: Recm 211/SINK/CIN-F ROOM 211/SINK/CH-R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN ROOM 215/SIMK/R MATRIX tvandresar@moboces.org 215/SIMIC ADDITIONAL COMMENTS Pladison Onlida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Section D Required Client Information Reen Verona,NY 13478 Due Date/TAT: Section A Email To: hone: 12 11 # WELL

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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Pace Project No. が担心 SAMPLE CONDITIONS OTHER NY M NC N/A N/A ಕ N/A Custody Sealed 35 DRINKING WATER N/A N/A N/λ N/Y Received on Page: ₹ O° ni qmeT Z L H ٥ သွ 220 TIME 1... 동 ĕ **GROUND WATER** 1... DATE 7 RCRA LOCATION 1\_ SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane \$082P ethanol 6OSSSE HOB ICI EON! 'OSZI 18:00 TIME ubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Walle ace Quote Reference: DATE ace Project Manager Invoice Information: 17.00 5.5.6/ 14:50 五:五 12:50 7:3 14:52 3:6 हिंद 15:00 14:51 14:54 Company Name: TIME Pace Profile #: Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION 3240 TIME COMPOSITE START KLAEKUS DATE Required Project Information: G=GRAB C=COMP O Ø g Ø Ø G დ g SAMPLE TYPE MΩ M M M š Š Š Š Š Š ≧ **BOOD XINTAM** Project Name; Project Number Section B Copy To: Ros 212 4/ BATH STUC/HILL-F Purchase Order No.: Keen 212 A/BATH SIMIC/CHIR Row 2124 BATH STAIC/CIL.F Room 2124/BATH STANY HIJ.R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT, WATER, DF=DRINKING FOUNTAIN ROWN 212/SINK/ HILL-F Run 212/5IHK/ HW.R Rea 211/5IHK/111-F ROOM 212/SILIK/CH.R ROOM 212/5IMK/CHIF ROCM 211/5ILIK/HW-R DRINKING WATER
WATER
WASTE WATER
PRODUCT
SOLISOLD Hay Tr 84 2- 208/ Hon DF 87 RA 208, tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information Jerona, NY 13478 Section D Section A Email To: Phone: 9 10 8 11 6 # Wat

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A N/A

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Sangples Intact N/A N/A N/J SAMPLE CONDITIONS OTHER NY S N/A N/A N/A N/A ġ Custody Sealed Ξ DRINKING WATER N/A N/A N/A N/A Received on 1.... Page: × Z L O° ni qmeT **-**သွ TIME 250 l.... ð P GROUND WATER L... DATE 5 N RCRA LOCATION .... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES T UST Requested Ans POSZEN 182S2O3 HORN IOI ONH \*05° 3 TIME ubreserved SAMPLER NAME AND SIGNATURE Halle 18 # OF CONTAINERS DATE ace Quote Reference: Invoice Information: ace Project Manage 15.73 ET:73 15:13 82:S 15:05 71:51 15:12 7:7 5:05 4:5 ارد: مر ایر: مر 1/16 15:04 15:11 Company Name: DATE TIME Pace Profile #: Section C Address: COLLECTED P RELINQUISHED BY / AFFILIATION 226 TIME COMPOSITE START DATE Required Project Information: Project Name: FXV > G=GRAB C=COMP Ø ග G g G **SAMPLE TYPE** M DW M M M M DW ΩM ě M ĕ š MATRIX CODE Section B KLOM 205/5/67 STNK/HIJ-R ROOM 2020 PRATH SEHK/F KEEM 205/SLOP SINK/HW.F ROCH 265/ SLOP SINK/CIJ-F Copy To: REEM 2024 / 13ATH SDAK/R Purchase Order No.: ROCH 205/510P SINK/CLI-R RLOM 20%/EYEWASH/R Room 208/EYEWASH/F ROM 202/ SIMK/CIJ-F Run 202/ SIHK/ HM-R STAK/HIJ-F 8 1200m 202/SIMK/C11-R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples, Sample ID code: CW=COLD WATER, HW=HO7 tvandresar@moboces.org ADDITIONAL COMMENTS Pradison OneidaBOCES WATER, DF=DRINKING FOUNTAIN (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Year 202 4937 Spring Rd equired Client Information /erona,NY 13478 Section D Address: Email To: Phone: 10 8 6 12 # MaT

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER:

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Pace Analytical

Pace Project No Samples Intact N/A N/A N/A SAMPLE CONDITIONS OTHER NY 2 L ĕ N/A N/A N/A N/A Custody Sealed 34 DRINKING WATER N/A N/A N/A N/A Received on Page: ₹ Z O° ni qmeT 2 OTHER သွ ⊒ TIME 370 L... F δ GROUND WATER 1... DATE Thi RCRA LOCATION 1\_\_ SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ą 1925O4 lonsitie Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOB IOF <sup>E</sup>ON⊦ 1/2/16/18:00 POSZH ŤIME npreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS COLLECTION DATE Pace Quote Reference: ace Project Manager Invoice Information: 15:19 5:17 15:24 15:24 15:07 15:18 15:23 52:57 15:24 15:24 15:15 15:15 TIME Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address DATE COLLECTED RELINQUISHED BY / AFFILIATION 3746 TIME COMPOSITE START DATE Required Project Information: Project Name: G=GRAB C=COMP ტ Ø Ø g ტ Ø ტ Ø Ø G g **34YT 3J9MA8** š M Š M ž š š M 8 8 š š **JUNEAU CODE** Section B ROM 2014/13ATH SDMK/HUR KOOM 2014/13ATH SDAK/HIW-F Copy To: |Coch 2014/BATH SDAK/CH ROOM 2014/BATH STAKKIN-F RUCH 113/ COFFEE MAKER/ R Purchase Order No.: ROM 204/SINK/HIJ-F 1200 204/524K/HW-R ROOM ZUH / SINK/ CIJ-F 120cm 204/ SIME/CU-R Recm 13/COFFEE MAKEZ/F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HØT WATER, DF=DRINKING FOUNTAIN ROCH 206/SINIL/F Roem 206/SINK/ R MATRIX tvandresar@moboces.org Pradison Onlida BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / .-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D Requested Due Date/TAT: Section A Email To: Phone: 10 12 0 1 8 8 6 # MBTI

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER:

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Pace Project No. Samples Intact N/A N/A SAMPLE CONDITIONS ž ဗ္ Cooler OTHER L ŏ N/A N/A N/A N/J Custody Sealed 35 DRINKING WATER 90| N/A N/A N/A N/A Received on Page: ₹ Z O° ni qmeT ڮ \_\_ ပ္တ TIME 3 1.... P გ GROUND WATER 1... DATE 12/6 RCRA LOCATION <u>\_\_\_</u> SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST ij James Murphy PACE Analytical 192504 ernanoi a<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOP O EON! POS<sup>2</sup> Halle 18:00 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS COLLECTION PRINT Name of SAMPLER: DATE ace Quote Reference Pace Project Manager. Invoice Information: 2:5 15:33 75:34 15:34 15:34 Z:37 15:34 15:24 15:29 7:7 K:51 3/11 1/2:58 Company Name: TIME Pace Profile #: Section C Address DATE COLLECTED RELINQUISHED BY / AFFILIATION 3246 TIME COMPOSITE START DATE Required Project Information: my Project Name:
TRIPLEXOS
Project Number: G=GRAB C=COMP G ტ G Ø Ø Φ Ø G Ø ტ g g **BAYT BJ9MA8** š š <u>≧</u> M . A Š <u>≧</u> M 8 Š Š M **ANATRIX CODE** Section B Remiog/BATH STHKI/HIM·R KOCH 104/BATH STHK 2/CW-R RECH 109/13/17H SEWILZ/ HIM-R Rean 109 / BATH STOIK 2/ HW-F Run 109/ BATH STHIL 1/CILIF LOW 109/3NTH STHK 21 CH-7 Roan 109/BATH SINK 1/CIJ-R Reen 109/13/17/ 55412/CW-F Copy To: Purchase Order No.: Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN Ruch 113/5IHK/ HILI-R ROOM 113/ SIHIL/ HH-F RECA 113/SINK/CLI-R ROCM 113/ SINK/ CIVI-F SAMPLE ID

(A-Z, 0-9 / -)

Sample IDs MUST BE UNIQUE over tvandresar@moboces.org ADDITIONAL COMMENTS Pladison Onlida BOCES 10 DAYS Required Client Information: equired Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D Requested Due Date/TAT: Section A Email To: Phone: 8 6 10 11 12 # M3T

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DATE Signed (MM / DD / YY):

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Pace Project No. Lab I.D. SAMPLE CONDITIONS 5 OTHER NY N N Cooler N/A N/A N/ Custody Sealed ≅ K DRINKING WATER N/A N/A N/X N/λ Received on Page: ₹ O° ni qmeT Z Š ပ္တ \_ TIME 10° g P GROUND WATER 1.... DATE 12/6 RCRA LOCATION Ì... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ą \$08ZB rethanol 18<sup>5</sup>8<sup>5</sup>0<sup>3</sup> HOB ICI ONF POS<sup>2</sup>I 9 TIME ubreserved SAMPLER NAME AND SIGNATURE 60 # OF CONTAINERS Malle PRINT Name of SAMPLER: DATE ace Quote Reference ace Project Manager. Invoice Information: 32:45 5:43 15:46 5:38 15:38 5:55 5:42 15:45 15:57 53 5:39 **15:**₹ TIME Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address: DATE COLLECTED 3 RELINQUISHED BY / AFFILIATION 3240 TIME COMPOSITE START DATE Required Project Information: SAMPLE TYPE G=GRAB C=COMP Ø ပ g Ø ტ Ø ပ Φ ტ Ø ტ Q Project Name: Š δ M 8 8 š š M ΜO M ž š **BOOD XISTAM** Section B 8 ROCM 107/13/17 STUK 1/CH-F 9 Recm 107/13/774 5544 1/1114-R 10 Recm 107/13/74 5544 2/647.R REUM 1C7/13/11 SINK 2/EW-F Copy To: 11 BOUM 107/BATTU SINK 2/CW-R Purchase Order No.: REM 107/BATH SIMN 1/CH-R ROOM 110/ SIMK/ CIN-F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Roch 110 / SINK/ CIJ-R Sample ID code: CW=COLD WATER, HW=HOW WATER, DF=DRINKING FOUNTAIN ROCH 110 /SENK/ HIJ-R Keen 110/ SIHK/ 1141.F HAN JEBY RM 103/F HALL DE BY RM 107/12 MATRIX tvandresar@moboces.org Madison Oneida BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Section D
Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Oue Date/TAT: Section A Email To: Phone: o it is 12 TEM#

Samples Intact

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

SIGNATURE of SAMPLER:

N/A

N/A N/A

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Pace Project No. Lab f.D. tangples Intact N/X N/A N/A SAMPLE CONDITIONS OTHER NY MI NC N/A N/A N/A N/ Custody Sealed Page: 37 **DRINKING WATER** N/A N/A N/A N/A Received on **∑** Z L H O° ni qmeT သွ 526 TIME 1.... 1.... ᆼ 8 GROUND WATER ... DATE 12/6 RCRA LOCATION <u>\_\_</u> SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane 192504 lethanol 60282B HOP IOI ONI POS<sup>2</sup> 18/2 TIME upreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 120116 PRINT Name of SAMPLER: Pace Quote Reference: SAMPLE TEMP AT DATE Invoice Information: Pace Project Manager 15:31 15:50 15:50 15:56 15:51 25.31 15:50 15:54 18:51 15:54 7/16 Is:42 15:5 Company Name: TIME Pace Profile #: Section C Address: COLLECTED DATE MI RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: G=GRAB C=COMP g ပ Ó ტ O ტ g Ø g Ø Ø G Project Name: VS SAMPLE TYPE M š DΜ Š M DW Š λ M M š Š **BUOD XIBTAM** Project Number: Section B Copy To: Run 107/134 th SINK 2/HW-F Recm 101 / SLOP SINK/HIL-R Purchase Order No.: ROCM 107/134 TH 554 K 2/HW-R 1200m 101 / SLOP SINK/ CIU-F Ruch 101/SLOP SIHIC/HLI-F ROCM 101/51095INK(CH-12 900 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOF WATER, DF=DRINKING FOUNTAIN Valid Matrix Code DEBAGNIC WATER
WAYER WATER
WASTE WATER
FROCHOT
SOLSOUD
ORL
WINE
AIR
TISSUE Ram 103 B/SINK/18 Room 1038/55HK/ F Room 103c/55HIC/R Ran 103c/ SENK/ F ROCH 103A/ STHK/F ROOM 103A/SINK/R tvandresar@moboces.org ADDITIONAL COMMENTS Piddison OneidaBOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Required Client Information Address: 4937 Spring Rd /erona,NY 13478 Section D Requested Due Date/TAT: Section A Email To: Phone: 8 6 9 10 # MJLI

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

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Pace Project No. Lab f.D. Samples Intact N/A N/A N/A SAMPLE CONDITIONS OTHER NY MI NC Cooler N/A N/X N/X N/ 38 DRINKING WATER N/A N/A N/A N/A Received on Page: ₹ F J° ni qmeT <u>ک</u> ပ္တ S. TIME P ð 11/2/ GROUND WATER 7/2 1.... į.... DATE 4 RCRA DATE Signed (MM / DD / YY): LOCATION 1... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ąnę, James Murphy PACE Analytical 4082B ethanol Va2S2O3 HOBI IOI €ON⊦ POS<sup>2</sup> 18:60 TIME Jupreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 120/16 PRINT Name of SAMPLER: SIGNATURE of SAMPLER: DATE SAMPLE TEMP A Pace Quote Reference: ace Project Manager Invoice Information: 15:58 15:58 11.43 TIME Company Name: COMPOSITE END/GRAB Pace Profile #: Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION OPLE TIME COMPOSITE START DATE Required Project Information: Project Name: G=GRAB C=COMP DW G ပ O g Ö ტ g Φ O တ g ပ SAMPLE TYPE Š ð M š M M M ≧ Š M MATRIX CODE Section B Room to 3e lutelety semic/Hurf Karm 434/Srawer3/43/ Copy To: ROOM 103C/UTILITY SINK/HA hoon 434/Shower 3/W-R Purchase Order No.: Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOX WATER, DF=DRINKING FOUNTAIN SAMPLE ID COCCON tvandresar@moboces.org ADDITIONAL COMMENTS Pladison Onei da BOCES 10 DAYS Required Client Information: Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D Due Date/TAT: Section A Requested Email To: Phone: 10 11 12 # MJL 9

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| Section A                  |  | Section B   |             |                     | Š                          | Section C            |               |       |                   |               |  |           |                  |             |              |                   |          | Page:          | ند                 | ٦                           |         |
|----------------------------|--|---|-------------|---------------------|----------------------------|----------------------|---------------|-------|-------------------|---------------|--|-----------|------------------|-------------|--------------|-------------------|----------|----------------|--------------------|-----------------------------|---------|
| Require                    |  | Required Project Information:                                       | oject Infi  | ormation:           | ını                        | Invoice Information: | ation:        |       |                   |               |  |           |                  |             |              |                   |          |                |                    |                             |         |
| Сотраг                     | Company: Madison Oneida BOCES  | Report To:  |             |                     | Aff                        | Attention:           |               |       |                   |               |  |           |                  |             | REG          | REGULATORY AGENCY | RY AGE   | ENCY           |                    |                             |         |
| Address:                   | 4937 Spring Rd   | Copy To:  |             |                     | 8_                         | Company Name:        | Je.           |       |                   |               |  |           | L NPDES          | F G         | GROUND WATER | NATER             | T OR     | DRINKING WATER | ATER               |                             |         |
| Verona,                    | Verona, NY 13478   |   |             |                     | 8                          | Address:             |               |       |                   |               |  | 1         | T UST            | F 88        | RCRA         |                   | T OTHER  | 8              | [                  |                             |         |
| Email To:                  | tvandresar@moboces.org   | Purchase<br>Order No.:  |             |                     | g.                         | Pace Quote Reference | ference:      |       |                   |               |  |           | SI               | SITE        |              | AS L              | L        | Z              | E                  | NC<br>L                     |         |
| Phone:                     | 315.361.5750 Fax:  | Project Name:   |             | Rossetti            | Q.                         | Pace Project Manager | anager:       |       |                   |               |  |           | , LOC,           | LOCATION    |              | H<br>L            | Sc       | <b>∑</b>       | T OTH              | OTHER NY                    |         |
| Requested<br>Due Date/TAT: | 10 DAYS  | Project Number.   | j.          |                     | -g                         | Pace Profile #:      |               |       |                   |               |  | I II      | Filtered (Y/N)   | ///         | ///          |                   |          |                |                    |                             |         |
| <u> </u>                   | D Valid Matrix Codes MATRIX ient Information   | ш   |             | dV                  | COLLECTED                  | TED                  | 7/            | 88    | u.                | Preservatives | tives                                  | ď         | Requested        |             |              |                   |          |                |                    |                             |         |
| #₩                         | E UNIQUE ones  | DW<br>WY<br>WW<br>P P WW<br>S P P P P P P P P P P P P P P P P P P P | MATRIX CODE | COST RAFIDS         | COMPOSITE                  | COMPOSITE            | SAMPLE TEMP A |       | *(                |               | 5O <sup>2</sup>                        |           | 2                |             |              |                   |          |                | ISI Chloring (YIV) | į                           |         |
| ЭTI                        |  | !   | *********   | DATE                | TIME                       | DATE TIME            | 1             |       | H <sup>5</sup> 8C | нсі           | N <sub>82</sub> S<br>N <sub>82</sub> S | Naze      |                  |             |              |                   | <u> </u> | Meer           |                    | race rejective.<br>Lab I.D. | ab I.D. |
|                            | PREAK ROCH/CW-R  |   | DW G        |                     | 1                          | 7/16 6:30            | õ             | -     |                   |               |  |           | ×                |             |              |                   |          |                | PI                 | 157                         | 6       |
| . 7                        | فسيا   |   | DW          |                     |                            | ( t:30               | 3             |       |                   | -             |  |           | x                |             |              |                   |          |                | وماالا             | 7                           |         |
| <sub>(</sub>               | BREAK PLOM / HILL -R   |   | DW G        |                     |                            | 15:3                 |               | -     |                   |               |  |           | ×                |             |              |                   |          |                | ?                  |                             | -       |
| 4                          | BREAK ROOM / 1111-F  |   | DW          |                     |                            | 6.5                  | 5.            | -     | -                 |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| ည                          | BREAK ROOM / FREDKE  | /R  | DW          |                     |                            | 6:52                 | 52            | -     |                   |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 9                          | BREALL RUCH / FREDGE   | 1/  | DW G        |                     |                            | 6:52                 | 52            | +-    |                   |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
|                            | ROOM 310/SHOWER/CLU-R  |   | DW G        |                     |                            | 6.56                 | و             | -     | -                 |               |  | $\exists$ | ×                |             |              |                   |          |                |                    |                             |         |
| 80                         | 1200m 310/34014ER/C11-F  |   | DW          |                     |                            | 6:56                 | وح            |       | -                 |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 6                          | 310/SHOLLER/   | H11-R   | DW G        |                     |                            | C:2                  | Ċ             | -     |                   |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 5                          | _  | コニーニ  | DW G        |                     |                            | 85:7                 | 30            |       |                   |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 12                         | Room 103/shower/cu   | <u>-</u> لا   | DW          |                     |                            | 7:06                 | ړ             | -     | -                 |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 12                         | Ram 103/SWOLLER/CH   | 14  | DW G        |                     |                            | 1 1507               | 7,            |       |                   | <del></del>   |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| ,                          | DITIONAL (   | REUIN   | VQUISE      | RELINQUISHED BY / A | AFFILIATION                |                      | DATE          | TIME  | щ                 | ACC           | ACCEPTED                               | BY/A      | BY / AFFILIATION |             | DATE         |                   | TIME     | S              | MPLE C             | SAMPLE CONDITIONS           | Ş       |
| Sample                     | Samples ending in F are flushed samples and are to be held penting the paritys of the Raw samples. | 1   | hu          | M                   | 3240                       |                      | 21/02/1       | 2.3/  | 9                 | W)            | 11                                     | 1         | Ų                |             | 17/4         |                   | 526      |                | N/A                | N/A                         | N/A     |
| Sample                     | Nample December 19 NATER, HW=HOT   | 1   |             | 0                   |                            |                      |               |       |                   |               |  |           |                  |             | ,            |                   |          |                | N/A                | N/A                         | N/A     |
| ί<br>Χ                     | . A, DT-DRINKING FOON I AIN  |   |             |                     |                            |                      |               |       |                   |               |  |           |                  |             |              |                   |          |                | N/A                | N/A                         | N/A     |
|                            |  |   |             |                     |                            |                      |               |       | ,                 |               |  |           |                  |             |              |                   |          |                | N/A                | N/A                         | N/A     |
|                            |  |   |             |                     | SAMPLER NAME AND SIGNATURE | NAME AP              | ND SIGN       | ATURË |                   | ۴             |  |           |                  |             |              |                   |          | 0.1            |                    | iesled                      | Intact  |
|                            |  |   | •           |                     | PRINT Name of SAMPLER:     | me of SAN            | 1             | James | Murph             | W PA          | James Murphy PACE Analytical           | alytical  |                  |             |              |                   |          | uj duk         | Ceived<br>Ice      | Soole<br>Coole              | ı səldı |
| 1                          | 1111   | ,   |             |                     | SIGNATURE of SAMPLER:      | RE of SAN            |               | 202   | 2                 | 7             | ļ                                      | İ         |                  | DATE Signed | F            | 7 10 11           |          | eT.            |                    | eisna<br>eisna              | meS     |

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Pace Analytical

Pace Project No. SAMPLE CONDITIONS SICE SICE OTHER NY S J ŏ N/A N/A N/A Custody Sealed ₹ N GROUND WATER DRINKING WATER Refeived on N/A N/A N/A SC L L REGULATORY AGENCY OTHER TIME 7 L., F 8 L DATE 1 2 RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ąij POSZBI vethanol Na2S2O3 HOBM IOI 4NO3 \*05<sup>2</sup>l E & TIME upreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP AT COLLECTION Neolle DATE ace Quote Reference Pace Project Manager Invoice Information: 7:24 7:12 4:5 7:24 30:0 7:17 7:20 TIME 7/12/13:01 = 7:12 7:12 7:20 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: Rossetti G=GRAB C=COMP ပ g G മ Ø G G Ö O DW G G g š M M M š Š Ճ Š M M MO MATRIX CODE Project Name: Project Number Section B Report To: Copy To: Purchase Order No.: ROOM 101A/SHOWER / CLI-R ROOM 101A/SHOWER/CH-F ROOF 101A/SHOWER/ HILL-R ROOM 101A/SHOUSE/HIL-F HOSE/CLIA-F HOSE/CLIK ROOM 103/SHOWER/HIL-F Thoom 304/ Eyewasu/R Rum 30% (Exernasal) F Room 103/SHOWER/HW-R to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN ROOM 306/EYELLASH / R Room 306/EYELLASMIF Samples ending in F are flushed samples and are tvandresar@moboces.org Company: Madison Oneida BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 306/ 306 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information であれ 1252 /erona, NY 13478 Section D Due Date/TAT: Section A Email To: Phone: 10 6 # MaT

N/A N/A N/A N/A Samples Intact

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PRINT Name of SAMPLER: James Murphy PACE Analytical

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Pace Project No. Lab I.D. 1007379 gaufbles lutact N/A N/X N/A SAMPLE CONDITIONS OTHER NY MI **3** Cooler N/X N/A N/A N/A Custody Sealed DRINKING WATER əəj N/A N/X N/A Received on Page: ₹ Z <u>}</u> J° ni qmaT Ĭ.... OTHER SC TIME かな L., Ą ᆼ GROUND WATER DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) W NPDES Requested UST Ą James Murphy PACE Analytical \$08ZB lonsans 82S2O3 HOBI IOI FONH \*0S<sup>2</sup>l 8.8 TIME npreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Malle DATE ace Quote Reference: ace Project Manager. Invoice Information: 7:34 35.6 2:43 hh:t かん 7:33 Company Name: TIME 7:30 7:43 7:44 7:28 1:31 7:28 Pace Profile #: Section C Address: COLLECTED 7/15 DATE RELINQUISHED BY / AFFILIATION TIME COMPOSITE START Project Name: ROSSETTI DATE Required Project Information: SAMPLE TYPE G=GRAB C=COMP DW G Ø G മ Ø G G Š M M DW ΔM Μ M M ΔM M M MATRIX CODE Project Numbe Section B Copy To: Purchase Order No.: to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT/WATER, DF=DRINKING FOUNTAIN Samples ending in F are flushed samples and are Room 201/EYELLASU/F 13con 217/ EVELLASH /F CUTSIDE SPICES #6/F ROOM 201/EYELLASHIR ROOM 217/EYELLASU/R CUISIDE SYSTEM #6/R Room 301/EYENNOW/F OCTSIDE SPICES #5/ R CUTSEDE SPECUT \*4 | F OUTSIDE SPICOT #4/R CUTSTDE SPSCOT #5/F ROOM 301/EYELLASH/R MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Madison Onlida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information /erona,NY 13478 Section D Date/TAT: Section A Email To: Phone: 6 12 9 8 10 # M31

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Pace Project No. Lab f.D. 1607199 SIX LOS Samples Intact N/A N/A SAMPLE CONDITIONS OTHER NY ပ္ م Cooler L N/A N/A N/A N/A Custody Sealed **DRINKING WATER** J N/A N/X N/A N/A Received on Page: Z ₹ J° ni qmeT 2 Sc = TIME 32 L... P g GROUND WATER 1... DATE 141 RCRA LOCATION <u>\_\_\_</u> SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane James Murphy PACE Analytical POSZE Nethanol Va2S2D3 HOBN 101 EONH 18:00 \*OSZH TIME Jubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Malle PRINT Name of SAMPLER: DATE Pace Quote Reference: TA AMBT BJAMAS Pace Project Manager. Invoice Information: 7:52 3;5 TIME Company Name: COMPOSITE END/GRAB Pace Profile #: Section C Address: اع ا COLLECTED DATE RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: Project Name: G=GRAB C=COMP O O Q O ပ ပ ტ Ø ტ Ø ပ g SAMPLE TYPE M M Š M š ě M ΜO Ν ≧ Š Š **BROO XINTAM** Section B Copy To: Purchase Order No.: 8 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN 47/1 SPIGOT #7/R MATRIX tvandresar@moboces.org Madison Oneida BOCES ADDITIONAL COMMENTS SYCEON (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information **OUTSTOC** のころわら erona, NY 13478 Section D Requested Due Date/TAT: Email To: Phone: 0 1 0 10 8

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DATE Signed (MM / DD / YY):

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| Section A                  |  | Section B   |             |                     | Š                          | Section C            |               |       |                   |               |  |           |                  |             |              |                   |          | Page:          | ند                 | ٦                           |         |
|----------------------------|--|---|-------------|---------------------|----------------------------|----------------------|---------------|-------|-------------------|---------------|--|-----------|------------------|-------------|--------------|-------------------|----------|----------------|--------------------|-----------------------------|---------|
| Require                    |  | Required Project Information:                                       | oject Infi  | ormation:           | ını                        | Invoice Information: | ation:        |       |                   |               |  |           |                  |             |              |                   |          |                |                    |                             |         |
| Сотраг                     | Company: Madison Oneida BOCES  | Report To:  |             |                     | Aff                        | Attention:           |               |       |                   |               |  |           |                  |             | REG          | REGULATORY AGENCY | RY AGE   | ENCY           |                    |                             |         |
| Address:                   | 4937 Spring Rd   | Copy To:  |             |                     | 8_                         | Company Name:        | Je.           |       |                   |               |  |           | L NPDES          | F G         | GROUND WATER | NATER             | T OR     | DRINKING WATER | ATER               |                             |         |
| Verona,                    | Verona, NY 13478   |   |             |                     | 8                          | Address:             |               |       |                   |               |  | 1         | T UST            | F 88        | RCRA         |                   | T OTHER  | 8              | [                  |                             |         |
| Email To:                  | tvandresar@moboces.org   | Purchase<br>Order No.:  |             |                     | g.                         | Pace Quote Reference | ference:      |       |                   |               |  |           | SI               | SITE        |              | AS L              | L        | Z              | E                  | NC<br>L                     |         |
| Phone:                     | 315.361.5750 Fax:  | Project Name:   |             | Rossetti            | Q.                         | Pace Project Manager | anager:       |       |                   |               |  |           | , LOC,           | LOCATION    |              | H<br>L            | Sc       | \ <u>\</u>     | T OTH              | OTHER NY                    |         |
| Requested<br>Due Date/TAT: | 10 DAYS  | Project Number.   | j.          |                     | -g                         | Pace Profile #:      |               |       |                   |               |  | I II      | Filtered (Y/N)   | ///         | ///          |                   |          |                |                    |                             |         |
| <u> </u>                   | D Valid Matrix Codes MATRIX ient Information   | ш   |             | dV                  | COLLECTED                  | TED                  | 7/            | 88    | u.                | Preservatives | tives                                  | ď         | Requested        |             |              |                   |          |                |                    |                             |         |
| #₩                         | E UNIQUE ones  | DW<br>WY<br>WW<br>P P WW<br>S P P P P P P P P P P P P P P P P P P P | MATRIX CODE | COST RAFIDS         | COMPOSITE                  | COMPOSITE            | SAMPLE TEMP A |       | *(                |               | 5O <sup>2</sup>                        |           | 2                |             |              |                   |          |                | ISI Chloring (YIV) | į                           |         |
| ЭTI                        |  | !   | *********   | DATE                | TIME                       | DATE TIME            | 1             |       | H <sup>5</sup> 8C | нсі           | N <sub>82</sub> S<br>N <sub>82</sub> S | Naze      |                  |             |              |                   | <u> </u> | Meer           |                    | race rejective.<br>Lab I.D. | ab I.D. |
|                            | PREAK ROCH/CW-R  |   | DW G        |                     | 1                          | 7/16 6:30            | õ             | -     |                   |               |  |           | ×                |             |              |                   |          |                | PI                 | 157                         | 6       |
| . 7                        | فسيا   |   | DW          |                     |                            | ( t:30               | 3             |       |                   | -             |  |           | x                |             |              |                   |          |                | وماالا             | 7                           |         |
| <sub>(</sub>               | BREAK PLOM / HILL -R   |   | DW G        |                     |                            | 15:3                 |               | -     |                   |               |  |           | ×                |             |              |                   |          |                | ?                  |                             | -       |
| 4                          | BREAK ROOM / 1111-F  |   | DW          |                     |                            | 6.5                  | 5.            | -     | -                 |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| ည                          | BREAK ROOM / FREDKE  | /R  | DW          |                     |                            | 6:52                 | 52            | -     |                   |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 9                          | BREALL RUCH / FREDGE   | 1/  | DW G        |                     |                            | 6:52                 | 52            | +-    |                   |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
|                            | ROOM 310/SHOWER/CLU-R  |   | DW G        |                     |                            | 6.56                 | و             | -     | -                 |               |  | $\exists$ | ×                |             |              |                   |          |                |                    |                             |         |
| 80                         | 1200m 310/34014ER/C11-F  |   | DW          |                     |                            | 6:56                 | وح            |       | -                 |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 6                          | 310/SHOLLER/   | H11-R   | DW G        |                     |                            | C:2                  | Ċ             | -     |                   |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 5                          | _  | コニーニ  | DW G        |                     |                            | 85:7                 | 30            |       |                   |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 12                         | Room 103/shower/cu   | <u>-</u> لا   | DW          |                     |                            | 7:06                 | ړ             | -     | -                 |               |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| 12                         | Ram 103/SWOLLER/CH   | 14  | DW G        |                     |                            | 1 1507               | 7,            |       |                   | <del></del>   |  |           | ×                |             |              |                   |          |                |                    |                             |         |
| ,                          | DITIONAL (   | REUIN   | VQUISE      | RELINQUISHED BY / A | AFFILIATION                |                      | DATE          | TIME  | щ                 | ACC           | ACCEPTED                               | BY/A      | BY / AFFILIATION |             | DATE         |                   | TIME     | 'S             | MPLE C             | SAMPLE CONDITIONS           | Ş       |
| Sample                     | Samples ending in F are flushed samples and are to be held penting the paritys of the Raw samples. | 1   | hu          | M                   | 3240                       |                      | 21/02/1       | 2.3/  | 9                 | W)            | 11                                     | 1         | Ų                |             | 17/4         |                   | 526      |                | N/A                | N/A                         | N/A     |
| Sample                     | Nample December 19 NATER, HW=HOT   | 1   |             | 0                   |                            |                      |               |       |                   |               |  |           |                  |             | ,            |                   |          |                | N/A                | N/A                         | N/A     |
| ί<br>Χ                     | . A, DT-DRINKING FOON I AIN  |   |             |                     |                            |                      |               |       |                   |               |  |           |                  |             |              |                   |          |                | N/A                | N/A                         | N/A     |
|                            |  |   |             |                     |                            |                      |               |       | ,                 |               |  |           |                  |             |              |                   |          |                | N/A                | N/A                         | N/A     |
|                            |  |   |             |                     | SAMPLER NAME AND SIGNATURE | NAME AP              | ND SIGN       | ATURË |                   | ۴             |  |           |                  |             |              |                   |          | 0.1            |                    | iesled                      | Intact  |
|                            |  |   | •           |                     | PRINT Name of SAMPLER:     | me of SAN            | 1             | James | Murph             | W PA          | James Murphy PACE Analytical           | alytical  |                  |             |              |                   |          | uj duk         | Ceived<br>Ice      | Soole<br>Coole              | ı səldı |
| 1                          | 1111   | ,   |             |                     | SIGNATURE of SAMPLER:      | RE of SAN            |               | 202   | 2                 | 7             | ļ                                      | İ         |                  | DATE Signed | F            | 7 10 11           |          | eT.            |                    | eisna<br>eisna              | meS     |

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Pace Analytical

Pace Project No. SAMPLE CONDITIONS SICE SICE OTHER NY S J ŏ N/A N/A N/A Custody Sealed ₹ N GROUND WATER DRINKING WATER Refeived on N/A N/A N/A SC L L REGULATORY AGENCY OTHER TIME 7 L., F 8 L DATE 1 2 RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ąij POSZBI vethanol Na2S2O3 HOBM IOI 4NO3 \*05<sup>2</sup>l E & TIME upreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP AT COLLECTION Neolle DATE ace Quote Reference Pace Project Manager Invoice Information: 7:24 7:12 4:5 7:24 30:0 7:17 7:20 TIME 7/12/13:01 = 7:12 7:12 7:20 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: Rossetti G=GRAB C=COMP ပ g G മ Ø G G Ö O DW G G g š M M M š Š Ճ Š M M MO MATRIX CODE Project Name: Project Number Section B Report To: Copy To: Purchase Order No.: ROOM 101A/SHOWER / CLI-R ROOM 101A/SHOWER/CH-F ROOF 101A/SHOWER/ HILL-R ROOM 101A/SHOUSE/HIL-F HOSE/CLIA-F HOSE/CLIK ROOM 103/SHOWER/HIL-F Thoom 304/ Eyewasu/R Rum 30% (Exernasal) F Room 103/SHOWER/HW-R to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN ROOM 306/EYELLASH / R Room 306/EYELLASMIF Samples ending in F are flushed samples and are tvandresar@moboces.org Company: Madison Oneida BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 306/ 306 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information であれ 1252 /erona, NY 13478 Section D Due Date/TAT: Section A Email To: Phone: 10 6 # MaT

N/A N/A N/A N/A Samples Intact

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PRINT Name of SAMPLER: James Murphy PACE Analytical

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Pace Project No. Lab I.D. 1007379 gaufbles lutact N/A N/X N/A SAMPLE CONDITIONS OTHER NY MI **3** Cooler N/X N/A N/A N/A Custody Sealed DRINKING WATER əəj N/A N/X N/A Received on Page: ₹ Z <u>}</u> J° ni qmaT Ĭ.... OTHER SC TIME かな L., Ą ᆼ GROUND WATER DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) W NPDES Requested UST Ą James Murphy PACE Analytical \$08ZB lonsans 82S2O3 HOBI IOI FONH \*0S<sup>2</sup>l 8.8 TIME npreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Malle DATE ace Quote Reference: ace Project Manager. Invoice Information: 7:34 35.6 2:43 hh:t かん 7:33 Company Name: TIME 7:30 7:43 7:44 7:28 1:31 7:28 Pace Profile #: Section C Address: COLLECTED 7/15 DATE RELINQUISHED BY / AFFILIATION TIME COMPOSITE START Project Name: ROSSETTI DATE Required Project Information: SAMPLE TYPE G=GRAB C=COMP DW G Ø G മ Ø G G Š M M DW ΔM Μ M M ΔM M M MATRIX CODE Project Numbe Section B Copy To: Purchase Order No.: to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT/WATER, DF=DRINKING FOUNTAIN Samples ending in F are flushed samples and are Room 201/EYELLASU/F 13con 217/ EVELLASH /F CUTSIDE SPICES #6/F ROOM 201/EYELLASHIR ROOM 217/EYELLASU/R CUISIDE SYSTEM #6/R Room 301/EYENNOW/F OCTSIDE SPICES #5/ R CUTSEDE SPECUT \*4 | F OUTSIDE SPICOT #4/R CUTSTDE SPSCOT #5/F ROOM 301/EYELLASH/R MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Madison Onlida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information /erona,NY 13478 Section D Date/TAT: Section A Email To: Phone: 6 12 9 8 10 # M31

e-File(ALLQ020jev.4,29Mar06)22Jun2005

\* The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Project No. Lab f.D. 1607199 SIX LOS Samples Intact N/A N/A SAMPLE CONDITIONS OTHER NY ပ္ م Cooler L N/A N/A N/A N/A Custody Sealed **DRINKING WATER** J N/A N/X N/A N/A Received on Page: Z ₹ J° ni qmeT 2 Sc = TIME 32 L... P g GROUND WATER 1... DATE 141 RCRA LOCATION <u>\_\_\_</u> SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane James Murphy PACE Analytical POSZE Nethanol 482S2O3 HOBN 101 EONH 18:00 \*OSZH TIME Jubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS Malle PRINT Name of SAMPLER: DATE Pace Quote Reference: TA AMBT BJAMAS Pace Project Manager. Invoice Information: 7:52 3;5 TIME Company Name: COMPOSITE END/GRAB Pace Profile #: Section C Address: اع ا COLLECTED DATE RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: Project Name: G=GRAB C=COMP O Ø Q Ö ပ ပ ტ Ø ტ Ø ပ g SAMPLE TYPE M M Š M š ě M ΜO Ν ≧ Š Š **BROO XINTAM** Section B Copy To: Purchase Order No.: 8 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN 47/1 SPIGOT #7/R MATRIX tvandresar@moboces.org Madison Oneida BOCES ADDITIONAL COMMENTS SYCEON (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information **OUTSTOC** のころわら erona, NY 13478 Section D Requested Due Date/TAT: Email To: Phone: 0 1 0 10 8

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DATE Signed (MM / DD / YY):

#### F- 1607150 R-1(607C47

### CHAIN-OF-CUSTODY / Analytical Request Document

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Pace Analytical"

SAMPLE CONDITIONS DRINKING WATER Page: Ş Z REGULATORY AGENCY L THER STHER ᆜ ပ္ထ TIME g/ S ᆼ βĄ GROUND WATER 7/26 L DATE F RCRA LOCATION SITE Filtered (Y/N) ACCEPTED BY / AFFILIATION T NPDES Requested L UST Ane 1925O4 Vethanol 182S2O3 HOBI IOI <sup>E</sup>ON<del>l</del> ⁵OS²ŀ 1/2/1/1/18:00 TIME pevieserded # OF CONTAINERS AMPLE TEMPA ace Quote Reference: ace Project Manager. DATE Invoice Information: 8:02 7:57 8:01 8.53 8.0C 8:CL TIME Company Name: 1/23 17:56 3 8:04 8:04 3,5 20,00 Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED D RELINQUISHED BY / AFFILIATION 3740 TIME COMPOSITE START 200g DATE Required Project Information: Muny IJ. G=GRAB C=COMP G ტ DW G G Ø g Ø O Ø ပ g ග SAMPLE TYPE Purchase Order No.: Project Name: Δ Š Ã M Š 8 ⋛ M DW MATRIX CODE Section B DOLLISTREES MENS ROW/SEHL/CHR Report to: DOLLINSTRAIDS MENS ROW/SEHIL/CHIF DUMSOMS FRENS ROOM /SIMIL/HU-R DOHNSTARTES MENS ROOM /SININ/HIL-F Deunstras LADES Rem (SIMIC/CHT Copy To: DONNISTATES LANTES ROWN KENIGLOIAR DOLHISTATES LADIES ROOM / SAILY -18 DOWNSMARS LADSES ROWN / SCHIL/ HIM CUTSIDE SICCOT/REAR/R DUTSSOE SPECITICEARIF DRINKING WATER WATER WASTE WATER PRODUCT SOIL/SOLID tvandresar@moboces.org ADDITIONAL COMMENTS SLOP STHICKEN-F Company: Madisn Oneida BOCES SLOP SIHIL/ CLI-R (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information Jerona, NY 13478 Section D Due Date/TAT: Section A Email To: Phone: # MHLI

Pace Project No. Lab I.D.

OTHER NY N L

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MAKALTERM DATE Signed 7/

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SAMPLER NAME AND SIGNATUŘE

PRINT Name of SAMPLER: SIGNATURE of SAMPLER: -

#### Pace Analytical "

## CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

| Section A Required Client Information:             |   | Section B<br>Required Project Information   | 3<br>Project | # Inform                    | nation.    |                               | Section C             |              | ,                       |                       |          |               |                            |            |                  |                                |              |              |      |                          | Pa       | Page: 2            | ō                   | m                            |
|--|---|---|--------------|-----------------------------|------------|-------------------------------|-----------------------|--------------|-------------------------|-----------------------|----------|---------------|----------------------------|------------|------------------|--------------------------------|--------------|--------------|------|--------------------------|----------|--------------------|---------------------|------------------------------|
| Company: Madisn Oneida BOCES                       | BOCES   | Report to:                                  |              |                             |            |                               | Attention:            |              |                         |                       |          |               |                            |            |                  |                                |              | REGI         | ATOF | I<br>REGIII ATORY AGENCY | FNICY    |                    |                     |                              |
| Address: 4937 Spring Rd                            |   | Copy To:                                    |              |                             |            |                               | Company Name:         | lame:        |                         |                       |          |               |                            | L.         | NPDES            | L                              |              | GROUND WATER | TER. | T<br>DR                  | INKING   | DRINKING WATER     |                     |                              |
| Verona, NY 13478                                   |   |   |              |                             |            |                               | Address:              |              |                         |                       |          |               |                            | L          | ,<br>UST         | Lou                            | RCRA         |              |      | ₹ JTHER                  | E.       |                    |                     |                              |
| Email To: tvandresar@moboces.org                   | oboces.org  | Purchase<br>Order No.:                      |              |                             |            |                               | Pace Quote Reference: | Reference:   |                         |                       |          |               |                            |            |                  | SITE                           |              | L-           | 8    | <b>=</b>                 | L        | L.                 | L                   | NC                           |
| Phone:   | Fax:  | Project Name:                               | icrr         | ue E                        | 5 Buse     | a                             | Pace Project Manager: | Manager:     |                         |                       |          |               |                            |            | 07               | LOCATION                       | NO           | L.,          | ¥.   | SC                       | Z<br>L   | <u>L_</u>          | Ä                   | ž                            |
| Requested 10 DAYS Due Date/TAT:                    |   | Project Numb                                | Ser.         |                             |            |                               | Pace Profile #:       | #6           |                         |                       |          |               |                            | Filt       | Filtered (Y/N)   | _                              |              |              |      | ///                      |          | 11                 | 11                  |                              |
| Section D Required Client Information              | sapo  | CODE  |              | dΝ                          |            | COLLECTED                     | CTED                  |              |                         |                       | Pres     | Preservatives | يو                         | - 8º       | Requested        | \                              |              |              |      |                          |          |                    |                     |                              |
| SAMPLE ID  (A-Z, 0-9/-)  Sample IDs MUST BE UNIQUE | DENMING WATER WASTE WATER PRODUCT SOIL/SOUD OIL ANDER ARE ARE OIL ANDER ARE ARE ARE ARE ARE ARE ARE ARE ARE A | DW<br>WY<br>P P P P<br>P W P<br>P W P<br>OT | MATRIX CODE  | SAMPLE TYPE<br>S=GRAB C=COI | COMPOSITE  |                               | COMPOSITE<br>END/GRAB | 4 qmat ajqma | COLLECTION OF CONTAINER | esetved               |          | ŀ             |                            | <b>∀</b> 0 | 94               |                                |              |              |      |                          |          | H CHOMING (YM)     | _                   |                              |
| 3T1  |   | \$5   |              |                             | DATE       | TIME                          | L                     | TIME         | #                       | ndnU<br>D8 <u>s</u> H | ЮН       | HCI<br>NaOF   | S <sub>2</sub> SN<br>Meths | SZBN       | \                | <u> </u>                       |              | <i>\</i>     |      |                          |          | np <sub> Sel</sub> |                     | Pace Project No.<br>Lab I.D. |
| SLOP STHIC   | HI 'R   |   | DW           | 9                           |            |                               | 7/23 8                | 5:07         | 1                       |                       | -        |               |                            |            | ×                |                                |              | -            |      |                          |          | L                  |                     |                              |
| Stop Stalk /                                       | 표<br>   |   | DW           | 9                           |            |                               |                       | 2018         | 4-                      |                       | <u>_</u> | <u> </u>      |                            |            | ×                |                                |              | -            |      |                          |          |                    |                     |                              |
| Destruce Batu                                      | TH/C11-12   |   | ΔM           | Ø                           |            |                               | ₽                     | \$:08        | -                       |                       |          |               |                            |            | ×                |                                |              | -            |      |                          |          |                    |                     |                              |
| 4 Losingas Brill                                   | W/CLJ-F   |   | Š            | ပ                           |            |                               | φ.                    | €.c3         | Ψ-                      |                       |          |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| 6 Upsyrtes Brit                                    | 4/H11-R   |   | <u>∧</u>     | O                           |            |                               | æ                     | 6.10         | -                       |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| OSTINITES PATH                                     | H/ HIM-F  |   | ΔM           | ပ                           |            |                               | <i>∙</i>              | 6:10         | -                       |                       |          |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| DOSTINATES KETCHEN STAIN /CLI-R                    | 1EN STAIR/CI-   |   | <u>N</u>     | υ                           |            |                               | ; <b>∕</b> 0          | 2118         | -                       |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| 8 COSTATOS KOTCHELI STAIL,                         |   | C1.7  | <u>M</u>     | Ø                           |            |                               | 8                     | 21:8         | -                       |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| Opsimiles KITCHENSTHE                              |   | /HW-R                                       | Ã            | Ø                           |            |                               | 20                    | 8:13         | ;-                      |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| 10 Upsimers Kercusa Servic (HIL-F                  | HEN STAIL (H  |   | δ            | Ŋ                           |            |                               | 8                     | 8:13         | -                       |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| M BUTSTOR SP                                       | SPECOT/FRUNT/   | Ŋ   | Δ            | ŋ                           |            |                               | Ø                     | 8:15         | Ψ-                      |                       | ~        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| 12 CUTSIDE SO                                      | SOTEOT/FRUNT  | /F  | DW           | ပ                           |            |                               | <u>لا</u> الح         | 8:16         | _                       |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| ADDITIONAL COMMENTS                                | OMMENTS   | REL   | ONI          | UISHE                       | ED BY / A  | RELINQUISHED BY / AFFILIATION | NO                    | DATE         | Ē                       | TIME                  | A        | ACCEPTED      | TED B                      | Y / AFF    | BY / AFFILIATION | 7                              | may also see | DATE         |      | TIME                     |          | SAMPLE             | SAMPLE CONDITIONS   | SNOI                         |
|  |   | 1   | N            | n                           | 4          | PACE                          |                       | Moslu        | (8:0)                   | 3                     | 7        | M             | 1                          |            |                  |                                |              | 126          | 6    | 27                       |          | <b>S</b> WA        | NE                  | Ju/                          |
|  |   |   |              | 4                           | •          |                               |                       |              |                         | ъ                     |          | 7             |                            |            |                  |                                | _            |              |      |                          | -        | N/A                | N/Y                 | N/A                          |
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|  |   |   |              |                             | ο <u>σ</u> | SAMPLER NAM<br>PRINT Name of  | NAME ANI              | <b>≥</b> 1>  | ATURE<br>Ames 1         | Wei                   | Wengha   |               | PACE                       |            | DHMYTECA         | 775.                           | لد           |              |      |                          | O° ni qπ | eived on           | ustody<br>ed Cooler | josini selo                  |
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| Section A<br>Required C    | Section A Required Client Information:  | Section B<br>Required Project Information:   | 3<br>Project | t Informati                 | ion:                          | ŏ ≦                             | Section C                                       | địo:          |              |                   |                   |                             |              |                                |            |              |                   |         | Page:          | Ŋ               | of 3              |                              |
|----------------------------|---|--|--------------|-----------------------------|-------------------------------|---------------------------------|---|---------------|--------------|-------------------|-------------------|-----------------------------|--------------|--------------------------------|------------|--------------|-------------------|---------|----------------|-----------------|-------------------|------------------------------|
| Company:                   | Company: Madisn Oneida BOCES  | Report to:   |              |                             |                               | ¥                               | Attention:                                      |               |              |                   |                   |                             |              |                                |            | REC          | REGULATORY AGENCY | JRY AG  | FNCY           |                 |                   |                              |
| Address:                   | 4937 Spring Rd  | Copy To:   |              |                             |                               | 8                               | Company Name:                                   | Ö             |              |                   |                   |                             | h.,          | NPDES                          | F 98       | GROUND WATER | VATER             | 느       | DRINKING WATER | WATER           |                   |                              |
| Verona, NY 13478           | Y 13478   |  |              |                             |                               | ¥                               | Address:  |               |              |                   |                   |                             | Len          | TSU -                          | r<br>R     | RCRA         |                   | S) THER | Ä              |                 |                   |                              |
| Email To:                  | tvandresar@moboces.org  | Purchase<br>Order No.:   |              |                             |                               | Pa                              | Pace Quote Reference:                           | rence:        |              |                   |                   |                             |              | SITE                           | Ë          |              | T GA              | l<br>L  | Z<br>L         | ₩<br>L          | S<br>L            |                              |
| Phone:                     |   | Project Name:  | ne:<br>CETH  |                             | A.De.                         | Par                             | Pace Project Manager.                           | nager.        |              |                   |                   |                             |              | LOCA                           | LOCATION   |              | HO L              | S<br>L  |                | L               | OTHER NY          | ا                            |
| Requested<br>Due Date/TAT: | AT: 10 DAYS   | Project Number:  | Ser.         |                             |                               | Pa                              | Pace Profile #:                                 |               |              |                   |                   |                             | Ē            | Filtered (Y/N)                 |            |              |                   |         |                |                 |                   |                              |
| Sect<br>Requir             | ge  | U)   |              | gNP                         | ŏ                             | COLLECTE                        |   | T/            | SS           | ď                 | Preservatives     | ,es                         | <u>8</u>     | Requested                      | /          |              |                   |         |                |                 | $\downarrow$      |                              |
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| 3.T.I                      | TISSUE  | TS.  |              |                             | DATE TI                       | TIME                            | DATE TIME                                       | 1             |              | OS <sup>z</sup> H | N <sup>©</sup> OH | S <sub>s</sub> BN<br>sriteM | SSBN         | \                              |            |              |                   |         |                | enpise)         |                   | Pace Project No.<br>Lab I.D. |
| À                          | DOMINITATES / KITCHEN SIMU/CH-R   | cleu-R   | DW           | ပ                           | -                             | 7                               | 31:3 8:18                                       | 8             | -            | -                 |                   |                             |              | ×                              | -          |              |                   |         |                | L               |                   |                              |
| <u>Ž</u>                   | ZHANSTATES /KETCHEN STAIK/CIJ-F   |  | DW           | ပ                           |                               |                                 | 8:18  | do            | <b>-</b>     | _                 |                   |                             |              | ×                              |            |              |                   |         |                |                 |                   |                              |
| 200                        | DOWNSTATES/KITCHEN STAW/HW-R  |  | Š            | ŋ                           |                               |                                 | 6:19  | 3             | 1            | -                 |                   |                             |              | ×                              |            |              |                   |         |                |                 |                   |                              |
| 4<br>2                     | BUMSTATES /KITCHEM STHIL/HILF   |  | Δ            | 9                           |                               |                                 | 8:20  | 0             | <b></b>      | -                 |                   |                             |              | ×                              |            |              |                   |         |                |                 |                   |                              |
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| . 60                       |   |  | A<br>A       | ŋ                           |                               |                                 |   |               | -            | -                 |                   |                             |              | ×                              |            |              |                   |         |                |                 |                   |                              |
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| 0                          |   |  | )<br>O       | O                           |                               |                                 |   |               | ÷            |                   |                   |                             |              | ×                              |            |              |                   |         |                |                 |                   |                              |
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|                            |   |  | Mn           | 7                           |                               | 1469                            | 7/25  | 12            | 18:00        |                   | X                 | M                           |              |                                |            | 7/8          | 26                | 238     |                | Š               | W.                | My.                          |
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|                            |   |  |              |                             | SAM                           | SAMPLER NAME<br>PRINT Name of S | SAMPLER NAME AND SIGN<br>PRINT Name of SAMPLER: | <b>₹</b> /)   | URE THES     | Men               | en or             |                             | 740          | CE Pui                         |            | The M        | - J               |         | O° ni qn       | ejved on        | sd Cooler         | tosini sele                  |
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### CHAIN-OF-CUSTODY / Analytical Request Document

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8さしての/ あらの SAMPLE CONDITIONS OTHER NY Ξ P DRINKING WATER **\$** z REGULATORY AGENCY N JTHER သွ TIME g HO GROUND WATER L L DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ans 192504 Nethanol eOsSseV HOBN IOH ONH OS<sup>2</sup>F TIME upreserved -# OF CONTAINERS FAMPLE TEMP FT COLLECTION DATE ace Project Manager. nvoice Information: ace Quote Reference 01:11 12:10 13:10 71:17 11:13 61:21 11:17 11:11 12:15 11:17 9:11 Company Name: TIME PO:11 82/F Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: Project Name:
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Project Number: G=GRAB C=COMP 12 MENS FACLESY ROOM /STAKES/HIM-F | DW G മ ტ g Ø O Ö Ö ტ Ø G Ø ĕ ΔM M MO δ Š Š Š Š ΔM ≧ MATRIX CODE Section B LADTES FACULTY ROOM (STULT/HILK AMES FACLERY REEN /SIENIK 1/4/11-F MENS FACULTY ROOM/STAKZ/HLFR Report to: LARIES FACULT ROOM / STHIN 1/CIS.R ATTES FACUETY ROOM/SSHIK 1/CLI.F MENS FACULM RULM/SINK1/CIJ-F Copy To: Purchase Order No.: LADESS FROMEN ROCK FINIC 2/ HILL-F LADSES FACULT Rem/STAIR 2/ HILL R MENS FACULT KELL KTAIN 1/611-R WARES FACULLY RUM STHIRZ/CLI.R LADISS TACLETY ROOM/SINIEZ/CLI.F MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Company: Madisn Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Section D Required Client Information /erona, NY 13478 Jue Date/TAT: Email To: equested Phone: 10 HEM#

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SAMPLE CONDITIONS OTHER NY M Page: z ₹ REGULATORY AGENCY **₹** OTHER **=** သွ 8/0 TIME βĄ P 126 DATE L RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST 4082B ethanol a<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOP <sup>€</sup>ON! POS<sup>z</sup> TIME ubreserved # OF CONTAINERS A GMPLE TEMP A COLLECTION 2/2/16 DATE Pace Quote Reference: Pace Project Manager: 12:23 Invoice Information: 81:21 12:14 \$1:13 2:2 42:21 13:18 11:14 52:21 17:19 52:21 2:21 TIME Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: 27/23 DATE COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: G=GRAB C=COMP ტ ტ ტ ტ ഗ ტ g G ഗ SAMPLE TYPE Μ 8 M M 8 Š 2 <u>N</u> ≧ M Š ≥ MATRIX CODE Project Name Project Number: Section B Report to: MENS FROMEY ROM/SEMK2/HIN-R MENS FACULTY ROOM/STANK 2/CIJ.F YENS FACULTY ROOM/STAIN-2/1-111-F Purchase Order No.: Copy To: MENS FACULTY ROOM /SINN 2/Chi-R Valid Matrix Codes <u>MATRIX</u> Row 29/5THK/HIJ.F ROCH 29/524K/ HLI-R Rew 29 / SIMIC/ CLX-F DRINKING WATER WATER Ren 29/SINIC/C11-R tvandresar@moboces.org BREAKBOON / HILL . F BREAKROCH/CLI-F ADDITIONAL COMMENTS BREAKELON/HIJ.R BREDICROCH / CH-R Company: Madisn Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information /erona, NY 13478 Section D Oue Date/TAT: Email To: Rednested Phone: 10 12 # M3T

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| ~,        | Section A               |   | Section B                             |             |                            |         |                            | Section C       | a<br>C                     |            | •           |                |               |                           |      |                  |                |             |           |              |       |                   | à              | Page:         | r)<br>Q                    |                   |                         |
|-----------|-------------------------|---|---------------------------------------|-------------|----------------------------|---------|----------------------------|-----------------|----------------------------|------------|-------------|----------------|---------------|---------------------------|------|------------------|----------------|-------------|-----------|--------------|-------|-------------------|----------------|---------------|----------------------------|-------------------|-------------------------|
|           | Requi                   | Required Client Information:  | Required Project Information:         | roject      | Inform                     | nation: |                            | Invoice         | Invoice Information:       | יע         | *           |                |               |                           |      |                  | of<br>S        |             |           |              |       |                   |                |               |                            |                   |                         |
|           | Comp                    | Company: Madisn Oneida BOCES  | Report to:                            |             |                            |         |                            | Attention:      | on:                        |            |             |                |               |                           | -    |                  |                |             |           | REGI         | JLATC | REGULATORY AGENCY | SENC           | <b>-</b>      |                            |                   |                         |
|           | Addre                   | Address: 4937 Spring Rd   | Copy To:                              |             |                            |         |                            | Compai          | Company Name:              |            |             |                |               |                           |      | L                | NPDES          | Ĭ           | GROL      | GROUND WATER | ATER  |                   | DRINKING WATER | 3 WATE        | er.                        |                   |                         |
| - الم     | Veron                   | Verona, NY 13478  |                                       |             |                            |         |                            | Address:        |                            |            |             |                |               |                           | T    | L                | UST            | L           | RCRA      | _            |       | S JTHER           | HER            |               |                            |                   |                         |
|           | Email To:               | tvandresar@moboces.org  | Purchase<br>Order No.:                |             |                            |         |                            | Pace Qu         | Pace Quote Reference       | ją;        |             |                |               |                           |      |                  | Ç              | SITE        |           | lane.        | ₽S    | - L               | l              | z             | W                          | NC                |                         |
|           | Phone:                  | Fax:  | Project Name:                         | کر<br>او    | ACCESS                     | 5 STITE | <u> </u>                   | Pace Pro        | Pace Project Manager       | ي          |             |                |               |                           |      |                  | 07             | LOCATION    | Z         | Faos         | HO _  | S                 | SC f           | -WI           | OTHER                      | NY                |                         |
|           | Requested<br>Due Date/T | 10 DAYS   | Project Number                        | <b>a</b>    |                            | 1       | 1                          | Pace Profile #: | rofile #:                  |            |             |                |               |                           |      | Filter           | Filtered (Y/N) |             | //        | //           | ///   | ///               |                |               | 11/                        | /                 |                         |
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|           | N3TI                    | Office<br>TISSUE  | 5 <b>\$</b> 2                         |             | <u> </u>                   | DATE    | TIME                       | DATE            | TIME                       | 3          |             | OS²H           | нио           | IOBN<br>S <sub>s</sub> BN | Meth | 770.             | 7              |             |           |              |       |                   |                | io/set/       |                            | Lab I.D.          | Ö                       |
|           |                         | Room 29/134TU SANK/ (121-12   |                                       | δ           | ဗ                          |         |                            | 7/23            | 05:21                      |            | _           |                |               |                           |      |                  | ×              |             |           |              |       |                   |                |               | $\mathbb{F}_{\mathcal{L}}$ | 114               | $\mathcal{K}^{\lambda}$ |
|           | CI                      | Reen 29/13474 SEMIN CIJ.F   | K                                     | Ŋ.          | ပ                          |         |                            |                 | 05:21                      |            |             |                |               |                           |      |                  | ×              |             |           |              |       |                   |                | gr ·          | B                          | 754               | J                       |
|           |                         |   |                                       | ΔM          | ၅                          |         |                            |                 | 18:21                      |            | -           |                | <del></del>   |                           |      |                  | ×              |             | $\exists$ |              | _     |                   |                |               |                            | -                 |                         |
|           | 7                       | Reon 29/13ATH SENIC/ HILL-F   |                                       | δ           |                            |         |                            |                 | 12:31                      |            | -           |                | -             |                           |      |                  | ×              |             |           |              | _     |                   |                | # A           |                            |                   |                         |
|           | 2                       | Rum 29E/KETCHEN STAIN/CHA-1R  | .R                                    | DW          | ၁                          |         |                            |                 | 11:38                      |            |             |                |               |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   |                         |
|           | 9                       | GOOM 29E/KETCHEN STAIL/CIJ.F  | エ・コ                                   | MO          | 9                          |         |                            |                 | 17:38                      |            | -           |                | <b>4-</b>     |                           |      |                  | ×              | _           |           |              |       |                   |                |               |                            |                   |                         |
|           | 1                       | Rum 29E/KEICHEN SINN/ 1-1   |                                       | ΔW          | ပ                          |         |                            |                 | 12:39                      |            |             |                | -             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   |                         |
|           | ω                       | Rem 29E/KETZYEN SENK/HILL-F   | 上上                                    | ΔM          | ဖ                          |         | ı                          |                 | 12:39                      |            | ۲,          |                | -             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   | l                       |
|           |                         | RUCH 24D/SINK/CIN.R   |                                       | ρŅ          | ဖ                          |         |                            |                 | 2h:2                       |            | 1.          |                | -             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   | - 1                     |
|           | 10                      | Room 29 1 / SIDIK/  |                                       | MΩ          | ၅                          |         |                            |                 | 12:43                      |            | -           |                | -             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   |                         |
| ,         | /<br>/                  | 12com 297/5501K   |                                       | ΜQ          | 9                          |         |                            |                 | 12:43                      |            |             |                | 4             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   | - 1                     |
| .,        | 1,2                     |   |                                       | DΨ          | တ                          |         |                            | D.              | 12:44                      |            | -           |                |               |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   | ı                       |
|           |                         | ADDITIO   | RE                                    | LINO        | UISH                       | ED BY   | RELINQUISHED BY / AFFILIAT | NOIL            | DATE                       | ننا        | , TIME      | ш              | AC            | ACCEPTED                  |      | BY / AFFILIATION | LIATIO         | Z           |           | DATE         | ш     | TIME              | 111            | SAM           | PLE CO                     | SAMPLE CONDITIONS |                         |
|           |                         |   | 14/1                                  | 4/1/2       | 40                         | •       | 57W                        |                 | 7/25/16                    |            | 9:81        | 3              | 1             | 1/1                       | Z    |                  |                |             |           | 38/2         |       | 056               |                |               | N/A                        | N/A               |                         |
|           |                         |   |                                       |             |                            |         |                            |                 | _                          |            |             |                | }             |                           |      |                  |                |             | <u> </u>  | -            |       |                   |                |               |                            |                   |                         |
| - erweden |                         |   | 2                                     |             | *                          |         |                            |                 |                            | T          |             |                |               |                           |      |                  |                |             | <u> </u>  |              |       |                   |                |               | N/A                        | N/A               |                         |
|           |                         |   |                                       |             |                            |         |                            |                 |                            |            |             |                |               |                           |      |                  |                |             |           |              |       |                   |                |               | N/A                        | N/A<br>N/A        |                         |
|           |                         |   | -                                     | 1           |                            |         | SAMPLE                     | R NAME          | SAMPLER NAME AND SIGNATURE | NATU       | RE          |                |               |                           |      |                  |                |             |           |              |       |                   |                |               |                            | ooler             |                         |
|           | ,                       | こくしゃハングファ   | つつ                                    | 1           |                            | ~       | PRINT Na                   | ame of S        | ime of SAMPLER:            | 1          | MMES        | `              | Merch         | 144                       | M    | PACE             |                |             |           | •            |       |                   |                | ni qm         | eivec<br>lce<br>cotsus     | O be              |                         |
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|--|---|---|----------|-------------|--|-----------|------------------|--------|--------------|----------|------|---------|-----------|----------|-------------------|-------|------|------|-------|----------|----------|---------------|----------------------|--------|-----------------|
| Column   C   | Required Client Information:                  | Required Pn                             | oject li | nformation  | <b>:</b>   | la o      | ice Inform       | ation: |              |          |      |         |           |          |                   | d :   |      |      |       |          | Ц        |               |                      |        |                 |
| Common   C   | Company: Madisn Oneida BOCES                  | Report to:                              |          |             |  | A#        | ention:          |        |              |          |      |         |           |          |                   |       |      | R    | SULA. | ORY      | AGEN     | <b>VCY</b>    |                      |        |                 |
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| 10 DAVS  |   | Project Name                            | <b>A</b> | CESS        | SIT  |           | Project Ma       | nager: |              |          |      |         |           |          |                   | OCAT  | NOI  |      | O     | Ξ.       |          |               | ю<br>_               | HER    |                 |
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| SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: THIES MAZEMY THE SIGNED 7/25/L SIGNATURE of SAMPLER: Annual Date Signed 7/25/L  PART NAME AND SIGNATURE OF SAMPLER: Annual Date Signed 7/25/L  |   | JW.                                     | •        | Na          | 1/   | 1.6       | 7/2              | 5/16   | 18           | 3        |      | N       |           | 1        | $\langle \rangle$ |       |      | 7    | Z     | 0        | 31       |               | N/A                  | N/A    | N/A             |
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| SAMPLER NAME AND SIGNATURE  PRINT Name of SAMPLER: TAMES MUZPUT PACE  SIGNATURE of SAMPLER: Annual Date Signed 7/25//C  PATERIOR OF SAM |   | 5                                       |          | ,           |  |           |                  |        |              | *        | _    |         |           |          |                   |       |      |      |       |          |          |               | N/A                  | N/A    | N/A             |
| SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: AMES MAZPHY THE SIGNATURE of SAMPLER: AMB MAZPHY THE  DATE Signed 7/25/L  DATE Signed 7/25/L   |   |   |          |             |  |           | ļ                |        |              |          | _    |         |           |          |                   |       |      |      |       |          |          |               | N/A                  | N/A    | N/A             |
| SIGNATURE of SAMPLER: AMPLY AMPLY DATE Signed 7/23/16   F   R   B   B  | 771.8 291                                     | 7                                       | 0        | 18          |  | PLER NA   | MME AND of SAMPI | V 8    | EE LA        |          | 175  | 3.2     |           | (2       | CE                |       |      |      |       |          |          | O° ni qme     |                      |        | tostal selqa    |
|  | 7/0 02/1                                      |   | ن        | <u> </u>    |  | ATURE     | of SAMPL         | ËŖ     | U            | 1        | 'n   | 71      | 4         |          |                   | DATES | ped  | 7/5  | 12/   | J        |          | <u></u><br>ЭТ | <br>E                |        | ue <sup>,</sup> |

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Pace Project No めこれ 42154 SAMPLE CONDITIONS N OTHER NY Custody ealed Cooler N/A N/A N/A N/ ğ ₹ F DRINKING WATER N/A N/A N/A Page: 5 Received on L ₹ O° ni qmeT z REGULATORY AGENCY သွ 920 TIME P g GROUND WATER L DATE ☐ RCRA LOCATION SITE ACCEPTED BY / AFFILIATION iltered (Y/N) NPDES Requested UST POSZBI lonsrhei 182S2O3 HOS 101 CONH \*0S 8.8 TIME -SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP ÀT COLLECTION 1/2/1/ DATE ace Quote Reference: ace Project Manager. Invoice Information: [S:2] 12:3 5:5 7:5 12:54 12:12 262 12.53 77:21 TIME Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START Project Name:

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Project Number: DATE Required Project Information: my စြ G=GRAB C=COMP O Ø Ø Ø တ G Ø Ø Ø Š O Š Š Š Š š ρW M 2 Š M ≥ MATRIX CODE Section B Report to: Copy To: Purchase Order No.: LAPIES ROOM/SINIK2/ HIJ-F ANDESS ROCA /STHILZ/ HILL-R LATTES ROOM/STHK 1/ HILL-F ANTES KOCM/SINIEZ/ CINIF LATTES ROOM/SINH 1/ HIJ-R AMIES Rum/SIHK Z/ CLI-R 405ES Ram/SIHK1/CLI-F ADJES Ren/STHK1/CI-R CODE Valid Matrix Codes MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Company: Madisn Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information Verona, NY 13478 Section D **Due Date/TAT:** Section A Requested Email To: Phone: # MBTI

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DATE Signed 7/23/1C

PRINT Name of SAMPLER: THINGS MURGHA SIGNATURE OF SAMPLER: LAN P. VI

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SAMPLE CONDITIONS DRINKING WATER Page: Ş Z REGULATORY AGENCY L THER STHER ᆜ ပ္ထ TIME g/ S ᆼ βĄ GROUND WATER 7/26 L DATE F RCRA LOCATION SITE Filtered (Y/N) ACCEPTED BY / AFFILIATION T NPDES Requested L UST Ane 1925O4 Vethanol 182S2O3 HOBI IOI <sup>E</sup>ON<del>l</del> ⁵OS²ŀ 1/2/1/1/18:00 TIME pevieserded # OF CONTAINERS AMPLE TEMPA ace Quote Reference: ace Project Manager. DATE Invoice Information: 8:02 7:57 8:01 8.53 8.0C 8:CL TIME Company Name: 1/23 17:56 3 8:04 8:04 3,5 \$ 5° Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED D RELINQUISHED BY / AFFILIATION 3740 TIME COMPOSITE START 200g DATE Required Project Information: Muny IJ. G=GRAB C=COMP G ტ DW G G Ø g Ø O Ø ပ g ග SAMPLE TYPE Purchase Order No.: Project Name: Δ Š Ã M Š 8 ⋛ M DW MATRIX CODE Section B DOLLISTREES MENS ROW/SEHL/CHR Report to: DOLLINSTRAIDS MENS ROW/SEHIL/CHIF DUMSOMS FRENS ROOM /SIMIL/HU-R DOHNSTARTES MENS ROOM /SININ/HIL-F Deunstras LADES Rem (SIMIC/CHT Copy To: DONNISTATES LANTES ROWN KENIGLOIAR DOLHISTATES LADIES ROOM / SAILY -18 DOWNSMARS LADSES ROWN / SCHIL/ HIM CUTSIDE SICCOT/REAR/R DUTSSOE SPECITICEARIF DRINKING WATER WATER WASTE WATER PRODUCT SOIL/SOLID tvandresar@moboces.org ADDITIONAL COMMENTS SLOP STHICKEN-F Company: Madisn Oneida BOCES SLOP SIHIL/ CLI-R (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information Jerona, NY 13478 Section D Due Date/TAT: Section A Email To: Phone: # MHLI

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| Section A Required Client Information:             |   | Section B<br>Required Project Information   | 3<br>Project | # Inform                    | nation.    |                               | Section C             |              | ,                       |                       |          |               |                            |            |                  |                                |              |              |      |                          | Pa       | Page: 2            | ō                   | m                            |
|--|---|---|--------------|-----------------------------|------------|-------------------------------|-----------------------|--------------|-------------------------|-----------------------|----------|---------------|----------------------------|------------|------------------|--------------------------------|--------------|--------------|------|--------------------------|----------|--------------------|---------------------|------------------------------|
| Company: Madisn Oneida BOCES                       | BOCES   | Report to:                                  |              |                             |            |                               | Attention:            |              |                         |                       |          |               |                            |            |                  |                                |              | REGI         | ATO  | I<br>REGIII ATORY AGENCY | FNICY    |                    |                     |                              |
| Address: 4937 Spring Rd                            |   | Copy To:                                    |              |                             |            |                               | Company Name:         | lame:        |                         |                       |          |               |                            | L.         | NPDES            | L                              |              | GROUND WATER | TER. | T<br>DR                  | INKING   | DRINKING WATER     |                     |                              |
| Verona, NY 13478                                   |   |   |              |                             |            |                               | Address:              |              |                         |                       |          |               |                            | L          | ,<br>UST         | Lou                            | RCRA         |              |      | ₹ JTHER                  | E.       |                    |                     |                              |
| Email To: tvandresar@moboces.org                   | oboces.org  | Purchase<br>Order No.:                      |              |                             |            |                               | Pace Quote Reference: | Reference:   |                         |                       |          |               |                            |            |                  | SITE                           |              | L-           | 8    | <b>=</b>                 | L        | L.                 | L                   | NC                           |
| Phone:   | Fax:  | Project Name:                               | icrr         | ue E                        | 5 Buse     | a                             | Pace Project Manager: | Manager:     |                         |                       |          |               |                            |            | 07               | LOCATION                       | NO           | L.,          | ¥.   | SC                       | Z<br>L   | <u>L_</u>          | Ä                   | ž                            |
| Requested 10 DAYS Due Date/TAT:                    |   | Project Numb                                | Ser.         |                             |            |                               | Pace Profile #:       | #6           |                         |                       |          |               |                            | Filt       | Filtered (Y/N)   | _                              |              |              |      | ///                      |          | 11                 | 11                  |                              |
| Section D Required Client Information              | sapo  | CODE  |              | dΝ                          |            | COLLECTED                     | CTED                  |              |                         |                       | Pres     | Preservatives | يو                         | - 8º       | Requested        | \                              |              |              |      |                          |          |                    |                     |                              |
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| 3T1  |   | \$5   |              |                             | DATE       | TIME                          | L                     | TIME         | #                       | ndnU<br>D8 <u>s</u> H | ЮН       | HCI<br>NaOF   | S <sub>2</sub> SN<br>Meths | SZBN       | \                | <u> </u>                       |              |              |      |                          |          | np <sub> Sel</sub> |                     | Pace Project No.<br>Lab I.D. |
| SLOP STHIC   | HI 'R   |   | DW           | 9                           |            |                               | 7/23 8                | 5:07         | 1                       |                       | -        |               |                            |            | ×                |                                |              | -            |      |                          |          | L                  |                     |                              |
| Stop Stalk /                                       | 표<br>   |   | DW           | 9                           |            |                               |                       | 2018         | 4-                      |                       | <u>_</u> | <u> </u>      |                            |            | ×                |                                |              | -            |      |                          |          |                    |                     |                              |
| Destruce Batu                                      | TH/C11-12   |   | ΔM           | Ø                           |            |                               | ₽                     | \$:08        | -                       |                       |          |               |                            |            | ×                |                                |              | -            |      |                          |          |                    |                     |                              |
| 4 Losingas Brill                                   | W/CLJ-F   |   | Š            | ပ                           |            |                               | φ.                    | €.c3         | Ψ-                      |                       |          |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| 6 Upsyrtes Brit                                    | 4/H11-R   |   | <u>∧</u>     | O                           |            |                               | æ                     | 6.10         | -                       |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| OSTINITES PATH                                     | H/ HIM-F  |   | ΔM           | ပ                           |            |                               | <i>∙</i>              | 6:10         | -                       |                       |          |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| DOSTINATES KETCHEN STAIN /CLI-R                    | 1EN STAIR/CI-   |   | <u>N</u>     | ပ                           |            |                               | ; <b>∕</b> 0          | 2118         | -                       |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| 8 COSTATOS KOTCHELI STAIL,                         |   | C1.7  | <u>M</u>     | Ø                           |            |                               | 8                     | 21:8         | -                       |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| Opsimiles KITCHENSTHE                              |   | /HW-R                                       | Ã            | Ø                           |            |                               | 20                    | 8:13         | ;-                      |                       | -        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
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| M BUTSTOR SP                                       | SPECOT/FRUNT/   | Ŋ   | Δ            | ŋ                           |            |                               | Ø                     | 8:15         | Ψ-                      |                       | ~        |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| 12 CUTSIDE SO                                      | SOTEOT/FRUNT  | /F  | DW           | ပ                           |            |                               | <u>لا</u> الح         | 8:16         | _                       |                       |          |               |                            |            | ×                |                                |              |              |      |                          |          |                    |                     |                              |
| ADDITIONAL COMMENTS                                | OMMENTS   | REL   | ONI          | UISHE                       | ED BY / A  | RELINQUISHED BY / AFFILIATION | NO                    | DATE         | Ē                       | TIME                  | A        | ACCEPTED      | TED B                      | Y / AFF    | BY / AFFILIATION | 7                              | may also see | DATE         |      | TIME                     |          | SAMPLE             | SAMPLE CONDITIONS   | SNOI                         |
|  |   | 1   | N            | n                           | 4          | PACE                          |                       | Moslu        | (8:0)                   | 3                     | 7        | M             | 1                          |            |                  |                                |              | 126          | 6    | 27                       |          | <b>S</b> WA        | NE                  | Ju/                          |
|  |   |   |              | 4                           | •          |                               |                       |              |                         | ъ                     |          | 7             |                            |            |                  |                                | _            |              |      |                          | -        | N/A                | N/Y                 | N/A                          |
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|  |   |   |              |                             | ο <u>σ</u> | SAMPLER NAM<br>PRINT Name of  | NAME ANI              | <b>≥</b> 1>  | ATURE<br>Ames 1         | Wei                   | Wengha   |               | PACE                       |            | DHMYTECA         | 775.                           | لد           |              |      |                          | O° ni qπ | eived on           | ustody<br>ed Cooler | josini selo                  |
|  |   |   |              |                             | <u>s</u>   | SIGNATURE of                  | E of SAMPLER:         | LER:         | 10 12                   | my                    | 14       |               |                            |            | DAT<br>(MM       | DATE Signed<br>(MM / DD / YY): |              | 133/         | 110  |                          | 19T      | Rec                |                     | Samp                         |

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| Section A<br>Required C    | Section A Required Client Information:  | Section B<br>Required Project Information:   | 3<br>Project | t Informati                 | ion:                          | ŏ ≦                             | Section C                                       | địo:          |              |                   |                   |                             |              |                                |            |              |                   |         | Page:          | Ŋ               | of 3              |                              |
|----------------------------|---|--|--------------|-----------------------------|-------------------------------|---------------------------------|---|---------------|--------------|-------------------|-------------------|-----------------------------|--------------|--------------------------------|------------|--------------|-------------------|---------|----------------|-----------------|-------------------|------------------------------|
| Company:                   | Company: Madisn Oneida BOCES  | Report to:   |              |                             |                               | ¥                               | Attention:                                      |               |              |                   |                   |                             |              |                                |            | REC          | REGULATORY AGENCY | JRY AG  | FNCY           |                 |                   |                              |
| Address:                   | 4937 Spring Rd  | Copy To:   |              |                             |                               | 8                               | Company Name:                                   | Ö             |              |                   |                   |                             | h.,          | NPDES                          | F 98       | GROUND WATER | VATER             | 느       | DRINKING WATER | WATER           |                   |                              |
| Verona, NY 13478           | Y 13478   |  |              |                             |                               | ¥                               | Address:  |               |              |                   |                   |                             | Len          | TSU -                          | r<br>R     | RCRA         |                   | S) THER | Ä              |                 |                   |                              |
| Email To:                  | tvandresar@moboces.org  | Purchase<br>Order No.:   |              |                             |                               | Pa                              | Pace Quote Reference:                           | rence:        |              |                   |                   |                             |              | SITE                           | Ë          |              | T GA              | l<br>L  | Z<br>L         | ₩<br>L          | S<br>L            |                              |
| Phone:                     |   | Project Name:  | ne:<br>CETH  |                             | A.De.                         | Par                             | Pace Project Manager.                           | nager.        |              |                   |                   |                             |              | LOCA                           | LOCATION   |              | HO L              | S<br>L  |                | L               | OTHER NY          | ا                            |
| Requested<br>Due Date/TAT: | AT: 10 DAYS   | Project Number:  | Ser.         |                             |                               | Pa                              | Pace Profile #:                                 |               |              |                   |                   |                             | Ē            | Filtered (Y/N)                 |            |              |                   |         |                |                 |                   |                              |
| Sect<br>Requir             | ge  | U)   |              | gNP                         | ŏ                             | COLLECTE                        |   | T/            | SS           | ď                 | Preservatives     | ,es                         | <u>8</u>     | Requested                      | /          |              |                   |         |                |                 | $\downarrow$      |                              |
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| 3.T.I                      | TISSUE  | TS.  |              |                             | DATE TI                       | TIME                            | DATE TIME                                       | 1             |              | OS <sup>z</sup> H | N <sup>©</sup> OH | S <sub>s</sub> BN<br>sriteM | SSBN         | \                              |            |              |                   |         |                | enpise)         |                   | Pace Project No.<br>Lab I.D. |
| À                          | DOMINITATES / KITCHEN SIMU/CH-R   | cleu-R   | DW           | ပ                           | -                             | 7                               | 31:3 8:18                                       | 8             | -            | -                 |                   |                             |              | ×                              | -          |              |                   |         |                | L               |                   |                              |
| <u>Ž</u>                   | ZHANSTATES /KETCHEN STAIK/CIJ-F   |  | DW           | ပ                           |                               |                                 | 8:18  | do            | <b>-</b>     | _                 |                   |                             |              | ×                              |            |              |                   |         |                |                 |                   |                              |
| 200                        | DOWNSTATES/KITCHEN STAW/HW-R  |  | Š            | ŋ                           |                               |                                 | 6:19  | 3             | 1            | -                 |                   |                             |              | ×                              |            |              |                   |         |                |                 |                   |                              |
| 4<br>2                     | BUMSTATES /KITCHEM STHIL/HILF   |  | Δ            | 9                           |                               |                                 | 8:20  | 0             | <b></b>      | -                 |                   |                             |              | ×                              |            |              |                   |         |                |                 |                   |                              |
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### CHAIN-OF-CUSTODY / Analytical Request Document

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8さしての/ あらの SAMPLE CONDITIONS OTHER NY Ξ P DRINKING WATER **\$** z REGULATORY AGENCY N JTHER သွ TIME g HO GROUND WATER L L DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ans 192504 Nethanol eOsSseV HOBN IOH ONH OS<sup>2</sup>F TIME upreserved -# OF CONTAINERS FAMPLE TEMP FT COLLECTION DATE ace Project Manager. nvoice Information: ace Quote Reference 01:11 12:10 13:10 71:17 11:13 61:21 11:17 11:11 12:15 11:17 9:11 Company Name: TIME PO:11 82/F Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: Project Name:
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Project Number: G=GRAB C=COMP 12 MENS FACLESY ROOM /STAKES/HIM-F | DW G മ ტ g Ø O Ö Ö ტ Ø G Ø ĕ ΔM M MO δ Š Š Š Š ΔM ≧ MATRIX CODE Section B LADTES FACULTY ROOM (STULT/HILK AMES FACLERY REEN /SIENIK 1/4/11-F MENS FACULTY ROOM/STAKZ/HLFR Report to: LARIES FACULT ROOM / STHIN 1/CIS.R ATTES FACUETY ROOM/SSHIK 1/CLI.F MENS FACULM RULM/SINK1/CIJ-F Copy To: Purchase Order No.: LADESS FROMEN ROCK FINIC 2/ HILL-F LADSES FACULT Rem/STAIR 2/ HILL R MENS FACULT KELL KTAIN 1/611-R WARES FACULLY RUM STHIRZ/CLI.R LADISS TACLETY ROOM/SINIEZ/CLI.F MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Company: Madisn Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Section D Required Client Information /erona, NY 13478 Jue Date/TAT: Email To: equested Phone: 10 HEM#

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SAMPLE CONDITIONS OTHER NY M Page: z ₹ REGULATORY AGENCY **₹** OTHER **=** သွ 8/0 TIME βĄ P 126 DATE L RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST 4082B ethanol a<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOP <sup>€</sup>ON! POS<sup>z</sup> TIME ubreserved # OF CONTAINERS A GMPLE TEMP A COLLECTION 2/2/16 DATE Pace Quote Reference: Pace Project Manager: 12:23 Invoice Information: 81:21 12:14 \$1:13 2:2 42:21 13:18 11:14 52:21 17:19 52:21 2:21 TIME Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: 27/23 DATE COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: G=GRAB C=COMP ტ ტ ტ ტ ഗ ტ g G ഗ SAMPLE TYPE Μ 8 M M 8 Š 2 <u>N</u> ≧ M Š ≥ MATRIX CODE Project Name Project Number: Section B Report to: MENS FROMEY ROM/SEMK2/HIN-R MENS FACULTY ROOM/STANK 2/CIJ.F YENS FACULTY ROOM/STAIN-2/1-111-F Purchase Order No.: Copy To: MENS FACULTY ROOM /SINN 2/Chi-R Valid Matrix Codes <u>MATRIX</u> Row 29/5THK/HIJ.F ROCH 29/524K/ HLI-R Rew 29 / SIMIC/ CLX-F DRINKING WATER WATER Ren 29/SINIC/C11-R tvandresar@moboces.org BREAKBOON / HILL . F BREAKROCH/CLI-F ADDITIONAL COMMENTS BREAKELON/HIJ.R BREDICROCH / CH-R Company: Madisn Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information /erona, NY 13478 Section D Oue Date/TAT: Email To: Rednested Phone: 10 12 # M3T

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| ~,        | Section A               |   | Section B                             |             |                            |         |                            | Section C       | a<br>C                     |            | •           |                |               |                           |      |                  |                |             |           |              |       |                   | à              | Page:         | r)<br>Q                    |                   |                         |
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|           | Comp                    | Company: Madisn Oneida BOCES  | Report to:                            |             |                            |         |                            | Attention:      | on:                        |            |             |                |               |                           | -    |                  |                |             |           | REGI         | JLATC | REGULATORY AGENCY | SENC           | <b>-</b>      |                            |                   |                         |
|           | Addre                   | Address: 4937 Spring Rd   | Copy To:                              |             |                            |         |                            | Compai          | Company Name:              |            |             |                |               |                           |      | L                | NPDES          | Ĭ           | GROL      | GROUND WATER | ATER  |                   | DRINKING WATER | 3 WATE        | er.                        |                   |                         |
| - الم     | Veron                   | Verona, NY 13478  |                                       |             |                            |         |                            | Address:        |                            |            |             |                |               |                           | T    | L                | UST            | L           | RCRA      | _            |       | S JTHER           | HER            |               |                            |                   |                         |
|           | Email To:               | tvandresar@moboces.org  | Purchase<br>Order No.:                |             |                            |         |                            | Pace Qu         | Pace Quote Reference       | ją;        |             |                |               |                           |      |                  | Ç              | SITE        |           | lane.        | ₽S    | - L               | l              | z             | W                          | NC                |                         |
|           | Phone:                  | Fax:  | Project Name:                         | کر<br>ایز   | ACCESS                     | 5 STITE | <u>u</u>                   | Pace Pro        | Pace Project Manager       | ي          |             |                |               |                           |      |                  | 07             | LOCATION    | Z         | Faos         | HO _  | S                 | SC f           | -WI           | OTHER                      | NY                |                         |
|           | Requested<br>Due Date/T | 10 DAYS   | Project Number                        | <b>a</b>    |                            | 1       | 1                          | Pace Profile #: | rofile #:                  |            |             |                |               |                           |      | Filter           | Filtered (Y/N) |             | //        | //           | ///   | ///               |                |               | 11/                        | /                 |                         |
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|           | N3TI                    | Office<br>TISSUE  | 5 <b>\$</b> 2                         |             | <u> </u>                   | DATE    | TIME                       | DATE            | TIME                       | 3          |             | OS²H           | нио           | IOBN<br>S <sub>s</sub> BN | Meth | 770.             | 7              |             |           |              |       |                   |                | io/set/       |                            | Lab I.D.          | Ö                       |
|           |                         | Room 29/134TU SANK/ (121-12   |                                       | δ           | ဗ                          |         |                            | 7/23            | 05:21                      |            | _           |                |               |                           |      |                  | ×              |             |           |              |       |                   |                |               | $\mathbb{F}_{\mathcal{L}}$ | 114               | $\mathcal{K}^{\lambda}$ |
|           | CI                      | Reen 29/13474 SEMIN CIJ.F   | K                                     | Ŋ.          | ပ                          |         |                            |                 | 05:21                      |            |             |                |               |                           |      |                  | ×              |             |           |              |       |                   |                | gr ·          | B                          | 754               | J                       |
|           |                         |   |                                       | ΔM          | ၅                          |         |                            |                 | 18:21                      |            | -           |                | <del></del>   |                           |      |                  | ×              |             | $\exists$ |              | _     |                   |                |               |                            | -                 |                         |
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|           | 2                       | Rum 29E/KETCHEN STAIN/CHA-1R  | .R                                    | DW          | ၁                          |         |                            |                 | 11:38                      |            |             |                |               |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   |                         |
|           | 9                       | GOOM 29E/KETCHEN STAIL/CIJ.F  | エ・コ                                   | MO          | 9                          |         |                            |                 | 17:38                      |            | -           |                | <b>4-</b>     |                           |      |                  | ×              | _           |           |              |       |                   |                |               |                            |                   |                         |
|           | 1                       | Rum 29E/KEICHEN SINN/ 1-1   |                                       | ΔW          | ပ                          |         |                            |                 | 12:39                      |            |             |                | -             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   |                         |
|           | ω                       | Rem 29E/KETZYEN SENK/HILL-F   | 上上                                    | ΔM          | ဖ                          |         | ı                          |                 | 12:39                      |            | ۲,          |                | -             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   | l                       |
|           |                         | RUCH 24D/SINK/CIN.R   |                                       | ρŅ          | ဖ                          |         |                            |                 | 2h:2                       |            | 1.          |                | -             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   | - 1                     |
|           | 10                      | Room 29 1 / SIDIK/  |                                       | MΩ          | ၅                          |         |                            |                 | 12:43                      |            | -           |                | -             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   |                         |
| ,         | h                       | 12com 297/5501K   |                                       | ΜQ          | 9                          |         |                            |                 | 12:43                      |            |             |                | 4             |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   | - 1                     |
| .,        | 1,2                     |   |                                       | DΨ          | တ                          |         |                            | D.              | 12:44                      |            | -           |                |               |                           |      |                  | ×              |             |           |              |       |                   |                |               |                            |                   | ı                       |
|           |                         | ADDITIO   | RE                                    | LINO        | UISH                       | ED BY   | RELINQUISHED BY / AFFILIAT | NOIL            | DATE                       | ننا        | , TIME      | ш              | AC            | ACCEPTED                  |      | BY / AFFILIATION | LIATIO         | Z           |           | DATE         | ш     | TIME              | 111            | SAM           | PLE CO                     | SAMPLE CONDITIONS |                         |
|           |                         |   | 14/1                                  | 4/1/2       | 40                         | •       | 57W                        |                 | 7/25/16                    |            | 9:81        | 3              | 1             | 1/1                       | Z    |                  |                |             |           | 38/2         |       | 056               |                |               | N/A                        | N/A               |                         |
|           |                         |   |                                       |             |                            |         |                            |                 | _                          |            |             |                | }             |                           |      |                  |                |             | <u> </u>  | -            |       |                   |                |               |                            |                   |                         |
| - erweden |                         |   | 2                                     |             | *                          |         |                            |                 |                            | T          |             |                |               |                           |      |                  |                |             |           |              |       |                   |                |               | N/A                        | N/A               |                         |
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|--|---|---|----------|-------------|--|-----------|------------------|--------|--------------|----------|------|---------|-----------|----------|-------------------|-------|------|------|----------|----------|----------|---------------|----------------------|--------|-----------------|
| Column   C   | Required Client Information:                  | Required Pn                             | oject li | nformation  | <b>:</b>   | la o      | ice Inform       | ation: |              |          |      |         |           |          |                   | d :   |      |      |          |          | Ц        |               |                      |        |                 |
| Common   C   | Company: Madisn Oneida BOCES                  | Report to:                              |          |             |  | A#        | ention:          |        |              |          |      |         |           |          |                   |       |      | R    | SULA.    | ORY      | AGEN     | <b>VCY</b>    |                      |        |                 |
| Comparison   |   | Copy To:                                |          |             |  | S         | npany Nan        | <br>Q  |              |          |      |         |           | I        | ON _              | န္မ   | ,    | ONNO | NATER    |          | DRIN     | KING M        | ATER                 |        |                 |
| SAMPLE ID  | Verona, NY 13478                              |   |          |             |  | Add       | fress:           |        |              |          |      |         |           |          | T UST             |       | _ RC | æ    |          | 12       | OTHER    |               | 1                    |        |                 |
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| 10 DAVS  |   | Project Name                            | <b>A</b> | CESS        | SIT  |           | Project Ma       | nager: |              |          |      |         |           |          |                   | OCAT  | NOI  |      | O        | Ξ.       |          |               | ю<br>_               | HER    |                 |
| AMPLE ID   |   | Project Numbe                           | <u></u>  |             |  |           | e Profile #      |        |              |          |      |         |           |          | Iltered ()        | (X    |      |      |          |          | ///      | $\mathcal{I}$ | ///                  |        |                 |
| SAMPLE ID  | D Valid Matrix Codes MATRIX Start Information | CODE                                    | <b>i</b> | di          | 8  | LLECT     | e<br>E           | T      | SF           |          | Pres | ervativ | sə,       | <u> </u> | edneste           | _     |      |      |          |          |          |               |                      | \      |                 |
| Dr. En 2004 32 / R   Dr.   The   Dr.   The   Dr.   The   Dr.   The   Dr.   The   Dr.   The   Dr.   D   | SAMPLE ID                                     | 7 Y W W W W W W W W W W W W W W W W W W |          | -GRAB C=COM | COMPOSITE  |           | COMPOSITE        |        | OF CONTAINER |          |      |         |           | #0       |                   |       |      |      |          |          |          |               | (N/X) euliolitia lei | _      |                 |
| 1000      |   | 15<br>15                                |          |             |  |           | -                |        | #            |          |      |         |           |          |                   | /     |      | //   |          |          |          |               | loje:                |        | Lab I.D.        |
|  | DF BY ROOM 32/                                |   | ă<br>ă   |             |  | $\dagger$ |                  | 45     | -            | -        |      |         |           |          | ×                 |       |      |      |          |          |          |               | 7                    | CO     | 8/17            |
|  | 175,34 Rcon 32/                               |   | NO.      | 9           |  |           | 12:4             | な      | ~            |          | -    |         |           |          | ×                 |       |      |      |          |          |          |               | 2                    | 20     | K               |
| HENS Ream Fried Bath (FE)  | MENS Acen /                                   | /<br>기                                  |          | Ò           | Name and Address of the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow |           | 12:1             | \$     | -            |          | -    | -       |           |          | ×                 |       |      |      |          |          |          |               |                      |        | -               |
| HELS Ream / Slope   Stark / Clu-F   DW   G   | MENS Room to                                  | ,                                       | ΔM       | 9           |  |           | 12:              | Š      | -            |          | E    | -       |           |          | ×                 | _     |      |      |          |          | _        |               | ****                 |        |                 |
| NEAS Read / SLOP STAIL / CLU-F   DW   G  |   | J.R                                     | DW       | 9           |  |           | :1:              | 17     | <b>~</b>     |          |      |         |           |          | ×                 |       |      |      |          | $\dashv$ |          |               |                      |        |                 |
| HEAS Ream / SLOP SDAL/ L  J-F   DW   G   | MENS Rach /SLUP SIGNE,                        |   | DW       | ပ           |  |           | : 21             | 7      | -            |          | -    |         |           |          | ×                 | _     |      |      | _        | +        | _        |               |                      |        |                 |
| MEANS Ream Slow (Scan (Stan    |   |   | Š        | ပ           |  |           | 12:              | ۲,     | -            |          | -    | $\neg$  |           |          | ×                 |       |      |      |          |          | 1        |               |                      |        |                 |
| MENS ZCOM (SCHL)-T.   DW   G   17.49   1.   1   1   1   1  |   |   | ΔM       | ၅           |  |           | 2                | 75     | -            |          | -    |         |           |          | ×                 |       |      |      |          |          | _        |               |                      |        |                 |
| MENS ZCCM (STAIL / LIJ. F   DW G   17:49   1   1   1   1   1   1   1   1   1   |   |   | š        |             |  |           | 1: 2             | 49     | -            | $\dashv$ |      |         | $\exists$ | _        | ×                 |       |      |      | $\dashv$ |          | $\dashv$ |               |                      |        |                 |
| MEAS FCOM/STAIL/ HIJ-R   DW G   1   1   1  | MENS RUCH (SINK)                              |   | <u>}</u> | ŋ           |  |           | 12:              | 6)     | -            | _        | 耳    | -       |           | #        | ×                 |       |      |      | _        |          |          | _             | _                    |        |                 |
| Figure Relinquished by / Affiliation   Date   1   1   1   1   1   1   1   1   1  | MENS ROOM/SINIC/                              |   | ΔM       | ŋ           |  |           | 12               | £      | F            | -        | 二    |         |           |          | ×                 |       |      |      | +        |          | _        | _             | _                    |        |                 |
| RELINQUISHED BY / AFFILIATION DATE TIME ACCEPTED BY / AFFILIATION DATE TIME SAMPLE CONDITION  AND MALE 7/21/16 / B: vo   |   |   | Ã.       | ŋ           | V-1200-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-  | •         | 7 n:             | ક      | τ-           |          | _    |         |           |          | ×                 |       |      |      |          |          |          |               | _                    |        |                 |
| AMLE         7/2/fu / 8: vo         X  | 4   |   | LINOL    | JISHED I    | 3Y/AFE   | ILIATION  |                  | DATE   | . F          | ME       |      | ACCE    | PTEE      | BY /     | AFFILIA           | NOI   |      | à    | TE.      |          | ME       |               | AMPLE                | CONDIT | SNO             |
| SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: THIES MAZEMY THE SIGNED 7/25/L SIGNATURE of SAMPLER: Annual Date Signed 7/25/L  PART NAME AND SIGNATURE OF SAMPLER: Annual Date Signed 7/25/L  |   | JW.                                     | •        | N           | 1/   | 1.6       | 7/2              | 5/16   | 18           | 3        |      | N       |           | 1        | $\langle \rangle$ |       |      | 7    | Z        | 0        | 31       |               | N/A                  | N/A    | N/A             |
| SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: THMES MAZPUY THE SIGNATURE of SAMPLER: Annual Date Signed 7/25/L  PARTICIPATION OF THE Signed 7/25/L  PARTICIPATION OF THE Signed 7/25/L  PARTICIPATION OF THE Signed 7/25/L  PARTICIPATION OF THE Signed 7/25/L  PARTICIPATION OF THE Signed 7/25/L   |   | 1                                       | ۹.       | 1           |  |           |                  |        |              | 'n       |      |         |           | 0        |                   |       |      | `    |          |          |          |               | N/A                  | N/Y    | N/A             |
| SAMPLER NAME AND SIGNATURE  PRINT Name of SAMPLER: TAMES MUZPUT PACE  SIGNATURE of SAMPLER: Annual Date Signed 7/25//C  PATERIOR OF SAM |   | 5                                       |          | ,           |  |           |                  |        |              | *        | _    |         |           |          |                   |       |      |      |          |          |          |               | N/A                  | N/A    | N/A             |
| SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: AMES MAZPHY THE SIGNATURE of SAMPLER: AMB MAZPHY THE  DATE Signed 7/25/L  DATE Signed 7/25/L   |   |   |          |             |  |           | ļ                |        |              |          | _    |         |           |          |                   |       |      |      |          |          |          |               | N/A                  | N/A    | N/A             |
| SIGNATURE of SAMPLER: AMPLY AMPLY DATE Signed 7/23/16   F   R   B   B  | 771.8 291                                     | 7                                       | 0        | 18          |  | PLER NA   | MME AND of SAMPI | V 8    | EE LA        |          | 175  | 3.2     |           | (2       | CE                |       |      |      |          |          |          | O° ni qme     |                      |        | tostal selqa    |
|  | 7/0 02/1                                      |   | ن        | <u> </u>    |  | ATURE     | of SAMPL         | ËŖ     | U            | 1        | 'n   | 71      | 4         |          |                   | DATES | ped  | 7/5  | 12/      | J        |          | <u></u><br>ЭТ | <br>E                |        | ue <sup>,</sup> |

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Pace Analytical

Pace Project No めこれ 42154 SAMPLE CONDITIONS N OTHER NY Custody ealed Cooler N/A N/A N/A N/ ğ ₹ F DRINKING WATER N/A N/A N/A Page: 5 Received on L ₹ O° ni qmeT z REGULATORY AGENCY သွ 920 TIME P g GROUND WATER L DATE ☐ RCRA LOCATION SITE ACCEPTED BY / AFFILIATION iltered (Y/N) NPDES Requested UST POSZBI lonsrhei 182S2O3 HOS 101 CONH \*0S2 8.8 TIME -SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP ÀT COLLECTION 1/2/1/ DATE ace Quote Reference: ace Project Manager. Invoice Information: (S:21) 12:3 5:5 7:5 12:54 12:12 262 12.53 77:21 TIME Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START Project Name:

JICA ACCESS SITE
Project Number: DATE Required Project Information: my စြ G=GRAB C=COMP O Ø Ø Ø တ G Ø Ø Ø Š O Š Š Š Š š ρW M 8 Š M ≥ MATRIX CODE Section B Report to: Copy To: Purchase Order No.: LAPIES ROOM/SINIK2/ HIJ-F ANDESS ROCA /STHILZ/ HILL-R LATTES ROOM/STHK 1/ HILL-F ANTES KOCM/SINIEZ/ CINIF LATTES ROOM/SINH 1/ HIJ-R AMIES Rum/SIHK Z/ CLI-R 405ES Ram/SIHK1/CLI-F ADJES Ren/STHK1/CI-R CODE Valid Matrix Codes MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Company: Madisn Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Address: 4937 Spring Rd Required Client Information Verona, NY 13478 Section D **Due Date/TAT:** Section A Requested Email To: Phone: # MBTI

1708 3909 9067

N/A N/A amples Intact Y/N

DATE Signed 7/23/1C

PRINT Name of SAMPLER: THINGS MURGHA SIGNATURE OF SAMPLER: LAN P. VI

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ace Analytical"

LOTMICA L Pace Project No. Lab I.D. d mo Samples intact N/X N/A N/A SAMPLE CONDITIONS OTHER NY MI NC Custody Sealed Cooler N/A N/A N/A N/A DRINKING WATER N/Å N/A N/A N/A Received on Page: SC M Z O° ni qmeT ΣĊ OTHER \_ TIME o 8 F ð GROUND WATER i... 196 DATE T RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES UST Requested DOSZE 182S2O3 HOB ON \*05<sup>2</sup>| TIME 3:3 SAMPLER NAME AND SIGNATURE # OF CONTAINERS Pace Quote Reference: DATE Invoice Information: Pace Project Manager 13:08 1:01 6:52 7,X 124 1:05 7:0% 2/23 6:52 75:7 6:29 2:6 Company Name: TIME 7.6 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION 1410 TIME COMPOSITE DATE Required Project Information: 7 Project Name: G=GRAB C=COMP DW G ტ ტ ပ G ტ ဖ Φ ග Ø Ö Ø SAMPLE TYPE οw ž 8 š DΜ š ĕ 8 M M M MATRIX CODE roject Number Section B Copy To: Purchase Order No.: SODE Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN CLISIDE SPIRAT L. F Stack Le-R ď CUTSIDE SPILOS S.F CUTSTDE SPICLOF 5-R SPECOT 41. R CUTSEDS SPECOTY-F SPECOL 3.F X 4 Spicor 3-R Specor 1-Valid Matrix MATRIX CUISIDE SPICAT 1 tvandresar@moboces.org ~ ADDITIONAL COMMENTS Madison Oneida BOCES SPICE SPICAT (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd Section D
Required Client Information a TSENE CUTSEDS CUTSIDE **SCISTOR** Cert Sing CUTSEDE **SCISIOS** Verona, NY 13478 Requested Due Date/TAT: Address: Email To: Phone: œ 10 12 11 0 1 0 9 ITEM # 4

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1/23/16

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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Pace Project No. Lab I.D. Samo Samples Intact N/X N/A N/A SAMPLE CONDITIONS OTHER NY S Cooler ŏ N/A N/X N/A N/A Custody Sealed Ξ DRINKING WATER N/A N/λ N/A N/A L... Received on Page: ₹ Z چ Jemp in °C SC OTHER ۳ L TIME B გ ᆼ GROUND WATER 146 1.... DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST ¥në \$OSZE lethanol COSSEN HOBI IO €ON \*OSZ 18:00 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP AT COLLECTION 1/25/16 ace Quote Reference: DATE Invoice Information: Pace Project Manager 12.1 17.16 2.7 1:25 7.28 2 7:19 7:19 Kil Company Name: TIME 3:50 1.21 7:1 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE 2/23 RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: SAMPLE TYPE GMOD=D BARD=D Ö 9 g ტ g Ø Ø ග M MO M M ă M Μ ě ρM Š M ΔM MATRIX CODE Project Name: Project Number Section B Copy To: Purchase Order No.: REON 420/ SEHK 3/CLIF ROOM 420/ STHE 2/HIL-R 1400, 420/ SET-11 HIL-F ROOM 420/SITHE 1/CHAR ROOM 420/5IHKZ /CH-R KOW 420/ STHE 2/CLJ-F ROOM 420/5 STAKE/ 411-R Report 420/5 IMKZ/HIL.F TO A M C R D W M C R 4 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Ņ MATH 10334/75-2/R MADY LOBBY/DF-2/F Sample ID code: CW=COLD WATER, HW=HOF WATER, DF=DRINKING FOUNTAIN SPECULT 7 SPECK 7 Valid Matrix MATRIX tvandresar@moboces.org Pradison Onlida BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd Required Client Information OCT SEE /erona,NY 13478 Section D Oue Date/TAT: Section A Address: Email To: Phone: 0 th 10 6 10 7-12 8 9 # MHL

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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Pace Amalytical"

KUMLODI Pace Project No. Lab f.D. Sangples Intact Jung. N/X N/A N/A SAMPLE CONDITIONS OTHER NY 2 L Cooler N/A N/A N/A N/A Custody Seale Ī DRINKING WATER N/A 5 N/A N/A N/A Received on 1.... Page: ₹ Z O° ni qmeT L 1 S) သွ TIME **L**... F ð **GROUND WATER** SK DATE į.,, 1... RCRA LOCATION 1\_\_ SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane \$08ZP S2S2B HOB CI 6ON \*0S<sup>2</sup> 6.00 TIME ubieseived SAMPLER NAME AND SIGNATURE # ОЕ СОИТАІИЕВЗ Verlu DATE Pace Quote Reference: Pace Project Manager Invoice Information: 7:12 4 82:4 1:33 美 7.5 7.4 TIME 1123 11:28 200 734 7:35 117.1 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION TIME COMPOSITE RPLEXUS DATE Required Project Information: G=GRAB C=COMP g Ø Ø O Ø Ø Ø Ø ტ Ø O SAMPLE TYPE ĕ M Š M Š Μ DW Š ΔM M š ΜO MATRIX CODE Project Number Project Name Section B Coursel KITCHEM SEALL/CHIF REST 3134 / 34TH STIK ( F. BOUND KEENET STIFF HITH Copy To: ROOM XX /KITCHEN SCHILL/ HILLF Purchase Order No.: Ron 20/KITCHEN SIGHE/CH-C ROOM 313A/13ATH SEHIL/F COSDE STELOTA 10-F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN CATSIDE SPICOT 8-F CUSAGE SPECIT 10 16 CONSIDE SPICAT 8-R cursive spicer 9-R CUTSIDE SPACE 9-F DEBARCAG WATER
WATER
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TISSUE MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Pradison OnlidaBOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Required Client Information Address: 4937 Spring Rd Jerona, NY 13478 Section D Oue Date/TAT: Section A paysanbay Email To: 12 10 0 t 0 5 9 8 # WBL

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER:

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COTOD Pace Project No. Lab LD. (e07mo SAMPLE CONDITIONS OTHER NY S F Cooler ₽ N/A N/A N/A N/A Custody Sealed ₹ **DRINKING WATER** J N/A N/A N/A N/λ Received on **L**... Page: ₹ L L O° ni qmeT <u></u> L ပ္တ St. TIME .... B δ **GROUND WATER** 1... DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane \$08ZB ethanol 82S2B HOBI IO <sup>2</sup>ONI POS<sup>2</sup> 18:50 TIME hpreserved SAMPLER NAME AND SIGNATURE SAMPLE TEMP A 7/25/h DATE ace Quote Reference: ace Project Manager Invoice Information: 2:49 1.50 25.5 TIME Company Name: 13 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE 3423 RELINQUISHED BY / AFFILIATION 1402 TIME COMPOSITE START DATE omina Required Project Information: Project Name: G=GRAB C=COMP Ø Ø ტ ტ Ø g O ဗ ტ Φ Ø Ø SAMPLE TYPE <u>8</u> N š M š Š 8 M ≧ š ≥ Š **BUOD XINTAM** Project Number Section B Copy To: Purchase Order No.: 900 12.1 Samples ending in F are flushed samples and are SPECUT 12-R to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN SYSECT II.F SPECUT 11-R DRBACKO WATER
WATER
WASTE WATER
PRODUCT
SOLUSOUD
OLL
AIR
AIR
TISSNE MATRIX SPACE tvandresar@moboces.org Hadison OnlidaBOLES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Section D
Required Client Information のころいか Address: 4937 Spring Rd BUTCHE のころと SUSTEM TOTAL Verona, NY 13478 Requested Due Date/TAT: Section A Email To: Phone: # Wat

Samples Intact

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A N/A N/A

\* The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

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LOTMICA L Pace Project No. Lab I.D. d mo Samples intact N/X N/A N/A SAMPLE CONDITIONS OTHER NY MI NC Custody Sealed Cooler N/A N/A N/A N/A DRINKING WATER N/Å N/A N/A N/A Received on Page: SC M Z O° ni qmeT ΣĊ OTHER \_ TIME o 8 F ð GROUND WATER i... 196 DATE T RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES UST Requested DOSZE 182S2O3 HOB ON \*05<sup>2</sup>| TIME 3:3 SAMPLER NAME AND SIGNATURE # OF CONTAINERS Pace Quote Reference: DATE Invoice Information: Pace Project Manager 13:08 1:05 6:52 7,X 124 7:05 7:0% 2/23 6:52 75:7 6:29 2:6 Company Name: TIME 7.6 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION 240 TIME COMPOSITE DATE Required Project Information: 7 Project Name: G=GRAB C=COMP DW G ტ ტ ပ G ტ ဖ Φ ග Ø Ö Ø SAMPLE TYPE οw ž 8 š DΜ š ĕ Š M M M MATRIX CODE roject Number Section B Copy To: Purchase Order No.: SODE Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN CLISIDE SPIRAT L. F Stack Le-R ď CUTSIDE SPILOS S.F CUTSTDE SPICLOF 5-R SPECOT 41. R CUTSEDS SPECOTY-F SPECOL 3.F X 4 Spicor 3-R Specor 1-Valid Matrix MATRIX CUISIDE SPICAT 1 tvandresar@moboces.org ~ ADDITIONAL COMMENTS Madison Oneida BOCES SPICE SPICAT (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd Section D
Required Client Information a TSENE CUTSEDS CUTSIDE **SCISTOR** Cert Sing CUTSEDE **SCISIOS** Verona, NY 13478 Requested Due Date/TAT: Address: Email To: Phone: œ 10 12 11 0 1 0 9 ITEM # 4

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1/23/16

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

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Pace Project No. Lab I.D. Samo Samples Intact N/X N/A N/A SAMPLE CONDITIONS OTHER NY S Cooler ŏ N/A N/X N/A N/A Custody Sealed Ξ DRINKING WATER N/A N/λ N/A N/A L... Received on Page: ₹ Z چ Jemp in °C SC OTHER ۳ L TIME B გ ᆼ GROUND WATER 146 1.... DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST ¥në \$OSZE lethanol COSSEN HOBI IO €ON \*OS 18:00 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP AT COLLECTION 1/25/16 PRINT Name of SAMPLER: ace Quote Reference: DATE Invoice Information: Pace Project Manager 12.1 17.16 2.7 1:25 7.28 2 7:19 7:19 Kil Company Name: TIME 3:50 1.21 7:1 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE 2/23 RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: SAMPLE TYPE GMOD=D BARD=D Ö 9 ტ ტ g Ø Ø ග M MO M M ă M Μ ě ρM Š M ΔM MATRIX CODE Project Name: Project Number Section B Copy To: Purchase Order No.: REON 420/ SEHK 3/CLIF ROOM 420/ STHE 2/HIL-R 1400, 420/ SET-11 HIL-F ROOM 420/SITHE 1/CHAR ROOM 420/5IHKZ /CH-R KOW 420/ STHE 2/CLJ-F ROOM 420/5 STHKE/ 411-R Report 420/5 IMKZ/HIL.F TO A M C R D W M C R 4 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Ņ MATH 10334/75-2/R MADY LOSBY/DF-2/F Sample ID code: CW=COLD WATER, HW=HOF WATER, DF=DRINKING FOUNTAIN SPECULT 7 SPECK 7 Valid Matrix MATRIX tvandresar@moboces.org Pradison Onlida BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd Required Client Information OCT SEE /erona,NY 13478 Section D Oue Date/TAT: Section A Address: Email To: Phone: 0 th 10 6 10 7-12 8 9 # MHL

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DATE Signed (MM / DD / YY):

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Pace Amalytical"

KUMLODI Pace Project No. Lab f.D. Sangples Intact Jung. N/X N/A N/A SAMPLE CONDITIONS OTHER NY 2 L Cooler N/A N/A N/A N/A Custody Seale Ī DRINKING WATER N/A 1 N/A N/A N/A Received on 1.... Page: ₹ Z O° ni qmeT L 1 S) သွ TIME **L**... F ð **GROUND WATER** SK DATE į.,, 1... RCRA LOCATION 1\_\_ SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane \$08ZP S2S2B HOB CI 6ON \*0S<sup>2</sup> 6.00 TIME ubieseived SAMPLER NAME AND SIGNATURE # ОЕ СОИТАІИЕВЗ Verlu DATE Pace Quote Reference: Pace Project Manager Invoice Information: 7:12 4 82:4 1:33 美 7.5 7.4 TIME 1123 11:28 200 734 7:35 HT.L Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION TIME COMPOSITE RPLEXUS DATE Required Project Information: G=GRAB C=COMP g Ø Ø O Ø Ø Ø Ø ტ Ø O SAMPLE TYPE ĕ M Š M Š Μ DW Š ΔM M š ΜO MATRIX CODE Project Number Project Name Section B Coursel KITCHEM SEALL/CHIF REST 3134 / 34TH STIK ( F. BOUND KEEVER SCHIK/HILK Copy To: ROOM XX /KITCHEN SCHILL/ HILLF Purchase Order No.: Ron 20/KITCHEN SIGHE/CH-C ROOM 313A/13ATH SEHIL/F COSDE STELOTA 10-F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN CATSIDE SPICOT 8-F CUSAGE SPECIT 10 16 CONSIDE SPICAT 8-R cursive spicer 9-R CUTSIDE SPACE 9-F DEBACONG WATER
WATER
WATER
WASTE WATER
PRODUCT
SOILSOLID
OUL
WINE
AIR
TISSUE MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Pradison OnlidaBOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Required Client Information Address: 4937 Spring Rd Jerona, NY 13478 Section D Oue Date/TAT: Section A paysanbay Email To: 12 10 0 t 0 4 5 9 8 # WBL

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER:

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COTOD Pace Project No. Lab LD. (e07mo SAMPLE CONDITIONS OTHER NY S F Cooler ŏ N/A N/A N/A N/A Custody Sealed ₹ **DRINKING WATER** J N/A N/A N/A N/λ Received on **L**... Page: ₹ L L O° ni qmeT <u></u> L ပ္တ St. TIME .... B δ **GROUND WATER** 1... DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ane \$08ZB ethanol 82S2B HOBI IO <sup>2</sup>ONI POS<sup>2</sup> 18:50 TIME hpreserved SAMPLER NAME AND SIGNATURE SAMPLE TEMP A 7/25/h DATE ace Quote Reference: ace Project Manager Invoice Information: 2:49 1.50 25.5 TIME Company Name: 13 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE 3423 RELINQUISHED BY / AFFILIATION 1402 TIME COMPOSITE START DATE omina Required Project Information: Project Name: G=GRAB C=COMP Ø Ø ტ ტ Ø g O ဗ ტ Φ Ø Ø SAMPLE TYPE <u>8</u> N š M š Š 8 M ≧ š ≥ Š **BUOD XINTAM** Project Number Section B Copy To: Purchase Order No.: 900 12.1 Samples ending in F are flushed samples and are SPECUT 12-R to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN SYSECT II.F SPECUT 11-R DRBACKO WATER
WATER
WASTE WATER
PRODUCT
SOLUSOUD
OLL
AIR
AIR
TISSNE MATRIX SPACE tvandresar@moboces.org Hadison OnlidaBOLES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Section D
Required Client Information のころいか Address: 4937 Spring Rd BUTCHE のころと SUSTEM TOTAL Verona, NY 13478 Requested Due Date/TAT: Section A Email To: Phone: # Wat

Samples Intact

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A N/A N/A

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|  | Section B                                       | Section C                  |          |   |  |   | 0              | 1                   | 4  |
|--|---|----------------------------|----------|---|--|---|----------------|---------------------|--|
|  | Project Information:                            | Invoice Information:       | •        |   |  |   | 3              |                     | 5  |
| Madisn Oneida BOCES  | Report to:                                      | Attention:                 |          |   |  | REGULATORY AGENCY                       | RY AGENCY      |                     |  |
| Address: 4937 Spring Rd  | Copy To:  | Company Name:              |          |   | ☐ NPDES                                | GROUND WATER                            | DRINKING WATER | WATER               |  |
| Verona, NY 13478   |   | Address:                   |          |   | L                                      |   | S OTHER        | İ                   |  |
| o: <u>tvandresar@moboces.org</u>   | Purchase<br>Order No.:                          | Pace Quote Reference:      |          |   | SITE                                   | L GA                                    | Z              | W                   | NC   |
| Fax:   | ACCESS SITE                                     | Pace Project Manager.      |          |   | LOCATION                               | FO<br>L.                                | □ SC □         | L                   |  |
|  |   | Pace Profile #:            |          |   | Filtered (Y/N)                         | /////////////////////////////////////// | /////          | 11/1                |  |
| des  | :   | ŒD.                        |          | Preservatives                                 | Requested                              |   |                |                     |  |
| SAMPLE ID WATER WEEK WITH WATER WITH WATER WITH WEEK WITH WEEK WITH WEEK WITH WEEK WITH WEEK WITH WEEK WITH WEEK WITH WEEK WITH WEEK WITH WEEK WITH WATER WITH WATER WITH WATER WATE | ## \$ # \$ # \$ # \$ # \$ # \$ # \$ # \$ # \$ # | COMPOSITE THE END/GRAB LE  |          | lon   | Ant                                    |   |                | Chlorine (Y/N)      |  |
| TISSUE   |   | DATE TIME                  |          | 19260<br>19260<br>19262<br>1900<br>100<br>101 | \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |   |                | lenp <sub> Se</sub> | Pace Project No.   |
| 1 LOBBY DF/R   | DW G  | 4723 DE:34                 |          | y<br>y  | ×                                      |   |                |                     | 2 20   |
| 2 LUSBY DF/F   | DW G  |                            | -        |   | ×                                      |   |                | 35                  | 120  |
| 8 MAINT. RUM/SINK/CLI.R  | 9 MQ  | 17:31                      | -        |   | ×                                      |   |                | 3                   | 2  |
| 4 MAINT. ROW /SINK/CIJ.F   | DW G  | TE(0)                      |          |   | ×                                      |   |                |                     |  |
| S MAINT. RUCH STNK/HIL-R   | 2 DW G  | 10:3%                      |          |   | ×                                      |   |                |                     |  |
| 6 MAINT RCON/SINK/HILL-F   | DW G  | 10.38                      | -        |   | ×                                      |   |                |                     |  |
| 7 IMMINIT. RECOM FRUP SINK/CIJ-R   | 1-1 DW G  | 10:39                      | -        |   | ×                                      |   |                |                     |  |
| 8 MAINT. IZELM FILL? SINK/CIJ-F  | 14-F DW G                                       | 46:01                      | -        |   | ×                                      |   |                |                     |  |
| 9 MAINT. RCCM/SLOP SINK/HIJ.R  | ILI-R DW G                                      | oh:01                      |          |   | ×                                      |   |                |                     | Action and the second s |
| 10 MAINT. ROCH/SUCP SINK/HILF  | PIN-F DW G                                      | 14:01                      | -        |   | ×                                      |   |                |                     |  |
| A MENS RUCH /STAK/CIJ-R  | DW G  | ξh;α/                      | -        |   | ×                                      |   |                |                     |  |
| 12 MENS FLOW /SINK/CLI.F   | DW G  | 54:01                      | -        |   | ×                                      |   |                |                     |  |
| ADDITIONAL COMMENTS  | RELINGL   |                            | TIME     | ACCEPTED BY /                                 | BY / AFFILIATION                       | DATE                                    | TIME           | SAMPLE CONDITIONS   | NDITIONS   |
|  | SMM Wanty ME                                    | 21/23/2                    | 18:00    | T M   |  | 5 98/2                                  | 250            | N/A                 | N/A  |
|  | 0 /   |                            | ū        |   |  |   |                | N/A                 | ļ  |
|  |   |                            |          |   |  |   |                | N/A                 | N/A  |
|  |   |                            |          |   |  |   |                | N/A                 | N/A  |
|  |   | SAMPLER NAME AND SIGNATURE | rure     |   |  |   | ე. ს           |                     | ooler  |
| 6 666 87CC   | CYV5  | 3 OI SAWIFLER              | HMES /MY | "Murphy - M                                   | HE HUMIYER                             | rede                                    | ıi dm          | ceive<br>seive      | O be   |
|  |   | SIGNATURE OF SAMPLER:      | LIMANA   | 4   | DATE Signed<br>(MM / DD / YY):         | 7/23/16                                 | ——<br>9T       |                     | Seal   |

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|  | Section B  | Section C   |                            |              |   |  |                           |  |                   | Dogo           | 7  |                  |
|--|--|---|----------------------------|--------------|---|--|---------------------------|--|-------------------|----------------|--|------------------|
|  | Required Project Information:  | Invoice Information:                              |                            | 4            |   |  |                           |  |                   | 1              | 1  |                  |
| : Madisn Oneida BOCES  | Report to:   | Attention:  |                            |              |   |  |                           | REG                                      | REGULATORY AGENCY | SENCY          |  |                  |
| Address: 4937 Spring Rd  | Copy To:   | Company Name:                                     | ame:                       |              |   |  | T NPDES                   | GROU                                     | L.                | DRINKING WATER | TER                                      |                  |
| Verona, NY 13478   |  | Address:  |                            |              |   |  | T OST                     | _ RCRA                                   | . 12              | Ħ,             | i<br>i                                   |                  |
| o:<br>tvandresar@moboces.org   | Purchase<br>Order No.:   | Pace Quote Reference:                             | eference:                  |              |   |  | SITE                      |  | GA FIL            | z              | E L                                      | NC               |
| Fax:   | Project Name.  | Pace Project Manager:                             | Aanager:                   |              |   |  | LOCATION                  | NO                                       | OS _ HO _         | ₹<br>L         | OTHER NY                                 | ķ                |
|  | Project Number:  | Pace Profile #:                                   | #                          |              |   |  | Filtered (Y/N)            |  | 11111             |                | 11/                                      |                  |
| sapo   |  | CTED  | <del> </del>               |              | Prese   | Preservatives                                      | Requested                 |  |                   |                |  |                  |
| SAMPLE ID WATERWISH WATERW | ### STARTS CODE  SAMPLE TYPE  COMPOSITE  START  STA | COMPOSITE   | AMPLE TEMP A<br>COLLECTION | SELVED       |   |  | Ans Ans                   |  |                   |                | (N/N) enholito                           |                  |
| TISSUE   |  | DATE TI   |                            | Jubre        | 1CI<br>1NO <sup>3</sup><br>1 <sup>5</sup> 2O <sup>5</sup> | HOBN<br>18 <sub>2</sub> S <sub>2</sub> e<br>BriteN | OSZEN                     |  |                   | leublee        |  | Pace Project No. |
| MENS ROOM /SIMK/HILL-R   | DW G   | 1 -   |                            | <del> </del> | -   |  | ×                         |  |                   | 2              | 1100                                     | メルス              |
| 2 MENS RUCH /SINK/ HIJ. F  | DW G   | 1 103   | hh:01                      | _            | -   |  | ×                         |  |                   |                | 1001                                     | 560              |
| ELAPSES RCCM/SINK/CLS-P  | PW G   | 0/  |                            | -            | _   |  | ×                         |  |                   |                |  |                  |
| 4 LADJES RCCM/SINK/C1J-F   | € DW G   | 3   | _                          | -            | <u> </u>  |  | ×                         |  |                   |                |  |                  |
| 6 LADIES ROOM/SINIC/HIJ-R  | R DW G   | 0)  | 4:01                       | -            | -   |  | ×                         |  |                   |                |  |                  |
| 6 LADIES ROCH/SINIC/ HILL-F  | F DW G   | 10:   |                            | -            | -   |  | ×                         |  |                   |                |  |                  |
| 7 UNISSEX BATH 1/STHK/CLL-R  | K DW G   | \<br>'\   | \$5:01                     |              |   |  | ×                         |  |                   | ļ.             |  |                  |
| O CAILSER BOTH 1/SINK/ CLJ. F  | F DW G   | (0:   | 10:48                      |              |   |  | ×                         |  |                   |                | 40-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4 |                  |
| OLITSER BOTH 1/52HK/HLI-R  | -راح Dw G  | 0/  |                            | -            | -   |  | ×                         |  |                   |                |  |                  |
| 10 UNISSEK BAN 1/STHK/ HIJ.F   | ٠ <b>٠</b> Dw G  | (O)   | 1 QS:0)                    |              |   |  | ×                         |  |                   |                |  |                  |
| " UNESEX BAIN 2/50HK/CLI-R   | - <b>K</b> DW G  |   | 1) (5)                     |              | ~   |  | ×                         |  |                   |                |  |                  |
| 12 UNISEX BARY 2/SIHK/CIJ-F  | -F Dw G  | io) 💠   | CS:CO!                     |              | _   |  | ×                         |  |                   |                |  |                  |
| ADDITIONAL COMMENTS  | RELINQUISHED BY / AFFILIATION  |   | DATE                       | TIME         | )Y  | CEPTED B   | ACCEPTED BY / AFFILIATION | DATE                                     | TIME              | SAN            | SAMPLE CONDITIONS                        | ITIONS           |
|  | some yould   |   | 7/er/u 18                  | 18:00        | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                     | 1 2/3  | Y                         | 3/1/2                                    | 25.6              |                | N/A<br>N/A                               | N/A              |
|  | 0  |   |                            | 3            |   | /  |                           | c i                                      |                   |                |  | N/A              |
|  |  |   |                            |              |   |  |                           |  |                   |                | N/A<br>N/A                               | N/A              |
|  |  |   |                            |              |   |  |                           |  |                   |                |  | N/A              |
|  |  | SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER. | SIGNATURE<br>ER            |              | M   |  | F 2010                    |  |                   | O° ni c        | ved on<br>stody<br>stody<br>Cooler       | se Intact        |
| 100 010 100  |  | SIGNATURE of SAMPLER:                             |                            | 100          | 7   | מינים  | DATE Signed (MM / DD / Y  | DATE Signed (MM / DD / YY): 7 / 73 / / / | 1/1               |                | ol<br>Cus                                |                  |

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|   | Section B   | Section C  |                             | Pane: 2  |
|---|---|--|-----------------------------|--|
|   | Project Information:                                      | Invoice Information:                                 |                             | ,  |
| Madisn Oneida BOCES   | Report to:  | Attention:   | REGULATORY AGENCY           | =NCY   |
| oring Rd  | Сору То:  | Company Name:  | NPDES   GROUND WATER   DRIN | P DRINKING WATER                                     |
| Verona, NY 13478  |   | Address:   | ☐ UST                       | er.  |
| o:<br>tvandresar@moboces.org  | Purchase<br>Order No.:                                    | Pace Quote Reference:                                | SITE L GA                   | N MI NC  |
| Fax.  | Project Name: Now & Access Stre                           | Pace Project Manager:                                | LOCATION TOH TSC            | 퓼  |
|   |   | Pace Profile #:                                      | Filtered (Y/N)              |  |
| ges   | 3   | ED AT  | Requested                   |  |
| SAMPLE ID WORTER WITH WATER WITH WATER WITH WATER WITH WATER WITH WATER | OOS XIMAMAPE TAYYES OOS OOS OOS OOS OOS OOS OOS OOS OOS O | eO lon   | Anne                        | (N.N.) SUPPRIORIES                                   |
| TISSUE  | DATE TIME   | TIME S # HZOH HZI HZI HZI HZI HZI HZI HZI HZI HZI HZ | SZEN                        | Pace Project No.                                     |
| UNISEX BATH 2/STHK/ HIW-R   | DW G  |  | *                           | 37/1/10  |
| UNISSEX BATH 2/STHK/ HILL.F   | DW G  | PS:01  |                             | 10071  |
| 8   | DW G  | -  | ×                           | )  |
| 4   | DW G  |  | ×                           |  |
| Ŋ   | DW G  | 7-   | ×                           |  |
| 9   | DW G  | -  | ×                           |  |
| 7   | DW G  | -  | ×                           |  |
| 8   | DW G  | -  | ×                           |  |
| 0   | DW G  |  | ×                           |  |
|   | DW G  |  | ×                           |  |
|   | DW G  | -  | ×                           |  |
| 12  | DW G  | 1-   | ×                           |  |
| ADDITIONAL COMMENTS   | RELINQUISHED BY / AFFILIATION                             | ON DATE TIME ACCEPTED BY / AFFILIATION               | DATE                        | SAMPLE CONDITIONS                                    |
|   |   |  | 3/36 92                     | N/A<br>N/A   |
|   |   |  | _                           | N/A  |
|   |   |  |                             | N/A  |
|   |   |  |                             | N/A<br>N/A   |
| 257   |   | ME AND SIGNATURE                                     |                             | ooler<br>dy  |
| 100 700 XOI   |   | /  | A                           | emp in<br>ecived<br>ecive<br>dusto<br>Dusto<br>Dusto |
| )<br>-  |   | 1000   | (MM / DD / YY): 7/23//C     | 9A<br>)<br>Se8                                       |

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| Section A  | Section B                                  |  |                        | Section C                                     | O                     |               |                            |                         |  |               |                  |                                |        |                   |                | <u>~</u> | Page: 1          | j                 |                              |
|--|--|--|------------------------|---|-----------------------|---------------|----------------------------|-------------------------|--|---------------|------------------|--------------------------------|--------|-------------------|----------------|----------|------------------|-------------------|------------------------------|
| Required Client Information:   | Required Project Information:              | ormation:  |                        | Invoice Information:                          | ormation:             | •             |                            |                         |  |               |                  |                                |        |                   |                |          | 1                | İ                 |                              |
| Company: Madisn Oneida BOCES   | Report to:                                 |  |                        | Attention:                                    |                       |               |                            |                         |  |               |                  |                                | R      | REGULATORY AGENCY | ORY A          | GENCY    |                  |                   |                              |
| Address: 4937 Spring Rd  | Copy To:                                   |  |                        | Company Name:                                 | Name:                 |               |                            |                         |  | T             | ☐ NPDES          | L_                             | GROUNE | GROUND WATER      | L              | RINKING  | DRINKING WATER   |                   |                              |
| Verona, NY 13478   |  |  |                        | Address                                       |                       |               |                            |                         |  |               | ∏ UST            | Legas.                         | RCRA   |                   | <b>₹</b> OTHER | Ä        |                  |                   |                              |
| o:<br>tvandresar@moboces.org   | Purchase<br>Order No.:                     |  |                        | ace Quote                                     | Pace Quote Reference: |               |                            |                         |  | T             |                  | SITE                           |        | \rac{1}{Q}        | 1              | L.,      | Z                | MI NC             |                              |
| Fax:   | EL-  | SHOP   |                        | ace Projec                                    | Pace Project Manager. |               |                            |                         |  | 1             | )]               | LOCATION                       | 7      | 占                 | L              | Sc 7     | L<br>N           | OTHER NY          | >-                           |
| 1  | 1  |  |                        | Pace Profile #:                               | le #:                 |               |                            |                         |  |               | Filtered (Y/N)   |                                | //     |                   |                | 11       |                  | 11                |                              |
| ges  | <u> </u>                                   | - dV   | COLLECTED              | TED   | 1                     | Si            |                            | Proce                   | Presentatives                          | 1             | Requested        |                                |        |                   |                |          |                  |                   |                              |
| WATER WATER WATER WATER WATER WATER WATER WATER SOLOUD (*). WIPE WIPE WIPE WIPE WIPE WIPE WIPE WATER W | ままる。 * * * * * * * * * * * * * * * * * * * | S S S C C C ON TABLE S C C ON TABLE S C C ON TABLE S C ON | COMPOSITE              | COMPOSITE                                     | E &<br>A 9M9T 3J9MA   | OF COLLECTION | served                     |                         | 60                                     | 70            | Ane<br>64        |                                |        |                   |                |          | (NA) emoune (VA) |                   |                              |
| . TISSUE   |  | DATE   | TIME                   | DATE  | TIME                  | #             | ongre<br>OS <sub>s</sub> H | HCI<br>HNO <sup>3</sup> | HOBN<br>Na <sub>2</sub> S <sub>2</sub> | Netha<br>Va2S | \                |                                |        |                   |                | <u> </u> | enplses          |                   | Pace Project No.<br>Lab I.D. |
| LADJES RUCH /SEHK/CLI-R  | DW G                                       |  |                        | 123 6   | 4:15                  | -             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  | <b>-</b>          | 7.2                          |
| 2 ADJES ROWN/SAMK/CIJ.F  | DW G                                       |  |                        | )   | 4:15                  | -             |                            | +                       |  |               | ×                |                                |        |                   |                |          |                  | 5/W11001          | 12                           |
| 3 LATTES Run/Stour/ 4111.R   | DW G                                       |  |                        | <u>,                                     </u> | 4:16                  | 1             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  | }                 |                              |
| 4 LADIES ROOM KSINIC/ 1/16. F  | D M G                                      |  |                        | )   | 4:16                  | -             |                            | _                       |  |               | ×                |                                |        |                   |                |          |                  |                   |                              |
| 5 MENS RUM/STAK/CIJ-R  | DW G                                       |  |                        |   | 4:17                  | -             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  |                   |                              |
| 6 MENS ROOM/STAIK/CIJ.F  | D W G                                      |  |                        | 9   | 4:17                  | 7             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  |                   |                              |
| 7 MENS RUM STONK/ HLL-R  | DW G                                       |  |                        |   | 81:18                 | -             |                            | <b>/</b>                |  |               | ×                |                                |        |                   |                |          |                  |                   |                              |
| BENS ROW/SINK/ HIL-F   | DW G                                       |  |                        | - 6   | 4:18                  | -             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  | PRT-ST-dilbotte   |                              |
| SLOP SIMK/CLJ-R  | DW G                                       |  |                        | 5   | 6.20                  | +             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  |                   |                              |
| 10 SLOP SEMIL/CIJ.F  | DW G                                       |  |                        | 0   | 4:20                  | -             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  |                   |                              |
| 1 Sep 52411/HU-R   | DW G                                       |  |                        | -   | 4:2                   | -             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  |                   |                              |
| 12 SLOP STAK/HIJ.F   | DW G                                       |  |                        | 2   | 4:22                  | -             |                            | -                       |  |               | ×                |                                |        |                   |                |          |                  |                   |                              |
| ADDITIONAL COMMENTS  | RELINQUISHED BY / AFFILIATIO               | HED BY /   | AFFILIATIO             | NO.   | DATE                  |               | TIME                       | AC                      | ACCEPTED                               | ) BY / A      | BY / AFFILIATION | z                              | Ω      | DATE              | TIME           |          | SAMPLI           | SAMPLE CONDITIONS | SNS                          |
|  | The  | 1 th   | 346                    | 7   | 21/23/1               | 18:00         | 3                          | 9                       |  | H             | J                |                                | ر      | 70                | 250            | 9        | N/A              | N/A               | N/A                          |
|  |  |  |                        |   |                       |               | 5                          |                         |  | >             |                  |                                | 3      |                   |                |          | N/A              | N/A               | N/A                          |
| -  |  |  |                        | <u>`</u>                                      |                       |               |                            |                         |  |               |                  |                                |        |                   |                |          | N/A              | N/A               | N/A                          |
|  | -  |  |                        |   |                       | ·             |                            | :                       |  |               |                  |                                |        |                   |                |          | N/A              | N/A               | N/A                          |
|  |  |  | SAMPLER N              | JAME AN                                       | AME AND SIGNATURE     | TURE          |                            |                         |  |               |                  |                                |        |                   |                | 0.       |                  | ooler<br>ay       | ntact                        |
|  | 1100                                       | 1.   | PRINT Name of SAMPLER: | e of SAIV                                     | PLER!                 | 17/10         | MMES                       | Munch                   | 474                                    |               |                  |                                |        |                   |                | uị du    | eivec            | ootsu             | səld                         |
| 902 2502 297   | どのもく                                       | <u>v</u> 2   | SIGNATURE              | of SAMPLER:                                   | PLER:                 | 1             | 12                         | 1                       |  |               | <u>\$</u>        | DATE Signed<br>(MM / DD / YY): |        | 71/82/1           |                | L<br>IĐT |                  | Seal              | Samp                         |

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## CHAIN-OF-CUSTODY / Analytical Request Document

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| Required Client Information:   | Decilor D              | onion Inc   | . de ileano. |                               | oection .                                       | <u>.</u>              |                            |        |                         |   |                 |                               |          |              |                   | _           | Page:                 | 2 0                         |                      |
|--|------------------------|-------------|--------------|-------------------------------|---|-----------------------|----------------------------|--------|-------------------------|---|-----------------|-------------------------------|----------|--------------|-------------------|-------------|-----------------------|-----------------------------|----------------------|
| Colon monage .   | L nalinhau             | ndect IIII  | iormation.   |                               | Invoice   | Invoice Information:  | ٠,                         |        |                         |   |                 |                               |          |              |                   |             |                       |                             |                      |
| Company: Madisn Oneida BOCES   | Report to:             |             |              |                               | Attention:                                      | Ju:                   |                            |        |                         |   |                 |                               |          | REGL         | REGULATORY AGENCY | Y AGEN      | CY                    |                             |                      |
| Address: 4937 Spring Rd  | Copy To:               |             |              |                               | Compar  | Company Name:         |                            |        | 1                       |   | <b>-</b>        | NPDES                         | L<br>GR( | GROUND WATER | TER               | DRINK       | DRINKING WATER        | g                           |                      |
| Verona, NY 13478   |                        |             |              |                               | Address:  | S:                    |                            |        |                         |   | T               | □ UST                         | RCRA     | \$           |                   | ▼ OTHER     |                       |                             |                      |
| Email To: tvandresar@moboces.org   | Purchase<br>Order No.: |             |              |                               | Pace Qur  | Pace Quote Reference: |                            |        |                         |   |                 | SITE                          |          | ļ            | ₹9                |             | Z                     | E                           | NC<br>NC             |
|  | Project Name:          | 9           |              |                               | Pace Pro  | Pace Project Manager. |                            |        |                         |   | T               | LOCATION                      | NOIL     | Louis        | F                 | ္ခင္သ       | I.W                   | OTHER                       | ž                    |
| Requested 10 DAYS Due Date/TAT:  | Project Number:        | J.          |              |                               | Pace Profile #:                                 | ofile #:              |                            |        |                         |   | Œ<br>           | Filtered (Y/N)                |          |              |                   |             |                       | 1                           |                      |
| D Valid Matrix Codes MATRIX Slent Information  | CODE                   |             | di           | OS                            | COLLECTED                                       |                       | s                          |        | Occidental              | o di ili                                | - Ř             | Requested                     |          |              |                   |             |                       |                             |                      |
| DEMINING WATER WASTER WASTER WASTER WASTER WASTER PRODUCT PROD | W                      | SAMPLE TYPE | =CON         | COMPOSITE                     | COMPOSITE<br>END/GRAB                           | A 9M3T 3J9MA          | COLLECTION<br>OF CONTAINER | served |                         |   |                 | 86<br>89                      |          |              |                   |             | (MIX) enholito        | (NIA) SI                    |                      |
| TISSIE   | 2 22                   |             | DATE         | TIME                          | DATE  | TIME                  | #                          | -lubre | IOI<br>INO <sup>3</sup> | HOSN<br>S <sub>2</sub> S <sub>2</sub> N | nethan<br>Jazso |                               |          |              |                   |             | lenpise.              |                             | Pace Project No.     |
| DF-R   |                        | D W G       |              |                               | 2/2   | 9:24                  | -                          | +      |                         |   | -               | ×                             | E        |              |                   |             | 1                     | ٧.                          |                      |
| 2 DF - F   |                        |             |              |                               | _   | 4:24                  | -                          |        | -                       |   | _               | * ×                           |          |              |                   |             |                       |                             | 4121                 |
| RIC/LADIES RECEM/SINK/CLU-R  |                        | DW G        |              |                               |   | 9.20                  | -                          |        | -                       | -                                       |                 | ×                             |          |              |                   |             |                       |                             | 7                    |
| PLC/LADSES PURM/SSHIL/CIV.F  |                        | DW G        |              |                               | T   | 72:5                  | <b>~</b>                   |        | -                       |   |                 | ×                             |          |              |                   | -           |                       |                             |                      |
| 6 RICLAMES RUM/SSIMIL/HILIR  |                        | DW          |              |                               |   | 4:23                  | _                          |        |                         |   |                 | ×                             |          |              |                   |             |                       |                             |                      |
| O RIC/LADIES RUCH/SSHW/HIL-F   |                        | DW G        |              |                               |   | 43.27                 | -                          |        | -                       |   |                 | ×                             | <u> </u> |              |                   |             |                       |                             |                      |
| FICHEN STHIC/CID-R   |                        | DW          |              | ANI SA INY MATERIA            |   | 9:32                  | -                          |        | -                       |   |                 | ×                             |          |              |                   |             |                       |                             | Hereifor browner and |
| 8 KETCHEN STMK/CIJ.F   |                        | DW G        |              |                               |   | 4:32                  | -                          |        | -                       |   |                 | ×                             |          |              |                   |             |                       |                             |                      |
| KITCHEN SINK/ 1-114-R  |                        | DW G        |              |                               |   | 6:33                  | ÷                          |        | -                       |   |                 | ×                             |          |              |                   |             |                       |                             |                      |
| 10 KETEUEN SENK/ HIJ.F   | -                      | DW G        |              |                               |   | 6:33                  | ٠                          |        | ~                       |   |                 | ×                             |          |              |                   |             |                       |                             |                      |
|  |                        | DW G        |              |                               |   |                       | -                          |        | <b>—</b>                |   |                 | ×                             |          |              |                   |             |                       |                             |                      |
| 12   |                        | DW G        |              |                               | <b>→</b>  |                       | ~                          |        |                         |   |                 | ×                             |          |              |                   |             |                       |                             |                      |
| ADDITIONAL COMMENTS  | REL                    | INQUIS      | НЕВ ВУ       | RELINQUISHED BY / AFFILIATION | NOIL  | DATE                  | Ē                          | TIME   | ACC                     | EPTED                                   | BY / AF         | ACCEPTED BY / AFFILIATION     |          | DATE         |                   | TIME        | SAMF                  | SAMPLE CONDITIONS           | SNOIT                |
|  |                        | my          |              | 3740                          |   | 11/:4/2               | 18:00                      | 8      | 1)                      |   |                 | \                             |          | 7/26         | 8                 | 0<br>0<br>0 | N/X                   | N/A                         | N/A                  |
| 7  |                        | )           |              |                               |   |                       |                            |        |                         | <b>S</b>                                |                 |                               |          |              |                   |             | N/A                   | N/A                         | N/A                  |
| •  |                        |             |              |                               |   | ć.                    |                            |        |                         |   |                 |                               |          |              |                   |             | N/A                   |                             | N/A                  |
|  |                        |             |              |                               |   |                       |                            |        |                         |   |                 |                               |          |              |                   |             | N/A                   |                             | N/A                  |
| 7768 2919 927  | B                      | 1           |              | SAMPLER NAME PRINT Name of S  | SAMPLER NAME AND SIGN<br>PRINT Name of SAMPLER; | AND SIGNATURE AMPLER: | 10RE  <br>  Avr 25         | ` \    | Messhy                  |   | TAKE.           | Margerye                      | 1772     |              |                   |             | O° ni qm<br>no bevied | lce<br>sustody<br>ed Cooler | ples Intact          |
|  | _                      |             |              | SIGNAIL                       | SIGNATURE of SAMPLER:                           | MPLER:                |                            | Jun    | 1. h                    | n                                       |                 | DATE Signed (MM / DD / YY); 7 | / YY); • | 123/10       |                   |             |                       |                             | meS                  |

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately. Section C Invoice Information: Section B Required Project Information: Section A Required Client Information:

Page:

|             | Pradrison Onlida BOCES                                 |                        |                             |           |             |                       |               |              |      |            |                           | <b>****</b> * * ***** ** ****** |                  |                |          |       |              |      |          | NCY      |                  |                   |               |
|-------------|--|------------------------|-----------------------------|-----------|-------------|-----------------------|---------------|--------------|------|------------|---------------------------|---------------------------------|------------------|----------------|----------|-------|--------------|------|----------|----------|------------------|-------------------|---------------|
| Ā           | Address: 4937 Spring Rd Cop                            | Copy To:               |                             |           | S           | Company Name:         | .e:           |              |      |            |                           |                                 | L                | NPDES          | L        | GROUN | GROUND WATER | H.   | DRI      | NKING    | DRINKING WATER   |                   |               |
| ₹           | Verona,NY 13478  |                        |                             |           | A           | Address:              |               |              |      |            |                           |                                 | <u></u>          | UST            | L        | RCRA  |              | Anne | OTHER    | H.       |                  |                   |               |
| Ē           | Email To: Purc fundresar@moboces.org Orde              | Purchase<br>Order No.: |                             |           | Pac         | Pace Quote Reference: | erence:       |              |      |            |                           | <u> </u>                        |                  | S              | SITE     |       | <b>L</b>     | 85   | <u>=</u> | <u>z</u> | M<br>L           | L NC              | 0             |
| £           |  | Project Name:          | LOT.                        | 30,5      |             | Pace Project Manager  | anager:       | ,            |      |            |                           |                                 |                  | 700            | LOCATION | 7     | L_           | 픙    | SC       | ∑<br>L   | <u>L</u>         | OTHER NY          | <u>\</u>      |
| ğ ğ         | Requested 10 DAYS Proj<br>Due Date/TAT:                | Project Number.        |                             |           |             | Pace Profile #:       |               |              |      |            |                           |                                 | Filtere          | Filtered (Y/N) |          | ///   | ///          |      |          |          |                  |                   |               |
|             | Section D MATRIX CODE Required Client Information CODE |                        |                             | ٥         | COLLECTED   | TED                   | T/            | 88           |      | Presen     | Preservatives             |                                 | Requested        | sted /         |          | //    |              |      |          |          |                  | \                 |               |
| # V         | www.   | MATRIX CODE            | BAYNE TAMAR<br>NOD=D BARD=0 | COMPOSITE |             | COMPOSITE<br>END/GRAB | SAMPLE TEMP A | SEE CONTAINE | Þ    |            |                           | lons                            | Ane              | PH             |          |       |              |      |          |          | NIA) BUUQUUD IBI | _                 | N Application |
| 13TI        | TSSUE  |                        |                             | DATE 1    | TIME D      | DATE TIME             | 1             |              | )SzH | нсі<br>нио | IOBN<br>S <sub>S</sub> BN | Meth                            | Naze             | //             |          | ///   | ///          | //   | //       |          | 10/801           | * .               | Lab I.D.      |
| <i>γ</i> -  | UNISEX /BATH STHK /CLI-R                               | ΜQ                     | ၅                           |           | <u>~</u>    | 7/23 830              | a             | -            |      | -          |                           |                                 | ×                |                |          |       |              |      |          |          | 7                | Sm                | 世             |
| N           | CATESEX /  | MO                     | 9                           |           |             | 1 4,30                | 0             | -            |      | -          |                           |                                 | ×                |                |          |       |              |      |          |          | 7                | STI               | ΠŜ            |
| · (r)       | 3 UNIESEK/BATH STHIL/ HIL-12                           | MO                     | ტ                           |           |             | 433                   | _             | -            |      |            |                           |                                 | ×                |                |          |       |              |      |          |          |                  |                   |               |
| 4.          |  | MO                     | 9                           |           |             | 8.31                  | ~             | <b></b>      |      |            |                           |                                 | ×                |                |          |       |              |      |          |          |                  |                   |               |
| 5           |  | MO SEEL                | 9                           |           |             | 8:33                  | 23            | -            |      |            |                           |                                 | ×                |                |          |       |              |      |          |          |                  | ,                 |               |
| 9           | -  | wd 7-ci                |                             |           |             | 8:33                  | 2             |              |      |            |                           |                                 | ×                |                |          |       |              |      |          |          |                  |                   |               |
| 7           |  | אס אינון               | g                           |           |             | 8:34                  | 34            |              |      | -          |                           |                                 | ×                |                |          |       |              |      |          |          |                  |                   |               |
| 80          | -  | HIF DW                 | ပ                           |           |             | 8:34                  | 2             |              |      | -          |                           |                                 | ×                |                |          |       |              |      |          | _        |                  |                   |               |
| 6           |  | 11-12 DW               | Ŋ                           |           |             | 8:35                  | 3,7           |              |      | -          |                           |                                 | ×                |                |          |       |              |      |          |          |                  |                   |               |
| 10          | ***************************************                | ユート<br>DW              | 9                           |           |             | 8.3                   | \J.           | -            |      |            |                           |                                 | ×                |                |          | #     |              |      |          | +        | _                | -                 |               |
| 77          |  | LL-R DW                | ပ                           |           |             | 8.7%                  | 3             |              |      | -          |                           |                                 | ×                |                |          |       |              |      |          |          |                  |                   |               |
| <del></del> | 12 LADSES ROW BATH SINK 2/HILT DW                      | NF DW                  | ၅                           |           | *           | 4 8:3C                | 2,            | _            | ,    | -          |                           |                                 | ×                |                |          |       |              |      |          |          |                  |                   |               |
|             | ADDITIONAL COMMENTS                                    | RELINQUISHED BY        | SHED                        | -         | AFFILIATION |                       | DATE          | TIME         | ш    | ,<br>A(    | ACCEPTED                  |                                 | BY / AFFILIATION | IATIO          |          |       | DATE         |      | TIME     |          | SAMPLE           | SAMPLE CONDITIONS | SNO           |
| လို ဒ       | Samples ending in F are flushed samples and are        | WIF                    | the                         | `         | 3240        | 1/2                   | 11/1          | on:SI        | Q.   |            |                           | 1                               | 7                | \              |          | 1/    | 126          | Ü    | 8/2      |          | N/λ              | N/λ               | N/A           |
| 3 % S       | Sample ID COLON WATER, HW=HOT                          |                        | 0                           |           |             |                       |               |              |      |            |                           |                                 |                  |                |          |       | ,            |      |          |          | N/A              | N/A               | N/A           |
| \$          | ATER, DE-DRINNING FOOM ALIN                            |                        |                             |           |             | -à                    |               |              | ,    |            |                           |                                 |                  |                | . :      |       |              |      |          |          | N/λ              | N/A               | N/A           |
|             |  |                        |                             |           |             | -                     |               |              | T    |            |                           |                                 |                  |                |          | -     |              | Ļ    |          | L        | _'               |                   |               |

Samples Intact

Custody Sealed Cooler

Received on Ice

O° ni qmaT

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

N/A

N/A

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Pace Project No. Sangples Intact N/A N/A 12000) N/X SAMPLE CONDITIONS Labornz OTHER NY ပ္ N/A N/A N/A N/A ₽ Custody Sealed Ī DRINKING WATER Ņ N/A N/A N/A N/A Received on Page: ₹ O° ni qmeT L L ؼ L SS L TIME Ë β GROUND WATER Ì... DATE 7/22 RCRA LOCATION **L**... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ans \$OSZ8 Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOP NO3 \*0S2 3:8/ TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS DATE ace Quote Reference Invoice Information: Pace Project Manager 4:43 B.40 18:43 14:44 8:4° 4:4 4:46 4.4 4.47 27:2 8.5cil TIME Company Name: 7/23 45.40 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION PACE TIME COMPOSITE Project Name:
Applying Trong BLOC
Project Number: DATE Required Project Information: Junior G=GRAB C=COMP ග ტ O ტ ဖ Ø SAMPLE TYPE Š š Š š š š š M δ ₹ š Š **BUOD XIMTAM** Section B Copy To: Purchase Order No.: MENS PEON PARTY SCHK2/HIJ-F Mews Road/RATH SINK 2/HIJ-R MEMS RECENTRATH SINE Z/CH-F MENS ROW/BATH STAK 2/C11-R MEUS Reyn/BATH STUKI/HIL-F MENS ROW/BATH STAIL 1/ HIJ-R MENS ROOM/BATH STAN 1/CW-R HENS ROWA / BRIN STONE 3/CW. F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN DRINGNG WATER WATER WASTE WATER PRODUCT SOLESOLED SLOP SIDAK/ HILD-F SLOP STAKE HILL-R SUP SINK CW-F tvandresar@moboces.org SLOP STHIK/ CLU-R ADDITIONAL COMMENTS Padison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Required Client Information Address: 4937 Spring Rd /erona,NY 13478 Section D Due Date/TAT: Email To: 10 11 12 0 1 10 9

100 babs 2916

PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

Cooler

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

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Pace Amalytical"

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Pace Project No. Sangpies Intact N/A N/A N/A mrdo, SAMPLE CONDITIONS に見る NC OTHER NY N/A N/A N/A N/A ö Custody Sealed ₹ Received on DRINKING WATER 3 N/A N/A N/A N/A 1... Page: ≶ Z O° ni qmeT L. OTHER <u>\_</u> ပ္တ TIME 1... g 등 GROUND WATER 2/26 1.... DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ans 408ZB eOsSsb HOB D EON \*OS2 3:5/ TIME SAMPLER NAME AND SIGNATURE Herlie DATE Pace Quote Reference Invoice Information: ace Project Manager 4:51 8,48 **4**:5 8:4g 18:48 F . 5 18:58 37.6 20.5 20.5 4:59 5.5 TIME Company Name ace Profile #: COMPOSITE END/GRAB Section C Address: 1/23 COLLECTED DATE RELINQUISHED BY / AFFILIATION 3240 TIME COMPOSITE START Project Name: Project Name: BLD6 DATE Required Project Information: G=GRAB C=COMP G ပ ტ თ ဖ O ტ ტ Φ Ø Ø Ø SAMPLE TYPE š M <u>~~</u> š 줊 M š š ΔM š M ρW **BUOD XINTAM** Project Number Section B Copy To: Purchase Order No.: アンドンド KITCHEN STAK / HIJ-F
BESTRECT SUPERENTEDENTS
BATHREON STAK / CLA-R
STSTRECT SUPERENTENDENTS
TSATHREUM STAK / CLA-F
MASTRECT SUPERENTEDENTS
TSATHREUM STAK / HID-R
DISTRECT SUPERENTEDENTS
TSATHREOM STAK / HID-F BREAKROOM SIMIC/CIJ.R 900 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOY WATER, DF=DRINKING FOUNTAIN KETCHEN SINK/CILI-R KITCHEN SINK/CIJ-F KETCHEN SIMK/HILI-R DEBKGNO WATER
WATER
WATER
WASE WATER
PROCUCT
SOLSOLID
ONE
AR
AR
TSSSIE Scarc/ MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Madison Oneida BOCES L (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE LOBBY DF/R いろかんないい SAMPLE ID 10 DAYS LUBBY DF, Required Client Information: Required Client Information Address: 4937 Spring Rd /erona,NY 13478 Section D Due Date/TAT: Section A Email To: Phone: 77 0 1 0 6 10 12 8 # WHL

1-168 3909. 9067

SIGNATURE of SAMPLER:

71/82/2

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

PRINT Name of SAMPLER:

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Pace Project No. Lab I.D. LIMICOS) Samples Intact N/A N/A N/A N/A SAMPLE CONDITIONS Moonn 7 OTHER NY S Cooler ŏ Νλ N/A N/A N/A Custody Seale ₹ DRINKING WATER eol J N/A N/A N/X N/A Received on **∑** L L L O° ni qmeT ૅ ပ္ပ 0366 TIME 1.... ᆼ ð (23 GROUND WATER 176 1... DATE RCRA DATE Signed (MM / DD / YY): LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ąű James Murphy PACE Analytical \$08Z6 lonsitie 82S2O3 HOB IOI <sup>E</sup>ON \*0S<sup>2</sup> TIME 1/2/16 18:00 hpreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP AT COLLECTION PRINT Name of SAMPLER: DATE SIGNATURE of SAMPLER: Pace Quote Reference ace Project Manager Invoice Information: 40.6 TIME 1/23 9:07 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION 57M0 TIME COMPOSITE Project Name:
ADMENITIRATION FAOC
Project Number: DATE Required Project Information: G=GRAB C=COMP ტ ტ ပ ပ G თ Ø Φ G ტ SAMPLE TYPE 1999 9996 807L š Š Š š 2 M Δ š M ΔM Š M **BOOD XINTAM** Section B Copy To: Purchase Order No.: Szunc/ 4113.F BREAKROOM Soux / HW. R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples, Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN tvandresar@moboces.org Fradison Onei de BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID BREAKBOOF 10 DAYS Section A Required Client Information: Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D Requested Due Date/TAT: Email To: Phone: 10 3 1 2 12 # MaT 9

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face Amalytical"

domr SAMPLE CONDITIONS DIMIT DE OTHER NY M NC DRINKING WATER Į.... ₹ Z L Ş L OTHER SC <u>\_</u> TIME 핑 8 GROUND WATER 1\_\_ DATE F RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested LST 4ng \$08ZB la<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOB IO NO3 \*08<sup>2</sup>| TIME # OF CONTAINERS Pace Quote Reference: TA 9M9T 3J9MA8 DATE ace Project Manager. Invoice Information: 8:34 4:34 8:36 8:30 8:30 8.3 8:33 8:33 25.35 8:30 8 TIME Company Name: 436 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE 7/23 RELINQUISHED BY / AFFILIATION TIME COMPOSITE START Project Name: MOMINISTRATICH BID6 Project Number: DATE Required Project Information: GEGRAB CECOMP DW Ø Ø Ó Ø Ø g g g ტ š 8 8 š M M M š M Š š MATRIX CODE Section B ADJES RUM/BATH STHE 2/6/11-R MOTES REM/18ATH STAIL 2/HIJ-R LADSES ROOM /BATH SIN 12/HILL NOTES Rean / BATH STAK 1/HIJF ADJES RUM/BATH SINK 1/CLU-2 MIESS Ram / BATH STALL 1/CW-F APSES ROON/BATH SENKIAHINA MITTES ROW/BATH SIMEZ/CIJ.F Copy To: Purchase Order No.: CALESEX/BATH STAIL/ HIJ-F UNISEX /BATH STHIC /CLI-R UNITSEX/BATH STHIL/ HIL-IT CAIESEX/13ATU STAIK/ CLI-F Valid Matrix MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Pradison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: 4937 Spring Rd Section D
Required Client Information /erona,NY 13478 Requested Due Date/TAT: Address: Email To: hone: 10 12 9 8 0 1 0 # Mat

Pace Project No.

Samples Intact

Cooler

Custody Sealed 90|

Received on

O° ni qmaT

DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

N/A N/A N/A N/A

N/λ N/λ N/A N/A

N/A N/A N/λ N/A

126

03:39

21/24/4

3740

my

Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN

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Pace Project No. Sangples Intact N/A N/A 12000) N/X SAMPLE CONDITIONS Labornz OTHER NY ပ္ N/A N/A N/A N/A ₽ Custody Sealed Ī DRINKING WATER Ņ N/A N/A N/A N/A Received on Page: ₹ O° ni qmeT L L ؼ L SS L TIME Ë β GROUND WATER Ì... DATE 7/22 RCRA LOCATION **L**... SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ans \$OSZ8 Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOP NO3 \*0S2 3:8/ TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS DATE ace Quote Reference Invoice Information: Pace Project Manager 4:43 B.40 18:43 14:44 8:4° 4:4 4:46 4.4 4.47 27:2 8.5cil TIME Company Name: 7/23 45.40 Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION PACE TIME COMPOSITE Project Name:
Applying Trong BLOC
Project Number: DATE Required Project Information: Junior G=GRAB C=COMP ග ტ O ტ ဖ Ø SAMPLE TYPE š š Š š š š š M δ ₹ š Š **BUOD XIMTAM** Section B Copy To: Purchase Order No.: MENS PEON PARTY SCHK2/HIJ-F Mews Road/RATH SINK 2/HIJ-R MEMS RECENTRATH SINE Z/CH-F MENS ROW/BATH STAK 2/C11-R MEUS Reyn/BATH STUKI/HIL-F MENS ROW/BATH STAIL 1/ HIJ-R MENS ROOM/BATH STAN 1/CW-R HENS ROWA / BRIN STONE 3/CW. F Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN DRINGNG WATER WATER WASTE WATER PRODUCT SOLESOLED SLOP SIDAK/ HILD-F SLOP STAKE HILL-R SUP SINK CW-F tvandresar@moboces.org SLOP STHIK/ CLU-R ADDITIONAL COMMENTS Padison Oneida BOCES (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 DAYS Required Client Information: Required Client Information Address: 4937 Spring Rd /erona,NY 13478 Section D Due Date/TAT: Email To: 10 11 12 0 1 10 9

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PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

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Pace Project No. Sangpies Intact N/A N/A N/A mrdo, SAMPLE CONDITIONS に見る NC OTHER NY N/A N/A N/A N/A ö Custody Sealed ₹ Received on DRINKING WATER 3 N/A N/A N/A N/A 1... Page: ≶ Z O° ni qmeT L. OTHER <u>\_</u> ပ္တ TIME 1... g 핑 GROUND WATER 2/26 1.... DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ans 408ZB eOsSsb HOB D EON \*OS2 3:5/ TIME SAMPLER NAME AND SIGNATURE Herlie DATE Pace Quote Reference Invoice Information: ace Project Manager 4:51 8,48 **4**:5 8:4g 18:48 F . 5 18:58 37.6 20.5 20.5 4:59 5.5 TIME Company Name ace Profile #: COMPOSITE END/GRAB Section C Address: 1/23 COLLECTED DATE RELINQUISHED BY / AFFILIATION 3240 TIME COMPOSITE START Project Name: Project Name: BLD6 DATE Required Project Information: G=GRAB C=COMP G ပ ტ თ ဖ O ტ ტ Φ Ø Ø Ø SAMPLE TYPE š M <u>~~</u> š 줊 M š š ΔM š M ρW **BUOD XINTAM** Project Number Section B Copy To: Purchase Order No.: アンドンド KITCHEN STAK / HIJ-F
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TSATHREOM STAK / HID-F BREAKROOM SIMIC/CIJ.R 900 Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOY WATER, DF=DRINKING FOUNTAIN KETCHEN SINK/CILI-R KITCHEN SINK/CIJ-F KETCHEN SIMK/HILI-R DEBKGNO WATER
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TSSSIE Scarc/ MATRIX tvandresar@moboces.org ADDITIONAL COMMENTS Madison Oneida BOCES L (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE LOBBY DF/R いろかんないい SAMPLE ID 10 DAYS LUBBY DF, Required Client Information: Required Client Information Address: 4937 Spring Rd /erona,NY 13478 Section D Due Date/TAT: Section A Email To: Phone: 77 0 1 0 6 10 12 8 # WHL

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SIGNATURE of SAMPLER:

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DATE Signed (MM / DD / YY):

James Murphy PACE Analytical

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Pace Project No. Lab I.D. LIMICOS) Samples Intact N/A N/A N/A N/A SAMPLE CONDITIONS Moonn 7 OTHER NY S Cooler ŏ Νλ N/A N/A N/A Custody Seale ₹ DRINKING WATER eol J N/A N/A N/X N/A Received on **∑** L L L O° ni qmeT ૅ ပ္ပ 0366 TIME 1.... ᆼ ð (23 GROUND WATER 176 1... DATE RCRA DATE Signed (MM / DD / YY): LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested UST Ąű James Murphy PACE Analytical \$08Z6 lonsitie 82S2O3 HOB IOI <sup>E</sup>ON \*0S<sup>2</sup> TIME 1/2/16 18:00 hpreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP AT COLLECTION PRINT Name of SAMPLER: DATE SIGNATURE of SAMPLER: Pace Quote Reference ace Project Manager Invoice Information: 40.6 TIME 1/23 9:07 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Address: COLLECTED DATE RELINQUISHED BY / AFFILIATION 57M0 TIME COMPOSITE Project Name:
ADMENITIRATION FAOC
Project Number: DATE Required Project Information: G=GRAB C=COMP ტ ტ ပ ပ G თ Ø Φ G ტ SAMPLE TYPE 1999 9996 807L š Š Š š 2 M ΔM š M ΔM Š M **BOOD XINTAM** Section B Copy To: Purchase Order No.: Szunc/ 4113.F BREAKROOM Soux / HW. R Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples, Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN tvandresar@moboces.org Fradison Onei de BOCES ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID BREAKBOOF 10 DAYS Section A Required Client Information: Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D Requested Due Date/TAT: Email To: Phone: 10 3 1 2 12 # MaT 9

R-1608R971 F-1608R99 CHAIN-OF-CUSTODY / Analytical Request Document

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| Section A  | Section B                           |                       | Section C                  |              |         |   |                                   |                             |         |              | <u></u>           | Page:             | t                 | 4          |
|--|-------------------------------------|-----------------------|----------------------------|--------------|---------|---|-----------------------------------|-----------------------------|---------|--------------|-------------------|-------------------|-------------------|------------|
| lient Information:   | Required Project Information:       | formation:            | Invoice Information:       | :u           |         |   |                                   |                             |         |              |                   |                   |                   |            |
| Company: Madison Oneida BOCES  | Report To:                          |                       | Attention:                 |              |         |   |                                   |                             | RE      | SULATO       | REGULATORY AGENCY | ICY               |                   |            |
| Address: 4937 Spring Rd  | Copy To:                            |                       | Company Name:              |              |         |   |                                   | NPDES L                     | SROUND  | GROUND WATER | ▼ DRINKING WATER  | KING WAT          | ER                |            |
| Verona, NY 13478   |                                     |                       | Address:                   |              |         |   |                                   | L UST L                     | RCRA    |              | OTHER             |                   |                   |            |
|  | Purchase<br>Order No.:              |                       | Pace Quote Reference       | ance:        |         |   |                                   | SITE                        |         | L GA         | 1 1               | Z                 | MI                | NC         |
| Phone: 315-361-5750 Fax:   | ame:                                | Alternative Education | Pace Project Manager.      | iger:        |         |   |                                   | LOCATION                    |         | НО           | ] os ∐            | M<br>L            | OTHER NY          | Ν          |
|  | Project Number:                     |                       | Pace Profile #:            |              |         |   |                                   | Filtered (Y/N)              | ///     |              |                   |                   |                   |            |
| D Valid Matrix Codes<br>MATRIX<br>Client Information   |                                     | -dV                   | COLLECTED                  |              |         | Preservatives                           | . sə/                             | Requested ////              |         |              |                   |                   |                   |            |
| SAMPLE ID SEASON SEASON (A-Z, 0-9/,-) WER SAMPLE IB WASTENNER SEASON SEA | ではなまない。<br>WATRIX CODE  MATRIX CODE | CCOMPOSITE START      | COMPOSITE                  | SAMPLE TEMPA | eserved | ε                                       | snoi                              | Ans (2)                     |         |              |                   | (N/A) eupoppo jei | _                 | of Manager |
|  | 2                                   | DATE TIME             | DATE TIME                  |              | ngnU    | NªOH<br>HCI<br>HNO<br>H <sup>S</sup> EC | S <sub>2</sub> BN<br>Meth<br>Na25 |                             |         |              |                   | NOISON            |                   | Lab I.D.   |
| BREAKROOM FREDGE WATER   | HQ 21-                              | 9                     | 12/51 12/5                 |              | -       | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| PREAKPLOON FREDGE WATER  | <br> L                              |                       | 10,54                      |              | -       | ~                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| 20   |                                     |                       | 35:01                      |              | _       | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| 4 ROOM 409 - DISHLIASHER - R   |                                     |                       | \$0; i)                    |              |         | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| 5 ROCKY 409-DISHIJASER-F   |                                     |                       | 11:07                      |              | _       | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| 6 CAFETERTA - DISHLANSHER - R  |                                     |                       | 17:11                      |              | _       | -                                       |                                   | ×                           |         |              |                   |                   | 1                 |            |
| CAFETEZEA DESHIJASHER - F  | 1.                                  |                       | 21:11                      |              | -       | 1                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| 8 CAFETERAN SPRANER-CLI-R  | ĸ                                   |                       | 11:15                      |              | _       | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| CAFETERTA - SPRAYER - CW-F   | 11                                  |                       | 11:16                      |              | _       | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| 10 CAFETERIA - SPRAYER - HIM-R   | N.                                  |                       | 91: 13                     |              | -       | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| " CAFFIERTA SPRAYER - HILLF  | i.                                  |                       | 2 2                        | -2           | -       | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| CUSTODS ALL JAMETOREAL - SLOP SENK   | •                                   | <b></b> 17            | 17 (11)21                  |              |         | -                                       |                                   | ×                           |         |              |                   |                   |                   |            |
| ADDITIONAL COMMENTS  | RELINQUISHED BY                     | _                     | AFFILIATION DATE           | Œ            | TIME    | ACCI                                    | PTED BY                           | ACCEPTED BY / AFFILIATION   | ď       | DATE         | TIME              | SAM               | SAMPLE CONDITIONS | SNOIL      |
|  | July                                | Ny 174CE              | 7/13/2/3 37                |              | 07:20   | 1                                       | Ma                                |                             | 8       | 811/16       | 24.6              | VI.               |                   | nf         |
|  |                                     | 1                     |                            |              |         | 1                                       |                                   |                             |         |              |                   |                   | N/A               | N/A        |
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|  |                                     |                       |                            |              |         |   |                                   |                             |         | •            |                   |                   | N/A               | N/A        |
|  | 1                                   | SAME                  | SAMPLER NAME AND SIGNATURE | SIGNA        | URE     |   |                                   |                             |         |              |                   |                   |                   | Intact     |
| 1/1/1/20   | _                                   |                       | PRINT Name of SAMPLER:     |              | ames M  | James Murphy - PACE Analytical          | E Analytic                        |                             |         |              |                   | il qme            | əɔl               |            |
|  |                                     | SIGN                  | SIGNATURE of SAMPLER:      | ER:          | In Mak  | 1/2                                     |                                   | DATE Signed (MM / DD / YY): | 8/27/16 | 1/10         |                   |                   |                   |            |

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Pace Project No. Lab I.D. SAMPLE CONDITIONS N SC WI COTHER NY IN IN IN IN INC ₽ GROUND WATER F DRINKING WATER N Page: REGULATORY AGENCY OTHER TIME НО β L DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION NPDES Filtered (Y/N) Requested L UST 192504 182S2O3 NaOH IOI €ON⊦ \*052H TIME Jupreserved # OF CONTAINERS DATE ace Quote Reference Pace Project Manager Invoice Information: 17:11 12/8 11:22 4: Company Name: DATE TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START Alternative Education DATE Section B Required Project Information: SAMPLE TYPE GRAB C=COMP ڻ 굺 MATRIX CODE Project Name: Project Number: Report To: CUSTONEAL/ JANITORIAL - SLOP SINK HIM-R CUSTONIAL/ SANITORIA - SLOP SINK HIM-F Custobial/Jamitorial-Slopsimk Copy To: Purchase Order No.: CODE (A-Z, 0-9 / .-) were (A-Z, 0-9 / .-) were Sample IDs MUST BE UNIQUE tvandresa@moboces.org Company: Madison Oneida BOCES ADDITIONAL COMMENTS SAMPLE ID 10 days Required Client Information: 315-361-5750 Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D Due Date/TAT: Section A Email To: Phone: 12 10 11 # MaTi 2 9 60 6

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James Murphy - PACE Analytical

F-1608SIH R-1608513 Pace Project No. Lab I.D. OTHER NY ە **7** GROUND WATER 💌 DRINKING WATER Page: GA L II II □ sc □ wi REGULATORY AGENCY OTHER ᆼ CHAIN-OF-CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately. L RCRA LOCATION SITE Filtered (Y/N) NPDES Requested L UST \$082B 82S2O3 HOB NO3 1500¢ # OF CONTAINERS Pace Quote Reference: Pace Project Manager: Invoice Information: 11:30 11:27 11:22 1:30 11:24 72:11 Company Name: TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED 148 DATE TIME COMPOSITE Required Project Information: Triplexus З=GRAB C=COMP G G G ΔM Μ ΜO M M DW MATRIX CODE Project Name: Project Number: Section B ROOM 304/SLOP SIMIL/CI.I.F Report To: ROCH 304/5LOP SINK/ChPR Copy To: Purchase Order No.: Ram 304/5147 SINK/HH-R ROCM 3CH/SLC2 SINK/HId·F Rain 302/SINK 1/ CW-R Rect 302/5INK 1/CW.F Sample IDs MUST BE UNIQUE OTHER INSSET Company: Madison Oneida BOCES tvandresa@moboces.org Face Analytical" www.pacelebs.com SAMPLE ID 10 days Required Client Information: 315-361-5750 Address: 4937 Spring Rd Required Client Information

Jerona, NY 13478

Email To:

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Samples Intact N/X N/A N/A SAMPLE CONDITIONS Cooler N/A N/A N/A Custody Sealed əəj N/A N/A N/A Received on J° ni qmeT シュング TIME DATE ACCEPTED BY / AFFILIATION James Murphy - PACE Analytical 12/00/10 17:00 TIME SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: SIGNATURE of SAMPLER: DATE RELINQUISHED BY / AFFILIATION 7418 thruff DW 7771 1745 8117 12 ROCH 302/SINKZ/ HW-F

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Pace Project No. Lab I.D. N/A SAMPLE CONDITIONS SC WI COTHER NY **(V** ŏ MI NC N/A N/A N/A Custody Sealed N GROUND WATER V DRINKING WATER N/A N/A N/A Page: GA L L IN REGULATORY AGENCY OTHER. のごろ TIME НО L DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION NPDES Filtered (Y/N) □ UST Requested \$082BI 19<sup>2</sup>S<sup>2</sup>O<sup>3</sup> HOP ONH 8/2/1/ 17:00 TIME # OF CONTAINERS DATE Pace Quote Reference: Pace Project Manager: Invoice Information: 11.455 87:11 11:38 K:43 17.37 11:33 1:44 1:5 11:43 וויין 11:47 11:35 Company Name: DATE | TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION my Macs COMPOSITE DATE TIME Required Project Information: Triplexus 3=GRAB C=COMP DW g G ഗ ග G G O Q Q g ΔM Δ 8 M <u>×</u> M Š Š M ĕ M MATRIX CODE Project Name: Project Number: Section B ROUM 309 A/SLOP SINK/CU-R Report To: Ram 309A/SLOP SINK/CW-F ROOM 309A/SLOP SIMK/HILL-R RUCH 309A/SLO? SINK/HIL.F Purchase Order No.: Copy To: Ron 311/52NK1/HIJ-R ROOM 318/5INKZ/ HIM-F ROCM 311 /SINK 1/ CLJ. F ROOM 311/5INK1/ HLJ.F ROOM 318/STNK 2/ CHI-R ROOM 311 / STHK 1/ CIU-R RUCH 318/5INKZ/ CLU-F ROCM 318/5INK2/ HILI-R (A-Z, 0-9 / ,-) whe sample IDs MUST BE UNIQUE OTHER TISSUE ADDITIONAL COMMENTS Company: Madison Oneida BOCES tvandresa@moboces.org SAMPLE ID 10 days Required Client Information: Address: 4937 Spring Rd 315-361-5750 Required Client Information Verona, NY 13478 Section D Requested Due Date/TAT: Section A Email To: 10 11 6 5 9 # Mat

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James Murphy - PACE Analytical

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Pace Project No. Lab I.D. N/A N/A N/A SAMPLE CONDITIONS <u>م</u> 2 C OTHER NY GA | IL | IN | MI | NC Custody Sealed N/A N/A 3 GROUND WATER V DRINKING WATER N/A N/X N/A Page: OH T SC T WI REGULATORY AGENCY C OTHER 86116 9:45 TIME DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION NPDES Filtered (Y/N) L UST Requested Ans 192504 Nethanoi Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> ЮН <sup>⊅</sup>OS<sup>Z</sup>H 17:00 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP COLLECTION DATE PHEHISTA ace Quote Reference: Pace Project Manager: Invoice Information: so: 21 8:13 11:53 12:04 2:05 12110 12:10 11:21 11:59 12:00 12:04 25.11 +249 Company Name: DATE TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION COMPOSITE DATE TIME Mary Required Project Information: Triplexus O ტ G ပ G DW G g ග G G G ΜO M M M ΔM M Š M Μ Μ M Project Name: roject Number: Section B Report To: Purchase Order No.: Copy To: Rown 319/125544ABBHER. P. Room 319/DISHUASHER - F Raum 2188/SIHK/HM-R RCOM 218B/SINK/HIJ-F KUM 318 DISHMASHER - R ROOM 318 MISHLIASHER - F Run 2188/55HK/CH-F 12 Room 20 8/ HOSE BS13/ F Rocm 218B/SIHK/CIU-R CODE 11 Roun 208/HUSE BEB/R 10 ROOM ZOBA/EYENASH-F ROOM 2084/EVELINSH-R Sample IDs MUST BE UNIQUE OTHER PRESENCE OTHER PROPERTIES AND AND ADDRESS OTHER PROPERTIES AND ADDRESS ADDITIONAL COMMENTS tvandresa@moboces.org Company: Madison Oneida BOCES SAMPLE ID 10 days Required Client Information: 315-361-5750 Required Client Information Address: 4937 Spring Rd /erona, NY 13478 Section D Due Date/TAT: Section A Email To: Phone: # M3T

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PRINT Name of SAMPLER: James Murphy - PACE Analytical

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|----------------------------|---|-------------------------------|----------|-----------|-------------------------|--------------|---|--------------------|---------|----------------|---|--------------------------------|---------------------------|---|-------------|-----------------|--------|-------------------|----------------------|-------------------|------------------------------|
| Section A                  | ۲   | Section B                     |          |           |                         | Section C    | S 10  |                    |         |                |   |                                |                           |   |             |                 |        | L                 | Page:                | 7                 | 15                           |
| Require                    | Required Client Information:                  | Required Project Information: | roject l | Informa   | tion:                   | Invoic       | Invoice Information:  |                    |         |                |   |                                |                           |   |             |                 |        |                   |                      |                   |                              |
| Compar                     | Company: Madison Oneida BOCES                 | Report To:                    |          |           |                         | Attention:   | ion:  |                    |         |                |   |                                |                           |   |             | REGL            | LATOR  | REGULATORY AGENCY | ICY                  |                   |                              |
| Address                    | Address: 4937 Spring Rd                       | Copy To:                      |          |           |                         | Comp         | Company Name:   |                    |         |                |   |                                | L NPDES                   | DES                                     | □ GR(       | GROUND WATER    |        | 7 DRIN            | DRINKING WATER       | ER                |                              |
| Verona,                    | Verona, NY 13478                              |                               |          |           |                         | Address      | SSS:  |                    |         |                |   |                                | L UST                     | ST                                      | RCRA        | \$              |        | OTHER             |                      |                   |                              |
| Email To:                  | tvandresa@mohoges ord                         | Purchase<br>Order No.:        |          |           |                         | Pace C       | Pace Quote Reference  | ij                 |         |                |   |                                |                           | SITE                                    | 111         | Łi              | GA .   |                   | N N                  | W                 | NC                           |
| Phone:                     | 315-361-5750 Fax:                             | Project Name:                 |          | Triplexus | S                       | Pace F       | Pace Project Manager  |                    |         |                |   |                                |                           | LOCATION                                | LION        | li              | НО     | □ sc □            | IM                   | OTHER             | λN                           |
| Requested<br>Due Date/TAT: | 10 days                                       | Project Number:               | er.      |           |                         | Pace F       | Pace Profile #:   |                    |         |                |   |                                | Filtered (Y/N)            | (N/N)                                   | ////        |                 | ///    |                   | ////                 |                   |                              |
| <u> </u>                   | D Valid Matrix Codes MATRIX lient Information | CODE                          |          |           | TOD                     | COLLECTED    |   |                    |         | Pres           | Preservatives                                       |                                | Requested                 | ted /                                   |             |                 | ///    |                   | ////                 |                   | ı                            |
|                            | DRINKING WATER<br>WATER<br>WASTE WATER        | WT<br>WW                      |          |           |                         |              |   | NOIT               |         |                |   |                                | Ans                       |   |             |                 |        |                   |                      | (N)               |                              |
|                            |   | 7 % Q ∰ & P                   | XIATAM   | SAMPLE    | COMPOSITE               |              | COMPOSITE<br>END/GRAB   | SAMPLE T<br>COLLEC | pəviəse |                |   | lone                           |                           | Tie Tie Tie Tie Tie Tie Tie Tie Tie Tie |             |                 |        |                   | CA) enholino le      |                   |                              |
| ITEN                       | TISSUE  | 35                            |          | $\perp$   | DATE TIME               |              | TIME  |                    | Unpre   | OS2H           | N <sup>SZ</sup> S <sup>Z</sup><br>N <sup>S</sup> OH | Meths<br>Na2S                  |                           |   |             |                 |        |                   | inp <sub>ise</sub> s |                   | Pace Project No.<br>Lab I.D. |
| 7                          | ROOM 206/BATH SIMK/CHI-R                      | M-K                           | DW       | 9         |                         | Up           | n:U 1   | 7                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 2                          | ROOM 206/13ATH SINK/CIJ.F                     | 4-C1                          | DW       | 9         |                         | -            | 77:22   | -                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
|                            | Room 206/13ATH SINK/HId-R                     | 11.K                          | MQ       | ŋ         |                         |              | 12:11   |                    |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
|                            | ROOM 206/15/ATH SINK/ 414-F                   | 111-F                         | ΔOW      | ŋ         |                         |              | <i>u: u</i>   |                    |         |                |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 10                         | ROOM 202/KETCHEN SINK/CH-R                    | /CH-K                         | MO       | 9         |                         |              | 81:18   | -                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
|                            | ROOM 202/KETCHEN SINK/CIJ.F                   |                               | MO       | 9         |                         |              | 12:18   | -                  |         |                |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 7                          | Room 202/KETEUEN SINK/HU-K                    |                               | MO       | 9         |                         |              | 12:19   |                    |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| <b></b>                    | Room 202/KISTENEN STHK/HIJ-F                  | /HU-F                         | ΔΩ       | ŋ         |                         |              | \$1:21  | -                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 6                          | ROOM 113/ BUPIN COFFEE MAKER                  | 4 JKER                        | ΔO       | ŋ         |                         |              | 17:18   | 7                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 01                         | Rucm 113/GENINE COFFEE MAKER                  |                               | ΔM       | ŋ         |                         |              | 2:2/  | -<br>-             |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 11                         | Boom 113/DISHLIPSHER-R                        | X                             | DW       | G         |                         |              | V:31  | _                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 12                         | Roca 113/DESHURSHER. F                        |                               | Δ        | ღ         |                         | <del>}</del> | 72:3%   | ,                  |         | _              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
|                            | ADDITIONAL COMMENTS                           | REL                           | NQUI     | SHED      | RELINQUISHED BY / AFFIL | FFILIATION   | DATE  |                    | TIME    |                | ACCEP   | TED BY                         | ACCEPTED BY / AFFILIATION | ATION                                   |             | DATE            |        | TIME              | SAM                  | SAMPLE CONDITIONS | SITIONS                      |
|                            |   | 17                            | 11/1     | 1/2/      | 3700 Y                  | 37           | 1/05/9  | 1/2/               | vo: 71  |                |   |                                |                           |   |             | 8/1/16          |        | 548               | 1                    |                   | N                            |
|                            |   |                               |          | 7         |                         |              |   | <b></b>            |         |                |   |                                |                           |   |             |                 |        |                   |                      | N/A               | N/A                          |
|                            | <i>)</i>                                      |                               | -        |           | :                       |              |   |                    |         |                |   |                                |                           |   |             |                 |        |                   |                      | N/A<br>N/A        | N/A                          |
|                            |   |                               |          |           |                         |              |   |                    |         |                |   |                                |                           |   |             |                 |        |                   |                      | N/A               | N/A                          |
|                            |   |                               |          |           | SAME                    | LER N        | SAMPLER NAME AND SIGNATURE  | IGNATI             | JRE     |                |   |                                |                           |   |             |                 |        |                   | O° n                 | Sealed<br>Sealed  | lntact                       |
|                            |   |                               |          |           | Z<br>Y<br>L             | l Name       | KIN I Name of SAMPLER   |                    | mes M   | urphy -        | PACE  | James Murphy - PACE Analytical | cal                       |   |             | ŀ               |        |                   | i qmə<br>i qmə       | eol               |                              |
|                            |   |                               |          |           | N 5 1 5 1               | ATURE        | SIGNATURE of SAMPLER:   | ŭ.                 | 200     | ,              | 1   |                                |                           | DATE Signed                             | gned · (vv) | 8/27/10         | 7/16   |                   |                      |                   | Sai                          |

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|--|---------------------------------------|--|---|--|------------------------|------------------------------|
|  | Section B                             | Section C  |   |  | Page:                  | S of S                       |
| Kequired Cilent Information:           | Report To:                            | Invoice Information:                               |   |  |                        |                              |
|  |                                       |  |   |  | REGULATORY AGENCY      |                              |
| Address: 4937 Spring Rd                | Сору То:                              | Company Name:                                      |   | ☐ NPDES ☐ GROUND WATER   | VATER V DRINKING WATER | α.                           |
| Verona, NY 13478                       |                                       | Address:   |   | ☐ UST ☐ RCRA   | □ отнек                |                              |
|  | Purchase<br>Order No.:                | Pace Quote Reference:                              |   | SITE   | GA FIL TIN FI          | MI NC                        |
| Phone: 315-361-5750 Fax:               | Project Name: Triplexus               | Pace Project Manager:                              |   | LOCATION   | OH SC WI               | OTHER NY                     |
| Requested 10 days                      | Project Number:                       | Pace Profile #:                                    |   | Filtered (Y/N) / / / / /   |                        |                              |
| Valid Matrix Codes  MATRIX MATRIX      | 3 <u>005</u>                          |  | Preservatives                                       | Requested /////  |                        |                              |
| DRINKING WATER<br>WATER<br>WASTERVATED | CON<br>LABE                           | A GM:  |   | Ane /////  |                        |                              |
| SAMPLE ID source (A-Z, 0-9 / -).       | # # # # # # # # # # # # # # # # # # # | COMPOSITE ENDIGRAB COLLECT COLLECT COLLECT COLLECT | ε <sub>C</sub>                                      | Par de la companya de | WAN OUNOWO)            |                              |
| TISSUE                                 |                                       | # Ø DATE TIME                                      | Ме¦раі<br>Иа°ОН<br>НСІ<br>НИО³<br>Н°2О <sup>†</sup> | Na2SG  | Bundle                 | Pace Project No.<br>Lab I.D. |
| ROCH 113/ICE MACHEME                   | 9 MQ                                  | Str 12:36  |   | ×  |                        |                              |
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| ري<br>د                                | <del>  </del>                         |  | -   | ×  |                        |                              |
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| 7                                      | ļ                                     | -  |   | ×  |                        |                              |
| 8                                      | DW G                                  | 1  | -   | ×  |                        |                              |
| <b>o</b>                               | DW G                                  |  | -   | X  |                        |                              |
| 10                                     | DW G                                  | -  | 7-  | ×  |                        |                              |
| . 11                                   | DW G                                  | -  | -   | ×  |                        |                              |
| 12                                     | DW G                                  | _  | -   | ×  |                        |                              |
| ADDITIONAL COMMENTS                    | RELINQUISHED BY / AFFILI              | FFILIATION DATE TIME                               |   | ACCEPTED BY / AFFILIATION DATE   | TIME                   | SAMPLE CONDITIONS            |
|  | y munity                              | JACE STAPL 17:00                                   | 00  | 1/8/8  |                        | -                            |
|  |                                       | õ  |   |  | N/A                    | N/A                          |
| 7                                      |                                       |  |   |  | N/A                    | N/A                          |
|  |                                       |  |   |  | N/A                    | N/A                          |
|  | SAMP                                  | SAMPLER NAME AND SIGNATURE                         |   |  | uo pa                  | Sealed<br>er<br>Intact       |
|  | PRIN                                  |  | James Murphy - PACE Analytical                      |  | emp in                 |                              |
|  | 42.510 <u> </u>                       | SIGNATURE of SAMPLER:                              | Manh  | DATE Signed (MM / DD / YY):  |                        |                              |

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DATE Signed (MM / DD / YY):

F-1608514 R-1608513 Pace Project No. Lab I.D. OTHER NY ە **7** GROUND WATER 💌 DRINKING WATER Page: GA L II II □ sc □ wi REGULATORY AGENCY OTHER ᆼ CHAIN-OF-CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately. L RCRA LOCATION SITE Filtered (Y/N) NPDES Requested L UST \$082B 82S2O3 HOB NO3 1500¢ # OF CONTAINERS Pace Quote Reference: Pace Project Manager: Invoice Information: 11:30 11:27 11:22 1:30 11:24 72:11 Company Name: TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: DATE COLLECTED 148 DATE TIME COMPOSITE Required Project Information: Triplexus З=GRAB C=COMP G G G ΔM Μ ΜO M M DW MATRIX CODE Project Name: Project Number: Section B ROOM 304/SLOP SIMIL/CI.I.F Report To: ROCH 304/5LOP SINK/ChPR Copy To: Purchase Order No.: Ram 304/5147 SINK/HH-R ROCM 3CH/SLC2 SINK/HId·F Rain 302/SINK 1/ CW-R Rect 302/5INK 1/CW.F Sample IDs MUST BE UNIQUE OTHER INSSET Company: Madison Oneida BOCES tvandresa@moboces.org Face Analytical" www.pacelebs.com SAMPLE ID 10 days Required Client Information: 315-361-5750 Address: 4937 Spring Rd Required Client Information

Jerona, NY 13478

Email To:

Section D Due Date/TAT:

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Pace Analytical"
www.pacelabs.com

Pace Project No. Lab I.D. N/A SAMPLE CONDITIONS SC WI COTHER NY **(V** ŏ MI NC N/A N/A N/A Custody Sealed N GROUND WATER V DRINKING WATER N/A N/A N/A Page: GA L L IN REGULATORY AGENCY OTHER. のごろ TIME НО L DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION NPDES Filtered (Y/N) □ UST Requested \$082BI 19<sup>2</sup>S<sup>2</sup>O<sup>3</sup> HOP ONH 8/2/1/ 17:00 TIME # OF CONTAINERS DATE Pace Quote Reference: Pace Project Manager: Invoice Information: 11.455 87:11 11:38 K:43 17.37 11:33 1:44 1:5 11:43 וויין 11:47 11:35 Company Name: DATE | TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION my Macs COMPOSITE DATE TIME Required Project Information: Triplexus 3=GRAB C=COMP DW g G ഗ ග G G O Q Q g ΔM Δ 8 M <u>×</u> M Š Š M ĕ M MATRIX CODE Project Name: Project Number: Section B ROUM 309 A/SLOP SINK/CU-R Report To: Ram 309A/SLOP SINK/CW-F ROOM 309A/SLOP SIMK/HILL-R RUCH 309A/SLO? SINK/HIL.F Purchase Order No.: Copy To: Ron 311/52NK1/HIJ-R ROOM 318/5INKZ/ HIM-F ROCM 311 /SINK 1/ CLJ. F ROOM 311/5INK1/ HLJ.F ROOM 318/STNK 2/ CHI-R ROOM 311 / STHK 1/ CIU-R RUCH 318/5INKZ/ CLU-F ROCM 318/5INK2/ HILI-R (A-Z, 0-9 / ,-) whe sample IDs MUST BE UNIQUE OTHER TISSUE ADDITIONAL COMMENTS Company: Madison Oneida BOCES tvandresa@moboces.org SAMPLE ID 10 days Required Client Information: Address: 4937 Spring Rd 315-361-5750 Required Client Information Verona, NY 13478 Section D Requested Due Date/TAT: Section A Email To: 10 11 6 5 9 # Mat

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James Murphy - PACE Analytical

SAMPLER NAME AND SIGNATURE

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#### CHAIN-OF-CUSTODY / Analytical Request Document

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Pace Analytical" www.pacelebs.com

Pace Project No. Lab I.D. N/A N/A N/A SAMPLE CONDITIONS <u>م</u> 2 C OTHER NY GA | IL | IN | MI | NC Custody Sealed N/A N/A 3 GROUND WATER V DRINKING WATER N/A N/X N/A Page: OH T SC T WI REGULATORY AGENCY C OTHER 86116 9:45 TIME DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION NPDES Filtered (Y/N) L UST Requested Ans 192504 Nethanoi Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> ЮН <sup>⊅</sup>OS<sup>Z</sup>H 17:00 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS SAMPLE TEMP COLLECTION DATE PHEHISTA ace Quote Reference: Pace Project Manager: Invoice Information: so: 21 8:13 11:53 12:04 2:05 12110 12:10 11:21 11:59 12:00 12:04 25.11 +249 Company Name: DATE TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION COMPOSITE DATE TIME Mary Required Project Information: Triplexus O ტ G ပ G DW G g ග G G G ΜO M M M ΔM M Š M Μ Μ M Project Name: roject Number: Section B Report To: Purchase Order No.: Copy To: Rown 319/125544ABBHER. P. Room 319/DISHUASHER - F Raum 2188/SIHK/HM-R RCOM 218B/SINK/HIJ-F KUM 318 DISHMASHER - R ROOM 318 MISHLIASHER - F Run 2188/55HK/CH-F 12 Room 20 8/ HOSE BS13/ F Rocm 218B/SIHK/CIU-R CODE 11 Roun 208/HUSE BEB/R 10 ROOM ZOBA/EYENASH-F ROOM 2084/EVELINSH-R Sample IDs MUST BE UNIQUE OTHER PRESENCE OTHER PROPERTIES AND AND ADDRESS OTHER PROPERTIES AND ADDRESS ADDITIONAL COMMENTS tvandresa@moboces.org Company: Madison Oneida BOCES SAMPLE ID 10 days Required Client Information: 315-361-5750 Required Client Information Address: 4937 Spring Rd /erona, NY 13478 Section D Due Date/TAT: Section A Email To: Phone: # M3T

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DATE Signed (MM / DD / YY):

PRINT Name of SAMPLER: James Murphy - PACE Analytical

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|                            | Pace Analytical" www.pacelebs.com             |                               |          |           |                         | The C        | The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately. | tody is            | a LEGA  | ב מסכר<br>מסכר | IMENT.  | NT. All relevant fields        | ant fields                | must be con                             | complet     | ted accurately. | ately. | <b>⋰</b>          |                      | (60%              | N 8/4                        |
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| Section A                  | ۲   | Section B                     |          |           |                         | Section C    | S 10  |                    |         |                |   |                                |                           |   |             |                 |        | L                 | Page:                | 7                 | 15                           |
| Require                    | Required Client Information:                  | Required Project Information: | roject l | Informa   | tion:                   | Invoic       | Invoice Information:  |                    |         |                |   |                                |                           |   |             |                 |        |                   |                      |                   |                              |
| Compar                     | Company: Madison Oneida BOCES                 | Report To:                    |          |           |                         | Attention:   | ion:  |                    |         |                |   |                                |                           |   |             | REGL            | LATOR  | REGULATORY AGENCY | ICY                  |                   |                              |
| Address                    | Address: 4937 Spring Rd                       | Copy To:                      |          |           |                         | Comp         | Company Name:   |                    |         |                |   |                                | L NPDES                   | DES                                     | □ GR(       | GROUND WATER    |        | 7 DRIN            | DRINKING WATER       | ER                |                              |
| Verona,                    | Verona, NY 13478                              |                               |          |           |                         | Address      | SSS:  |                    |         |                |   |                                | L UST                     | ST                                      | RCRA        | \$              |        | OTHER             |                      |                   |                              |
| Email To:                  | tvandresa@mohoges ord                         | Purchase<br>Order No.:        |          |           |                         | Pace C       | Pace Quote Reference  | ij                 |         |                |   |                                |                           | SITE                                    | 111         | Łi              | GA .   |                   | N N                  | W                 | NC                           |
| Phone:                     | 315-361-5750 Fax:                             | Project Name:                 |          | Triplexus | S                       | Pace F       | Pace Project Manager  |                    |         |                |   |                                |                           | LOCATION                                | LION        | li              | НО     | □ sc □            | IM                   | OTHER             | λN                           |
| Requested<br>Due Date/TAT: | 10 days                                       | Project Number:               | er.      |           |                         | Pace F       | Pace Profile #:   |                    |         |                |   |                                | Filtered (Y/N)            | (N/N)                                   | ////        |                 | ///    |                   | ////                 |                   |                              |
| <u> </u>                   | D Valid Matrix Codes MATRIX lient Information | CODE                          |          |           | TOO                     | COLLECTED    |   |                    |         | Pres           | Preservatives                                       |                                | Requested                 | ted /                                   |             |                 | ///    |                   | ////                 |                   | ı                            |
|                            | DRINKING WATER<br>WATER<br>WASTE WATER        | WT<br>WW                      |          |           |                         |              |   | NOIT               |         |                |   |                                | Ans                       |   |             |                 |        |                   |                      | (N)               |                              |
|                            |   | 7 % Q ∰ & P                   | XIATAM   | SAMPLE    | COMPOSITE               |              | COMPOSITE<br>END/GRAB   | SAMPLE T<br>COLLEC | pəviəse |                |   | lone                           |                           | Tie Tie Tie Tie Tie Tie Tie Tie Tie Tie |             |                 |        |                   | CA) enholino le      |                   |                              |
| ITEN                       | TISSUE  | 35                            |          | $\perp$   | DATE TIME               |              | TIME  |                    | Unpre   | OS2H           | N <sup>SZ</sup> S <sup>Z</sup><br>N <sup>S</sup> OH | Meths<br>Na2S                  |                           |   |             |                 |        |                   | inp <sub>ise</sub> s |                   | Pace Project No.<br>Lab I.D. |
| 7                          | ROOM 206/BATH SIMK/CHI-R                      | M-K                           | DW       | 9         |                         | Up           | n:U 1   | 7                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 2                          | ROOM 206/13ATH SINK/CIJ.F                     | 4-C1                          | DW       | 9         |                         | -            | 77:22   | -                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
|                            | Room 206/13ATH SINK/HId-R                     | 11.K                          | MQ       | ŋ         |                         |              | 12:11   |                    |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
|                            | ROOM 206/15/ATH SINK/ 414-F                   | 111-F                         | ΔOW      | ŋ         |                         |              | <i>u: u</i>   |                    |         |                |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 10                         | ROOM 202/KETCHEN SINK/CH-R                    | /CH-K                         | MO       | 9         |                         |              | 81:18   | -                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
|                            | ROOM 202/KETCHEN SINK/CIJ.F                   |                               | MO       | 9         |                         |              | 12:18   | -                  |         |                |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 7                          | Room 202/KETEUEN SINK/HU-K                    |                               | MO       | 9         |                         |              | 12:19   |                    |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| <b></b>                    | Room 202/KISTENEN STHK/HIJ-F                  | /HU-F                         | ΔΩ       | ŋ         |                         |              | \$1:21  | -                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 6                          | ROOM 113/ BUPIN COFFEE MAKER                  | 4 JKER                        | ΔO       | ŋ         |                         |              | 17:18   | 7                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 01                         | Rucm 113/GENINE COFFEE MAKER                  |                               | ΔM       | ŋ         |                         |              | 2:2/  | -<br>-             |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 11                         | Boom 113/DISHLIPSHER-R                        | X                             | DW       | G         |                         |              | V:31  | _                  |         | -              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
| 12                         | Roca 113/DESHURSHER. F                        |                               | Δ        | ღ         |                         | <del>}</del> | 72:3%   | ,                  |         | _              |   |                                | ×                         |   |             |                 |        |                   |                      |                   |                              |
|                            | ADDITIONAL COMMENTS                           | REL                           | NQUI     | SHED      | RELINQUISHED BY / AFFIL | FFILIATION   | DATE  |                    | TIME    |                | ACCEP   | TED BY                         | ACCEPTED BY / AFFILIATION | ATION                                   |             | DATE            |        | TIME              | SAM                  | SAMPLE CONDITIONS | SITIONS                      |
|                            |   | 111                           | 11/1     | 1/2/      | 3700 Y                  | 37           | 1/05/9  | 1/2/               | vo: 71  |                |   |                                |                           |   |             | 8/1/16          |        | 548               | 1                    |                   | N                            |
|                            |   |                               |          | 7         |                         |              |   | <b></b>            |         |                |   |                                |                           |   |             |                 |        |                   |                      | N/A               | N/A                          |
|                            | <i>)</i>                                      |                               | -        |           | :                       |              |   |                    |         |                |   |                                |                           |   |             |                 |        |                   |                      | N/A<br>N/A        | N/A                          |
|                            |   |                               |          |           |                         |              |   |                    |         |                |   |                                |                           |   |             |                 |        |                   |                      | N/A               | N/A                          |
|                            |   |                               |          |           | SAME                    | LER N        | SAMPLER NAME AND SIGNATURE  | IGNATI             | JRE     |                |   |                                |                           |   |             |                 |        |                   | O° n                 | Sealed<br>Sealed  | lntact                       |
|                            |   |                               |          |           | Z<br>Y<br>L             | l Name       | KIN I Name of SAMPLER   |                    | mes M   | urphy -        | PACE  | James Murphy - PACE Analytical | cal                       |   |             | ŀ               |        |                   | i qmə<br>i qmə       | eol               |                              |
|                            |   |                               |          |           | N 5 1 5 1               | ATURE        | SIGNATURE of SAMPLER:   | ŭ.                 | 200     | ,              | 1   |                                |                           | DATE Signed                             | gned · (vv) | 8/27/10         | 7/16   |                   |                      |                   | Sai                          |

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|--|---------------------------------------|--|---|--|------------------------|------------------------------|
|  | Section B                             | Section C  |   |  | Page:                  | S of S                       |
| Kequired Cilent Information:           | Report To:                            | Invoice Information:                               |   |  |                        |                              |
|  |                                       |  |   |  | REGULATORY AGENCY      |                              |
| Address: 4937 Spring Rd                | Сору То:                              | Company Name:                                      |   | ☐ NPDES ☐ GROUND WATER   | VATER V DRINKING WATER | α.                           |
| Verona, NY 13478                       |                                       | Address:   |   | ☐ UST ☐ RCRA   | □ отнек                |                              |
|  | Purchase<br>Order No.:                | Pace Quote Reference:                              |   | SITE   | GA FIL TIN FI          | MI NC                        |
| Phone: 315-361-5750 Fax:               | Project Name: Triplexus               | Pace Project Manager:                              |   | LOCATION   | OH SC WI               | OTHER NY                     |
| Requested 10 days                      | Project Number:                       | Pace Profile #:                                    |   | Filtered (Y/N) / / / / /   |                        |                              |
| Valid Matrix Codes  MATRIX MATRIX      | 3 <u>005</u>                          |  | Preservatives                                       | Requested /////  |                        |                              |
| DRINKING WATER<br>WATER<br>WASTERVATED | CON<br>LABE                           | A GM:  |   | Ane /////  |                        |                              |
| SAMPLE ID source (A-Z, 0-9 / -).       | # # # # # # # # # # # # # # # # # # # | COMPOSITE ENDIGRAB COLLECT COLLECT COLLECT COLLECT | ε <sub>C</sub>                                      | Par de la companya de | WAN OUNOWO)            |                              |
| TISSUE                                 |                                       | # Ø DATE TIME                                      | Ме¦раі<br>Иа°ОН<br>НСІ<br>НИО³<br>Н°2О <sup>†</sup> | Na2SG  | Bundle                 | Pace Project No.<br>Lab I.D. |
| ROCH 113/ICE MACHEME                   | 9 MQ                                  | Str 12:36  |   | ×  |                        |                              |
|  | :                                     |  |   | ×  |                        |                              |
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| 7                                      | ļ                                     | -  |   | ×  |                        |                              |
| 8                                      | DW G                                  | 1  | -   | ×  |                        |                              |
| <b>o</b>                               | DW G                                  |  | -   | X  |                        |                              |
| 10                                     | DW G                                  | -  | 7-  | ×  |                        |                              |
| . 11                                   | DW G                                  | -  | -   | ×  |                        |                              |
| 12                                     | DW G                                  | _  | -   | ×  |                        |                              |
| ADDITIONAL COMMENTS                    | RELINQUISHED BY / AFFILI              | FFILIATION DATE TIME                               |   | ACCEPTED BY / AFFILIATION DATE   | TIME                   | SAMPLE CONDITIONS            |
|  | y munity                              | JACE STAPL 17:00                                   | 00  | 1/8/8  |                        | -                            |
|  |                                       | õ  |   |  | N/A                    | N/A                          |
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|  | SAMP                                  | SAMPLER NAME AND SIGNATURE                         |   |  | uo pa                  | Sealed<br>er<br>Intact       |
|  | PRIN                                  |  | James Murphy - PACE Analytical                      |  | emp in                 |                              |
|  | 42.510 <u> </u>                       | SIGNATURE of SAMPLER:                              | Manh  | DATE Signed (MM / DD / YY):  |                        |                              |

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Pace Project No. Lab I.D. SAMPLE CONDITIONS of 2 SC WI COTHER NY GA L IL N M M NC GROUND WATER V DRINKING WATER Page: REGULATORY AGENCY OTHER TIME Ю DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES Requested TSU [] Anš Va2SO4 Methanol <sub>E</sub>O<sub>S</sub>S<sub>S</sub>BN HOBN ЮН EONH <sup>5</sup>OS<sup>2</sup>H TIME Unpreserved # OF CONTAINERS DATE Pace Quote Reference: ace Project Manager: Invoice Information: 15:9 27/8 4:57 6:59 6:58 7.03 7:02 7:02 7.08 7:06 7:07 7:07 7:02 Company Name: DATE | TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION DATE TIME COMPOSITE START Required Project Information: Print Shop 3=GRAB C=COMP Ö DW G Q മ ഗ ტ G Ø ග Ö Ŋ Ø Š Š M M M M M M MO M N O **BUOD XIRTAM** Project Name: Project Number: Section B Report To: RICIMENS ROCAN SINK/ HILLIF PRINT ROOM/BATH STAK/ HILL-IR PRINT ROLM /SLOP SINIL/ HILL-F Purchase Order No.: Copy To: PRINT ROW/BATU SINK/ HIJ.F PRINT ROOM / BATH STUK/CW.R PRINT ROCH / BATH STAIL/ CIN-F PRINT ROM / SLOP SIMM/CHU-R PETHT ROJA/SLOS SEHIC/ HIJ-R RIC/MENS ROCM SITHIC/HM-R PRINT ROCH/SLOP SIGHX/ CLU-F REC/MENS ZUCH STHK/CIJ-F RIC /MENS ROOM SENIC/CIN-IR CODE DRINKING WATER
WATER
WASTE WATER
PRODUCT
SOLUSOLID
OIL (A-Z, 0-9 / ,-) WIRE Sample IDs MUST BE UNIQUE ADDITIONAL COMMENTS Company: Madison Oneida BOCES tvandresa@moboces.org SAMPLE ID 10 days Section A Required Client Information: 315-361-5750 Address: 4937 Spring Rd Required Client Information /erona, NY 13478 Section D Requested Due Date/TAT: Email To: Phone: 6 12 5 9 8 # Mal

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James Murphy - PACE Analytical

SAMPLER NAME AND SIGNATURE

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| Section A S                        | Section B                            |            | Section C                  |  |                    |  |          |                     |              |         | <u></u>           | Page:          | 7 of              | 7                            |
|------------------------------------|--------------------------------------|------------|----------------------------|--|--------------------|--|----------|---------------------|--------------|---------|-------------------|----------------|-------------------|------------------------------|
| Required Client Information:       | Required Project Information:        | mation:    | Invoice Information:       | ä  |                    |  |          |                     |              |         | <u></u>           |                |                   |                              |
| Company: Madison Oneida BOCES      | Report To:                           |            | Attention:                 |  |                    |  |          |                     | RE           | SULATO  | REGULATORY AGENCY | CY             |                   |                              |
| Address: 4937 Spring Rd C          | Copy To:                             |            | Company Name:              |  |                    |  |          | NPDES               | GROUND WATER |         | DRIN              | DRINKING WATER | #                 |                              |
| Verona, NY 13478                   |                                      | -          | Address:                   |  |                    |  |          | UST                 | RCRA         |         | OTHER             |                |                   |                              |
|                                    | Purchase<br>Order No.:               |            | Pace Quote Reference:      | ice:                                       |                    |  |          | SITE                |              | ₽9<br>□ |                   | Z<br>L         | M NC              | Ş                            |
| Phone: 315-361-5750 Fax: P         | ıme:                                 | Print Shop | Pace Project Manager:      | jer.                                       |                    |  | T        | LOCATION            | 7            | НО      | _ sc_             | L<br>M<br>L    | OTHER             | ¥                            |
|                                    | Project Number:                      |            | Pace Profile #:            |  |                    |  | Filter   | Filtered (Y/N)      |              |         |                   |                |                   |                              |
| D Valid Matrix Codes MATRIX MATRIX | <b></b>                              |            | COLLECTED                  |  | 4                  | Preservatives  | Requ     | Requested ///       |              |         |                   |                |                   |                              |
|                                    | MATRIX CODE  SAMPLE TYPE  GRAB C=CON | COMF       | COMPOSITE                  | AMPLE TEMP A<br>COLLECTION<br>OF CONTAINER |                    | <sup>6</sup> O   | <u> </u> | Tip (               |              |         |                   | (WIX) aupopu)  | _                 |                              |
| TISSUE                             |                                      | DATE TIME  | DATE TIME                  |  | 'OS <sup>z</sup> H | Metha<br>Na <sub>2</sub> S <sub>2</sub><br>NaOH<br>HCI<br>HNO <sub>3</sub> | SZBN     |                     |              |         |                   | enpises.       |                   | Pace Project No.<br>Lab I.D. |
| RIC/KITCHEN FRIDGE WATER,          | /R DW G                              |            | 01:17 E3/8                 | -  | ``                 | -  |          | ×                   |              |         |                   |                |                   |                              |
| 2 RIC/KITCHEH PRIDGE WATER         | -/ F DW G                            |            | 11:1                       | -  |                    |  |          | ×                   |              |         |                   |                |                   |                              |
| RIC/KITCHEM FRIDGE                 | DW G                                 |            | 7:13                       | -  | , -                | -  |          | ×                   |              |         |                   |                |                   |                              |
| RIC/KITCHEH DISHLASHER/R           | DW G                                 |            | ۳۲:۲۰                      | -  | ,                  | -  |          | ×                   |              |         |                   |                |                   |                              |
| RIC/KITCHEM DISHHASMER/            | F DW G                               |            | 1 7:23                     | -  | ,                  |  |          | ×                   |              |         |                   |                |                   |                              |
|                                    | DW G                                 |            | ₹                          | -  | `                  | -  |          | ×                   |              |         |                   |                |                   |                              |
| 7                                  | DW G                                 |            |                            | -  | V-                 |  |          | ×                   |              |         |                   |                |                   |                              |
| 8                                  | D W G                                |            |                            | -  |                    | -  |          | ×                   |              |         |                   |                |                   |                              |
| 6                                  | DW G                                 |            |                            | _  |                    |  |          | ×                   |              |         |                   |                |                   |                              |
| 10                                 | DW G                                 |            |                            |  | `                  | -  |          | ×                   |              |         |                   |                |                   |                              |
| 11                                 | DW G                                 |            |                            | -  |                    |  |          | ×                   |              |         |                   |                |                   |                              |
| 12                                 | DW G                                 |            |                            |  |                    |  |          | ×                   |              |         |                   |                |                   |                              |
| ADDITIONAL COMMENTS                | RELINQUISHED BY /                    |            | AFFILIATION DATE           |  | TIME               | ACCEPTED BY / AFFILIATION  | BY / AFF | ILIATION            | P/O          | DATE    | TIME              | SAMP           | SAMPLE CONDITIONS | SNOIL                        |
| 110011                             | MAN A                                | 374/ 19    | 15 6/20/1c                 | 17:0                                       | 8                  |  | \        |                     | 第            | 22115   | 726               | N.             | D.N               | NE                           |
| 1118567 1201                       |                                      |            | 2                          |  |                    |  |          |                     |              |         |                   | N/A            |                   | N/A                          |
|                                    |                                      |            |                            |  |                    |  |          |                     |              |         |                   | N/A            | N/A               | Ν <sup>'</sup> Υ             |
| •                                  |                                      |            |                            |  |                    |  |          |                     |              |         |                   | 14/7           | N/A               | N/A                          |
|                                    |                                      | SAME       | SAMPLER NAME AND SIGNATURE | SIGNATUF                                   | Щ                  |  |          |                     |              |         |                   |                | Sealed            | s Intact                     |
|                                    |                                      |            | SIGNATI IRE of SAMPI ER-   |  | es Murph           | James Murphy - PACE Analytical   | alytical | DATE Signed         | 1            | -       |                   | emb (          | 901               | ubles                        |
|                                    |                                      | 5          | י יייילט יט דרט וא         |  | 7                  | Juny.  |          | (MM/DD/YY): A/17/16 | 2000         | 7116    |                   | -              |                   | es                           |

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|--|--|--------------|-----------|---------------------------|--|--------|-------------|--------------------------------|---------------|---------------------------|--------------------|-------------------|---|----------|-------------------|------------------------------|----------|
| Section A  | Section B  |              |           | Section C                 |  |        |             |                                |               |                           |                    |                   |   | Page:    | <u>ا</u>          | of                           | _        |
| Required Client Information:                                   | Required Project Information:  | nformation   |           | Invoice Information:      | n:   |        |             |                                |               |                           |                    |                   |   |          |                   |                              |          |
| Company: Madison Oneida BOCES                                  | Report To:   |              |           | Attention:                |  |        |             |                                |               |                           |                    | REGULA            | REGULATORY AGENCY                       | ENCY     |                   |                              |          |
| Address: 4937 Spring Rd  | Copy To:   |              |           | Company Name:             |  |        |             |                                |               | [ NPDES                   | ☐ GROU             | GROUND WATER      | Þ                                       | RINKING  | DRINKING WATER    |                              | ·<br>    |
| Verona, NY 13478   |  |              |           | Address:                  |  |        |             |                                |               | L UST                     | RCRA               |                   | ☐ OTHER                                 | Ħ        |                   |                              | ·<br>    |
| Email To: tvandresa@moboces.org                                | Purchase<br>Order No.:   |              |           | Pace Quote Reference      | ice:   |        |             |                                |               | SITE                      |                    |                   | GA L                                    | Z        | M                 | NC                           | T        |
|  | ime:   | Rosetti Bldg |           | Pace Project Manager:     | Jer:   |        |             |                                | 1             | LOCATION                  | NOI                |                   | он П вс                                 | X        |                   | OTHER NY                     |          |
| Requested 10 days  | Project Number:  |              |           | Pace Profile #:           |  |        |             |                                | T             | Filtered (Y/N)            | ////               |                   |   |          |                   |                              |          |
| sapo   | ш  |              | COLLECTED | CTED                      |  |        | Prese       | Preservatives                  |               | Requested //              |                    |                   |   |          |                   |                              | 1        |
| SAMPLE ID SUGGED (A-Z, 0-9) - 1 Sample IDs MUST BE UNIQUE ones | まる。<br>を<br>を<br>を<br>を<br>を<br>を<br>を<br>を<br>を<br>を<br>を<br>を<br>を | SAMPLE TYPE  | COMPOSITE | COMPOSITE<br>END/GRAB     | AMPLE TEMP A<br>COLLECTION<br>OF CONTAINER       | pəviəs |             | £0.                            | ₽C            | Ane Ref                   |                    |                   |   |          | IN CHIONIDE (YIM) | _                            |          |
| TISSUE   | <b>S</b>   | DATE         | E TIME    | DATE TIME                 |  |        | нсі<br>нио³ | HOBN<br>SzbN                   | Meths<br>82sN |                           |                    |                   |   |          | Enplse's          | Pace Project No.<br>Lab I.D. | 9 0      |
| 1 ROM 301/405E RIB/C13-R                                       | WG 7-61  | 9            | V         | 18:1 12/8                 | -  | -      | -           | +                              | l             | ×                         |                    |                   |   |          | 9/                | 38532                        | N        |
| FOUR 301/HOSE BIB/CIJ-F  | WG 7-7   | 9            |           | 1:32                      |  |        | -           |                                |               | ×                         |                    |                   |   |          | 7,1               | 18570                        | 0        |
| Reen   |  | ŋ            |           | 7:32                      | -  |        | -           |                                |               | ×                         |                    |                   |   |          | •                 |                              | Ι        |
| 4 ROOM 301/HOSE RIB/HLIF                                       | HU-F DW  | 9            |           | 7:33                      | -  |        | 1           |                                |               | ×                         |                    |                   |   |          |                   |                              |          |
| S RUCH 30L/OLD ICE MACHINE                                     | INE DW   | g            |           | 1:32                      | -  |        | -           |                                |               | ×                         |                    |                   |   |          | 105               | 27                           |          |
| 6 ROOF/HOSE BIB #1/CIJ-R                                       | J-R DW   | 9            |           | 7:43                      | -  |        | -           |                                |               | ×                         |                    |                   |   |          |                   |                              |          |
| 7 ROOF/HOSE BIB #1/013.F                                       | J-F DW   | 9            |           | B:L                       | ``   |        | -           |                                |               | ×                         |                    |                   |   | ,        |                   |                              |          |
| 8 ROOF/HOSE BIR #1/HIJ-R                                       | U-R DW   | 9            |           | bb:2                      |  |        | 1           |                                |               | ×                         |                    |                   |   |          |                   |                              |          |
| OCCIP/HOSE BIR#1/HIM.F   | J-F DW   | 9            |           | 7:44                      | 1  |        | 1           |                                |               | ×                         |                    |                   |   | •        |                   | ·                            |          |
| 10 ROOF/HOSE BIB#2/CLJ.R                                       | J.K DW   | 9            |           | 7:47                      | <b></b>  |        | -           |                                |               | ×                         |                    |                   | *************************************** |          |                   | •                            |          |
| TROOF/HOSE BER \$2/CIJ-F                                       | MO 1-1   | G            |           | 1:42                      | -  |        | 1           |                                |               | ×                         |                    |                   |   |          |                   |                              |          |
| 12 ROOF/HOSE BIB#2/HIJ-R                                       | 11-12 DW   | 9            |           | 87:16                     |  |        | -           |                                |               | ×                         |                    |                   |   |          |                   |                              |          |
| ADDITIONAL COMMENTS  | RELINQUISHED BY / AFFILIATION  | SHED BY      | /AFFILIA  | ION DATE                  | щ  | TIME   | ¥           | CEPTE                          | D BY / /      | ACCEPTED BY / AFFILIATION |                    | DATE              | TIME                                    | 0,       | SAMPLE            | SAMPLE CONDITIONS            |          |
|  | MM   | Y            | PACE      | 21/05/8                   | <del>                                     </del> | 17:00  | 11          | No.                            | `             |                           | 2                  | 7//15/ <u>/</u> & | 9:4E                                    | 1        | (i)               |                              |          |
|  |  |              |           |                           |  |        | ,           | ,                              |               |                           | •                  |                   |   |          | N/A               | <b>)</b> //\                 | I        |
| _  |  |              |           |                           |  |        |             |                                |               |                           |                    |                   |   |          | N/A               | N/A<br>N/A                   |          |
|  |  |              |           |                           |  |        |             |                                |               |                           |                    |                   |   |          | N/A               | N/A                          | <u> </u> |
|  |  |              | SAMPLE    | AMPLER NAME AND SIGNATURE | SIGNATI  | JRE    |             |                                |               |                           |                    |                   |   | ე.       | uo p              | J                            |          |
|  |  |              |           | RINT Name of SAMPLER:     |  | mes Mu | rphy - F    | James Murphy - PACE Analytical | nalytica      |                           |                    | ,                 |   | ni qme   | eceivec<br>lce    | S ybol:<br>Coole             |          |
| 111 1143 1500  | <u></u>  |              | SIGNA     | SIGNATURE of SAMPLER:     | ₩<br><b>~</b>                                    | 6      | )<br>V      | 'n                             |               | DATE Sig<br>(MM / DD      | DATE Signed 627//C | 1127              | 7                                       | <u>T</u> | ∍ଧ                |                              | —        |

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| www.pacelabs.com  |                               |                  |                      |            |                            |                   |  |                                |                        |   |              |                   |                | -              | ~                            | ſ                     |
|   | Section B                     |                  |                      | Ś          | Section C                  |                   |  |                                |                        |   |              |                   | Page:          | ge: 2          | of                           |                       |
|   | Required Project Information: | roject Inf       | ormation:            | ll.        | Invoice Information:       |                   |  |                                |                        |   |              |                   |                |                |                              |                       |
| Company: Madison Oneida BOCES   | Report To:                    |                  |                      | Α          | Attention:                 |                   |  |                                |                        |   | REC          | REGULATORY AGENCY | AGENCY         | ,              |                              |                       |
| Address: 4937 Spring Rd   | Copy To:                      |                  |                      | Ö          | Company Name:              |                   |  |                                |                        | NPDES [   | GROUND WATER | IΣ                | DRINKING WATER | 3 WATER        |                              |                       |
| Verona, NY 13478  |                               |                  |                      | ⋖_         | Address:                   |                   |  |                                |                        | ☐ UST ☐   | RCRA         | Ľ                 | OTHER          |                |                              |                       |
|   | Purchase<br>Order No          |                  |                      | ă.         | Pace Quote Reference       | Ď.                |  |                                |                        | SITE  |              | E GA F            |                | Z              | □<br>NC                      |                       |
| Phone: 315-361-5750 Fax:  | Project Nan                   | 1                | Rosetti Bldg         | 18.        | Pace Project Manager:      | ٠                 |  |                                |                        | LOCATION  | NC           | НО                | sc ☐ w         | L              | OTHER NY                     |                       |
| Requested 10 days   | Project Number.               | jer.             |                      | la.        | Pace Profile #:            |                   |  |                                | ш                      | Filtered (Y/N)  |              |                   | ///            |                |                              |                       |
| D Valid Matrix Codes MATRIX MATRIX  | CODE                          |                  |                      | COLLECTED  |                            |                   | . 0.   | Preservatives                  | <u>«</u>               | Requested //  |              |                   |                |                |                              |                       |
|   | DW<br>WT<br>WW                | 34YT             |                      |            |                            | NOIT:             | <u></u>  |                                | <b>∀</b>               | Anĕ ///   |              |                   |                |                | _                            |                       |
| SAMPLE ID FROUGT<br>(A-Z, 0-9 / -) WIFE<br>Sample IDs MIST RF INIOLIF order | 이 있다.<br>VAP<br>OT AR         | XIRTAM<br>BJ9MA8 | O BARD=              | COMPOSITE  | COMPOSITE<br>END/GRAB      | COLLEC<br>OF CONT |  |                                |                        | No.   |              |                   |                | (X) evpoupo (X |                              |                       |
|   | TS.                           | ,                | DATE                 | TIME       | DATE TIME                  | #                 | HMO <sup>3</sup><br>H <sup>5</sup> 2O <sup>5</sup> | HCI<br>N <sup>9</sup> OH       | Metha<br>Na2Sc         |   |              |                   | <u> </u>       | enpised        | Pace Project No.<br>Lab I.D. | oject No.<br>Lab I.D. |
| 1 ROOF/HOSE BIB#2/ HLI-F  | 4-17                          | DW G             |                      |            |                            | -                 | -  |                                |                        | ×   |              |                   |                | 9/             | %<br>S                       | 32                    |
|   | X-11-X                        | DW               |                      |            | 1:52                       | -                 | -  |                                |                        | ×   |              |                   |                |                |                              |                       |
|   | エード                           | <u> </u>         |                      |            | 1:57                       | -                 | _  |                                |                        | ×   |              |                   |                |                |                              |                       |
| 4 (ROOM 308/HOSE RIB/H  | /HU-R                         | DW               | - 49                 |            | 15:1                       | 1                 |  |                                |                        | ×   |              |                   |                |                |                              |                       |
| 5 ROOM 308/HOSE BIB/HILL-F  | 7171H                         | DW G             |                      |            | 1:58                       | -                 |  |                                |                        | ×   |              |                   |                |                |                              |                       |
|   | Ķ                             | DW               |                      |            | \$:co                      | -                 |  |                                |                        | ×   |              |                   |                |                |                              |                       |
|   | 7 · F                         | DW G             |                      |            | es:8                       | 1                 | -  |                                |                        | ×   |              |                   |                |                |                              |                       |
|   | 7-17                          | DW               |                      |            | 1805                       | -                 | -  |                                |                        | ×   |              |                   |                |                |                              | -                     |
| Room 309/Hose Bos,  | 1-612/                        | DW G             |                      |            | 90%                        | 1                 |  |                                |                        | ×   |              |                   |                |                |                              |                       |
|   | 111.R                         | DW G             |                      |            | 00g                        | -                 |  |                                |                        | ×   |              |                   |                |                |                              |                       |
| 11 Row 304/HOSE BIB/HU-F  | 111-F                         | DW G             | (0)                  |            | <u> </u>                   | -                 |  |                                |                        | ×   |              |                   |                |                |                              |                       |
| 12  |                               | DW G             |                      |            | <b>→</b>                   | -                 | ~  |                                |                        | ×   |              |                   |                |                |                              |                       |
| ADDITIONAL COMMENTS   | REL                           | NQUISI           | RELINQUISHED BY / AF | FFILIATION | ON DATE                    | TIME              | Э  | ACCEPT                         | ED BY / A              | ACCEPTED BY / AFFILIATION   | DATE         | re   Time         | Щ              | SAMPLE         | SAMPLE CONDITIONS            | SNO                   |
|   | M                             | 14M              | 1 4.1                | PHE        | 21/05/03                   | 12                | 3:   | Call                           | $\setminus$            |   | 91/12/18     | 34:6 31/          | 18             | <u> </u>       | W                            | N(\(\hat{\chi}\)      |
|   |                               |                  |                      |            |                            |                   |  |                                |                        |   |              |                   |                | N/A            | N/A                          | N/A                   |
|   |                               |                  |                      |            |                            |                   |  |                                |                        |   |              |                   |                | N/A            | N/X                          | N/A                   |
|   |                               |                  |                      |            |                            |                   |  |                                |                        |   |              |                   |                | N/A            | N/A                          | N/A                   |
|   |                               |                  |                      | SAMPLE     | SAMPLER NAME AND SIGNATURE | IGNATURE          |  |                                |                        |   |              |                   | J. u           | uo pe          | Sealed                       | Intact                |
|   |                               |                  |                      | PRINT      | ime of SAMPLE              | R:<br>James       | Murph  | James Murphy - PACE Analytical | Inalytica              |   |              |                   | ii qme         | ceive          | tody S                       | səldu                 |
| 0027 567 177  | O                             |                  |                      | SIGNATL    | SIGNATURE of SAMPLER:      | 1                 | 100  | Many                           |                        | DATE Signed   |              | 6/27/16           | <u>'1</u>      |                | snე                          | San                   |

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|  |                                       |                  |                            |              |   |                                       |               |                             |          |              | L                 | -                  |                        | Γ                            |
|--|---------------------------------------|------------------|----------------------------|--------------|---|---------------------------------------|---------------|-----------------------------|----------|--------------|-------------------|--------------------|------------------------|------------------------------|
| Section A  | Section B                             |                  | Section C                  |              |   |                                       |               |                             |          |              |                   | Page: 5            | o                      |                              |
| Required Client Information:   | Required Project Information:         | tion:            | Invoice Information:       |              |   |                                       |               |                             |          |              |                   |                    |                        |                              |
| Company: Madison Oneida BOCES  | Report To:                            |                  | Attention:                 |              |   |                                       |               |                             |          | GULAT        | REGULATORY AGENCY | ICY                |                        |                              |
| Address: 4937 Spring Rd  | Copy To:                              |                  | Company Name:              |              |   |                                       |               | NPDES [                     | GROUN    | GROUND WATER | V DRIN            | DRINKING WATER     | ~                      |                              |
| Verona, NY 13478   |                                       |                  | Address:                   |              |   |                                       |               | _ nst                       | RCRA     |              | OTHER             |                    |                        |                              |
| Email To: tvandresa@moboces.ord  | Purchase<br>Order No.:                |                  | Pace Quote Reference       |              |   |                                       |               | SITE                        |          | □ GA         | L                 | Z.                 | MI                     |                              |
| Phone: 315-361-5750 Fax:   | Project Name: Rosetti Bldg            | Bldg             | Pace Project Manager:      |              |   |                                       |               | LOCATION                    | Z        | H<br>H       | ⊃sc               | M                  | OTHER NY               | <u> </u>                     |
| Requested 10 days  | Project Number:                       |                  | Pace Profile #:            |              |   |                                       |               | Filtered (Y/N)              | ///      |              |                   |                    |                        |                              |
| D Valid Matrix Codes  MATRIX  Client Information   |                                       | COLLE            | COLLECTED                  | St           | ٩   | Preservatives                         |               | Requested ///               |          |              |                   |                    |                        |                              |
| SAMPLE ID SOLUTION OF THE MATERIAL STATES OF THE MATERIAL SAMPLE ID SOLUTION OF THE MATERIAL SAMPLE ID SAMPLE ID STATES INVOLIF OF THE MATERIAL INVOLVE OF THE MATERIAL INVOLV | ##################################### | COMPOSITE        | COMPOSITE TEND/GRAB LE     | OF CONTAINER | <u> </u>  |                                       | ₽C            | Ane E                       |          |              |                   | (N/V) eninolino la | _                      |                              |
| TISSUE   | Đ                                     | DATE TIME        | DATE TIME                  |              | HNO <sup>3</sup><br>H <sup>5</sup> 8O'<br>Nuble | N <sup>gS</sup> B <sup>S</sup><br>HCI | BdfbM<br>SSbN |                             |          |              |                   | anpises a          | Pace                   | Pace Project No.<br>Lab I.D. |
| Roch 310/SLOP SEMIYCLA-R   | 7-K DW G                              |                  | 11:8 24/8                  | -            | -   |                                       |               | ×                           |          |              |                   | 7/                 | 8                      | 322                          |
|  | LI-F DW G                             |                  | 71:8                       | -            | -   |                                       |               | ×                           |          |              |                   | ę                  |                        |                              |
| -  | HL-K DW G                             |                  | 8:K                        | ~            | ~   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| 1 Room 310/51.02 SINK/ HLI-F   | HLIF DW G                             |                  | 8:13                       | -            | -   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| _  | 1 - K DW G                            |                  | 8111                       | -            | -   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| 1 (Com 310) HOSE BUB/ CLJ.F  | LI-F DW G                             |                  | 8:17                       | -            |   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| 1 Acon 310/405E 1318/411.R   | IJ-K DW G                             |                  | 7/:8                       | -            | -   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| 8 Room 310/HOSE BIB/HI   | HU-F DW G                             |                  | 2.K                        | -            | -   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| 20cm 310 /DISHUASHEZ-R   | 2 DW G                                |                  | 22:28                      | -            | -   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| 10 Read 310 / DISHUASHER-F   | DW G                                  |                  | 8:24                       | -            |   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| TROOM 311 /HOSE BIR 1/40-R   | S DM G                                |                  | 8:28                       | -            | -   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| 2 Rach 311/ HOSE 1818 1/F  | /F DW G                               |                  | y 8:30                     | -            |   |                                       |               | ×                           |          |              |                   |                    |                        |                              |
| ADDITIONAL COMMENTS  | RELINQUISHED BY /                     | BY / AFFILIATION | TION DATE                  |              | TIME  | ACCEPT                                | ED BY /       | ACCEPTED BY / AFFILIATION   | <u> </u> | DATE         | TIME              | SAMPL              | SAMPLE CONDITIONS      | SNO                          |
|  | AN AL MA                              | PACE             | 91/16/9                    | 17:00        | 9   | MOM                                   |               |                             | 115/8    | 13/,         | 4:48              | 0                  |                        | N/{                          |
|  | 01                                    |                  |                            |              |   |                                       |               |                             |          |              | •                 | N/A                | )N/A                   | )N/X                         |
|  | 2                                     |                  |                            |              |   |                                       |               |                             |          |              |                   | N/A                | N/A                    | N/X                          |
|  |                                       |                  |                            |              |   |                                       |               |                             |          |              |                   | N/A                | N/λ                    | N/X                          |
|  |                                       | SAMPL            | SAMPLER NAME AND SIGNATURE | SNATURE      |   |                                       |               |                             |          |              |                   |                    |                        | ntact                        |
|  |                                       | PRINT            | PRINT Name of SAMPLER:     | 1 1          | s Murph   | James Murphy - PACE Analytical        | halytic       |                             |          | ,            |                   | ni qme             | lce<br>tody S<br>Coole | l səldu                      |
| イコ みだり ロリ  | 7                                     | SIGNA            | SIGNATURE of SAMPLER:      |              | 6   | 1 1 m Me                              |               | DATE Signed (MM / DD / YY): |          | 6/27/10      |                   |                    | snე                    | Sar                          |

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Pace Project No. Lab I.D. 08233 SAMPLE CONDITIONS C OH C SC WI C OTHER NY I IN I WI INC jo Ż GROUND WATER F DRINKING WATER Page: REGULATORY AGENCY OTHER TIME ☐ GA DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES ∏ UST Requested \$2804 vethanol 18<sup>5</sup>8<sup>5</sup>0<sup>3</sup> HOaV IOH ONH POSZ-TIME nubreserved # OF CONTAINERS Pace Quote Reference: DATE Pace Project Manager: Invoice Information: B718:22 8:32 8:52 8:33 8:33 8:35 8:35 8:44 8:37 8:38 8:40 8:51 Company Name: DATE TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: Rosetti Bldg SAMPLE TYPE GRAB C=COMP ტ Ø ტ G G Ŋ Ö G G G DW ΜO Μ Š M M M M MΩ M M MATRIX CODE Project Name: Project Number Section B Report To: Purchase Order No.: 12 Room 311/592ANER 1/CLI-F Copy To: ROM 311 /HOSE BIB 4A /F Rech 311/HOSE 1818/F Recm 311/HOSE 1325 418/R 11 Ruch 311/SPRANEZ 1/ CIJAR 10 Acom 113/DISHLIASHER. F Rum 311 / Flose Pass 4A/R ROUIS/TOISHWASHER-R ROOM 311/HOSE BIR 3/F K Rem 311/HOSE RIB 2/F ROUM 311/HUSE 1918 3/K ROOM 311/HUSE BIB 2/ Valid Matrix Code DRINKING WATER WATER WASTE WATER PRODUCT SOILSOLID (A-Z, 0-9 / ;-) wife wife Sample IDs MUST BE UNIQUE ones ADDITIONAL COMMENTS Company: Madison Oneida BOCES tvandresa@moboces.org SAMPLE ID 10 days Required Client Information: 315-361-5750 Address: 4937 Spring Rd /erona, NY 13478 Section D Oue Date/TAT: Section A Email To: Phone: # MJT

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|---|-------------------------------------|----------------|-----------------|---------------|----------------------------|------------------------------|--------------|-------------------|--------------|--------------------------------|---------------|-----------|--|-----------------|-------|--------------|------|-------------------|--------|----------------------------|------------------------------|------------------|
|   | Section B                           |                |                 |               | Section C                  |                              |              |                   |              |                                |               |           |  |                 |       |              |      |                   | Page:  | S                          | of                           | ٦                |
|   | Required Project Information:       | ject In        | formation:      |               | Invoice Information:       | mation:                      |              |                   |              |                                |               |           |  |                 |       | i            |      | _                 |        |                            |                              |                  |
| Company: Madison Oneida BOCES   | Report To:                          |                |                 |               | Attention:                 |                              |              |                   |              |                                |               |           |  |                 | æ     | EGUL/        | \TOR | REGULATORY AGENCY | ICY    |                            |                              |                  |
| Address: 4937 Spring Rd   | Copy To:                            |                |                 |               | Company Name:              | ame:                         |              |                   |              |                                |               | Ē         | □ NPDES  |                 | GROUN | GROUND WATER |      | P DRINKING WATER  | KING W | ATER                       |                              |                  |
| Verona, NY 13478  |                                     |                |                 |               | Address:                   |                              |              |                   |              |                                | Γ             |           | ∏ UST  | L               | RCRA  |              | L    | OTHER.            |        | 1                          |                              |                  |
| Email To: tvandresa@moboces.org   | Purchase<br>Order No.:              |                |                 |               | Pace Quote Reference:      | deference:                   |              |                   |              |                                | <u> </u>      |           | S  | SITE            |       | L            | GA   |                   | Z<br>L | IM L                       | NC<br>L                      |                  |
|   | Project Name:                       | 1              | Rosetti Bldg    |               | Pace Project Manager:      | Manager:                     |              |                   |              |                                |               |           | 707  | LOCATION        | 7     |              | HO   | □ sc □ w          |        | 🛭 отнек                    | R                            | 1                |
| Requested 10 days I   | Project Number:                     | l <sub>e</sub> |                 |               | Pace Profile #:            | #                            |              |                   |              |                                | Γ             | Filtere   | Filtered (Y/N)   | //              | ///   |              |      |                   |        |                            |                              |                  |
| D Walid Matrix Codes MATRIX   | щ                                   |                |                 | COLL          | COLLECTED                  |                              | SA           |                   | Prese        | Preservatives                  |               | Requested | sted   |                 |       |              |      |                   |        |                            |                              |                  |
| SAMPLE ID  SAMPLE ID  SAMPLE ID  SCHOOL  (A-Z, 0-9, r.)  Sample IDs MUST BE UNIQUE offers | DW<br>WW<br>P P P WW<br>AR AR AR AR | SAMPLE TYPE    | NOO=O BARD=6    | COMPOSITE     | COMPOSITE<br>END/GRAB      | M W MANAGE TEMP A COLLECTION | OF CONTAINER | peviese           | 1            | <sup>5</sup> O <sup>3</sup>    |               | Ane       | The state of the s |                 |       |              |      |                   |        | SI Chlorine (Y/V)          |                              |                  |
| TISSUE  | 2                                   |                | DATE            | TIME          | $\vdash$                   | TIME                         |              | OS <sub>S</sub> H | HCI<br>HNO³  | HOBN<br>S <sub>2</sub> BN      | Meths<br>Na2S | <u> </u>  | /  |                 |       | //           | ///  | ///               | ubises |                            | Pace Project No.<br>Lab I.D. | ot No.<br>b I.D. |
| ROCH 311/SPANEZ 1/1111-R  |                                     | MO             | ى<br>ق          |               | 8 12/8                     | 8:52                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        | 091                        | 7E S80 9                     | 3                |
|   |                                     | <u> </u>       | 9               |               | -00                        | 8:53                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
|   | CH - K                              | MO             | ڻ<br>ق          |               | - %                        | 8:54                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| ROOM 311/592AYEZ E/   | 24-F                                |                | 9               |               | - %                        | 8:57                         |              |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| 5 Room 311/Spanea 2/ HI   | HLJ-R                               | DW             | 9               |               | 8                          | 8:sr                         | 1            |                   | <del>-</del> |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| 1   | HL-F                                | )<br> MO       | 9               |               | &                          | 8:54                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| Rum 402-2/510P 5144/614-18  | _                                   | ΔO             | ŋ               |               | ď                          | 4:00                         | -            |                   |              |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| 8 Recn 402-2/510? 52NK/C14-F  |                                     | MO             | 9               |               | Ą                          | 4:60                         |              |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| 3 Ron 412-2/52.0P 5234/HU-R   | /my-R                               | DW             | Ð               |               | *                          | 4:00                         | -            |                   |              |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| 10 Ruen 41/2-2/51 CP SINK/HILF  | /HI14                               | DM             | ŋ               |               | <b>&amp;</b>               | 10:5                         |              |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| 1 Room 217/ HOSE BIB - R  |                                     | DW             | ŋ               |               |                            | 4:04                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| 12 ROOM 217/ HOSE BIB-  | F                                   | DW             | G               |               | 1 1/9                      | 9:05                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                            |                              |                  |
| ADDITIONAL COMMENTS   | RELIN                               | auis           | RELINQUISHED BY | / AFFILIATION |                            | DATE                         | TIME         | Щ                 | A            | ACCEPTED BY / AFFILIATION      | ED BY         | / AFFI    | LIATIO   | 7               |       | DATE         |      | TIME              | SA     | APLE CO                    | SAMPLE CONDITIONS            | Ø                |
|   | W                                   | W              | y               | PACE          |                            | 5/20/h                       | 17:00        | 3                 | 14           |                                | \             |           |  |                 | 8     | 1/12         | 0    | dite.             |        | OV.                        |                              | NA               |
|   |                                     |                | 0               |               |                            |                              |              | ,                 |              |                                | i             |           |  |                 |       |              |      |                   |        | N/A                        | N/A                          | N/A              |
|   |                                     |                |                 |               |                            |                              |              |                   |              |                                |               |           |  |                 |       |              |      |                   |        | N/A                        | N/A                          | N/A              |
| 1   |                                     |                |                 |               |                            |                              |              |                   |              |                                |               |           |  |                 |       |              |      |                   |        | N/A                        | N/A                          | N/A              |
|   | -                                   |                |                 | SAMPI         | SAMPLER NAME AND SIGNATURE | AND SIGN                     | ATURE        |                   |              |                                |               |           |  |                 |       |              |      |                   | ე. u   |                            | -er                          | 13183CI          |
|   |                                     |                |                 |               | SIGNATI IRE of SAMPLER:    | MPI FR                       | James        | Mur               | - hy         | James Murphy - PACE Analytical | Analyti       | g         | TAG  | Signed          |       |              |      |                   | i qməT | eceive<br>estody<br>extody | 000                          | səldur           |
|   |                                     |                |                 | <u>.</u>      | 5 1 5 1                    | , I                          | 11           | 11.11             |              | 4                              |               |           | , W  | (MM / DD / YY): |       | 11/2/18      | 1    |                   | L      |                            |                              | 80               |

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| Section A  | Section B                               |                               | Section C                              | U                     |              |               |                                    |   |              |                   | Page:                     | ٥                 |           |
| Required Client Information:                       | Required Proj                           | Required Project Information: | Invoice Information:                   | ormation:             |              |               |                                    |   |              | <u> </u>          |                           | I                 |           |
| Company: Madison Oneida BOCES                      | Report To:                              |                               | Attention:                             |                       |              |               |                                    |   | REGUL        | REGULATORY AGENCY | VCY                       |                   |           |
| Address: 4937 Spring Rd                            | Copy To:                                |                               | Company Name:                          | Name:                 |              |               |                                    | NPDES [   | GROUND WATER |                   | DRINKING WATER            | ~                 |           |
| Verona, NY 13478                                   |   |                               | Address:                               |                       |              |               |                                    | UST L   | RCRA         | C OTHER           |                           |                   |           |
| Email To: tvandresa@mohoces ord                    | Purchase<br>Order No.:                  |                               | Pace Quote                             | Pace Quote Reference: |              |               |                                    | SITE  | Li           | GA L              | Z                         | MI                |           |
| Phone: 315-361-5750 Fax:                           | Project Name:                           | Rosetti Bldg                  | Pace Project Manager.                  | ot Manager:           |              |               |                                    | LOCATION  | loveri.      | он П вс           | L M                       | OTHER NY          |           |
| Requested 10 days                                  | Project Number:                         |                               | Pace Profile #                         | e#:                   |              |               |                                    | Filtered (Y/N)  |              |                   |                           |                   |           |
| Valid Matrix Codes MATRIX MATRIX                   | CODE                                    | ЧW                            | COLLECTED                              |                       | SA           | Preservatives | tives                              | Requested ///   |              |                   |                           |                   |           |
| DRINKONG WATER WATER WASTE WATER PRODUCT SOX/SOLID | ilX CODE                                | C=COM                         | SITE                                   | ECTION                | IBNIATN      |               |                                    | Ans   |              |                   |                           |                   |           |
| ON. WIPE AME AME AME AME AME AME AME AME AME AM    |   | PAMP=D                        | END/GE                                 | SAMPLE                | # OF CO      | 60            | S <sub>2</sub> O <sub>3</sub>      | Jay Jay Jay Jay Jay Jay Jay Jay Jay Jay   |              |                   | enhohho                   |                   | oject No. |
| 2001   | 1                                       | DATE                          | TIME DATE                              | TIME                  |              | нс            | SBN<br>19M                         |   |              |                   | Nee's                     | è                 | Labl.D.   |
| Kcon 214/1105E RIB/                                |   |                               | 9 7 7 7                                | 4:07                  | -            | -             |                                    | ×   |              |                   | *\<br>-                   | 100%              | 5.32      |
| 100  |   | DW G                          |  | 30:6                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
|  | _                                       | DW G                          |  | 4:1/                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 4 Room 220 A/LAB STAK/CLIF                         |   | DW G                          | ************************************** | 4:1/                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 5 Tech 220 A/LAB SINK/HU-R                         |   | DW G                          | -                                      | 4:14                  | -            |               |                                    | ×   |              |                   |                           |                   |           |
| · FOR 220A/LARSTHK/                                | HLT DW                                  | <u>ه</u>                      |  | 4:14                  | <b>~</b>     | <b>—</b>      |                                    | ×   |              |                   |                           |                   |           |
| 7 ROM 223 / BIRD BATH-R.                           |   | DW G                          |  | 6:15                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 8 Key 223 / BERD BATH-F                            | ا الله الله الله الله الله الله الله ال | DW G                          | 2                                      | 45 h                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 9 Tour 227/KITONEN 1/05:                           | ASHLASHICA<br>R DW                      | _<br>ტ<br><b>∀</b> ≷          | 5                                      | 9:2                   | τ-           | -             |                                    | ×   |              |                   |                           |                   |           |
| 10 Ren 227 Kerenen 1/25                            | WE REDWG                                | ں<br>سے ج                     | •                                      | 4:25                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 12 12con 227/KITCHEN 2/P                           | SACAS<br>No.                            | 9<br>8                        | -                                      | 9:30                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 12 Room 227/ KSTEWENZ/05                           | PSESHENGENEON BOW G                     | 0<br>W                        | \$                                     | 9:34                  | <u></u>      | -             |                                    | ×   |              |                   |                           |                   |           |
| ADDITIONAL COMMENTS                                | RELING                                  | RELINQUISHED BY / AF          | FFILIATION                             | DATE                  | TIME         | ACC           | EPTED BY                           | ACCEPTED BY / AFFILIATION   | DATE         | TIME              | SAMPL                     | SAMPLE CONDITIONS | SN        |
|  | 7                                       | my                            | PNCE 1                                 | E/5u/hc               | 17:00        |               | M                                  |   | 3/12/18      | 24:0              | () <sub>/</sub> ^         | Ø                 | NE        |
|  |   | 0                             |  |                       |              | 4             |                                    |   | 3            |                   | N/A                       | N/A               | N/A       |
|  |   |                               |  |                       |              |               |                                    |   |              |                   | N/A                       | N/A               | N/A       |
|  |   |                               |  |                       |              |               |                                    |   |              |                   | N/A                       | N/A               | N/A       |
|  |   | o Ω                           | SAMPLER NAME AND SIGNATURE             | AND SIGN              | ATURE        |               |                                    |   |              |                   | uo pe                     | Sealed            | lntact    |
|  |   | <u>.   (</u>                  | SIGNATURE of SAMPLER:                  | AMPLER:               | James Mu     | irphy - PA(   | James Murphy - PACE Analytical     |   | 1976         |                   | i qməT<br>viəcəivi<br>icə |                   | ımbles    |
|  |   |                               | !                                      | :                     | 1            | 12.6          | ١                                  | (MM / DD / YY):   | 2/12/16      | "                 |                           | no<br>Cn          | es<br>-   |

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DATE Signed (MM / DD / YY): 8/27/10

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## CHAIN-OF-CUSTODY / Analytical Request Document

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| Section A S  | Section B   |                  | Section C                  |  |                            |  |          |  |              |         |                   | Page:            | l of              |                              |
|--|---|------------------|----------------------------|--|----------------------------|--|----------|--|--------------|---------|-------------------|------------------|-------------------|------------------------------|
| Required Client Information:                             | Required Project Information:   | ation:           | Invoice Information:       |  |                            |  |          |  |              |         |                   |                  |                   |                              |
| Company: Madison Oneida BOCES                            | Report To:  |                  | Attention:                 |  | :                          |  |          |  | REG          | ULATOR  | REGULATORY AGENCY | . ∠              |                   |                              |
| Address: 4937 Spring Rd                                  | Copy To:  |                  | Company Name:              |  |                            |  |          | NPDES [ (  | GROUND WATER |         | DRINK             | DRINKING WATER   | ~                 |                              |
| Verona, NY 13478   |   |                  | Address:                   |  |                            |  | L        | UST  | RCRA         |         | OTHER             |                  |                   |                              |
| Email To: tvandresa@moboces.ord                          | Purchase<br>Order No.:  |                  | Pace Quote Reference:      | ë  |                            |  |          | SITE   |              | GA      |                   | Z<br>L           | MI NC             |                              |
|  | Project Name: Rosetti Bldg  | Bldg             | Pace Project Manager.      |  |                            |  |          | LOCATION   |              | но Ц    |                   | M                | OTHER NY          | >                            |
|  | Project Number:   |                  | Pace Profile #:            |  |                            |  | Filter   | Filtered (Y/N)   |              |         |                   |                  |                   |                              |
| Section D Valid Matrix Codes Required Client Information |   | COLL             | COLLECTED                  |  | ď                          | Preservatives  | Requ     | Requested ///  |              |         |                   |                  |                   |                              |
|  | MATRIX CODE  TODE | COMPOSITE        | OSITE<br>RAB               | SAMPLE TEMP A<br>COLLECTION<br>OF CONTAINE |                            | FO3  | PO PU    | No series de la constante de l |              |         |                   | al Chloring (YM) | _                 |                              |
|  | Đ   | DATE TIME        | DATE TIME                  |  | HNO³<br>H <sup>°</sup> 2O' | Metha<br>Na <sub>2</sub> S <sub>2</sub><br>NaOH<br>HCI | Na2SG    |  |              |         |                   | inpises          |                   | Pace Project No.<br>Lab I.D. |
| Run 277/KITCHEN 3/DISHLASURA'R                           | DW G  |                  | 94:6 12/5                  | -  | 4-                         |  |          | ×  |              |         |                   | //               | <u> 58833</u>     | 32                           |
|  | NO.   |                  | bhib 1                     | -  | -                          |  |          | ×  |              |         |                   | •                |                   |                              |
|  | DW  |                  | 4:45                       | -  | -                          |  |          | ×  |              |         |                   |                  |                   |                              |
|  | MO  |                  | 4:6                        | -  |                            |  |          | ×  |              |         |                   |                  |                   |                              |
|  | DW  |                  | 4:50                       | -  | -                          |  |          | ×  |              |         |                   |                  |                   |                              |
|  | MQ  |                  | 4:50                       | -  |                            |  |          | ×  |              |         |                   |                  |                   |                              |
|  | DW G  |                  | 4:51                       | ~  |                            |  |          | ×  |              |         |                   |                  |                   |                              |
|  | L.F. DW G   |                  | 4:52                       | -  |                            |  |          | ×  |              |         |                   |                  |                   |                              |
|  | 1-R DW G  |                  | 4:56                       | -  | -                          |  |          | ×  |              |         |                   |                  |                   |                              |
|  | DW G  |                  | 15:6                       | -  |                            |  |          | ×  |              |         |                   |                  |                   |                              |
|  | L'A DW G  |                  | 4:57                       | -  |                            |  |          | ×  | ,            |         |                   |                  |                   |                              |
|  | D MO  |                  | \$5:5                      | -  | -                          |  |          | X  |              |         |                   |                  |                   |                              |
|  | -LINQUI   | BY / AFFILIATION |                            |  | TIME                       | ACCEPTED BY / AFFILIATION                              | BY / AFF | ILIATION   | DATE         |         | TIME              | SAMPL            | SAMPLE CONDITIONS | SNC                          |
|  | 1111h   | no ty            | 11/2/3 240                 | 17:W                                       | 3                          | JAM/   |          |  | 11818        | 7       | ふから               | <u>\</u>         | M                 | NE                           |
|  |   |                  |                            | •  |                            |  |          |  | -            |         | -                 | N/A              | N/A               | N/A                          |
| 7  |   |                  |                            |  |                            |  |          |  |              |         |                   | N/A              | N/A               | N/A                          |
|  |   |                  |                            |  |                            |  |          | -  |              |         |                   | N/A              | N/A               | N/A                          |
| 11.8 (4) 6.1.  |   | SAMPI            | SAMPLER NAME AND SIGNATURE | IGNATUR                                    |                            |  |          |  |              |         |                   |                  | esled             | Intact                       |
| 1771 1130 0111   | _   | PRINT            | PRINT Name of SAMPLER:     |  | s Murph                    | James Murphy - PACE Analytical                         | ılytical |  |              |         |                   | ni qm:<br>evieo  | lce<br>ody S      | səldı                        |
|  |   | SIGNA            | SIGNATURE of SAMPLER:      |  | 1.W.                       | 4 4  | ,        | DATE Signed (MM / DD / YY):  |              | 5/27/10 |                   |                  | tsuO              | San                          |

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| · · · · · · · · · · · · · · · · · · ·   |                                 |             |                   |               |                       |                              |               |                 |       |                                |                |           |                |                             |       |              |          | L                 | ÷                   |             |                   |
|---|---------------------------------|-------------|-------------------|---------------|-----------------------|------------------------------|---------------|-----------------|-------|--------------------------------|----------------|-----------|----------------|-----------------------------|-------|--------------|----------|-------------------|---------------------|-------------|-------------------|
|   | Section B                       |             |                   |               | Section C             | ၁                            |               |                 |       |                                |                |           |                |                             |       |              |          |                   | Page:               | SC<br>SC    |                   |
|   | Required Project Information:   | ject In     | iformation:       |               | Invoice I             | Invoice Information:         |               |                 |       |                                | ſ              |           |                |                             |       |              |          | _                 |                     |             |                   |
| Company: Madison Oneida BOCES   | Report To:                      |             |                   |               | Attention:            | :i                           |               |                 |       |                                | -              |           |                |                             | R     | :GULA:       | TORY,    | REGULATORY AGENCY | Ж                   |             |                   |
| Address: 4937 Spring Rd   | Copy To:                        |             |                   |               | Company Name:         | y Name:                      |               |                 |       |                                |                |           | ☐ NPDES        | L                           | SROUN | GROUND WATER | <u> </u> | DRINKI            | DRINKING WATER      | ËR          |                   |
| Verona, NY 13478  |                                 |             |                   |               | Address               | ió                           |               |                 |       |                                | T              | L UST     | JST            |                             | RCRA  |              | Ū        | OTHER             |                     | 1           |                   |
| Email To: tvandresa@moboces.org   | Purchase<br>Order No.:          |             |                   |               | Pace Quo              | Pace Quote Reference:        |               |                 |       |                                | <u> </u>       |           | S              | SITE                        |       |              | GA [     |                   | ł                   | IW L        | NC NC             |
|   | Project Name:                   |             | Rosetti Bldg      |               | Pace Proj             | Pace Project Manager:        |               |                 |       |                                | T              |           | TOC            | LOCATION                    |       | L            | НО       | sc □ w            | M                   | OTHER NY    | Σ                 |
| Requested 10 days   | Project Number:                 | ١           |                   |               | Pace Profile #:       | file #:                      |               |                 |       |                                | <u> </u>       | Filtere   | Filtered (Y/N) | ///                         |       |              |          |                   |                     |             |                   |
| D Valid Matrix Codes MATRIX ilent Information   | ш                               |             |                   | COLL          | COLLECTED             | Τ.                           |               |                 | Prese | Preservatives                  |                | Requested | sted           |                             |       |              |          |                   |                     |             |                   |
| WATER | UWW<br>WYF<br>P WW<br>VWP<br>TS | MATRIX CODE | G=GRAB C=COI      | COMPOSITE     | COMPOSITE<br>END/GRAB | SSTE<br>SAB<br>SAMPLE TEMP A | # OF CONTAINE | SO <sub>4</sub> |       | 60 <u>г</u> 8;                 | lonshi<br>4089 | Ane       | Par            |                             |       |              |          |                   | iduai Chlorine (NY) | _           | Pace Project No.  |
|   |                                 | _           | DATE              | TIME          | DATE                  | TIME                         |               | -               | HUG   | _                              |                | 1         | 1              |                             | 1     |              | *        | #                 | Sel.                | ١ ١         | Lab L             |
| Racm 282/SINIK/CUI-R  |                                 | MO          | <sub>0</sub>      |               | 220                   | <b>39:00</b>                 | +             |                 | +     |                                |                | ×         |                |                             |       |              |          |                   |                     | 09          | 608332            |
| 2 Roun 232/ SINK ( Chi - F  |                                 | MO          | ŋ                 |               | _                     | 10:00                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 3 TCOM 232/ SINK/ HW.R  |                                 | ΔM          | ŋ                 |               |                       | 10:01                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 4 Reen 232/ SEHK/HIJ-F  |                                 | DW          | ŋ                 |               |                       | 10:01                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 5 Room 232/57PAYER/CIJ·R  |                                 | ΔO          | ŋ                 |               |                       | 10:02                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 6 Room 232/57,2A1EE/ CIJ.F  |                                 | DW          | 9                 |               |                       | 20:01                        | -             |                 | _     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 7 ROOM 232/5PRAMER/ HIJ-R   |                                 | DW          | g                 |               |                       | (0:03                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 8 Roem 232/52PANER/ HIJ.F   |                                 | ΔO          | ŋ                 |               |                       | 10:04                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 9 Koom 231A / HOSE BIB - R  |                                 | DW          | g                 |               |                       | (O:O)                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 10 Keen 231A / 11056 BIB. F   |                                 | DW          | ŋ                 |               |                       | 70:07                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 11 Rech 231 B / HUSE 1353 - R   |                                 | DW          | Ŋ                 |               |                       | 80:0                         | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 12 Rem 2313/405E BSR-   | ٠ ٦٠                            | DW          | 9                 |               | <b>*</b>              | 60:01                        | -             |                 |       |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| ADDITIONAL COMMENTS   | RELIN                           | IOUIS       | RELINQUISHED BY / | / AFFILIATION | VOITY                 | DATE                         | TIME          | H               | ٧     | ACCEPTED BY / AFFILIATION      | ED BY          | / AFFII   | IATION         | _                           | _     | DATE         | AIT.     | TIME              | SAMI                | LE CON      | SAMPLE CONDITIONS |
|   | 111                             | 12          | hu                | 1740          |                       | 5/2/10                       | 17:00         | 3               |       | 7/1                            | 1              |           |                |                             | 000   | 8/31/16      | 3.6      | 9,45              | U                   | W.          | W.                |
|   |                                 |             |                   | •             |                       |                              |               |                 |       |                                |                |           |                |                             |       |              |          |                   |                     | N/A         | N/A               |
|   |                                 | 1           |                   |               |                       |                              |               |                 |       |                                |                |           |                |                             |       |              |          |                   |                     | N/A         | N/A               |
|   |                                 |             |                   |               |                       |                              |               |                 |       |                                |                |           |                |                             |       |              |          |                   |                     | N/A         | N/A               |
| 122 Des 612   |                                 |             |                   | SAMPI         | ER NAN                | SAMPLER NAME AND SIGNATURE   | VATURE        |                 |       |                                |                |           |                |                             |       |              |          |                   | O° n<br>no be       | Sealed      | er                |
|   |                                 |             |                   | PRIN          | Name of               | PRINT Name of SAMPLER:       | - 1           | s Mur           | phy - | James Murphy - PACE Analytical | Analyti        | <u>8</u>  | }              |                             | - 1   |              |          |                   | i qme               | lce<br>tody | Cool              |
|   |                                 |             |                   | SIGNA         | TURE of               | SIGNATURE of SAMPLER:        | 7             | NIN             | •     | 1                              |                |           | DATE<br>(MM)   | DATE Signed (MM / DD / YY): |       | 21/048       | ی        |                   |                     |             | Sar               |

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| Section A  | Section B                             |  |                     | Š           | Section C                  |               |                                |                   |                   |                                |        |                           |          |        |             |          | <u> </u>                      | Page:               | 9 of                         |                              |
|--|---------------------------------------|--|---------------------|-------------|----------------------------|---------------|--------------------------------|-------------------|-------------------|--------------------------------|--------|---------------------------|----------|--------|-------------|----------|-------------------------------|---------------------|------------------------------|------------------------------|
| Required Client Information:                             | Required Project Information:         | ject Infon                                 | nation:             | ₫           | Invoice Information:       | ::            |                                |                   |                   |                                |        |                           |          |        |             |          |                               |                     |                              |                              |
| Company: Madison Oneida BOCES                            | Report To:                            |  |                     | ¥_          | Attention:                 |               |                                |                   |                   |                                |        |                           |          | 2      | GULA        | TORY,    | REGULATORY AGENCY             | .,                  |                              |                              |
| Address: 4937 Spring Rd                                  | Copy To:                              |  |                     | 8_          | Company Name:              |               |                                |                   |                   |                                |        | NPDES                     |          | GROUN  | D WATE      | <u>S</u> | GROUND WATER 🔽 DRINKING WATER | NG WATI             | H.                           |                              |
| Verona, NY 13478   |                                       |  |                     | ¥           | Address:                   |               |                                |                   |                   |                                |        | UST                       |          | C RCRA |             | Ď        | OTHER                         |                     |                              |                              |
| Email To: Ivandresa@moboces.ord                          | Purchase<br>Order No.:                |  |                     | R           | Pace Quote Reference       | Jce:          |                                |                   |                   |                                |        | 0)                        | SITE     |        |             | GA L     | Z<br>L                        |                     | MI                           | NC                           |
| Phone: 315-361-5750 Fax:                                 | Project Name:                         |  | Rosetti Bldg        | Pa          | Pace Project Manager.      | ler:          |                                |                   |                   |                                |        | Ю.                        | LOCATION | 7      |             | L<br>H   | □ sc □ wi                     | <b>_</b>            | OTHER_NY                     | Σ                            |
| Requested 10 days Due Date/TAT:                          | Project Number:                       |  |                     | Pa          | Pace Profile #:            |               |                                |                   |                   |                                | Filte  | Filtered (Y/N)            | //       | ///    |             | ///      | ///                           | ///                 | ///                          |                              |
| Section D Valid Matrix Codes Required Client Information | CODE                                  |  |                     | COLLECTED   | TED                        |               | SH                             | Pre               | Preservatives     | ss                             | Req    | Requested                 |          |        |             |          |                               | ///                 | //                           |                              |
|  | W W W W W W W W W W W W W W W W W W W | MATRIX CODE<br>SAMPLE TYPE<br>NOD=0 BARD=6 | COMF                | SITE        | COMPOSITE<br>END/GRAB      | SAMPLE TEMP & | OF CONTAINE                    |                   |                   |                                | 70 An  | 9d                        |          |        |             |          |                               | Sel Chloring (V/N.) | _                            |                              |
| TI TISSLE  | S.                                    | Đ<br>——                                    | DATE                | TIME        | DATE TIME                  |               |                                | оѕ <sub>г</sub> н | N <sup>g</sup> OF | Na <sub>2</sub> S <sub>3</sub> | SSBN   | ///                       |          |        |             |          |                               | npises              |                              | Pace Project No.<br>Lab I.D. |
| ICCM 233/HOSE BEB.R                                      |                                       | DW G                                       |                     | 30          | 8/21 10:12                 | - 4           | 1                              | 1                 |                   |                                |        | ×                         |          |        |             |          |                               |                     | EOS.                         | S32                          |
| Roch 283/HOSE BEB-F                                      |                                       | DW G                                       |                     |             | 1 10:12                    |               |                                | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     | ,                            |                              |
| Racm 235/  |                                       | DW G                                       |                     |             | N:0/                       |               | 1                              | 1                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| Rocm 235/ SINIK/ CLI-F                                   |                                       | DW G                                       |                     |             | 4:0                        |               | _                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 5 Rown 235/ SIHK/ HW-R                                   |                                       | DW G                                       |                     |             | 10:17                      | _             | _                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 6 ROCH 235/SINK/ UM-F                                    |                                       | DW G                                       |                     |             | 71:01                      |               |                                | -                 |                   |                                |        | ×                         |          |        |             |          |                               | ·                   |                              |                              |
| 7 ROOM 235/LAB STNK/CIN-18                               |                                       | DW G                                       | ·                   |             | 10:19                      | 0             | -                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 8 Thom 235/LAB STNK/CIJ.F                                |                                       | DW G                                       |                     |             | 61:0                       |               | _                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 9 Recom 235/LAB SIMR/HIJ-R                               |                                       | DW G                                       |                     |             | 07:01                      |               | -                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| TO RUCH 235/LAB STAK/HIJ-F                               |                                       | DW G                                       |                     |             | 02:CV                      | -0            | _                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 11 Rain 235/34TH STHK/CM-12                              |                                       | DW G                                       |                     |             | 10:22                      |               |                                | -                 |                   |                                |        | ×                         | ·        |        |             |          |                               |                     |                              |                              |
| Ream 235/BATH SDNIC/CIA-F DW                             | 1017-F                                | M.   |                     |             | V (0:22                    |               |                                | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| ADDITIONAL COMMENTS                                      | RELIN                                 | QUISHI                                     | RELINQUISHED BY / A | AFFILIATION | ON DATE                    | iп            | TIME                           |                   | ACCEI             | PTED E                         | Y/AF   | ACCEPTED BY / AFFILIATION | Z        |        | DATE        | TIME     | JE                            | SAMP                | SAMPLE CONDITIONS            | TIONS                        |
|  | 41                                    | Mu   | 41                  | PINCE       | 1/04/9 1                   | _             | 00:17                          |                   | m                 | 1                              |        |                           |          | 8      | 3/18        | 9:45     | S                             | (i)^                |                              | mf                           |
|  |                                       |  |                     |             | 1                          | •             |                                | -                 |                   |                                |        |                           |          |        |             |          |                               | 14/7                | N/A                          | N/A                          |
|  | 7                                     | •  |                     |             |                            |               |                                |                   |                   |                                |        |                           |          |        |             |          |                               | N/X                 | N/A                          | N/X                          |
|  |                                       |  |                     | ,           |                            |               |                                |                   |                   |                                |        |                           |          |        |             |          |                               | N/X                 |                              | N/A                          |
|  | 1                                     |  |                     | SAMPLE      | SAMPLER NAME AND SIGNATURE | SIGNA         | TURE                           |                   |                   |                                |        |                           |          |        |             |          |                               | O° ni<br>no be      | Sealed                       | s Intact                     |
|  | •                                     |  | - 107               | SIGNATU     | SIGNATURE of SAMPLER:      | - 1           | James Murphy - PACE Analytical | M M               | - PACE            | E Anal                         | ytical | DA                        | E Signed | 3      | DATE Signed |          |                               | Temp<br>vieceiv     | ol<br>————<br>γbotauΩ<br>ooΩ |                              |

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|--|--|--|--------------|---------------------------|--------------------------------|---------------------|-------------------|---|---------|---------------------------|--------------------------------|-----------|--------------|----------|-------------------|--------------------|-------------------|------------------------------|
| Section A                                    | Section B  Descripted Project Information: | oformation                             |              | Section C                 | į                              |                     |                   |   |         |                           |                                |           |              |          |                   | Page: 7            | 5                 |                              |
| Commun. Madian Carida DOCTS                  | Deport To:                                 | i ci i ci i ci i ci i ci i ci i ci i c |              | Invoice information:      |                                |                     |                   |   | Γ       |                           |                                | I         |              |          | -                 |                    |                   |                              |
| Company: Madison Oneida BOCES                | Keport Io:                                 |  |              | Attention:                |                                |                     |                   |   |         |                           |                                | æ         | EGULA        | TORY,    | REGULATORY AGENCY | .⊀                 |                   |                              |
| Address: 4937 Spring Rd                      | Copy To:                                   |  |              | Company Name:             |                                |                     |                   |   |         | L NPDES                   |                                | GROUN     | GROUND WATER | <b>™</b> | DRINKI            | DRINKING WATER     | N.                |                              |
| Verona, NY 13478                             |  |  |              | Address:                  |                                |                     |                   |   |         | L UST                     | L                              | RCRA      |              |          | OTHER             |                    |                   |                              |
| Email To: tvandresa@moboces.org              | Purchase<br>Order No.:                     |  |              | Pace Quote Reference      | ance:                          |                     |                   |   |         |                           | SITE                           |           | L            | GA L     | <b>Z</b>          |                    | MI NC             | ್ಷ                           |
| Phone: 315-361-5750 Fax:                     | me:  | Rosetti Bldg                           |              | Pace Project Manager:     | iger:                          |                     |                   |   |         | )]                        | LOCATION                       | Z         |              | □ но     | □<br>SC           | <b>M</b>           | OTHER NY          | Ν                            |
| Requested 10 days Due Date/TAT:              | Project Number:                            |  |              | Pace Profile #:           |                                |                     |                   |   |         | Filtered (Y/N)            | / / u                          | ///       |              |          |                   |                    |                   |                              |
| Section D MATRIX Recuired Client Information | CODE                                       |  | COLLE        | COLLECTED                 | Т.                             | SS                  | Pre               | Preservatives                                       |         | Requested                 |                                |           |              |          |                   |                    |                   |                              |
|  | 물울활호욕약홍6P<br>AMATRIX CODE                  | SERVE C=CON                            | COMPOSITE    | COMPOSITE                 | I<br>AMPLE TEMPA<br>COLLECTION | Served OF CONTAINER | ļ                 | *0  | loni    | Ant                       |                                |           |              |          |                   | MX) BUJOULUB (VIN) | _                 |                              |
| TEN  | so.  | DATE                                   | TIME         | DATE TIME                 | 7                              |                     | OS <sup>2</sup> H | N <sup>gS</sup> 2 <sup>S</sup><br>N <sup>G</sup> OH | Meths   |                           |                                |           |              |          |                   | Subleas            |                   | Pace Project No.<br>Lab I.D. |
| ROCH 235/BATH SINK/ HIM-R                    | HLI-R DW                                   | 9                                      |              |                           | w                              | 1                   | -                 | )<br> <br>  |         | ×                         |                                |           |              |          |                   | 9/                 | 608 532           | 32                           |
| 2 Reem 235/BATH SINK HIM-F                   | HIM-F DW                                   | 9                                      |              | /2:0/                     | 4                              |                     | 1                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| 3 Rem 244/12581LIASHER-R                     | MC X-X                                     | 9                                      |              | Æ: <i>0</i> /             |                                |                     | -                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| A REOM 244/DISHIJASHER. F                    | R.F DW                                     | 9                                      |              | £2:0/                     | . W                            | -                   | -                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| 5 Room 246/KITENEN O ISALMASHER              | MS SEE DW                                  | ပ                                      |              | 18701                     | 7                              | -                   | -                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| G ROM 246/KITCHEN TISHWASHE                  | HULSTE DW                                  | 9                                      |              | dh:0/                     | -6                             | 1                   | 1                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| 7  | MQ   | 9                                      |              |                           |                                | -                   | -                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| 8  | MO   | 9                                      |              | À                         |                                | 1                   | 1                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| 6  | WD   | 9                                      |              |                           |                                | _                   | -                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| 10   | DW   | 9                                      |              |                           |                                |                     | -                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| 1-   | MQ   | 9                                      |              |                           |                                | -                   | -                 |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| 12   | DW   | 9                                      |              |                           |                                | -                   |                   |   |         | ×                         |                                |           |              |          |                   |                    |                   |                              |
| ADDITIONAL COMMENTS                          | RELINQUISHED BY / AI                       | SHED BY                                | /AFFILIATION |                           | 핃                              | TIME                |                   | ACCEP"  | TED BY  | ACCEPTED BY / AFFILIATION | NC                             |           | DATE         | AIL      | TIME              | SAMPI              | SAMPLE CONDITIONS | TIONS                        |
|  | 1111/2                                     | yu                                     | 37W/         | 18/8                      | .2                             | 17:00               | ۵                 | M   |         |                           |                                | $\propto$ | 31/18        | 9 17 S   | <br>ጊ»            | Ŋ^<br>_            | N/(               | νØ                           |
|  |  |  |              |                           |                                |                     | `                 |   |         |                           |                                |           |              |          |                   | N/A                | ) <sub>NY</sub>   | N/A                          |
|  | 2  | •                                      |              |                           |                                |                     |                   |   |         |                           |                                |           |              |          |                   | N/A                | N/A               | N/A                          |
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| •  | 7  |  | SAMPL        | AMPLER NAME AND SIGNATURE | SIGNA                          | TURE                |                   |   |         |                           |                                |           |              |          |                   |                    | esled             | Intact                       |
| 11/3 EM1 / CA                                | _  |  | PRINT        | RINT Name of SAMPLER:     |                                | ames ∿              | lurphy            | James Murphy - PACE Analytical                      | Analyti | al                        |                                |           |              |          |                   | mp ir              | lce<br>ody S      | səldı                        |
|  | •  |  | SIGNA        | SIGNATURE of SAMPLER:     |                                | 1                   | mul               | 7   |         |                           | DATE Signed<br>(MM / DD / YY): |           | 21722/18     | u        |                   |                    | 1suO              | neS                          |

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CHAIN-OF-CUSTODY / Analytical Request Document

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|---|---------------------------------------|---|--------------------------------|---------------------------|----------------------|--|
| Section A   | Section B                             | Section C   |                                |                           |                      | Page: 🗘 of   |
| Required Client Information:  | Required Project Information:         | Invoice Information:                                |                                |                           | -                    |  |
| Company: Madison Oneida BOCES   | Report To:                            | Attention:  |                                |                           | REGULATORY AGENCY    | NCY  |
| Address: 4937 Spring Rd   | Copy To:                              | Company Name:                                       |                                | ☐ NPDES ☐ G               | GROUND WATER 🔽 DRIN  | DRINKING WATER   |
| Verona, NY 13478  |                                       | Address:  |                                | L UST L RCRA              | ска 🗀 отнек          | ir.  |
| Email To:<br>tvandresa@moboces.org  | Purchase<br>Order No.:                | Pace Quote Reference:                               |                                | SITE                      | GA L                 | L IN MI L NC   |
| Phone: 315-361-5750 Fax:  | Project Name: Rosetti Bldg            | Pace Project Manager:                               |                                | LOCATION                  | OH L                 | □ WI □ OTHER NY  |
| Requested 10 days  Due Date/TAT:  | Project Number:                       | Pace Profile #:                                     |                                | Filtered (Y/N)            |                      | //////   |
| Section D Valid Matrix Codes Required Client Information  | GODE                                  | COLLECTED   | 9 Preservatives                | Requested ///             |                      |  |
| SAMPLE ID SUSCEPTION OF THE PRODUCT | ### ################################# | COMPOSITE FEMD A ENDIGRAB COLLECTION CAMPLE TEMPONE | 2 SO3                          | Ans.                      |                      | (NIX) etholito les   |
|   | :                                     | DATE TIME   |                                | SZBN                      |                      | Pace Project No.   |
| 1 ROM 301/40SE RIB/C1J-18   | CIJ-R DW G                            | 16:4 12/8   |                                | ×                         |                      | 755809/  |
| BOOM 301/HOSE BIB/CIJ-F   | D MO                                  | 1:32  | -                              | ×                         |                      | 0158091  |
| 8 Ruch 301/405E BIB/HIJ-R   | HL-R DW G                             | 7:32  | _                              | ×                         |                      |  |
| ROOM 301/HOSE RIB/HLI-F   | HLIF DW G                             | 7:33  |                                | ×                         |                      |  |
| S ROOM 30L/OLD ICE MACHIENE   | HINE DW G                             | <b>t</b> &:1  | 1                              | ×                         |                      | 1-30-  |
| ROOF/HOSE BIB #1/CIJ-R  | 11-R DW G                             | £ <i>h:1</i>  | 1                              | ×                         |                      |  |
| ROF/HOSE BIB #1/011.F   | NJ-F DW G                             | Eh:L  | 1                              | ×                         |                      |  |
| ROOF/HOSE BIR #1/HIJ-R  | IL-R DW G                             | 46.2  |                                | ×                         |                      |  |
| ORCUF/HOSE BIB#1/HIM.F  | Md-F DW G                             | 7:44  | -                              | ×                         |                      |  |
| 10 ROOF/HOSE BIB#2/CLJ.R  | LIT DW G                              | ζψ:L  | -                              | ×                         |                      |  |
| MOOF/HOSE BUR#2/CIJ-F   | L-F DW G                              | 12:42   | -                              | ×                         |                      |  |
| 2 ROOF/HOSE BIB#2/HIJ-R   | ILI-R DW G                            | 87:CV   | <b>-</b>                       | ×                         |                      |  |
| ADDITIONAL COMMENTS   | ELINQUISHED BY / AF                   | FILIATION DATE                                      | TIME ACCEPTED                  | ACCEPTED BY / AFFILIATION | DATE TIME            | SAMPLE CONDITIONS  |
|   | AMMAN PACE                            | 21/05/8   | 17:00 MM                       |                           | S/31/16 0:4E         | 1000 B   |
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| 71 1743 7500  |                                       | J<br>SIGNATURE of SAMPLER:                          | James Murphy - PACE Analytical |                           | DATE Signed 677 111C | Pieceir<br>Id<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pieceir<br>Pie |

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| www.pacelabs.com                        |                               |                               |                      |            |  |                               |        |                                |   |  |                                |              |                   | -              |                         |                              | Г             |
|   | Section B                     |                               |                      | Š          | Section C  |                               |        |                                |   |  |                                |              |                   | Page:          | <b>2</b> of             | _                            |               |
|   | Required Project Information: | ject Infor                    | mation:              | Ī          | Invoice Information:   |                               |        |                                |   |  |                                |              |                   |                |                         |                              | _             |
| Company: Madison Oneida BOCES           | Report To:                    |                               |                      | ¥          | Attention:   |                               |        |                                |   |  |                                | REGUL/       | REGULATORY AGENCY | ENCY           |                         |                              |               |
| Address: 4937 Spring Rd                 | Copy To:                      |                               |                      | රි         | Company Name:  |                               | i      |                                |   | C NPDES  | ☐ GRC                          | GROUND WATER | IΣ                | DRINKING WATER | NTER                    |                              |               |
| Verona, NY 13478                        |                               |                               |                      | Ac         | Address:   |                               |        |                                |   | □ UST  | RCRA                           | ¥            | П отнек           | H.             | 1                       |                              |               |
|   | Purchase<br>Order No          |                               |                      | Pa         | Pace Quote Reference   | Q.                            |        |                                |   | S  | SITE                           |              | GA L              | Z<br>L         | M                       | NC                           | Т             |
| Phone: 315-361-5750 Fax:                | Project Name                  | 1                             | Rosetti Bldg         | Pa         | Pace Project Manager:  | ن                             |        |                                |   | 707  | LOCATION                       |              | он П вс           | M              | □ other                 | N<br>N                       |               |
| Requested 10 days                       | Project Number.               | ١                             |                      | Pa         | Pace Profile #:  |                               |        |                                |   | Filtered (Y/N)   | ////                           |              |                   |                | //                      |                              | 1             |
| D Valid Matrix Codes MATRIX Information | SODE                          |                               |                      | COLLECTED  |  |                               |        | Preservatives                  | Se  | Requested  |                                |              |                   |                |                         |                              |               |
|   |                               | ∃dYT                          |                      |            |  | NOIT                          |        |                                |   | Ane  |                                |              |                   |                | N.                      |                              |               |
| SAMPLE ID FROMET (A-Z, 0-9 / -) were    | 교육 S P P                      | MATRIX C<br>SAMPLE<br>O BARD= | COMPOSITE            | SITE       | COMPOSITE END/GRAB   | AMPLE TE<br>COLLEC<br>OF CONT | реллез |                                | lor   | Qd .   |                                |              |                   |                | (V) enhorine            |                              |               |
|   |                               |                               | DATE                 | TIME       | DATE TIME  |                               | ⁵OS²H  | NªOH<br>HCI<br>HNO³            | Va <sub>2</sub> S <sub>2</sub> C<br>Methar<br>Va2SC |  |                                |              |                   | lenpise)       |                         | Pace Project No.<br>Lab I.D. | <u> </u>      |
| ROF/HOSE BIB#2/ HLI-F                   |                               | DW                            |                      |            |  | -                             |        | <del> </del>                   |   | ×  |                                |              |                   |                | 809                     | 532                          | T. N          |
|   |                               | DW                            |                      |            | 1:56   | -                             |        | -                              |   | ×  |                                |              |                   |                |                         |                              | I             |
|   | 1.                            |                               |                      | ·          | 1:57   | -                             |        |                                |   | ×  |                                |              |                   |                |                         |                              | Ι             |
| 703 <u>5</u>                            | _                             |                               |                      |            | 7:57   | -                             |        |                                |   | ×  |                                |              |                   |                |                         |                              |               |
| 5 ROOM 308/HOSE BIB/HILL-F              |                               | DM G                          |                      |            | 85:L   | -                             |        | 1                              |   | ×  |                                |              |                   |                |                         |                              |               |
|   |                               | DW G                          |                      |            | \$:œ   | -                             |        | -                              |   | ×  |                                |              |                   |                |                         |                              | П             |
| 7 Ray 30B/Coffee MAKER. F               |                               | DW G                          |                      |            | en:8   | -                             |        |                                |   | ×  |                                |              |                   |                |                         |                              | 1             |
| 8 Joen 309/HOSEBIB/CIJ-R                |                               | DW G                          |                      |            | 1805   |                               |        | 1                              |   | ×  |                                |              |                   |                |                         | -                            |               |
| Room 309/Hose Bos,                      |                               | DW G                          |                      |            | १००५   | -                             |        |                                |   | ×  |                                |              |                   |                |                         |                              | - 1           |
|   | /H13-R                        | DW G                          |                      |            | 908  | -                             |        | _                              |   | ×  |                                |              |                   |                |                         |                              |               |
| 11 Room 304/HOSE BIB/HU-F               |                               | DW G                          |                      |            | وما  | -                             |        |                                |   | ×  |                                |              |                   |                |                         |                              | T             |
| 12                                      |                               | DW G                          |                      |            |  | -                             |        | 1                              |   | ×  |                                |              |                   |                |                         |                              |               |
| ADDITIONAL COMMENTS                     | RELIN                         | IQUISHI                       | RELINQUISHED BY / AF | FILIATION  | ON DATE  | ,                             | TIME   | ACCE                           | PTED BY   | ACCEPTED BY / AFFILIATION  |                                | DATE         | TIME              | SAN            | SAMPLE CONDITIONS       | SNOITIONS                    |               |
|   | 11/11                         | his                           | 1 42                 | 374/       | 21/25/16   | 12                            | 3:     |                                | 6   |  | ?                              | 91/12/8      | 9:48              | 1              | N<br>N                  | <u>%</u>                     |               |
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|   |                               |                               |                      |            |  |                               |        |                                |   |  |                                |              |                   |                | N/Y                     | N/A                          |               |
|   |                               |                               |                      |            |  |                               |        |                                |   |  |                                |              |                   |                | N/A<br>N/A              | N/A                          |               |
|   |                               |                               | S                    | AMPLER     | SAMPLER NAME AND SIGNATURE   | IGNATUR                       | 111    |                                |   |  |                                |              |                   |                |                         | er<br>Intact                 | l             |
|   |                               |                               | <u>-</u> l           | RINT Na    | ne of SAMPLE   | R:<br>Jame                    | s Murp | James Murphy - PACE Analytical | E Analyt  |  |                                |              |                   | ıi dme         | sceive<br>lce<br>tody S | Coole                        |               |
| 771 1743 1500                           | ø                             |                               | <u>os</u>            | IGNATU     | SIGNATURE of SAMPLER:  | 4                             | 40     | Mark                           | ٦   | DAT<br>(MM   | DATE Signed<br>(MM / DD / YY): | K/27/1/L     | 7/                |                |                         |                              |               |

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Pace Project No. Lab I.D. 78S80J Samples Intact N/A N/A SAMPLE CONDITIONS OTHER NY MI NC ₽ N/A N/Z Custody Sealed (M) GROUND WATER V DRINKING WATER N/A N/A N/A Received on Page: □ SC □ L L REGULATORY AGENCY OTHER 8/31/16 9:45 TIME Ю g DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION NPDES Filtered (Y/N) Requested L UST 4OSZ61 Nethanol 182S2O3 HOP IOI EONH POS<sup>2</sup>H TIME Unpreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS 5/2/16 DATE ace Quote Reference: 8:30 Pace Project Manager: Invoice Information: 8:24 52:8 8:22 8:17 8:72 8:16 8:13 513 4:16 8:2 Company Name: DATE | TIME 11:8 24/2 COMPOSITE END/GRAB Pace Profile #: Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION PACE TIME COMPOSITE DATE Rosetti Bldg Required Project Information: 3=GRAB C=COMP DW G O G ტ G G ტ **34YT 3J4MA8** M M DW M DW M DΜ ΜQ MO MO MO MATRIX CODE Project Name: Project Number Section B 11 Room 311 /HOSE BIR 1/621·R Report To: Room 310/SLOP SEHK/ HILF Purchase Order No.: Room 310/5101 5DNK/CLI-F ROCM 310/5LOP SINK/HLI-R Copy To: ROCH 310/SLOP SEHIC/CH-R Room 310/HOSE BIB/HIJ-F icon 310/HOSE 1518/HIJ·R 2004310/HOSE BIB/CIJ-F POSE BEB/CIT & Zoca 310 / DISHUASHEZ-R 10 ROOM SIG / DISHUASHER-F Ren 311/ HOSE BIB 1/F Valid Matrix Code MATRIX DRINKING WATER
WATER
WASTE WATER
PRODUCT
SOIJSCLID WITE WITE CONIQUE OF MER Sample IDs MUST BE UNIQUE ADDITIONAL COMMENTS tvandresa@moboces.org Company: Madison Oneida BOCES SAMPLE ID 10 days Required Client Information: 315-361-5750 Required Client Information Address: 4937 Spring Rd erona, NY 13478 Section D Requested Due Date/TAT: Email To: hone: 12 6 # MaT

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DATE Signed (MM / DD / YY):

James Murphy - PACE Analytical

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Pace Project No. Lab I.D. 08233 WN N/X N/X N/A samples intact SAMPLE CONDITIONS C OH C SC WI C OTHER NY I IN I WI INC jo Ż N/A N/A Custody Sealed GROUND WATER F DRINKING WATER N/A N/A Geceived on Page: J° ni qmeT REGULATORY AGENCY OTHER TIME 8/31/18 0:48 ☐ GA DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES ∏ UST Requested \$2804 vethanol 18<sup>5</sup>8<sup>5</sup>0<sup>3</sup> HOBI IOH ONH POSZ-17:00 TIME nubreserved SAMPLER NAME AND SIGNATURE # OF CONTAINERS £/30/1C Pace Quote Reference: DATE Pace Project Manager: Invoice Information: B718:22 8:32 8:52 8:33 8:33 8:35 8:35 8:44 8:37 8:38 8:40 8:51 Company Name: DATE TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION Lombay PACE TIME COMPOSITE START DATE Required Project Information: Rosetti Bldg SAMPLE TYPE GRAB C=COMP ტ O G G G Ŋ Ö G G G DW ΜO Μ Š M M M M MΩ M M MATRIX CODE Project Name: Project Number Section B Report To: Purchase Order No.: 12 Room 311/592ANER 1/CLI-F Copy To: ROM 311 /HOSE BIB 4A /F Rech 311/HOSE 1818/F Recm 311/HOSE 1325 418/R 11 Ruch 311/SPRANEZ 1/ CIJAR 10 Acom 113/DISHLIASHER. F Rum 311 / HUSE PAIB 4A/R ROUIS/TOISHWASHER-R ROOM 311/HOSE BIR 3/F K Rem 311/HOSE RIB 2/F ROUM 311/HUSE 1918 3/K ROOM 311/HUSE BIB 2/ Valid Matrix Code DRINKING WATER WATER WASTE WATER PRODUCT SOILSOLID (A-Z, 0-9 / ;-) wife wife Sample IDs MUST BE UNIQUE ones ADDITIONAL COMMENTS Company: Madison Oneida BOCES tvandresa@moboces.org SAMPLE ID 10 days Required Client Information: 315-361-5750 Address: 4937 Spring Rd /erona, NY 13478 Section D Oue Date/TAT: Section A Email To: Phone: # MJT

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|   | Section B                           |                |                 |               | Section C                  |                              |              |                   |              |                                |               |           |  |                 |       |              |      |                   | Page:  | S                       | of                           | ٦                |
|   | Required Project Information:       | ject In        | formation:      |               | Invoice Information:       | mation:                      |              |                   |              |                                |               |           |  |                 |       | i            |      | _                 |        |                         |                              |                  |
| Company: Madison Oneida BOCES   | Report To:                          |                |                 |               | Attention:                 |                              |              |                   |              |                                |               |           |  |                 | æ     | EGUL/        | \TOR | REGULATORY AGENCY | ICY    |                         |                              |                  |
| Address: 4937 Spring Rd   | Copy To:                            |                |                 |               | Company Name:              | ame:                         |              |                   |              |                                |               | Ē         | □ NPDES  |                 | GROUN | GROUND WATER |      | P DRINKING WATER  | KING W | ATER                    |                              |                  |
| Verona, NY 13478  |                                     |                |                 |               | Address:                   |                              |              |                   |              |                                | Γ             |           | ∏ UST  | L               | RCRA  |              | L    | OTHER.            |        | 1                       |                              |                  |
| Email To: tvandresa@moboces.org   | Purchase<br>Order No.:              |                |                 |               | Pace Quote Reference:      | deference:                   |              |                   |              |                                | <u> </u>      |           | S  | SITE            |       | L            | GA   |                   | Z<br>L | IM L                    | NC<br>L                      |                  |
|   | Project Name:                       | 1              | Rosetti Bldg    |               | Pace Project Manager:      | Manager:                     |              |                   |              |                                |               |           | 07   | LOCATION        | 7     |              | HO   | □ sc □ w          |        | 🛭 отнек                 | R                            | 1                |
| Requested 10 days I   | Project Number:                     | l <sub>e</sub> |                 |               | Pace Profile #:            | #                            |              |                   |              |                                | Γ             | Filtere   | Filtered (Y/N)   | //              | ///   |              |      |                   |        |                         |                              |                  |
| D Walid Matrix Codes MATRIX   | щ                                   |                |                 | COLL          | COLLECTED                  |                              | SA           |                   | Prese        | Preservatives                  |               | Requested | sted   |                 |       |              |      |                   |        |                         |                              |                  |
| SAMPLE ID  SAMPLE ID  SAMPLE ID  SCHOOL  (A-Z, 0-9, r.)  Sample IDs MUST BE UNIQUE offers | DW<br>WW<br>P P P WW<br>AR AR AR AR | SAMPLE TYPE    | NOO=O BARD=6    | COMPOSITE     | COMPOSITE<br>END/GRAB      | M W MANAGE TEMP A COLLECTION | OF CONTAINER | peviese           | 1            | <sup>5</sup> O <sup>3</sup>    |               | Ane       | The state of the s |                 |       |              |      |                   |        | SI Chlorine (Y/V)       |                              |                  |
| TISSUE  | 2                                   |                | DATE            | TIME          | $\vdash$                   | TIME                         |              | OS <sub>S</sub> H | HCI<br>HNO³  | HOBN<br>S <sub>2</sub> BN      | Meths<br>Na2S | <u> </u>  | /  |                 |       | //           | ///  | ///               | ubises |                         | Pace Project No.<br>Lab I.D. | ot No.<br>b I.D. |
| ROCH 311/SPANEZ 1/1111-R  |                                     | MO             | ى<br>ق          |               | 8 12/8                     | 8:52                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        | 091                     | 7E S80 9                     | 3                |
|   |                                     | <u> </u>       | 9               |               | -00                        | 8:53                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
|   | CH - K                              | MO             | ڻ<br>ق          |               | - %                        | 8:54                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| ROOM 311/592AYEZ E/   | 24-F                                |                | 9               |               | - %                        | 8:57                         |              |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| 5 Room 311/Spanea 2/ HI   | HLJ-R                               | DW             | 9               |               | 8                          | 8:sr                         | 1            |                   | <del>-</del> |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| 1   | HL-F                                | )<br> MO       | 9               |               | &                          | 8:54                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| Rum 402-2/510P 5144/614-18  | _                                   | ΔO             | ŋ               |               | ď                          | 4:00                         | -            |                   |              |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| 8 Recn 402-2/510? 52NK/C14-F  |                                     | MO             | 9               |               | Ą                          | 4:60                         |              |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| 3 Ron 412-2/52.0P 5234/HU-R   | /my-R                               | DW             | Ð               |               | *                          | 4:00                         | -            |                   |              |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| 10 Ruen 41/2-2/51 CP SINK/HILF  | /HI14                               | DM             | ŋ               |               | <b>&amp;</b>               | 10:5                         |              |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| 1 Room 217/ HOSE BIB - R  |                                     | DW             | ŋ               |               |                            | 4:04                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| 12 ROOM 217/ HOSE BIB-  | F                                   | DW             | G               |               | 1 1/9                      | 9:05                         | -            |                   | -            |                                |               | ×         |  |                 |       |              |      |                   |        |                         |                              |                  |
| ADDITIONAL COMMENTS   | RELIN                               | auis           | RELINQUISHED BY | / AFFILIATION |                            | DATE                         | TIME         | Щ                 | A            | ACCEPTED BY / AFFILIATION      | ED BY         | / AFFI    | LIATIO   | 7               |       | DATE         |      | TIME              | SA     | APLE CO                 | SAMPLE CONDITIONS            | Ø                |
|   | W                                   | W              | y               | PACE          |                            | 5/20/h                       | 17:00        | 3                 | 14           |                                | \             |           |  |                 | 8     | 1/12         | 0    | dite.             |        | OV.                     |                              | NA               |
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|   | -                                   |                |                 | SAMPI         | SAMPLER NAME AND SIGNATURE | AND SIGN                     | ATURE        |                   |              |                                |               |           |  |                 |       |              |      |                   | ე. u   |                         | -er                          | 13183CI          |
|   |                                     |                |                 |               | SIGNATI IRE of SAMPLER:    | MPI FR                       | James        | Mur               | - hy         | James Murphy - PACE Analytical | Analyti       | g         | TAG  | Signed          |       |              |      |                   | i qməT | eceive<br>est<br>expods | 000                          | səldur           |
|   |                                     |                |                 | <u>.</u>      | 5 1 5 1                    | , I                          | 11           | 11.11             |              | 4                              |               |           | , W  | (MM / DD / YY): |       | 11/2/18      | 1    |                   | L      |                         |                              | 80               |

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| Section A  | Section B                               |                               | Section C                              | U                     |              |               |                                    |   |              |                   | Page:                     | ٥                 |           |
| Required Client Information:                       | Required Proj                           | Required Project Information: | Invoice Information:                   | ormation:             |              |               |                                    |   |              | <u> </u>          |                           | I                 |           |
| Company: Madison Oneida BOCES                      | Report To:                              |                               | Attention:                             |                       |              |               |                                    |   | REGUL        | REGULATORY AGENCY | ICY                       |                   |           |
| Address: 4937 Spring Rd                            | Copy To:                                |                               | Company Name:                          | Name:                 |              |               |                                    | NPDES [   | GROUND WATER |                   | DRINKING WATER            | ~                 |           |
| Verona, NY 13478                                   |   |                               | Address:                               |                       |              |               |                                    | UST L   | RCRA         | C OTHER           |                           |                   |           |
| Email To: tvandresa@mohoces ord                    | Purchase<br>Order No.:                  |                               | Pace Quote                             | Pace Quote Reference: |              |               |                                    | SITE  | Li           | GA L              | Z                         | MI                |           |
| Phone: 315-361-5750 Fax:                           | Project Name:                           | Rosetti Bldg                  | Pace Project Manager.                  | ot Manager:           |              |               |                                    | LOCATION  | loveri.      | он П вс           | L M                       | OTHER NY          |           |
| Requested 10 days                                  | Project Number:                         |                               | Pace Profile #                         | e#:                   |              |               |                                    | Filtered (Y/N)  |              |                   |                           |                   |           |
| Valid Matrix Codes MATRIX MATRIX                   | CODE                                    | ЧW                            | COLLECTED                              |                       | SA           | Preservatives | tives                              | Requested ///   |              |                   |                           |                   |           |
| DRINKONG WATER WATER WASTE WATER PRODUCT SOX/SOLID | ilX CODE                                | C=COM                         | SITE                                   | ECTION                | IBNIATN      |               |                                    | Ans   |              |                   |                           |                   |           |
| ON. WIPE AME AME AME AME AME AME AME AME AME AM    |   | PAMP=D                        | END/GE                                 | SAMPLE                | # OF CO      | 60            | S <sub>2</sub> O <sub>3</sub>      | Jay Jay Jay Jay Jay Jay Jay Jay Jay Jay   |              |                   | enhohho                   |                   | oject No. |
| 2001   | 1                                       | DATE                          | TIME DATE                              | TIME                  |              | нс            | SBN<br>19M                         |   |              |                   | Nee's                     | è                 | Labl.D.   |
| Kcon 214/1105E RIB/                                |   |                               | 9 7 7 7                                | 4:07                  | -            | -             |                                    | ×   |              |                   | *\<br>-                   | 100%              | 5.32      |
| 100  |   | DW G                          |  | 30:6                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
|  | _                                       | DW G                          |  | 4:1/                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 4 Room 220 A/LAB STAK/CLIF                         |   | DW G                          | ************************************** | 4:1/                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 5 Tech 220 A/LAB SINK/HU-R                         |   | DW G                          | -                                      | 4:14                  | -            |               |                                    | ×   |              |                   |                           |                   |           |
| · FOR 220A/LARSTHK/                                | HLT DW                                  | <u>ه</u>                      |  | 4:14                  | <b>~</b>     | <b>—</b>      |                                    | ×   |              |                   |                           |                   |           |
| 7 ROM 223 / BIRD BATH-R.                           |   | DW G                          |  | 6:15                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 8 Key 223 / BERD BATH-F                            | ا الله الله الله الله الله الله الله ال | DW G                          | 2                                      | 45 h                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 9 Tour 227/KITONEN 1/05:                           | ASHLASHICA<br>R DW                      | _<br>ტ<br><b>∀</b> ≷          | 5                                      | 9:2                   | τ-           | -             |                                    | ×   |              |                   |                           |                   |           |
| 10 Ren 227 Kerenen 1/25                            | WE REDWG                                | ں<br>سے ج                     | •                                      | 4:25                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 12 12con 227/KITCHEN 2/P                           | SACAS<br>No.                            | 9<br>8                        | -                                      | 9:30                  | -            | -             |                                    | ×   |              |                   |                           |                   |           |
| 12 Room 227/ KSTEWENZ/05                           | PSESHENGENEON BOW G                     | 0<br>W                        | \$                                     | 9:34                  | <u></u>      | -             |                                    | ×   |              |                   |                           |                   |           |
| ADDITIONAL COMMENTS                                | RELING                                  | RELINQUISHED BY / AF          | FFILIATION                             | DATE                  | TIME         | ACC           | EPTED BY                           | ACCEPTED BY / AFFILIATION   | DATE         | TIME              | SAMPL                     | SAMPLE CONDITIONS | SN        |
|  | 7                                       | my                            | PNCE 1                                 | E/5u/hc               | 17:00        |               | M                                  |   | 3/12/18      | 24:0              | () <sub>/</sub> ^         | Ø                 | NE        |
|  |   | 0                             |  |                       |              | 4             |                                    |   | 3            |                   | N/A                       | N/A               | N/A       |
|  |   |                               |  |                       |              |               |                                    |   |              |                   | N/A                       | N/A               | N/A       |
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|  |   | <u>.   (</u>                  | SIGNATURE of SAMPLER:                  | AMPLER:               | James Mu     | irphy - PA(   | James Murphy - PACE Analytical     |   | 1976         |                   | i qməT<br>viəcəivi<br>icə |                   | ımbles    |
|  |   |                               | !                                      | :                     | 1            | 12.6          | ١                                  | (MM / DD / YY):   | 2/12/16      | "                 |                           | no<br>Cn          | es<br>-   |

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Pace Project No. Lab I.D. 228809 N/A N/A N/A SAMPLE CONDITIONS □ SC □ WI □ OTHER NY GA [ IL [ IN [ MI [ NC Page: 7 of N/A N/A Custody Sealer ☐ GROUND WATER ☑ DRINKING WATER N/A N/A N/A REGULATORY AGENCY OTHER 131/18/9:45 TIME HO DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES □ UST Requested 492SO4 Methanol Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> ЮН <sup>€</sup>ONH 77:6 TIME SAMPLER NAME AND SIGNATURE # OF CONTAINERS 1/2/1/ DATE Pace Quote Reference: ace Project Manager: Invoice Information: 9:45 4:50 4:50 4:52 4:56 15:6 4:57 4:52 6:49 4:47 Str 9:40 9:51 Company Name: DATE TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION PAG TIME COMPOSITE START DATE Required Project Information: Rosetti Bldg 3=GRAB C=COMP DW G Ō ഗ ტ G G G G ტ G SAMPLE TYPE M Μ Š ě ě M M M ΜΩ M M MATRIX CODE roject Name: Project Number: Section B Reen 227/KITCHEN 3/DISHLASHER-R Report To: Com 227/KITCHEHS/053HLASHER: F Ren 223/KITCHEN4/DESHUMSNER-F 12 Karm 230/0FFICE STUR/ HIJ-F Purchase Order No.: Copy To: RWM277/KTTCHENY/DISHLUSHER-R ROOM 229 A /SLOP STHIC/ HILL-F 16xm 730/0FFICE SINK/ELL-R REM 230/OFFICE SINK/ HLI-R Ruen 230/OFFICE SINK/CLJ.F ROW 229A/SLOP STHK/HIL-R Rem 224/5207 STHK/EM-F 120cm 229A/510P 5INK/C11-R Valid Matrix Codes MATRIX SAMPLE ID

(A-Z, 0-9 / .-)

Sample IDs MUST BE UNIQUE ones ADDITIONAL COMMENTS Company: Madison Oneida BOCES tvandresa@moboces.org 10 days Required Client Information: 315-361-5750 Section D
Required Client Information Address: 4937 Spring Rd /erona, NY 13478 Due Date/TAT: Section A Email To: Phone: 10 11 4 9 8 5 # M3T

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DATE Signed (MM / DD / YY): **5/22/1** 

James Murphy - PACE Analytical

PRINT Name of SAMPLER:

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|---|--|-------------|-------------------|---------------|-----------------------|------------------------------|---------------|-----------------|-------|--------------------------------|----------------|-----------|----------------|-----------------------------|-------|--------------|----------|-------------------|---------------------|-------------|-------------------|
|   | Section B  |             |                   |               | Section C             | ၁                            |               |                 |       |                                |                |           |                |                             |       |              |          |                   | Page:               | SC<br>SC    |                   |
|   | Required Project Information:                                  | ject In     | iformation:       |               | Invoice I             | Invoice Information:         |               |                 |       |                                | ſ              |           |                |                             |       |              |          | _                 |                     |             |                   |
| Company: Madison Oneida BOCES   | Report To:   |             |                   |               | Attention:            | :i                           |               |                 |       |                                | -              |           |                |                             | R     | :GULA:       | TORY,    | REGULATORY AGENCY | Ж                   |             |                   |
| Address: 4937 Spring Rd   | Copy To:   |             |                   |               | Company Name:         | y Name:                      |               |                 |       |                                |                |           | ☐ NPDES        | L                           | SROUN | GROUND WATER | <u> </u> | DRINKI            | DRINKING WATER      | ËR          |                   |
| Verona, NY 13478  |  |             |                   |               | Address               | ió                           |               |                 |       |                                | T              | L UST     | JST            |                             | RCRA  |              | Ū        | OTHER             |                     | 1           |                   |
| Email To: tvandresa@moboces.org   | Purchase<br>Order No.:   |             |                   |               | Pace Quo              | Pace Quote Reference:        |               |                 |       |                                | <u> </u>       |           | S              | SITE                        |       |              | GA [     |                   | ł                   | IW L        | NC NC             |
|   | Project Name:  |             | Rosetti Bldg      |               | Pace Proj             | Pace Project Manager:        |               |                 |       |                                | T              |           | TOC            | LOCATION                    |       | L            | НО       | sc □ w            | M                   | OTHER NY    | Σ                 |
| Requested 10 days   | Project Number:  | ١           |                   |               | Pace Profile #:       | file #:                      |               |                 |       |                                | <u> </u>       | Filtere   | Filtered (Y/N) | ///                         |       |              |          |                   |                     |             |                   |
| D Valid Matrix Codes MATRIX ilent Information   | ш  |             |                   | COLL          | COLLECTED             | Τ.                           |               |                 | Prese | Preservatives                  |                | Requested | sted           |                             |       |              |          |                   |                     |             |                   |
| WATER | DW/<br>WYF<br>P W/<br>VW P C C C C C C C C C C C C C C C C C C | MATRIX CODE | G=GRAB C=COI      | COMPOSITE     | COMPOSITE<br>END/GRAB | SSTE<br>SAB<br>SAMPLE TEMP A | # OF CONTAINE | SO <sub>4</sub> |       | 60 <u>г</u> 8;                 | lonshi<br>4089 | Ane       | Par            |                             |       |              |          |                   | iduai Chlorine (NY) | _           | Pace Project No.  |
|   |  | _           | DATE              | TIME          | DATE                  | TIME                         |               | -               | HUG   | _                              |                | 1         | 1              |                             | 1     |              | *        | #                 | Sel.                | ١ ١         | Lab L             |
| Racm 282/SINIK/CUI-R  |  | MO          | <sub>0</sub>      |               | 220                   | <b>39:00</b>                 | +             |                 | +     |                                |                | ×         |                |                             |       |              |          |                   |                     | 09          | 608332            |
| 2 Roun 232/ SINK ( Chi - F  |  | MO          | ŋ                 |               | _                     | 10:00                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 3 TCOM 232/ SINK/ HW.R  |  | ΔM          | ŋ                 |               |                       | 10:01                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 4 Reen 232/ SEHK/HIJ-F  |  | DW          | g                 |               |                       | 10:01                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 5 Room 232/57PAYER/CIJ·R  |  | ΔO          | ŋ                 |               |                       | 10:02                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 6 Room 232/57,2A1EE/ CIJ.F  |  | DW          | 9                 |               |                       | 20:01                        | -             |                 | _     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 7 ROOM 232/5PRAMER/ HIJ-R   |  | DW          | g                 |               |                       | (0:03                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 8 Roem 232/52PANER/ HIJ.F   |  | ΔO          | ŋ                 |               |                       | 10:04                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 9 Koom 231A / HOSE BIB - R  |  | DW          | g                 |               |                       | (O:O)                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 10 Keen 231A / 11056 BIB. F   |  | DW          | ŋ                 |               |                       | 70:07                        | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 11 Rech 231 B / HUSE 1353 - R   |  | DW          | Ŋ                 |               |                       | 80:0                         | -             |                 | -     |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| 12 Rem 2313/405E BSR-   | ٠ ٦٠   | DW          | 9                 |               | <b>*</b>              | 60:01                        | -             |                 |       |                                |                | ×         |                |                             |       |              |          |                   |                     |             |                   |
| ADDITIONAL COMMENTS   | RELIN  | IOUIS       | RELINQUISHED BY / | / AFFILIATION | VOITY                 | DATE                         | TIME          | H               | ٧     | ACCEPTED BY / AFFILIATION      | ED BY          | / AFFII   | IATION         | _                           | _     | DATE         | AIT.     | TIME              | SAMI                | LE CON      | SAMPLE CONDITIONS |
|   | 111  | 12          | hu                | 1740          |                       | 5/2/10                       | 17:00         | 3               |       | 7/1                            | 1              |           |                |                             | 000   | 8/31/16      | 3.6      | 9,45              | U                   | W.          | W.                |
|   |  |             |                   | •             |                       |                              |               |                 |       |                                |                |           |                |                             |       |              |          |                   |                     | N/A         | N/A               |
|   |  | 1           |                   |               |                       |                              |               |                 |       |                                |                |           |                |                             |       |              |          |                   |                     | N/A         | N/A               |
|   |  |             |                   |               |                       |                              |               |                 |       |                                |                |           |                |                             |       |              |          |                   |                     | N/A         | N/A               |
| 122 Des 612   |  |             |                   | SAMPI         | ER NAN                | SAMPLER NAME AND SIGNATURE   | VATURE        |                 |       |                                |                |           |                |                             |       |              |          |                   | O° n<br>no be       | Sealed      | er                |
|   |  |             |                   | PRIN          | Name of               | PRINT Name of SAMPLER:       | - 1           | s Mur           | phy - | James Murphy - PACE Analytical | Analyti        | <u>8</u>  | }              |                             | - 1   |              |          |                   | i qme               | lce<br>tody | Cool              |
|   |  |             |                   | SIGNA         | TURE of               | SIGNATURE of SAMPLER:        | 7             | NIN             | •     | 1                              |                |           | DATE<br>(MM)   | DATE Signed (MM / DD / YY): |       | 21/048       | ی        |                   |                     |             | Sar               |

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| Section A  | Section B                             |  |                     | Š           | Section C                  |               |                                |                   |                   |                                |        |                           |          |        |             |          | <u> </u>                      | Page:               | 9 of                         |                              |
|--|---------------------------------------|--|---------------------|-------------|----------------------------|---------------|--------------------------------|-------------------|-------------------|--------------------------------|--------|---------------------------|----------|--------|-------------|----------|-------------------------------|---------------------|------------------------------|------------------------------|
| Required Client Information:                             | Required Project Information:         | ject Infon                                 | nation:             | ₫           | Invoice Information:       | ::            |                                |                   |                   |                                |        |                           |          |        |             |          |                               |                     |                              |                              |
| Company: Madison Oneida BOCES                            | Report To:                            |  |                     | ¥_          | Attention:                 |               |                                |                   |                   |                                |        |                           |          | 2      | GULA        | TORY,    | REGULATORY AGENCY             | .,                  |                              |                              |
| Address: 4937 Spring Rd                                  | Copy To:                              |  |                     | 8_          | Company Name:              |               |                                |                   |                   |                                |        | NPDES                     |          | GROUN  | D WATE      | <u>S</u> | GROUND WATER 🔽 DRINKING WATER | NG WATI             | H.                           |                              |
| Verona, NY 13478   |                                       |  |                     | ¥           | Address:                   |               |                                |                   |                   |                                |        | UST                       |          | C RCRA |             | Ď        | OTHER                         |                     |                              |                              |
| Email To: Ivandresa@moboces.ord                          | Purchase<br>Order No.:                |  |                     | R           | Pace Quote Reference       | Jce:          |                                |                   |                   |                                |        | 0)                        | SITE     |        |             | GA L     | Z<br>L                        |                     | MI                           | NC                           |
| Phone: 315-361-5750 Fax:                                 | Project Name:                         |  | Rosetti Bldg        | Pa          | Pace Project Manager.      | ler:          |                                |                   |                   |                                |        | Ю.                        | LOCATION | 7      |             | L<br>H   | □ sc □ wi                     | <b>_</b>            | OTHER_NY                     | Σ                            |
| Requested 10 days Due Date/TAT:                          | Project Number:                       |  |                     | Pa          | Pace Profile #:            |               |                                |                   |                   |                                | Filte  | Filtered (Y/N)            | //       | ///    |             | ///      | ///                           | ///                 | ///                          |                              |
| Section D Valid Matrix Codes Required Client Information | CODE                                  |  |                     | COLLECTED   | TED                        |               | SH                             | Pre               | Preservatives     | ss                             | Req    | Requested                 |          |        |             |          |                               | ///                 | //                           |                              |
|  | W W W W W W W W W W W W W W W W W W W | MATRIX CODE<br>SAMPLE TYPE<br>NOD=0 BARD=6 | COMF                | SITE        | COMPOSITE<br>END/GRAB      | SAMPLE TEMP & | OF CONTAINE                    |                   |                   |                                | 70 An  | 9d                        |          |        |             |          |                               | Sel Chloring (V/N.) | _                            |                              |
| TI TISSLE  | S.                                    | Đ<br>——                                    | DATE                | TIME        | DATE TIME                  |               |                                | оѕ <sub>г</sub> н | N <sup>g</sup> OF | Na <sub>2</sub> S <sub>3</sub> | SSBN   | ///                       |          |        |             |          |                               | npises              |                              | Pace Project No.<br>Lab I.D. |
| ICCM 233/HOSE BEB.R                                      |                                       | DW G                                       |                     | 30          | 8/21 10:12                 | - 4           | 1                              | 1                 |                   |                                |        | ×                         |          |        |             |          |                               |                     | EOS.                         | S32                          |
| Roch 283/HOSE BEB-F                                      |                                       | DW G                                       |                     |             | 1 10:12                    |               |                                | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     | ,                            |                              |
| Racm 235/  |                                       | DW G                                       |                     |             | N:0/                       |               | 1                              | 1                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| Rocm 235/ SINIK/ CLI-F                                   |                                       | DW G                                       |                     |             | 4:0                        |               | _                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 5 Rown 235/ SIHK/ HW-R                                   |                                       | DW G                                       |                     |             | 10:17                      | _             | _                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 6 ROCH 235/SINK/ UM-F                                    |                                       | DW G                                       |                     |             | 71:01                      |               |                                | -                 |                   |                                |        | ×                         |          |        |             |          |                               | ·                   |                              |                              |
| 7 ROOM 235/LAB STNK/CIN-18                               |                                       | DW G                                       | ·                   |             | 10:19                      | 0             | -                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 8 Thom 235/LAB STNK/CIJ.F                                |                                       | DW G                                       |                     |             | 61:0                       |               | _                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 9 Recom 235/LAB SIMR/HIJ-R                               |                                       | DW G                                       |                     |             | 07:01                      |               | -                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| TO RUCH 235/LAB STAK/HIJ-F                               |                                       | DW G                                       |                     |             | 02:CV                      | -0            | _                              | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| 11 Rain 235/34TH STHK/CM-12                              |                                       | DW G                                       |                     |             | 10:22                      |               |                                | -                 |                   |                                |        | ×                         | ·        |        |             |          |                               |                     |                              |                              |
| Ream 235/BATH SDNIC/CIA-F DW                             | 1017-F                                | M.   |                     |             | V (0:22                    |               |                                | -                 |                   |                                |        | ×                         |          |        |             |          |                               |                     |                              |                              |
| ADDITIONAL COMMENTS                                      | RELIN                                 | QUISHI                                     | RELINQUISHED BY / A | AFFILIATION | ON DATE                    | iп            | TIME                           |                   | ACCEI             | PTED E                         | Y/AF   | ACCEPTED BY / AFFILIATION | Z        |        | DATE        | TIME     | JE                            | SAMP                | SAMPLE CONDITIONS            | TIONS                        |
|  | 41                                    | Mu   | 4                   | PINCE       | 1/04/9 1                   | _             | 00:17                          |                   | m                 | 1                              |        |                           |          | 8      | 3/18        | 9:45     | S                             | (i)^                |                              | mf                           |
|  |                                       |  |                     |             | 1                          | •             |                                | -                 |                   |                                |        |                           |          |        |             |          |                               | 14/7                | N/A                          | N/A                          |
|  | 7                                     | •  |                     |             |                            |               |                                |                   |                   |                                |        |                           |          |        |             |          |                               | N/X                 | N/A                          | N/X                          |
|  |                                       |  |                     | ,           |                            |               |                                |                   |                   |                                |        |                           |          |        |             |          |                               | N/X                 |                              | N/A                          |
|  | 1                                     |  |                     | SAMPLE      | SAMPLER NAME AND SIGNATURE | SIGNA         | TURE                           |                   |                   |                                |        |                           |          |        |             |          |                               | O° ni<br>no be      | Sealed                       | s Intact                     |
|  | •                                     |  | - 107               | SIGNATU     | SIGNATURE of SAMPLER:      | - 1           | James Murphy - PACE Analytical | M M               | - PACE            | E Anal                         | ytical | DA                        | E Signed | 3      | DATE Signed |          |                               | Temp<br>vieceiv     | ol<br>————<br>γbotauΩ<br>ooΩ |                              |

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C OH C SC WI C OTHER NY C GA C IL C IN C MI C NC Page: 10 of GROUND WATER DRINKING WATER REGULATORY AGENCY OTHER RCRA LOCATION SITE NPDES Filtered (Y/N) L UST Requested # OF CONTAINERS ace Quote Reference: ace Project Manager: Invoice Information: Company Name: Pace Profile #: Section C Attention: Address: COLLECTED Required Project Information: Rosetti Bldg SAMPLE TYPE GRAB C=COMP Project Name: ANTRIX CODE Project Number: Section B Report To: Purchase Order No.: Copy To: Valid Matrix Codes MATRIX SAMPLE ID

"WITE WATER PROJECT

CA-Z, 0-9 / -)

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TISSE tvandresa@moboces.org Company: Madison Oneida BOCES 10 days Required Client Information: 315-361-5750 Section D Required Client Information Address: 4937 Spring Rd /erona, NY 13478 Requested Due Date/TAT: Section A Email To: Phone:

Pace Project No. Lab I.D.

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| ADDITIONAL COMMENTS | RELINQUISHED BY | Y / AFFILIATION            | DATE         | TIME      | ACCEPTED BY / AFFILIATION      | DATE                | TIME  | SAM          | SAMPLE CONDITIONS | SNOILI |
|                     | if while        | 14/16                      | 8/2/1/ 17:co | 17:00     | TAM/                           | 91/98               | 21/18 | <del>)</del> | N/                | μØ     |
|                     |                 |                            |              |           |                                |                     |       |              | N/Y               | N/A    |
| 7                   |                 |                            |              |           |                                |                     |       |              | N/A               | N/A    |
|                     |                 |                            |              |           |                                |                     |       |              | N/A<br>N/A        | N/A    |
|                     |                 | SAMPLER NAME AND SIGNATURE | IE AND SIGNA | TURE      |                                |                     |       |              | pəleə             |        |
| 71/8 EPCI 1743 8/17 | $\sim$          | PRINT Name of SAMPLER:     |              | James Mur | James Murphy - PACE Analytical |                     |       | ni qm        | lce<br>ody Se     | l səld |
|                     |                 | SIGNATURE of SAMPLER:      | SAMPLER:     | MM        | 4                              | DATE Signed B/27/1C | 2     |              | dsuO              |        |

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Pace Project No. Lab I.D. S95 NØ1 N/A N/A N/A Samples Intact SAMPLE CONDITIONS OTHER NY MI NC Cooler 809 ğ N/X Custody Sealed Received on lce GROUND WATER F DRINKING WATER N/A N/X M Page: N L I O° ni qmeT REGULATORY AGENCY ☐ OTHER SC 34:5 TIME δ R 18/31/16 L.... DATE RCRA LOCATION SITE ACCEPTED BY / AFFILIATION Filtered (Y/N) NPDES ☐ UST Requested ٨n٤ Va2SO4 Nethanol Va<sub>2</sub>S<sub>2</sub>O<sub>3</sub> HOBN ЮН <sup>©</sup>ONH POS<sup>z</sup>H 17:00 TIME Jnpreserved SAMPLER NAME AND SIGNATURE 2/24/16 DATE ace Quote Reference: TA GMET EJGMAS Pace Project Manager: Invoice Information: BAZE TIME 13:30 Company Name: Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED RELINQUISHED BY / AFFILIATION PACE TIME COMPOSITE Continueing Ed Bldg DATE Required Project Information: 40144 З=СКАВ С=СОМР DW G G Ø G G g g G O g Ŋ O SAMPLE TYPE DW ΜO Δ M <u>∧</u> <u>N</u> M M ΜO ě M MATRIX CODE Project Name: Project Number: Section B Report To: Copy To: Purchase Order No.: KITCHEN- DESHLIASHER. R Ketchen Deshundher - F CODE 7771 1743 8117 Valid Matrix Codes MATRIX Company: Madison Oneida BOCES tvandresa@moboces.org ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID 10 days Required Client Information: 315-361-5750 Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D Requested Due Date/TAT: Section A Email To: Phone: 10 # M3T 4 9

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DATE Signed (MM / DD / YY): **8/27/1.** 

James Murphy - PACE Analytical

PRINT Name of SAMPLER:

L01809/-7

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Pace Project No. SC WI COTHER NY N W L ō GROUND WATER F DRINKING WATER 4 Page: Z L L REGULATORY AGENCY OTHER g ᆼ L RCRA LOCATION SITE Filtered (Y/N) NPDES Requested TSU \_ dethanoi 1a2S2O3 HOBI IOI POS2H Jnpreserved # OF CONTAINERS ace Quote Reference Pace Project Manager: 13:04 13:04 Invoice Information: 17:51 12:52 ES:2 15:2 12:51 8/27 12:52 Company Name: DATE TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED DATE TIME COMPOSITE START Administration Bldg Required Project Information: G=GRAB C=COMP O ტ ტ Ö ტ G G ΔM ΜO Μ ΜO Μ M M MATRIX CODE roject Name: roject Number: Section B Report To: Copy To: Purchase Order No.: Mens Rock/Schr1/ UIJ.F MENS ROCH SIHKI / HILL & MENIS ROOM/SINKI/CW.F KSTEUEN-DESHLIMSUER. F SUPERINDENDANTS BATH -MENS ROOM/SINK 1/ CH-R KITCHEH - DESHMASHEK - K KITCHEM - COFFEE MAKER KITCHEN - THE MACHINE DRINKING WATER
WATER
WASTE WATER
PRODUCT
SOIL/SOLID
ONE (A-Z, 0-9 / ,-) where Sample IDs MUST BE UNIQUE OTHER STREE tvandresa@moboces.org Company: Madison Oneida BOCES SAMPLE ID 10 days Required Client Information: 315-361-5750 Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D One Date/TAT: Section A Email To: Phone: 2 9 2 3 4 # MBTI

DATE Signed (MM / DD / YY): 74CE James Murphy - PACE Analytical SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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Pace Project No. SC WI COTHER NY N W L ō GROUND WATER F DRINKING WATER 4 Page: Z L L REGULATORY AGENCY OTHER g ᆼ L RCRA LOCATION SITE Filtered (Y/N) NPDES Requested TSU \_ dethanoi 1a2S2O3 HOBI IOI POS2H Jnpreserved # OF CONTAINERS ace Quote Reference Pace Project Manager: 13:04 13:04 Invoice Information: 17:51 12:52 ES:2 15:2 12:51 8/27 12:52 Company Name: DATE TIME Pace Profile #: COMPOSITE END/GRAB Section C Attention: Address: COLLECTED DATE TIME COMPOSITE START Administration Bldg Required Project Information: G=GRAB C=COMP O ტ ტ Ö ტ G G ΔM ΜO Μ ΜO Μ M M MATRIX CODE roject Name: roject Number: Section B Report To: Copy To: Purchase Order No.: Mens Rock/Schr1/ UIJ.F MENS ROCH SIHKI / HILL & MENIS ROOM/SINKI/CW.F KSTEUEN-DESHLIMSUER. F SUPERINDENDANTS BATH -MENS ROOM/SINK 1/ CH-R KITCHEH - DESHMASHEK - K KITCHEM - COFFEE MAKER KITCHEN - THE MACHINE DRINKING WATER
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SOIL/SOLID
ONE (A-Z, 0-9 / ,-) where Sample IDs MUST BE UNIQUE OTHER STREE tvandresa@moboces.org Company: Madison Oneida BOCES SAMPLE ID 10 days Required Client Information: 315-361-5750 Required Client Information Address: 4937 Spring Rd Verona, NY 13478 Section D One Date/TAT: Section A Email To: Phone: 2 9 2 3 4 # MBTI

DATE Signed (MM / DD / YY): 74CE James Murphy - PACE Analytical SAMPLER NAME AND SIGNATURE PRINT Name of SAMPLER: SIGNATURE of SAMPLER:

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| SampID    | ClientID | ClientSan | ո <b>լ</b> Location | SampType D | DateCollec A | nalysisDa | Analyst | Matrix     |
|-----------|----------|-----------|---------------------|------------|--------------|-----------|---------|------------|
| CalBlank  |          |           |                     | MBLK       |              | 8/5/2016  | AG      |            |
| MB-57398  |          |           |                     | MBLK       |              | 8/5/2016  | AG      |            |
| LCS-57398 | 8        |           |                     | LCS        |              | 8/5/2016  | AG      |            |
| 1607B58-1 | MOBOCES  | ROOM 31   | ICFLUSH-RC          | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-1 | MOBOCES  | ROOM 31   | ISFLUSH-RC          | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-2 | MOBOCES  | ROOM 31   | 11FLUSH-RC          | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-2 | MOBOCES  | ROOM 31   | 11FLUSH-RC          | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-2 | MOBOCES  | EROOM 30  | 08 FLUSH-RC         | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-2 | MOBOCES  | EROOM 30  | 08 FLUSH-RC         | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-2 | MOBOCES  | EROOM 30  | )§FLUSH-RC          | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-2 | MOBOCES  | EROOM 30  | )§FLUSH-RC          | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-2 | MOBOCES  | ROOM 30   | )1FLUSH-RC          | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |
| 1607B58-2 | MOBOCES  | OUTSIDE   | : FLUSH-RC          | SAMP       | 7/9/2016     | 8/5/2016  | AG      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 51     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 42     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.4    |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID  | ClientSa | am; Location | SampT | ype DateCollec | AnalysisDa | Analyst | t Matrix   |
|-----------|-----------|----------|--------------|-------|----------------|------------|---------|------------|
| CalBlank  |           |          |              | MBLK  |                | 8/5/2016   | AG      |            |
| CalBlank  |           |          |              | MBLK  |                | 8/12/2016  | AG      |            |
| 1607186-0 | S MOBOCES | ROOM 4   | 433 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-0 | S MOBOCES | ROMM     | 433 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-0 | S MOBOCES | ROOM     | 433 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-0 | MOBOCES   | ROOM     | 433 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-0 | S MOBOCES | ROOM     | 433 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-0 | MOBOCES   | ROOM     | 433 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-0 | MOBOCES   | ROOM     | 433 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | ( MOBOCES | ROOM     | 434 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | ( MOBOCES | ROOM     | 434 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | ( MOBOCES | ROOM     | 434 FLUSH-TF | RSAMP | 7/16/2016      | 8/12/2016  | AG      | Potable Wa |
| 1607186-1 | ( MOBOCES | ROOM     | 434 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | ( MOBOCES | ROOM 4   | 434 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | 1MOBOCES  | ROOM     | 434 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | 2 MOBOCES | ROOM     | 318 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | EMOBOCES  | ROOM     | 309 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | EMOBOCES  | ROOM     | 309 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | EMOBOCES  | ROOM     | 302 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | EMOBOCES  | ROOM     | 302 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | EMOBOCES  | ROOM     | 302 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | € MOBOCES | ROOM     | 304 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | MOBOCES   | ROOM     | 202 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-1 | MOBOCES   | ROOM     | 206 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-2 | ( MOBOCES | ROOM     | 113 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |
| 1607186-2 | 2 MOBOCES | ROOM     | 434 FLUSH-TF | RSAMP | 7/16/2016      | 8/6/2016   | AG      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 8.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 13     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 15     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.5    |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID<br>CalBlank | ClientID | ClientSampID        | Location     | SampType<br>MBLK | DateCollec |
|--------------------|----------|---------------------|--------------|------------------|------------|
| 1607J79-0          | MOBOCES  | BREAK ROOM/CW       | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | BREAK ROOM/HW       | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | BREAK ROOM/FRIDGE   | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 310/SHOWER/CW  | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 310/SHOWER/HW  | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 103/SHOWER/CW  | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 103/SHOWER/HW  | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 101A/SHOWER/CW | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 101A/SHOWER/HW | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 306/HOSE/CW    | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 306/EYEWASH    | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 309/EYEWASH    | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 301/EYEWASH    | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 201/EYEWASH    | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | ROOM 217/EYEWASH    | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | OUTSIDE SPIGOT #4   | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | OUTSIDE SPIGOT #5   | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | OUTSIDE SPIGOT #6   | RAW-ROSSETTI | SAMP             | 7/16/2016  |
| 1607J79-0          | MOBOCES  | OUTSIDE SPIGOT #7   | RAW-ROSSETTI | SAMP             | 7/16/2016  |

| AnalysisDa Analyst | Matrix    | TestNo    | Analyte | Result | DF | Units  | PQL |
|--------------------|-----------|-----------|---------|--------|----|--------|-----|
| 7/27/2016 AG       |           | E200.8    | Lead    | <1.0   |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 13     |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 7.0    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 170    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 48     |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 9.1    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 8.3    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 5.5    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 1.5    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 1.6    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 2.1    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 1.9    |    | 1 ug/L | 1.0 |
| 7/28/2016 AG       | Potable \ | Wa E200.8 | Lead    | 5.7    |    | 1 ug/L | 1.0 |

CAS 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1 7439-92-1

7439-92-1 7439-92-1

| SampID    | ClientID | ClientSam; Location | SampType | e DateCollec A | AnalysisDa Analyst | Matrix     |
|-----------|----------|---------------------|----------|----------------|--------------------|------------|
| CalBlank  |          |                     | MBLK     |                | 8/5/2016 AG        |            |
| 1607J97-0 | ) MOBOCE | SROOM 103 FLUSH-RO  | CSAMP    | 7/16/2016      | 8/6/2016 AG        | Potable Wa |
| 1607J97-0 | ) MOBOCE | SROOM 103 FLUSH-RO  | CSAMP    | 7/16/2016      | 8/6/2016 AG        | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 27     |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID | ClientSamr L | .ocation | SampTy | pe DateCollec | AnalysisDa | Analyst | Matrix     |
|-----------|----------|--------------|----------|--------|---------------|------------|---------|------------|
| CalBlank  |          |              |          | MBLK   |               | 7/28/2016  | AG      |            |
| MB-57369  |          |              |          | MBLK   |               | 8/4/2016   | CM      |            |
| LCS-5736  | 9        |              |          | LCS    |               | 8/4/2016   | CM      |            |
| 1607L47-0 | MOBOCE   | SOUTSIDE : F | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | € DOWNST# F  | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | € DOWNST# F  | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | MOBOCE   | € DOWNST# F  | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | € DOWNST# F  | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | SSLOP SINFF  | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | SSLOP SINFF  | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | SUPSTAIRSF   | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | MOBOCE   | SUPSTAIRSF   | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | SUPSTAIRSF   | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | SUPSTAIRSF   | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | SOUTSIDE : F | RAW-CON  | SAMP   | 7/23/2016     | 8/4/2016   | CM      | Potable Wa |
| 1607L47-0 | ) MOBOCE | € DOWNST# F  | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |
| 1607L47-0 | ) MOBOCE | €DOWNST#F    | RAW-CON  | SAMP   | 7/23/2016     | 7/28/2016  | AG      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 51     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 18     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.3    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 170    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.7    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.5    |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID | ClientSam; Location |       | DateCollec | AnalysisDa Analyst | Matrix     |
|-----------|----------|---------------------|-------|------------|--------------------|------------|
| CalBlank  |          |                     | MBLK  |            | 7/28/2016 AG       |            |
|           |          | LADIES FARAW-UTION  |       | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
|           |          | LADIES FARAW-UTION  |       |            | 7/28/2016 AG       | Potable Wa |
|           |          | LADIES FARAW-UTION  |       |            | 7/28/2016 AG       | Potable Wa |
|           |          | LADIES FARAW-UTION  |       |            | 7/28/2016 AG       | Potable Wa |
|           |          | MENS FACRAW-UTION   |       | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
|           |          | MENS FACRAW-UTION   |       | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | MENS FACRAW-UTION   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | MENS FACRAW-UTION   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | BREAKRO RAW-UTION   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | BREAKRO RAW-UTION   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | ROOM 29/ RAW-UTION  | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | ROOM 29/ RAW-UTION  | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | ROOM 29/ RAW-UTION  | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | ROOM 29/ RAW-UTION  | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | ROOM 29E RAW-UTIO   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | ROOM 29E RAW-UTIO   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | ROOM 29ERAW-UTIO    | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | ROOM 29E RAW-UTIO   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | DF BY RO(RAW-UTIO   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | MENS RO(RAW-UTIO    | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | MENS RO(RAW-UTIO    | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | MENS RO(RAW-UTIO    | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | MENS RO(RAW-UTIO    | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | MENS RO(RAW-UTIO    | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | LADIES R(RAW-UTIO   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | LADIES R(RAW-UTIO   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | LADIES R(RAW-UTIO   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |
| 1607L48-0 | MOBOCES  | LADIES R(RAW-UTIO   | CSAMP | 7/23/2016  | 7/28/2016 AG       | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.9    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.9    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 17     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 7.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 7.3    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.3    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.3    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 13     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 9.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.7    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
|        |         |        |    |        |     |           |

| SampID    | ClientID | ClientSamr Location        | SampType DateCollec AnalysisDa Analyst |           |             | Matrix     |
|-----------|----------|----------------------------|--|-----------|-------------|------------|
| CalBlank  |          |                            | MBLK                                   |           | 8/8/2016 AG |            |
| 1607L50-0 | ) MOBOCE | <b>EOUTSIDE : FLUSH-CO</b> | CSAMP                                  | 7/23/2016 | 8/9/2016 AG | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID | ClientSamr Location | SampType DateCollec AnalysisDa Analyst |           |              | Matrix     |
|-----------|----------|---------------------|--|-----------|--------------|------------|
| CalBlank  |          |                     | MBLK                                   |           | 8/24/2016 AG |            |
| 1607L54-0 | MOBOCE   | EMENS FACFLUSH-U    | TSAMP                                  | 7/23/2016 | 8/24/2016 AG | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID   | ClientID  | ClientSamr Location | SampType | DateCollec | AnalysisDa Analyst | Matrix     |
|----------|-----------|---------------------|----------|------------|--------------------|------------|
| CalBlank |           |                     | MBLK     |            | 7/29/2016 AG       |            |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | ROOM 420 RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | ROOM 420 RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | ROOM 420 RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | ROOM 420 RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | MAIN LOB RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | ROOM 313 RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | ROOM 300 RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | ROOM 300 RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |
| 1607M01- | ( MOBOCES | OUTSIDE (RAW-TRIF   | PSAMP    | 7/23/2016  | 7/29/2016 AG       | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 26     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 17     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 12     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 7.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.9    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 25     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 35     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 10     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.7    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 25     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 14     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.9    |    | 1 ug/L | 1.0 | 7439-92-1 |
|        |         |        |    |        |     |           |

| SampID   | ClientID  | ClientSam; Lo | cation | SampType | DateCollec | AnalysisDa | Analyst | Matrix     |
|----------|-----------|---------------|--------|----------|------------|------------|---------|------------|
| CalBlank |           |               |        | MBLK     |            | 8/14/2016  | CM      |            |
| 1607M08- | ( MOBOCES | OUTSIDE :FL   | USH-TR | SAMP     | 7/23/2016  | 8/14/2016  | CM      | Potable Wa |
| 1607M08- | ( MOBOCES | OUTSIDE :FL   | USH-TR | SAMP     | 7/23/2016  | 8/14/2016  | CM      | Potable Wa |
| 1607M08- | ( MOBOCES | OUTSIDE :FL   | USH-TR | SAMP     | 7/23/2016  | 8/14/2016  | CM      | Potable Wa |
| 1607M08- | ( MOBOCES | OUTSIDE : FL  | USH-TR | SAMP     | 7/23/2016  | 8/14/2016  | CM      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.7    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID   | ClientID  | ClientSamr Location | SampType | DateCollec | AnalysisDa | Analyst | Matrix     |
|----------|-----------|---------------------|----------|------------|------------|---------|------------|
| CalBlank |           |                     | MBLK     |            | 7/29/2016  | AG      |            |
| 1607M68- | ( MOBOCES | LOBBY DF RAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | MAINT. RCRAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | MAINT. RCRAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | MAINT. RCRAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | MAINT. RCRAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | MENS RO(RAW-RC      | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | MENS RO(RAW-RC      | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | LADIES R(RAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | LADIES R(RAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | UNISEX B/RAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | UNISEX B/RAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | UNISEX B/RAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M68- | ( MOBOCES | UNISEX B/RAW-RC     | MSAMP    | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 15     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID   | ClientID  | ClientSamp | Location | SampType | DateCollec | AnalysisDa | Analyst | Matrix     |
|----------|-----------|------------|----------|----------|------------|------------|---------|------------|
| CalBlank |           |            |          | MBLK     |            | 7/29/2016  | AG      |            |
| 1607M72- | ( MOBOCES | LADIES RO  | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | LADIES RO  | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | MENS RO    | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | MENS RO    | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | SLOP SINI  | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | SLOP SINI  | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | DF         | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | RIC/LADIE  | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | RIC/LADIE  | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | KITCHEN (  | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |
| 1607M72- | ( MOBOCES | KITCHEN (  | RAW-PRIN | SAMP     | 7/23/2016  | 7/29/2016  | AG      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID   | ClientID  | ClientSam <sub>i</sub> l | ocation | SampType | DateCollec | AnalysisDa Ana | lyst | Matrix     |
|----------|-----------|--------------------------|---------|----------|------------|----------------|------|------------|
| CalBlank |           |                          |         | MBLK     |            | 7/29/2016 AG   |      |            |
| 1607M74- | ( MOBOCES | UNISEX/B, F              | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | UNISEX/B, F              | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | LADIES RO                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | LADIES RO                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | LADIES RO                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | LADIES RO                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | MENS ROOF                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | MENS ROOF                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | MENS ROOF                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | MENS ROOF                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | SLOP SINH                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | SLOP SINH                | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | KITCHEN (F               | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | KITCHEN (F               | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | DISTRICT F               | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | DISTRICT F               | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | LOBBY DF                 | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | <b>BREAKRO</b> F         | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |
| 1607M74- | ( MOBOCES | <b>BREAKRO</b> F         | RAW-ADM | SAMP     | 7/23/2016  | 7/29/2016 AG   |      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 10     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 25     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 9.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 5.9    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.3    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID   | ClientID | ClientSamr Location      | SampType | Matrix    |              |            |
|----------|----------|--------------------------|----------|-----------|--------------|------------|
| CalBlank |          |                          | MBLK     |           | 8/14/2016 CM |            |
| 1607M75- | ( MOBOCE | <b>EMENS ROUFLUSH-AL</b> | SAMP     | 7/23/2016 | 8/14/2016 CM | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID | ClientSamr Location | SampType | DateCollec A | AnalysisDa Analyst | Matrix     |
|-----------|----------|---------------------|----------|--------------|--------------------|------------|
| CalBlank  |          |                     | MBLK     |              | 9/6/2016 AG        |            |
| 1608R97-0 | MOBOCES  | BREAKRO RAW-ALTI    | SAMP     | 8/27/2016    | 9/6/2016 AG        | Potable Wa |
| 1608R97-0 | MOBOCES  | BREAKRO RAW-ALTI    | SAMP     | 8/27/2016    | 9/6/2016 AG        | Potable Wa |
| 1608R97-0 | MOBOCES  | ROOM 409 RAW-ALTI   | SAMP     | 8/27/2016    | 9/6/2016 AG        | Potable Wa |
| 1608R97-0 | MOBOCES  | CAFETERIRAW-ALTI    | SAMP     | 8/27/2016    | 9/6/2016 AG        | Potable Wa |
| 1608R97-0 | MOBOCES  | CAFETERIRAW-ALTI    | SAMP     | 8/27/2016    | 9/6/2016 AG        | Potable Wa |
| 1608R97-0 | MOBOCES  | CAFETERIRAW-ALTI    | SAMP     | 8/27/2016    | 9/6/2016 AG        | Potable Wa |
| 1608R97-0 | MOBOCES  | CUSTODI/RAW-ALTI    | SAMP     | 8/27/2016    | 9/6/2016 AG        | Potable Wa |
| 1608R97-0 | MOBOCES  | CUSTODI/ RAW-ALTI   | SAMP     | 8/27/2016    | 9/6/2016 AG        | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.3    |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID  | ClientS | amr Location | SampType | DateCollec A | nalysisDa | Analyst | Matrix     |
|-----------|-----------|---------|--------------|----------|--------------|-----------|---------|------------|
| CalBlank  |           |         | •            | MBLK     |              | 9/6/2016  | AG      |            |
| CalBlank  |           |         |              | MBLK     |              | 9/7/2016  | AG      |            |
| 1608S13-0 | ) MOBOCES | ROOM    | 304 RAW-TRIF | SAMP     | 8/27/2016    | 9/6/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 304 RAW-TRIF | SAMP     | 8/27/2016    | 9/6/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 302 RAW-TRIF | SAMP     | 8/27/2016    | 9/6/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 302 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 302 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 302 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 309 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 309 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 311RAW-TRIF  | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 311RAW-TRIF  | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 318 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 318 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 318 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 319 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 218 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 218 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 208 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 208 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 206 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 206 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 202 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 202 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 113 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 113 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 113 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |
| 1608S13-0 | ) MOBOCES | ROOM    | 113 RAW-TRIF | SAMP     | 8/27/2016    | 9/7/2016  | AG      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.9    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 13     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.9    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 5.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 8.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 5.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 12     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.3    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 33     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 12     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 48     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 14     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 5.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.8    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 45     |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID       | ClientSamr Location | SampType | DateCollec A | AnalysisDa Analyst | Matrix     |
|-----------|----------------|---------------------|----------|--------------|--------------------|------------|
| CalBlank  |                |                     | MBLK     |              | 9/7/2016 AG        |            |
| MB-58020  |                |                     | MBLK     |              | 9/7/2016 AG        |            |
| LCS-58020 | )              |                     | LCS      |              | 9/7/2016 AG        |            |
| MB-58020  |                |                     | MBLK     |              | 9/8/2016 AG        |            |
| LCS-58020 | )              |                     | LCS      |              | 9/8/2016 AG        |            |
| 1608S15-0 | MOBOCES        | PRINT RO RAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |
| 1608S15-0 | MOBOCES        | PRINT RO RAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |
| 1608S15-0 | MOBOCES        | PRINT RO RAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |
| 1608S15-0 | MOBOCES        | PRINT RO RAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |
| 1608S15-0 | MOBOCES        | RJC/MENS RAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |
| 1608S15-0 | MOBOCES        | RJC/MENS RAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |
| 1608S15-0 | MOBOCES        | RJC/KITCHRAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |
| 1608S15-0 | MOBOCES        | RJC/KITCHRAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |
| 1608S15-0 | <b>MOBOCES</b> | RJC/KITCHRAW-PRII   | \SAMP    | 8/27/2016    | 9/7/2016 AG        | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 51     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 52     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 4.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID   | ClientID | ClientSam; Location  | SamnTyne | DateCollec A | ∆nalveieDa | Δnalvet | Matrix     |
|----------|----------|----------------------|----------|--------------|------------|---------|------------|
| CalBlank | Olichid  | Olichioani, Location | MBLK     | DateOolice   | 9/7/2016   | -       | Watrix     |
| CalBlank |          |                      | MBLK     |              | 9/7/2016   |         |            |
| MB-58020 |          |                      | MBLK     |              | 9/7/2016   |         |            |
| LCS-5802 |          |                      | LCS      |              | 9/7/2016   |         |            |
| MB-58020 |          |                      | MBLK     |              | 9/8/2016   |         |            |
| LCS-5802 |          |                      | LCS      |              | 9/8/2016   |         |            |
|          |          | ROOM 301ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 301ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOF/HO:ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOF/HO!ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOF/HO!ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOF/HO!ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 308 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 308 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 308 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 309 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 309 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 31(ROSETTI      |          | 8/27/2016    | 9/7/2016   | _       | Potable Wa |
|          |          | ROOM 31(ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 31(ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 31(ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 31(ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 113ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 311ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 402 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 402 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 217ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 219 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 220 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 22( ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 223 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 227ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 227ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 227ROSETTI      |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 227 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 229 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 229 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 230 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 230 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 232 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 232 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 232 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          | ROOM 232 ROSETTI     |          | 8/27/2016    | 9/7/2016   |         | Potable Wa |
|          |          |                      |          |              |            |         |            |

| 1608S32-0 MOBOCES ROOM 231ROSETTI I  | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
|--------------------------------------|------|-----------|-------------|------------|
| 1608S32-0 MOBOCES ROOM 231ROSETTI I  | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 233 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 235 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 235 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 235 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 235 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 235 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 235 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 244 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 246 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |
| 1608S32-0 MOBOCES ROOM 306 ROSETTI I | SAMP | 8/27/2016 | 9/7/2016 AG | Potable Wa |

| TestNo | Analyte | Result | DF | Units            | PQL | CAS       |
|--------|---------|--------|----|------------------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 51     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 52     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 18     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 27     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 17     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 13     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 39     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 20     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 21     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.7    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 52     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 |         | 21     |    | 9                | 1.0 | 7439-92-1 |
|        | Lead    |        |    | 1 ug/L           |     |           |
| E200.8 | Lead    | 31     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 11     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 5.5    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.7    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 15     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 81     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 18     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 61     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 8.5    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 11     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.5    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.4    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 5.7    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.1    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 21     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 14     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.1    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 180    |    | •                | 1.0 | 7439-92-1 |
| E200.8 |         | 2.1    |    | 1 ug/L<br>1 ug/L | 1.0 | 7439-92-1 |
|        | Lead    |        |    |                  |     |           |
| E200.8 | Lead    | 1.7    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 14     |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.9    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.9    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.4    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.1    |    | 1 ug/L           | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.0    |    | 1 ug/L           | 1.0 | 7439-92-1 |
|        |         |        |    | 3                |     |           |

| E200.8 | Lead | 11   | 1 ug/L | 1.0 | 7439-92-1 |
|--------|------|------|--------|-----|-----------|
| E200.8 | Lead | 7.1  | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | 16   | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | <1.0 | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | <1.0 | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | 1.0  | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | <1.0 | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | <1.0 | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | <1.0 | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | <1.0 | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | <1.0 | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead | <1.0 | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID  | ClientSamr Location | SampType | DateCollec | AnalysisDa | Analyst | Matrix     |
|-----------|-----------|---------------------|----------|------------|------------|---------|------------|
| CalBlank  |           |                     | MBLK     |            | 9/13/2016  | AG      |            |
| CalBlank  |           |                     | MBLK     |            | 9/15/2016  | AG      |            |
| 1608S70-0 | ) MOBOCES | ROOM 301ROSETTI     | ESAMP    | 8/27/2016  | 9/15/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 301ROSETTI     | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOF/HO! ROSETTI    | ESAMP    | 8/27/2016  | 9/15/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOF/HO! ROSETTI    | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOF/HO! ROSETTI    | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 308 ROSETTI    | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 308 ROSETTI    | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 309 ROSETTI    | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 309 ROSETTI    | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 310 ROSETTI    | ESAMP    | 8/27/2016  | 9/15/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 311ROSETTI     | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 311ROSETTI     | ESAMP    | 8/27/2016  | 9/15/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 311ROSETTI     | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 402 ROSETTI    | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 219 ROSETTI    | ESAMP    | 8/27/2016  | 9/13/2016  | AG      | Potable Wa |
| 1608S70-0 | ) MOBOCES | ROOM 233 ROSETTI    | ESAMP    | 8/27/2016  | 9/15/2016  | AG      | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 7.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 3.1    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.6    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.4    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 9.7    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 30     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 26     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 6.2    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 2.0    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID   | ClientID | ClientSam; Location       | SampTyp | oe DateCollec | AnalysisDa Analyst | Matrix     |
|----------|----------|---------------------------|---------|---------------|--------------------|------------|
| CalBlank |          |                           | MBLK    |               | 9/7/2016 AG        |            |
| CalBlank |          |                           | MBLK    |               | 9/13/2016 AG       |            |
| 1608S95- | 0 MOBOCE | รี Kitchen-Dis Continuing | SAMP    | 8/27/2016     | 9/7/2016 AG        | Potable Wa |
| 1608S95- | 0 MOBOCE | SKitchen-Dis Continuing   | SAMP    | 8/27/2016     | 9/13/2016 AG       | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 23     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 22     |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID  | ClientSam; Location      | SampType | DateCollec A | nalysisDa Analyst | Matrix     |
|-----------|-----------|--------------------------|----------|--------------|-------------------|------------|
| CalBlank  |           |                          | MBLK     |              | 9/7/2016 AG       |            |
| 1608S98-0 | MOBOCES   | MENS RO(ADMINIST         | SAMP     | 8/27/2016    | 9/7/2016 AG       | Potable Wa |
| 1608S98-0 | MOBOCES   | MENS RO(ADMINIST         | SAMP     | 8/27/2016    | 9/7/2016 AG       | Potable Wa |
| 1608S98-0 | MOBOCES   | KITCHEN I ADMINIST       | SAMP     | 8/27/2016    | 9/7/2016 AG       | Potable Wa |
| 1608S98-0 | MOBOCES   | KITCHEN (ADMINIST        | SAMP     | 8/27/2016    | 9/7/2016 AG       | Potable Wa |
| 1608S98-0 | MOBOCES   | KITCHEN I ADMINIST       | SAMP     | 8/27/2016    | 9/7/2016 AG       | Potable Wa |
| 1608S98-0 | ) MOBOCES | <b>SUPERINT ADMINIST</b> | SAMP     | 8/27/2016    | 9/7/2016 AG       | Potable Wa |
| 1608S98-0 | ) MOBOCES | <b>SUPERINT ADMINIST</b> | SAMP     | 8/27/2016    | 9/7/2016 AG       | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 58     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 17     |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 5.5    |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 11     |    | 1 ug/L | 1.0 | 7439-92-1 |

| SampID    | ClientID  | ClientSam; Location | SampType | DateCollec | AnalysisDa Analyst | Matrix     |
|-----------|-----------|---------------------|----------|------------|--------------------|------------|
| CalBlank  |           |                     | MBLK     |            | 9/13/2016 AG       |            |
| CalBlank  |           |                     | MBLK     |            | 9/15/2016 AG       |            |
| 1608T07-0 | MOBOCE:   | MENS RO(ADMINST     | FSAMP    | 8/27/2016  | 9/13/2016 AG       | Potable Wa |
| 1608T07-0 | ) MOBOCES | MENS RO(ADMINST     | FSAMP    | 8/27/2016  | 9/15/2016 AG       | Potable Wa |

| TestNo | Analyte | Result | DF | Units  | PQL | CAS       |
|--------|---------|--------|----|--------|-----|-----------|
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | <1.0   |    | 1 ug/L | 1.0 | 7439-92-1 |
| E200.8 | Lead    | 1.3    |    | 1 ug/L | 1.0 | 7439-92-1 |

Type: Potable Water

Origin:

## LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

**Oneida School District** Lab No. : 1605006-001

Client Sample ID. : DRIVERS BREAK ROOM SINK Oneida, NY 13421

Attn To: Jamie Brennan

Federal ID:

565 Sayles St

**Transportation** 

Collected: 04/28/2016 7:06 PM Point No: Received: 04/30/2016 10:45 AM Location:

Collected By: JM99

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |            | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:  | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 05/03/2016 | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \*\* Exceed NYS Regulatory Limit(s). Limit noted.

Date Reported: 5/10/2016

Client Services Manager: Jennifer Aracri

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 8

Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

**Oneida School District** 565 Sayles St

Attn To: Jamie Brennan

Federal ID:

Collected: 04/28/2016 7:10 PM Point No: Received: 04/30/2016 10:45 AM Location:

Collected By: JM99

Oneida, NY 13421

Lab No. : 1605006-002

Client Sample ID.: 1ST FLOOR DRINKING FOUNTAIN

**Transportation** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |            | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:  | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 05/03/2016 | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \*\* Exceed NYS Regulatory Limit(s). Limit noted.

Date Reported: 5/10/2016

Client Services Manager: Jennifer Aracri

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 8

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

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**Oneida School District** 

565 Sayles St Oneida, NY 13421

Attn To: Jamie Brennan

Lab No. : 1605006-003

**Client Sample ID.: MECHANICS BREAK ROOM** 

**Transportation** 

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 04/28/2016 7:12 PM Point No: Received: 04/30/2016 10:45 AM Location:

Collected By: JM99

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |            | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:  | Container:         |
| Lead               |              | < 1.0   | M-        | 1           | ug/L         | 15           | 05/03/2016 | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \*\* Exceed NYS Regulatory Limit(s). Limit noted.

Date Reported: 5/10/2016

Client Services Manager: Jennifer Aracri

Test results meet the requirements of NELAC unless otherwise noted.

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Page 3 of 8

Origin:

Type: Potable Water

#### LABORATORY RESULTS

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NYSDOH ID#10478 www.pacelabs.com

**Oneida School District** 565 Sayles St Oneida, NY 13421

Attn To: Jamie Brennan

Lab No. : 1605006-004

Client Sample ID.: MECHANICS DRINKING FOUNTAIN

**Transportation** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 04/28/2016 7:14 PM Point No: Received: 04/30/2016 10:45 AM Location:

Collected By: JM99

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |            | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:  | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 05/03/2016 | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \*\* Exceed NYS Regulatory Limit(s). Limit noted.

Date Reported: 5/10/2016

Client Services Manager: Jennifer Aracri

Test results meet the requirements of NELAC unless otherwise noted.

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Page 4 of 8

Origin:

Type: Potable Water

## LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

**Transportation** 

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

**Oneida School District** 565 Sayles St Oneida, NY 13421

Lab No. : 1605006-005 Client Sample ID.: 2ND FLOOR DRINKING FOUNTAIN

Attn To: Jamie Brennan

Federal ID:

Collected: 04/28/2016 7:16 PM Point No: Received: 04/30/2016 10:45 AM Location:

Collected By: JM99

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |            | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:  | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 05/03/2016 | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \*\* Exceed NYS Regulatory Limit(s). Limit noted.

Date Reported : 5/10/2016

Client Services Manager: Jennifer Aracri

Test results meet the requirements of NELAC unless otherwise noted.

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Page 5 of 8

Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

**Oneida School District** 565 Sayles St

Oneida, NY 13421 Attn To: Jamie Brennan

Federal ID:

Collected: 04/28/2016 7:17 PM Point No: Received: 04/30/2016 10:45 AM Location:

Collected By: JM99

Lab No. : 1605006-006

Client Sample ID.: 2ND FLOOR BREAK ROOM

**Transportation** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

| Analytical Method: | E200.8 : IOC |         |                  |             |              |              |            | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|--------------|------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:  | Container:         |
| Lead               |              | < 1.0   |                  | 1           | ug/L         | 15           | 05/03/2016 | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \*\* Exceed NYS Regulatory Limit(s). Limit noted.

Date Reported: 5/10/2016

Client Services Manager: Jennifer Aracri

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 6 of 8



### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

**Sample Receipt Checklist** 

TEL: (631) 694-3040 FAX: (631) 420-8436 Website: <u>www.pacelabs.com</u>

| Client Name: ONEIDA   |                                 |   | Date and          | d Time Received:                   | 4/30/2016 10:45:00 AM |
|---|---------------------------------|---|-------------------|------------------------------------|-----------------------|
| Work Order Number: 1605006 RcptNo: 1  |                                 |   | Receive           | d by: <b>Edward Do</b> i           | maradzki              |
| Completed by: Maressa Grean  Completed Date: 5/1/2016 12:02:44 PM   | i.                              |   | ewed by:          | Jennfry<br>5/10/2016               | 10:49:44 PM           |
| Carrier name: FedEx   |                                 |   |                   |                                    |                       |
| Chain of custody present? Chain of custody signed when relinquished and received? Chain of custody agrees with sample labels? Are matrices correctly identified on Chain of custody? Is it clear what analyses were requested? Custody seals intact on sample bottles? Samples in proper container/bottle? Were correct preservatives used and noted? | Yes Yes Yes Yes Yes Yes Yes Yes | <pre>&gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt; &gt;</pre> | No                | Not Present<br>NA                  | <b>✓</b>              |
| Preservative added to bottles: Sample Condition? Sufficient sample volume for indicated test? Were container labels complete (ID, Pres, Date)? All samples received within holding time?  | Intact<br>Yes<br>Yes<br>Yes     | \<br>\<br>\<br>\  | Broken            | Leaking                            |                       |
| Was an attempt made to cool the samples? All samples received at a temp. of > 0° C to 6.0° C? Response when temperature is outside of range:  | Yes<br>Yes                      | <b>V</b>  | No $\square$      | NA<br>NA                           |                       |
| Sample Temp. taken and recorded upon receipt?  Water - Were bubbles absent in VOC vials?  Water - Was there Chlorine Present?  Water - pH acceptable upon receipt?  Are Samples considered acceptable?  | Yes<br>Yes<br>Yes<br>Yes        |   | No                | To 2<br>No Vials<br>NA<br>No Water | 2.2°  ✓  ✓            |
| Custody Seals present? Airbill or Sticker? Airbill No:  | Yes<br>Air Bill<br>7762 3       | <b>✓</b><br><b>✓</b><br>215 29  | No U<br>Sticker D | Not Present                        |                       |
| Case Number: SDG:   |                                 | S   | AS:               |                                    |                       |
| Any No response should be detailed in the comments section  | on below, if appl               | icable.   |                   |                                    |                       |
| Regarding:  | Person Conta                    | acted:  | ☐ In Person:      |                                    |                       |
| Comments: CorrectiveAction:   |                                 |   |                   |                                    |                       |



<u>WorkOrder :</u> 1605006

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERS EY      | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607B58-191

Client Sample ID: ROOM 310/HOSE/CW

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :7/9/2016 1:24:00 PM

FLUSH-ROSSETTI :7/13/2016 10:05:00 AM Received

Collected By CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 3.0     |           | 1           | ua/L         | 15 | 08/05/2016 9:29 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 14



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To:

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607B58-192

Client Sample ID: ROOM 319/HOSE/HW

**Sample Information:** Type: Potable Water

Origin:

Collected :7/9/2016 1:25:00 PM

FLUSH-ROSSETTI :7/13/2016 10:05:00 AM Received

Todd Vandresar

Collected By CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 1.1     |           | 1           | ug/L         | 15 | 08/05/2016 9:32 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 2 of 14



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607B58-200

Client Sample ID: ROOM 311/HOSE 2

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar Collected :7/9/2016 2:00:00 PM

FLUSH-ROSSETTI :7/13/2016 10:05:00 AM Received

Collected By CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 3.1     |           | 1           | ug/L         | 15 | 08/05/2016 9:35 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Date Reported: 8/12/2016 Page 3 of 14



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607B58-201

Client Sample ID: ROOM 311/HOSE 3

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :7/9/2016 1:58:00 PM

FLUSH-ROSSETTI :7/13/2016 10:05:00 AM Received

Collected By CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 3.5     |           | 1           | ug/L         | 15 | 08/05/2016 9:38 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 4 of 14



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607B58-204

Client Sample ID: ROOM 308/HOSE/CW

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :7/9/2016 2:11:00 PM Received

FLUSH-ROSSETTI :7/13/2016 10:05:00 AM

Collected By CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 42      | *         | 1           | ug/L         | 15 | 08/05/2016 9:41 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 5 of 14



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To:

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607B58-205

Client Sample ID: ROOM 308/HOSE/HW

**Sample Information:** Type: Potable Water

Origin:

Collected :7/9/2016 2:13:00 PM

FLUSH-ROSSETTI :7/13/2016 10:05:00 AM Received

Todd Vandresar

Collected By CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 4.8     |           | 1           | ug/L         | 15 | 08/05/2016 9:44 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Date Reported: 8/12/2016 Page 6 of 14



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607B58-210

Client Sample ID: ROOM 309/HOSE 1/CW

**Sample Information:** Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :7/9/2016 2:31:00 PM

FLUSH-ROSSETTI :7/13/2016 10:05:00 AM Received

Collected By CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 3.5     |           | 1           | ua/l         | 15 | 08/05/2016 9:58 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 8/12/2016 Page 7 of 14



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607B58-211

Client Sample ID: ROOM 309/HOSE 1/HW

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :7/9/2016 2:33:00 PM

:7/13/2016 10:05:00 AM

FLUSH-ROSSETTI

Collected By CLIENTY

Received

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:           | Container:         |
| Lead               |              | 2.6     |           | 1           | ug/L         | 15 | 08/05/2016 10:01 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 8 of 14



Todd Vandresar

:7/9/2016 3:24:00 PM

LABORATORY RESULTS Results are only for the samples and analytes requested.

FLUSH-ROSSETTI

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To:

Collected

Lab No. : 1607B58-234

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 301/HOSE/CW

Origin:

Received :7/13/2016 10:05:00 AM Collected By CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:           | Container:         |
| Lead               |              | 1.1     |           | 1           | ug/L         | 15 | 08/05/2016 10:04 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported:

8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1607B58-242

Sample Information:

Type: Potable Water

Attn To: Todd Vandresar

:7/9/2016 3:43:00 PM

Client Sample ID: OUTSIDE SPIGOT 1

Origin:

Received : 7/13/2016 10:05:00 AM

Collected By CLIENTY

Collected

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:           | Container:         |
| Lead               |              | 1.4     |           | 1           | ug/L         | 15 | 08/05/2016 10:07 PM | Container-01 of 01 |

FLUSH-ROSSETTI

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607B58

12-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R103229

| Sample ID: MB-57398 | SampType: MBLK    | TestCode: 200.8_MDL   | Units: ug/L | Prep Date:              | RunNo: 103229  |
|---------------------|-------------------|-----------------------|-------------|-------------------------|----------------|
| Client ID: PBW      | Batch ID: R103229 | TestNo: <b>E200.8</b> |             | Analysis Date: 8/5/2016 | SeqNo: 2279507 |

Analyte Result PQL SPK value SPK Ref Val %REC LowLimit HighLimit RPD Ref Val %RPD RPDLimit Qual

Lead < 1.0 1.0

| Sample ID: LCS-57398 | SampType: LCS TestCode: 200.8_MDL Units: ug/L |       | Units: ug/L       | Prep Date:  |      |             | RunNo: <b>103229</b> |             |                   |          |      |
|----------------------|---|-------|-------------------|-------------|------|-------------|----------------------|-------------|-------------------|----------|------|
| Client ID: LCSW      | Batch ID: R103229                             | TestN | lo: <b>E200.8</b> |             |      | Analysis Da | te: <b>8/5/201</b>   | 6           | SeqNo: <b>227</b> | 79508    |      |
| Analyte              | Result  | PQL   | SPK value         | SPK Ref Val | %REC | LowLimit    | HighLimit            | RPD Ref Val | %RPD              | RPDLimit | Qual |
| Lead                 | 51  | 1.0   | 50.00             | 0           | 103  | 85          | 115                  |             |                   |          |      |

| <b>Oualifiers:</b> |  |
|--------------------|--|

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1607B58

12-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R103229

| Sample ID: CalBlank Client ID: PBW | SampType: MBLK Batch ID: R103229 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 8/5/2016  | RunNo: <b>103229</b><br>SeqNo: <b>2279495</b> |
|------------------------------------|----------------------------------|---|-------------------------------------|---|
| Analyte                            | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |
| Lead                               | < 1.0                            | 1.0   |                                     |   |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

### **Sample Receipt Checklist**

Date and Time Received: 7/13/2016 10:05:00 AM Client Name MOBOCES RcptNo: 1 Received by: Erick Johnson Work Order Number: 1607B58 Hivri Elizabeth Harrison Completed by: Reviewed by: 7/14/2016 5:49:05 PM Completed Date: Reviewed Date: 7/18/2016 12:18:47 PM Carrier name: FedEx **~** No  $\square$ Chain of custody present? Yes **~** No 🗌 Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? No | Yes ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes ~ No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Yes Not Present Samples in proper container/bottle? Yes ~ No | **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken  $\square$ Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 All samples received within holding time? Yes **V** No 🗌 Was an attempt made to cool the samples? NA Yes No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗹 Tο No  $\square$ **V** No Vials Water - Were bubbles absent in VOC vials? Yes No  $\square$ Water - Was there Chlorine Present? No  $\square$ **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? No 🗸 Custody Seals present? Yes Air Bill 🔽 Sticker Not Present Airbill or Sticker? Airbill No: 7767 2758 5300 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable, ☐ No **✓** NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: In Person: Email: Client Instructions: Date Contacted: Contacted By: Regarding: Comments: CorrectiveAction:



 $\frac{\text{WorkOrder:}}{1607B58}$ 

## Certifications

| STATE            | CERTIFICATION # |  |  |  |  |
|------------------|-----------------|--|--|--|--|
| NEW YORK         | 10478           |  |  |  |  |
| NEW JERSEY       | NY158           |  |  |  |  |
| CONNECTICUT      | PH-0435         |  |  |  |  |
| MARYLAND         | 208             |  |  |  |  |
| MAS S ACHUS ETTS | MNY026          |  |  |  |  |
| NEW HAMPS HIRE   | 2987            |  |  |  |  |
| RHODE IS LAND    | LAO00340        |  |  |  |  |
| PENNS YLVANIA    | 68-00350        |  |  |  |  |

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607186-092

Client Sample ID.: ROOM 433/SHOWER 1/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**FLUSH-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Federal ID:

Collected: 07/16/2016 11:11 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.8     |           | 1           | ug/L         | 15           | 08/06/2016 3:10 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 28

Type: Potable Water

Origin:



Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**FLUSH-TRIPLEXUS** 

LABORATORY RESULTS

Lab No. : 1607186-093

Client Sample ID.: ROMM 433/SHOWER 1/HW

Attn To: Todd Vandresar

Madison-Oneida BOCES

Federal ID:

4937 Spring Road

Verona, NY 13478

Collected: 07/16/2016 11:12 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 8.5     |           | 1           | ug/L         | 15           | 08/06/2016 3:13 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

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N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

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Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 28

Origin:

Type: Potable Water

LABORATORY RESULTS

# 575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607186-094

Client Sample ID.: ROOM 433/SHOWER 2/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

**FLUSH-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

4937 Spring Road

Verona, NY 13478

Collected: 07/16/2016 11:15 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.8     |           | 1           | ug/L         | 15           | 08/06/2016 3:15 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 3 of 28

Origin:

Type: Potable Water

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS Results are only for the samples and analytes requested.

575 Broad Hollow Road, Melville, NY 11747 

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607186-095

Client Sample ID.: ROOM 433/SHOWER 2/HW

**FLUSH-TRIPLEXUS** 

Federal ID:

Collected: 07/16/2016 11:16 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.5     |           | 1           | ug/L         | 15           | 08/06/2016 3:24 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 4 of 28

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607186-096

Client Sample ID.: ROOM 433/SHOWER 3/CW

LABORATORY RESULTS

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**FLUSH-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 07/16/2016 11:19 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.1     |           | 1           | ug/L         | 15           | 08/06/2016 3:27 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 5 of 28

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

### LABORATORY RESULTS

Type: Potable Water

rigin:

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

**FLUSH-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES
4937 Spring Road
Lab No. : 1607I86-097

www.pacelabs.com

Verona, NY 13478 Client Sample ID. : ROOM 433/SHOWER 3/HW

Attn To: Todd Vandresar

NYSDOH ID#10478

Federal ID:

Collected : 07/16/2016 11:20 AM Point No: Received : 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 6.4     |           | 1           | ua/l         | 15           | 08/06/2016 3:36 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 6 of 28

Type: Potable Water

Origin:

### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**FLUSH-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

575 Broad Hollow Road, Melville, NY 11747 

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607186-098

Client Sample ID.: ROOM 433/SHOWER 4/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 07/16/2016 11:23 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.6     |           | 1           | ug/L         | 15           | 08/06/2016 3:39 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 7 of 28

Type: Potable Water

Origin:

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES Lab No. : 1607186-104 4937 Spring Road

Client Sample ID.: ROOM 434/SHOWER 1/CW

Attn To: Todd Vandresar

**FLUSH-TRIPLEXUS** 

Federal ID:

Collected: 07/16/2016 11:37 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

Verona, NY 13478

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.2     |           | 1           | ug/L         | 15           | 08/06/2016 3:42 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 8 of 28

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Lab No. : 1607186-106

Client Sample ID.: ROOM 434/SHOWER 2/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**FLUSH-TRIPLEXUS** 

Results are only for the samples and analytes requested.

Federal ID:

Collected: 07/16/2016 11:41 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.4     |           | 1           | ug/L         | 15           | 08/06/2016 3:45 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 9 of 28

575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**FLUSH-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Client Sample ID.: ROOM 434/SHOWER 2/HW

Attn To: Todd Vandresar

NYSDOH ID#10478

Federal ID:

Collected: 07/16/2016 11:43 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 4.1     |           | 1           | ug/L         | 15           | 08/12/2016 2:06 PM | Container-01 of 01 |

Lab No. : 1607186-107

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 10 of 28

Face Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

**FLUSH-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607[86-108

Verona, NY 13478 Client Sample ID. : ROOM 434/SHOWER 3/HW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

NYSDOH ID#10478

Federal ID:

Collected : 07/16/2016 11:45 AM Point No: Received : 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 4.0     |           | 1           | ug/L         | 15           | 08/06/2016 3:48 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

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Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 11 of 28

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested.

Client Sample ID.: ROOM 434/SHOWER 4/CW

Lab No. : 1607186-109

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**FLUSH-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/16/2016 11:47 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 13      |           | 1           | ug/L         | 15           | 08/06/2016 3:51 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607186-110

Client Sample ID.: ROOM 434/SHOWER 4/HW

Attn To: Todd Vandresar

NYSDOH ID#10478

**FLUSH-TRIPLEXUS** 

Federal ID:

Collected: 07/16/2016 11:48 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.4     |           | 1           | ug/L         | 15           | 08/06/2016 3:59 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Type: Potable Water

Origin:

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607186-124

Client Sample ID.: ROOM 318/KITCHEN SINK 2/CW

LABORATORY RESULTS

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**FLUSH-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 07/16/2016 12:35 PM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 08/06/2016 4:02 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747 

### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

**FLUSH-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607186-154

4937 Spring Road Client Sample ID.: ROOM 309A/SLOP SINK/CW Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Federal ID:

Madison-Oneida BOCES

www.pacelabs.com

Collected: 07/16/2016 1:37 PM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 08/06/2016 4:11 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 15 of 28

Type: Potable Water

Origin:

### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**FLUSH-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1607186-157 4937 Spring Road

Client Sample ID.: ROOM 302/SINK 1/HW Verona, NY 13478

Attn To: Todd Vandresar Federal ID:

Collected: 07/16/2016 1:45 PM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | 4            | 15      | *         | 1           | ua/l         | 15           | 08/06/2016 4·17 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road

Verona, NY 13478 Client Sample ID. : ROOM 302/SINK 2/CW

www.pacelabs.com

Attn To: Todd Vandresar

NYSDOH ID#10478

FLUSH-TRIPLEXUS

Federal ID:

Collected : 07/16/2016 1:46 PM Point No: Received : 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |                  |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |                  | 1           | ua/L         | 15           | 08/06/2016 4:20 AM | Container-01 of 01 |

Lab No. : 1607186-158

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Client Sample ID.: ROOM 302/SINK 2/HW

Lab No. : 1607186-159

Attn To: Todd Vandresar

NYSDOH ID#10478

**FLUSH-TRIPLEXUS** 

Federal ID:

Collected: 07/16/2016 1:47 PM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 08/06/2016 4:23 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607186-160

Client Sample ID.: ROOM 304/UTILITY SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**FLUSH-TRIPLEXUS** 

Federal ID:

Collected: 07/16/2016 1:49 PM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 08/06/2016 4:26 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**FLUSH-TRIPLEXUS** 

LABORATORY RESULTS

Lab No. : 1607186-197

Client Sample ID.: ROOM 202/SINK/HW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 07/16/2016 3:13 PM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.0     |           | 1           | ua/l         | 15           | 08/06/2016 4:34 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607186-198 Client Sample ID.: ROOM 206/SINK

Attn To: Todd Vandresar

NYSDOH ID#10478

**FLUSH-TRIPLEXUS** 

Federal ID:

Collected: 07/16/2016 3:15 PM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 6.0     |           | 1           | ug/L         | 15           | 08/06/2016 4:37 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

LABORATORY RESULTS

Type: Potable Water

Origin:

NYSDOH ID#10478 www.pacelabs.com The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Results are only for the samples and analytes requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607186-203

Client Sample ID.: ROOM 113/COFFEE MAKER

**FLUSH-TRIPLEXUS** 

Federal ID:

Collected: 07/16/2016 3:26 PM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.5     |           | 1           | ug/L         | 15           | 08/06/2016 4:46 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607l86-223

Client Sample ID.: ROOM 434/SHOWER 3/CW

Attn To : Todd Vandresar FLUSH-TRIPLEXUS

www.pacelabs.com

Federal ID:

Collected : 07/16/2016 11:43 AM Point No: Received : 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.5     |           | 1           | ug/L         | 15           | 08/06/2016 4:49 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/12/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1607I86

12-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R103246

| Sample ID: CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>103246</b>  |  |
|---------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW      | Batch ID: R103246 | TestNo: <b>E200.8</b>            | Analysis Date: 8/5/2016             | SeqNo: <b>2280129</b> |  |
| Analyte             | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead                | < 1.0             | 1.0                              |                                     |                       |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607I86

12-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R103620

| Sample ID: CalBlank Client ID: PBW | SampType: MBLK Batch ID: R103620 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 8/12/2016 | RunNo: <b>103620</b><br>SeqNo: <b>2289390</b> |  |
|------------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                            | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                               | < 1.0                            | 1.0   |                                     |   |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

Sample Receipt Checklist

TEL: (631) 694-3040 FAX: (631) 420-8436 Website: www.pacelabs.com

Client Name MOBOCES Date and Time Received: 7/21/2016 9:25:00 AM RcptNo: 1 Received by: Erick Johnson Work Order Number: 1607I86 Hivri Elizabeth Harrison Completed by: Reviewed by: 7/21/2016 9:13:22 PM Completed Date: Reviewed Date: 8/12/2016 11:35:50 PM Carrier name: FedEx **~** No  $\square$ Chain of custody present? Yes **~** No  $\square$ Chain of custody signed when relinquished and received? Yes No 🗸 Chain of custody agrees with sample labels? Yes ✓ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes ~ No  $\square$ No  $\square$ **V** Custody seals intact on sample bottles? Yes Not Present Samples in proper container/bottle? Yes ~ No | **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken  $\square$ Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 All samples received within holding time? Yes **V** No 🗌 Was an attempt made to cool the samples? NA Yes No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗸 To **V** Water - Were bubbles absent in VOC vials? No Vials Yes **V** No  $\square$ Water - Was there Chlorine Present? No  $\square$ **~** Water - pH acceptable upon receipt? No Water Yes Yes 🗸 No  $\square$ Are Samples considered acceptable? Yes 🗸 No 🗌 Custody Seals present? Air Bill 🔽 Sticker Not Present Airbill or Sticker? Airbill No: 7768 0621 5641 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable.



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

**Sample Receipt Checklist** 

TEL: (631) 694-3040 FAX: (631) 420-8436 Website: <u>www.pacelabs.com</u>

| Client Name MOBOCES   |                              |                        | Date and Time Received:             | 7/21/2016 9:25:00 AM |  |  |  |  |  |  |
|---|------------------------------|------------------------|-------------------------------------|----------------------|--|--|--|--|--|--|
| Work Order Number: 160718   | RcptNo: 1                    |                        | Received by: Erick Johns            | son                  |  |  |  |  |  |  |
| Client Contacted?   | es 🗌 No 🗹 NA                 | Person Contacted:      |                                     |                      |  |  |  |  |  |  |
| Contact Mode:   | hone: Fax:                   | Email:                 | ☐ In Person:                        |                      |  |  |  |  |  |  |
| Client Instructions:  |                              |                        |                                     |                      |  |  |  |  |  |  |
| Date Contacted:   | Cont                         | acted By:              |                                     |                      |  |  |  |  |  |  |
| Regarding:  |                              |                        |                                     |                      |  |  |  |  |  |  |
| Comments:   |                              |                        |                                     |                      |  |  |  |  |  |  |
| Time of collection on chain for   | r Sample ID "Bath by Rm 43   | 5/shower/CW" says 7    | 7/16 11:37. Bottle says 7/16 11:38. |                      |  |  |  |  |  |  |
| Time of collection on chain for Sample ID "Room 434/shower 1/HW" says 7/16 11:40. Bottle says 7/16 11:37.   |                              |                        |                                     |                      |  |  |  |  |  |  |
| Time of collection on chain for   | r sample ID "Room 434/sho    | wer 2/CW" says 7/16    | 11:41. Bottle says 7/16 11:40.      |                      |  |  |  |  |  |  |
| Time of collection on chain for   | r sample ID "Room 434/shov   | wer 2/HW" says 7/16    | 11:43. Bottle says 7/16 11:41.      |                      |  |  |  |  |  |  |
| Time of collection on chain for   | r sample ID "Room 434/sho    | wer 1/CW" says 7/16    | 11:37. Bottle says 7/16 11:36.      |                      |  |  |  |  |  |  |
| All samples are logged as pe  | r chain.                     |                        |                                     |                      |  |  |  |  |  |  |
| Sample ID " Room 434/Sink   | 4" was indicated on chain bu | t not received at lab. |                                     |                      |  |  |  |  |  |  |
| Sample ID on chain for bottle #368 says "Room 214A/Bath Sink/HW." Sample ID on bottle says "Room 214C/Bath Sink/HW-F." There were two bottle received with the same ID of "Room 214C/Bath Sink/HW-F." One sample had the proper time of collection indicated on chain for sample ID "Room 214C/Bath Sink/HW-F" The additional bottle received had a time of collection of 7/16 14:48 which matched the time of collection/bottle # of sample ID "Room 214A/Bath Sink/HW." Sample was logged/labeled as per time of collection indicated on chain. |                              |                        |                                     |                      |  |  |  |  |  |  |
| Sample ID "Room 434/Show  | er 3/CW" was not indicated o | n chain                |                                     |                      |  |  |  |  |  |  |
| CorrectiveAction:   |                              |                        |                                     |                      |  |  |  |  |  |  |
|   |                              |                        |                                     |                      |  |  |  |  |  |  |



 $\frac{\text{WorkOrder:}}{1607I86}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1607J79-001 4937 Spring Road Client Sample ID. : BREAK ROOM/CW Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/16/2016 6:50 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 3:08 AM | Container-01 of 01 |

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

**RAW-ROSSETTI** 

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 22

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested. Lab No. : 1607J79-002

Client Sample ID.: BREAK ROOM/HW

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-ROSSETTI** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/16/2016 6:51 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 3:11 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 2 of 22

Type: Potable Water

LABORATORY RESULTS

The lab is not directly responsible for the integrity of the sample before

Origin: Results are only for the samples and analytes requested.

575 Broad Hollow Road, Melville, NY 11747 NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-003

Client Sample ID.: BREAK ROOM/FRIDGE

Attn To: Todd Vandresar

**RAW-ROSSETTI** 

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 07/16/2016 6:52 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 3:14 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 3 of 22

Type: Potable Water

Origin:

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

**RAW-ROSSETTI** 

575 Broad Hollow Road, Melville, NY 11747 

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607J79-004

Client Sample ID.: ROOM 310/SHOWER/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 07/16/2016 6:56 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 13      |           | 1           | ug/L         | 15           | 07/28/2016 3:17 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 4 of 22

Type: Potable Water

Origin:

#### LABORATORY RESULTS

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-005

Client Sample ID.: ROOM 310/SHOWER/HW

Attn To: Todd Vandresar

RAW-ROSSETTI

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected : 07/16/2016 6:57 AM Point No: Received : 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 7.0     |           | 1           | ug/L         | 15           | 07/28/2016 3:32 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 5 of 22

Origin:

Type: Potable Water

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040

FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Location:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**RAW-ROSSETTI** 

Lab No. : 1607J79-006

Client Sample ID.: ROOM 103/SHOWER/CW

Attn To: Todd Vandresar

Received: 07/21/2016 9:25 AM

**Madison-Oneida BOCES** 

4937 Spring Road

Verona, NY 13478

Federal ID: Collected: 07/16/2016 7:06 AM Point No:

Collected By: CLIENTY

Analytical Method: E200.8: IOC Analyst: AG Parameter(s) D.F Units Limit Analyzed: Container: Results Qualifier ug/L 15 07/28/2016 3:35 AM Container-01 of 01 170 1 Lead

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747 

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LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-007

Client Sample ID.: ROOM 103/SHOWER/HW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ROSSETTI** 

Federal ID:

Collected: 07/16/2016 7:07 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 48      | *         | 1           | ug/L         | 15           | 07/28/2016 3:37 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 7 of 22

Origin:

Type: Potable Water

LABORATORY RESULTS

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607J79-008 Client Sample ID.: ROOM 101A/SHOWER/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**RAW-ROSSETTI** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 07/16/2016 7:11 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 9.1     |           | 1           | ug/L         | 15           | 07/28/2016 3:40 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 8 of 22

Origin:

Type: Potable Water

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-009

Client Sample ID.: ROOM 101A/SHOWER/HW

Attn To: Todd Vandresar

**RAW-ROSSETTI** 

Federal ID:

Collected: 07/16/2016 7:12 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 8.3     |           | 1           | ug/L         | 15           | 07/28/2016 3:43 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

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H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

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Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 9 of 22

Type: Potable Water

Origin:



LABORATORY RESULTS

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The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-010

Client Sample ID.: ROOM 306/HOSE/CW

Attn To: Todd Vandresar

**RAW-ROSSETTI** 

Federal ID:

Collected: 07/16/2016 7:17 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 5.5     |           | 1           | ug/L         | 15           | 07/28/2016 3:46 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 10 of 22

575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road

Client Sample ID.: ROOM 306/EYEWASH Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ROSSETTI** 

Federal ID:

Collected: 07/16/2016 7:20 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.5     |           | 1           | ug/L         | 15           | 07/28/2016 3:49 AM | Container-01 of 01 |

Lab No. : 1607J79-011

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-012

Client Sample ID.: ROOM 309/EYEWASH

Attn To: Todd Vandresar

**RAW-ROSSETTI** 

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 07/16/2016 7:24 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |                  |             |              |              |                    | Analyst: AG |
|--------------------|--------------|---------|------------------|-------------|--------------|--------------|--------------------|-------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:  |
| Lead               |              | < 1.0   |                  | 1           | ua/L         | 15           | 07/28/2016 3:55 AM |             |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-013

Client Sample ID.: ROOM 301/EYEWASH

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ROSSETTI** 

Federal ID:

Collected : 07/16/2016 7:28 AM Point No: Received : 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 4:07 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

Results are only for the samples and analytical

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES
4937 Spring Road

Lab No. : 1607J79-014

Attn To: Todd Vandresar

Client Sample ID. : ROOM 201/EYEWASH

Federal ID:

RAW-ROSSETTI

receipt at the lab and is responsible only for the tests requested.

Collected : 07/16/2016 7:30 AM Point No: Received : 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

Verona, NY 13478

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 4:10 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES Lab No. : 1607J79-015

Client Sample ID.: ROOM 217/EYEWASH Verona, NY 13478

www.pacelabs.com

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ROSSETTI** 

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 07/16/2016 7:33 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

4937 Spring Road

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.6     |           | 1           | ua/L         | 15           | 07/28/2016 4:12 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 15 of 22

Origin:

Type: Potable Water

# Results are only for the samples and analytes requested.

575 Broad Hollow Road, Melville, NY 11747 NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607J79-016

Verona, NY 13478 Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Client Sample ID.: OUTSIDE SPIGOT #4

Federal ID:

**RAW-ROSSETTI** 

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Collected: 07/16/2016 7:43 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.2     |           | 1           | ug/L         | 15           | 07/28/2016 4:15 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-017

Client Sample ID. : OUTSIDE SPIGOT #5

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ROSSETTI** 

Federal ID:

Collected: 07/16/2016 7:44 AM Point No: Received: 07/21/2016 9:25 AM Location:

575 Broad Hollow Road, Melville, NY 11747

www.pacelabs.com

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.1     |           | 1           | ug/L         | 15           | 07/28/2016 4:18 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-018
Client Sample ID. : OUTSIDE SPIGOT #6

Attn To: Todd Vandresar

NYSDOH ID#10478

RAW-ROSSETTI

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected : 07/16/2016 7:47 AM Point No: Received : 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.9     |           | 1           | ug/L         | 15           | 07/28/2016 4:21 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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LABORATORY RESULTS 575 Broad Hollow Road, Melville, NY 11747

www.pacelabs.com

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607J79-019

Client Sample ID. : OUTSIDE SPIGOT #7

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ROSSETTI** 

Federal ID:

Collected: 07/16/2016 7:52 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 5.7     |           | 1           | ug/L         | 15           | 07/28/2016 4:24 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607J79

31-Jul-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R102586

| Sample ID: CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>102586</b>  |  |
|---------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW      | Batch ID: R102586 | TestNo: <b>E200.8</b>            | Analysis Date: 7/27/2016            | SeqNo: <b>2263191</b> |  |
| Analyte             | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead                | < 1.0             | 1.0                              |                                     |                       |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



Comments:

CorrectiveAction:

#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

### **Sample Receipt Checklist**

Website: www.pacelabs.com Client Name MOBOCES Date and Time Received: 7/21/2016 9:25:00 AM RcptNo: 1 Received by: Erick Johnson Work Order Number: 1607J79 Hivri Elizabeth Harrison Completed by: Reviewed by: 7/22/2016 6:14:48 PM Completed Date: Reviewed Date: 7/26/2016 8:52:55 PM Carrier name: FedEx **~** No  $\square$ Chain of custody present? Yes **~** No  $\square$ Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? No | Yes ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes ~ No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Yes Not Present Samples in proper container/bottle? Yes ~ No | **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken  $\square$ Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 All samples received within holding time? Yes **~** No 🗌 NA Was an attempt made to cool the samples? Yes ~ No 🗌 NA All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗸 Tο No  $\square$ **V** Water - Were bubbles absent in VOC vials? No Vials Yes No  $\square$ Water - Was there Chlorine Present? No  $\square$ **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? Yes 🗸 No 🗌 Custody Seals present? Air Bill 🔽 Sticker Not Present Airbill or Sticker? Airbill No: 7768 0621 5641 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable, ☐ No **✓** NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: In Person: Email: Client Instructions: Date Contacted: Contacted By: Regarding:



 $\frac{\text{WorkOrder:}}{1607\text{J}79}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Origin:

Type: Potable Water

LABORATORY RESULTS

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607J97-006

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Client Sample ID.: ROOM 103/SHOWER/CW

**FLUSH-ROSSETTI** 

receipt at the lab and is responsible only for the tests requested.

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

Federal ID:

Collected: 07/16/2016 7:07 AM Point No:

Received: 07/21/2016 9:25 AM Location: Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.6     |           | 1           | ua/l         | 15           | 08/06/2016 4:52 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/10/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 5

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607J97-007 Client Sample ID.: ROOM 103/SHOWER/HW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**FLUSH-ROSSETTI** 

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

Federal ID:

Collected: 07/16/2016 7:08 AM Point No: Received: 07/21/2016 9:25 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 27      | *         | 1           | ug/L         | 15           | 08/06/2016 4:55 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/10/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 5



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607J97

10-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R103246

| Sample ID: CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>103246</b>  |  |
|---------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW      | Batch ID: R103246 | TestNo: <b>E200.8</b>            | Analysis Date: 8/5/2016             | SeqNo: <b>2280129</b> |  |
| Analyte             | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead                | < 1.0             | 1.0                              |                                     |                       |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

**Sample Receipt Checklist** 

TEL: (631) 694-3040 FAX: (631) 420-8436 Website: <u>www.pacelabs.com</u>

| Client Name MOBOCES                                    |                        |          | Date an           | d Time Received:     | 7/21/2016 9:25:00 AM |  |
|--|------------------------|----------|-------------------|----------------------|----------------------|--|
| Work Order Number: 1607J97 RcptN                       |                        |          | Receive           | d by: Erick Johns    | on                   |  |
| Completed by: Jackyn Kur                               | i                      | Revie    | ewed by: <b>೭</b> | Elizabeth            | Harrison             |  |
| Completed Date: 7/22/2016 6:30:16 PM                   |                        | Revie    | ewed Date:        | 7/26/2016 8:56:56 PM |                      |  |
| Carrier name: FedEx                                    |                        |          |                   |                      |                      |  |
| Chain of custody present?                              | Yes                    | <b>✓</b> | No 🗌              |                      |                      |  |
| Chain of custody signed when relinquished and receive  | ed? Yes                | <b>✓</b> | No 🗌              |                      |                      |  |
| Chain of custody agrees with sample labels?            | Yes                    | <b>✓</b> | No 🗌              |                      |                      |  |
| Are matrices correctly identified on Chain of custody? | Yes                    | <b>✓</b> | No 🗌              |                      |                      |  |
| Is it clear what analyses were requested?              | Yes                    | <b>✓</b> | No 🗌              |                      |                      |  |
| Custody seals intact on sample bottles?                | Yes                    |          | No 🗌              | Not Present          | $\checkmark$         |  |
| Samples in proper container/bottle?                    | Yes                    | <b>✓</b> | No 🗌              |                      |                      |  |
| Were correct preservatives used and noted?             | Yes                    | <b>✓</b> | No 🗆              | NA                   |                      |  |
| Preservative added to bottles:                         | . 00                   |          |                   |                      |                      |  |
| Sample Condition?                                      | Intact                 | <b>✓</b> | Broken            | Leaking              |                      |  |
| Sufficient sample volume for indicated test?           | Yes                    | <b>✓</b> | No $\square$      | Loaking              | _                    |  |
| Were container labels complete (ID, Pres, Date)?       | Yes                    | <b>✓</b> | No 🗆              |                      |                      |  |
| All samples received within holding time?              | Yes                    | <b>✓</b> | No 🗌              |                      |                      |  |
| Was an attempt made to cool the samples?               | Yes                    | <b>✓</b> | No 🗌              | NA                   |                      |  |
| All samples received at a temp. of > 0° C to 6.0° C?   | Yes                    | <b>✓</b> | No 🗌              | NA                   |                      |  |
| Response when temperature is outside of range:         |                        |          |                   |                      |                      |  |
| Sample Temp. taken and recorded upon receipt?          | Yes                    |          | No 🗸              | То                   | 0                    |  |
| Water - Were bubbles absent in VOC vials?              | Yes                    |          | No 🗆              | No Vials             | $\checkmark$         |  |
| Water - Was there Chlorine Present?                    | Yes                    |          | No 🗆              | NA                   | ✓                    |  |
| Water - pH acceptable upon receipt?                    | Yes                    |          | No 🗆              | No Water             | <b>✓</b>             |  |
| Are Samples considered acceptable?                     | Yes                    | <b>✓</b> | No $\square$      | No Water             | _                    |  |
| Custody Seals present?                                 | Yes                    | <b>✓</b> | No $\square$      |                      |                      |  |
|  | Air Bill               |          | Sticker           | Not Present          |                      |  |
| Airbill or Sticker?                                    |                        |          |                   | Not Present          |                      |  |
| Airbill No:  | 7768 0                 | 021 50   | 041               |                      |                      |  |
| Case Number: SDG:                                      |                        | S        | AS:               |                      |                      |  |
|  |                        |          |                   |                      |                      |  |
| Any No response should be detailed in the comments     | section below, if appl | icable.  | <u> </u>          |                      |                      |  |
|  |                        | 4l.      | _ — — — —         |                      |                      |  |
| Client Contacted? ☐ Yes ☐ No ☑ NA                      |                        | actea:   |                   |                      |                      |  |
| Contact Mode: Phone: Fax:                              | Email:                 |          | In Person:        |                      |                      |  |
| Client Instructions:                                   |                        |          |                   |                      |                      |  |
| Date Contacted:  | Contacted By:          |          |                   |                      |                      |  |
| Regarding:   |                        |          |                   |                      |                      |  |
| Comments:  |                        |          |                   |                      |                      |  |
| CorrectiveAction:                                      |                        |          |                   |                      |                      |  |
|  |                        |          |                   |                      |                      |  |



 $\frac{\text{WorkOrder:}}{1607\text{J}97}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Type: Potable Water LABORATORY RESULTS Origin:

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**RAW-CON. ED BLDG** 

Madison-Oneida BOCES Lab No. : 1607L47-001 4937 Spring Road

Client Sample ID.: OUTSIDE SPIGOT/REAR Verona, NY 13478 Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 7:56 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 18      | *         | 1           | ug/L         | 15           | 07/28/2016 5:57 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 18

LABORATORY RESULTS 575 Broad Hollow Road, Melville, NY 11747

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607L47-002

Client Sample ID.: DOWNSTAIRS MEN'S ROOM/SINK/CW

**RAW-CON. ED BLDG** 

Federal ID:

Collected: 07/23/2016 8:00 AM Point No Received: 07/26/2016 9:50 AM Location:

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 6:00 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 18

Type: Potable Water

#### LABORATORY RESULTS

Origin:

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L47-003

Client Sample ID.: DOWNSTAIRS MEN'S ROOM/SINK/HW

**RAW-CON. ED BLDG** 

Attn To: Todd Vandresar Federal ID:

Collected: 07/23/2016 8:01 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | _            | 1.2     |           | 1           | ug/L         | 15           | 07/28/2016 6:09 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 3 of 18

Type : Potable Water

RESULTS Origin:

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607L47-004

Client Sample ID.: DOWNSTAIRS LADIES ROOM/SINK/CW

RAW-CON. ED BLDG

Federal ID:

Collected : 07/23/2016 8:03 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.4     |           | 1           | ug/L         | 15           | 07/28/2016 6:12 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/4/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 4 of 18

LABORATORY RESULTS 575 Broad Hollow Road, Melville, NY 11747

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607L47-005

Client Sample ID.: DOWNSTAIRS LADIES ROOM/SINK/HW

**RAW-CON. ED BLDG** 

Federal ID:

Collected: 07/23/2016 8:04 AM Point No Received: 07/26/2016 9:50 AM Location:

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.4     |           | 1           | ug/L         | 15           | 07/28/2016 6:15 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 5 of 18

575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before TEL: (631) 694-3040 FAX: (631) 420-8436 receipt at the lab and is responsible only for the tests requested NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L47-006 Client Sample ID.: SLOP SINK/CW

Attn To: Todd Vandresar Federal ID:

**RAW-CON. ED BLDG** 

Collected: 07/23/2016 8:06 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.5     |           | 1           | ua/L         | 15           | 07/28/2016 6:27 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 6 of 18

Origin:

Type: Potable Water

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L47-007 Client Sample ID.: SLOP SINK/HW

Attn To: Todd Vandresar

**RAW-CON. ED BLDG** 

Federal ID:

Collected: 07/23/2016 8:07 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 4.3     |           | 1           | ua/L         | 15           | 07/28/2016 6:29 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 7 of 18

Origin:

Type: Potable Water

LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Lab No. : 1607L47-008

Client Sample ID.: UPSTAIRS BATH/CW

Attn To: Todd Vandresar **RAW-CON. ED BLDG** 

Federal ID:

Collected: 07/23/2016 8:09 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | -10     | -         | 1           | ua/l         | 15           | 07/28/2016 6:32 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

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H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 8 of 18

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Lab No. : 1607L47-009

Client Sample ID. : UPSTAIRS BATH/HW

Attn To: Todd Vandresar

Madison-Oneida BOCES

NYSDOH ID#10478

Federal ID:

4937 Spring Road

Verona, NY 13478

**RAW-CON. ED BLDG** 

Collected : 07/23/2016 8:10 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 07/28/2016 6:35 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

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r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 9 of 18

Origin:

Type: Potable Water

LABORATORY RESULTS

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Point No

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Lab No. : 1607L47-010

Client Sample ID.: UPSTAIRS KITCHEN SINK/CW

Attn To: Todd Vandresar

Collected: 07/23/2016 8:12 AM

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

**RAW-CON. ED BLDG** 

receipt at the lab and is responsible only for the tests requested

Received: 07/26/2016 9:50 AM Location: Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |                  |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.6     |                  | 1           | ug/L         | 15           | 07/28/2016 6:44 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 10 of 18

Type: Potable Water

Origin:

LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L47-011

Client Sample ID.: UPSTAIRS KITCHEN SINK/HW

**RAW-CON. ED BLDG** 

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 8:13 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 6:47 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 11 of 18

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1607L47-012 4937 Spring Road

Client Sample ID.: OUTSIDE SPIGOT/FRONT Verona, NY 13478

Attn To: Todd Vandresar **RAW-CON. ED BLDG** 

Federal ID:

Collected: 07/23/2016 8:15 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         | Prep I    | Method: E20 | 00.8         | Prep Date: 8/ | 3/2016 11:00:00 AM | Analyst: CM        |
|--------------------|--------------|---------|-----------|-------------|--------------|---------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u>  | Analyzed:          | Container:         |
| Lead               | *            | 170     | *         | 1           | ua/L         | 15            | 08/04/2016 1:28 PM | Container-01 of 01 |

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 12 of 18

Origin:

Type: Potable Water

LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607L47-013

Client Sample ID.: DOWNSTAIRS/KITCHEN SINK/CW

**RAW-CON. ED BLDG** 

Federal ID:

Collected: 07/23/2016 8:18 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.7     |           | 1           | ug/L         | 15           | 07/28/2016 6:50 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 13 of 18

Type: Potable Water

Origin:

#### LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Lab No. : 1607L47-014

4937 Spring Road Client Sample ID.: DOWNSTAIRS/KITCHEN SINK/HW Verona, NY 13478

Attn To: Todd Vandresar **RAW-CON. ED BLDG** 

Federal ID:

Collected: 07/23/2016 8:19 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

Madison-Oneida BOCES

| Analytical Method: | E200.8 : IOC |         |                  |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.5     |                  | 1           | ua/L         | 15           | 07/28/2016 6:59 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/4/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1607L47

04-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: 57369

| Sample ID MB-57369 Client ID: PBW | SampType: MBLK Batch ID: 57369 | TestCode: 200.8_RT_W Units: ug/L TestNo: E200.8 E200.8 | Prep Date: <b>8/3/2016</b> Analysis Date: <b>8/4/2016</b> | RunNo: <b>103077</b><br>SeqNo: <b>2276181</b> |
|-----------------------------------|--------------------------------|--|---|---|
| Analyte                           | Result                         | PQL SPK value SPK Ref Val                              | %REC LowLimit HighLimit RPD Ref Val                       | %RPD RPDLimit Qual                            |
| Lead                              | < 1.0                          | 1.0  |   |   |

| Sample ID LCS-57369 | SampType: LCS   | TestCode: 200.8_RT_W  | Units: ug/L     | Prep Date: 8/3/2016            | RunNo: <b>103077</b>  |
|---------------------|-----------------|-----------------------|-----------------|--------------------------------|-----------------------|
| Client ID: LCSW     | Batch ID: 57369 | TestNo: <b>E200.8</b> | E200.8          | Analysis Date: <b>8/4/2016</b> | SeqNo: <b>2276198</b> |
| Analyte             | Result          | PQL SPK value SF      | PK Ref Val %REC | LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |
| Lead                | 51              | 1.0 50.00             | 0 101           | 85 115                         |                       |

| Oualifiers: | * | Value exc | eeds l | Maximum | Contaminan | ιt |
|-------------|---|-----------|--------|---------|------------|----|
|-------------|---|-----------|--------|---------|------------|----|

H Holding times for preparation or analysis exceeded

Level

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1607L47

04-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R102642

| Sample ID CalBlank Client ID: PBW | SampType: MBLK Batch ID: R102642 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 7/28/2016 | RunNo: <b>102642</b><br>SeqNo: <b>2264620</b> |  |
|-----------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                           | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                              | < 1.0                            | 1.0   |                                     |   |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

Metville, NY 11/4/
TEL: (631) 694-3040 FAX: (631) 420-8436

### **Sample Receipt Checklist**

Website: www.pacelabs.com

| Client Name MOBOCES  |                      | Date and Time Received: 7/26/2016 9:50:00 AM |                         |  |                                  |              |  |  |  |
|--|----------------------|--|-------------------------|--|----------------------------------|--------------|--|--|--|
| Work Order Number: 1607L47   | RcptNo: 1            |  |                         | Received by  | / Erick Johns                    | on           |  |  |  |
| Completed by: Paige Doll   | rorty                |  | Reviewe                 | d by: E.   | malleth                          | Harrison     |  |  |  |
| Completed Date: 7/26/2016 1:09:20 F  | <u>M</u>             |  | Reviewe                 | d Date:  | 7/26/2016                        | 8 8:47:11 PM |  |  |  |
| Carrier name: FedEx  |                      |  |                         |  |                                  |              |  |  |  |
| Chain of custody present? Chain of custody signed when relinquished ar Chain of custody agrees with sample labels? Are matrices correctly identified on Chain of c Is it clear what analyses were requested? Custody seals intact on sample bottles? |                      | Yes Yes Yes Yes Yes Yes Yes                  | <b>Y Y Y Y Y</b>        | No   | Not Present                      | ✓            |  |  |  |
| Samples in proper container/bottle? Were correct preservatives used and noted? Preservative added to bottles:  |                      | Yes  | <b>✓</b>                | No  No  No   | NA                               |              |  |  |  |
| Sample Condition? Sufficient sample volume for indicated test? Were container labels complete (ID, Pres, Da All samples received within holding time?  | te)?                 | Yes  |                         | Broken   No   No   No   No   | Leaking                          |              |  |  |  |
| Was an attempt made to cool the samples? All samples received at a temp. of > 0° C to 6 Response when temperature is outside of ran  |                      | Yes<br>Yes<br>Not rec                        | <b>✓</b><br>□<br>quired | No ☐<br>No ✔   | NA<br>NA                         |              |  |  |  |
| Sample Temp. taken and recorded upon rece<br>Water - Were bubbles absent in VOC vials?<br>Water - Was there Chlorine Present?<br>Water - pH acceptable upon receipt?<br>Are Samples considered acceptable?   | pt?                  |  |                         | No  \( \frac{\frac{1}{2}}{\text{No}} \) No  \( \sqrt{\text{No}} \) No  \( \sqrt{\text{No}} \) No  \( \sqrt{\text{No}} \) | To<br>No Vials<br>NA<br>No Water | •            |  |  |  |
| Custody Seals present? Airbill or Sticker? Airbill No:   |                      | Yes<br>Air Bil<br>7768 3                     | <b>✓ ✓</b> 909 9067     | No □<br>Sticker □  | Not Present                      |              |  |  |  |
| Case Number: SDG:  |                      |  | SAS:                    |  |                                  |              |  |  |  |
| Any No response should be detailed in the co   | mments section below | v, if appl                                   | icable.                 |  | ====                             |              |  |  |  |
| Client Contacted? Yes No Contact Mode: Phone:  Client Instructions:  | Contact Mode:        |  |                         |  |                                  |              |  |  |  |
| Date Contacted: Regarding: Comments:   | Contacted B          | y:   |                         |  |                                  |              |  |  |  |
| CorrectiveAction:  |                      |  |                         |  |                                  |              |  |  |  |
|  |                      |  |                         |  |                                  |              |  |  |  |



 $\frac{\text{WorkOrder:}}{1607\text{L47}}$ 

### **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERS EY      | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Type: Potable Water

Origin:

## 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested. Lab No. : 1607L48-001

Client Sample ID.: LADIES FACULTY ROOM/SINK 1/CW

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 12:09 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.9     |           | 1           | ug/L         | 15           | 07/28/2016 7:02 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 31

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478

www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 12:10 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

Verona, NY 13478

**RAW-UTICA ACCESS SITE** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Client Sample ID.: LADIES FACULTY ROOM/SINK 1/HW

| Analytical Method: | E200.8 : IOC |         |                  |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |                  | 1           | ua/L         | 15           | 07/28/2016 7:05 PM | Container-01 of 01 |

Lab No. : 1607L48-002

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \ \ \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 31

575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607L48-003

Client Sample ID.: LADIES FACULTY ROOM/SINK 2/CW

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 12:12 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.9     |           | 1           | ug/L         | 15           | 07/28/2016 7:08 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 3 of 31

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478

Attn To: Todd Vandresar

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES
4937 Spring Road
Lab No. : 1607L48-004

www.pacelabs.com

Verona, NY 13478 Client Sample ID. : LADIES FACULTY ROOM/SINK 2/HW

RAW-UTICA ACCESS SITE

Federal ID:

Collected : 07/23/2016 12:13 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 7:10 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 4 of 31

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607L48-005

Client Sample ID.: MENS FACULTY ROOM/SINK 1/CW

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 12:15 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | 4            | 17      | *         | 1           | ua/l         | 15           | 07/28/2016 7·19 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 5 of 31

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES
4937 Spring Road
Lab No. : 1607L48-006

www.pacelabs.com

Verona, NY 13478 Client Sample ID. : MENS FACULTY ROOM/SINK 1/HW

Attn To: Todd Vandresar RAW-UTICA ACCESS SITE

Federal ID:

Collected : 07/23/2016 12:17 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 7.6     |           | 1           | ug/L         | 15           | 07/28/2016 7:22 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 6 of 31

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607L48-007

Client Sample ID. : MENS FACULTY ROOM/SINK 2/CW

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 12:18 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 7.3     |           | 1           | ug/L         | 15           | 07/28/2016 7:25 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 7 of 31

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607L48-008

Client Sample ID. : MENS FACULTY ROOM/SINK 2/HW

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 12:18 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.3     |           | 1           | ug/L         | 15           | 07/28/2016 7:34 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 8 of 31

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested. NYSDOH ID#10478

LABORATORY RESULTS

**RAW-UTICA ACCESS SITE** 

Madison-Oneida BOCES Lab No. : 1607L48-009 4937 Spring Road Client Sample ID.: BREAKROOM/CW Verona, NY 13478

www.pacelabs.com

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 12:23 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 7:37 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Pace Analytical
575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

Results are only for the samples and analytes requested.

**RAW-UTICA ACCESS SITE** 

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Type: Potable Water

iain.

Origin:

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 <u>www.pacelabs.com</u>

Madison-Oneida BOCES
4937 Spring Road
Verona, NY 13478
Lab No. : 1607L48-010
Client Sample ID. : BREAKROOM/HW

Attn To: Todd Vandresar

Federal ID:

Collected : 07/23/2016 12:23 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| l ead              |              | < 1.0   |           | 1           | ua/l         | 15           | 07/28/2016 7:40 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L48-011 Client Sample ID.: ROOM 29/SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 12:25 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 4.3     |           | 1           | ug/L         | 15           | 07/28/2016 7:43 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 11 of 31

Type: Potable Water

Origin:

575 Broad Hollow Road, Melville, NY 11747

Received: 07/26/2016 9:50 AM Location:

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

**RAW-UTICA ACCESS SITE** 

LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES Lab No. : 1607L48-012 4937 Spring Road Client Sample ID.: ROOM 29/SINK/HW Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 12:26 PM Point No:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 07/28/2016 7:46 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 12 of 31

Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607L48-013

Client Sample ID.: ROOM 29/BATH SINK/CW

LABORATORY RESULTS

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**RAW-UTICA ACCESS SITE** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 07/23/2016 12:30 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 13      |           | 1           | ug/L         | 15           | 07/28/2016 7:54 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 13 of 31

Origin:

Type: Potable Water

LABORATORY RESULTS

Results are only for the samples and analytes requested.

**RAW-UTICA ACCESS SITE** 

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

NYSDOH ID#10478

Lab No. : 1607L48-014 Client Sample ID.: ROOM 29/BATH SINK/HW

www.pacelabs.com

Attn To: Todd Vandresar

575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

Federal ID:

Collected: 07/23/2016 12:31 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 9.0     |           | 1           | ua/l         | 15           | 07/28/2016 7:57 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

pe . I otable w

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607L48-015

Client Sample ID.: ROOM 29E/KITCHEN SINK/CW

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 12:38 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 8:00 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 15 of 31

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

#### LABORATORY RESULTS

Type: Potable Water

iain:

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607L48-016

Client Sample ID.: ROOM 29E/KITCHEN SINK/HW

**RAW-UTICA ACCESS SITE** 

4937 Spring Road Verona, NY 13478 Attn To: Todd Vandresar

Madison-Oneida BOCES

Federal ID:

Collected : 07/23/2016 12:39 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 8:09 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

ype. I olable v

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L48-017

Client Sample ID. : ROOM 29D/SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 12:42 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 6.5     |           | 1           | ug/L         | 15           | 07/28/2016 8:12 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747 NYSDOH ID#10478

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L48-018

Client Sample ID.: ROOM 29D/SINK/HW

Attn To: Todd Vandresar

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 12:43 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.2     |           | 1           | ug/L         | 15           | 07/28/2016 8:15 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

**RAW-UTICA ACCESS SITE** 

receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

NYSDOH ID#10478

Lab No. : 1607L48-019
Client Sample ID. : DF BY ROOM 32

Attn To: Todd Vandresar

www.pacelabs.com

Federal ID:

Collected : 07/23/2016 12:45 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | _            | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 8:18 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 19 of 31

Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L48-020

Client Sample ID.: MENS ROOM/BIRDBATH

Attn To: Todd Vandresar

**RAW-UTICA ACCESS SITE** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 07/23/2016 12:46 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.2     |           | 1           | ug/L         | 15           | 07/28/2016 8:21 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607L48-021
Client Sample ID. : MENS ROOM/SLOP SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 12:47 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 6.2     |           | 1           | ug/L         | 15           | 07/28/2016 8:29 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 21 of 31

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Type: Potable Water

Origin:

575 Broad Hollow Road, Melville, NY 11747 NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1607L48-022 4937 Spring Road

Client Sample ID.: MENS ROOM/SLOP SINK/HW Verona, NY 13478

Attn To: Todd Vandresar **RAW-UTICA ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 12:48 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.7     |           | 1           | ug/L         | 15           | 07/28/2016 8:32 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Client Sample ID.: MENS ROOM/SINK/CW

Lab No. : 1607L48-023

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 12:49 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 8:35 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**RAW-UTICA ACCESS SITE** 

LABORATORY RESULTS

Lab No. : 1607L48-024

Client Sample ID.: MENS ROOM/SINK/HW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 07/23/2016 12:50 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 07/28/2016 8:44 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Pace Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

pe. I olabie wa

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607L48-025

Client Sample ID. : LADIES ROOM/SINK 1/CW

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 12:53 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 8:47 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Face Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

/pe. Totable vv

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607L48-026

Client Sample ID.: LADIES ROOM/SINK 1/HW

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 12:53 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 8:50 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478

#### LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested.

Type: Potable Water

ain:

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES
4937 Spring Road
Lab No. : 1607L48-027

www.pacelabs.com

Verona, NY 13478 Client Sample ID. : LADIES ROOM/SINK 2/CW

Attn To: Todd Vandresar RAW-UTICA ACCESS SITE

Federal ID:

Collected : 07/23/2016 12:55 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 8:53 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607L48-028

Client Sample ID. : LADIES ROOM/SINK 2/HW

**RAW-UTICA ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 12:56 PM Point No: Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/28/2016 8:56 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 7/31/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607L48

31-Jul-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R102642

| Sample ID: CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>102642</b>  |
|---------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|
| Client ID: PBW      | Batch ID: R102642 | TestNo: <b>E200.8</b>            | Analysis Date: 7/28/2016            | SeqNo: <b>2264620</b> |
| Analyte             | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |
| Lead                | < 1.0             | 1.0                              |                                     |                       |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



Comments:

CorrectiveAction:

#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

**Sample Receipt Checklist** 

Website: www.pacelabs.com Date and Time Received: 7/26/2016 9:50:00 AM Client Name MOBOCES RcptNo: 1 Received by: Erick Johnson Work Order Number: 1607L48 Hivri Elizabeth Harrison Completed by: Reviewed by: 7/26/2016 1:06:50 PM 7/27/2016 9:56:15 PM Completed Date: Reviewed Date: Carrier name: FedEx **~** No  $\square$ Chain of custody present? Yes **~** No 🗌 Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? No | Yes ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes ~ No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Not Present Yes Samples in proper container/bottle? Yes ~ No | **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken  $\square$ Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 All samples received within holding time? Yes **V** No 🗌 Was an attempt made to cool the samples? NA Yes No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗸 Tο No  $\square$ **V** No Vials Water - Were bubbles absent in VOC vials? Yes No  $\square$ Water - Was there Chlorine Present? No  $\square$ **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? Yes 🗸 No 🗌 Custody Seals present? Air Bill 🗹 Sticker Not Present Airbill or Sticker? Airbill No: 7768 3909 9067 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable. ☐ No **✓** NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: In Person: Email: Client Instructions: Date Contacted: Contacted By: Regarding:



 $\frac{\text{WorkOrder:}}{1607\text{L}48}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Type: Potable Water

Origin:

### LABORATORY RESULTS Results are only for the samples and analytes requested.

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607L50-012

The lab is not directly responsible for the integrity of the sample before

FLUSH-CON. ED BLDG

Client Sample ID. : OUTSIDE SPIGOT/FRONT Verona, NY 13478 Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 8:16 AM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

Madison-Oneida BOCES

4937 Spring Road

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| l ead              |              | 1.2     |           | 1           | ua/l         | 15           | 08/09/2016 2:43 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/10/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 1 of 4



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607L50

10-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R103282

| Sample ID: CalBlank Client ID: PBW | SampType: MBLK Batch ID: R103282 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 8/8/2016  | RunNo: <b>103282</b><br>SeqNo: <b>2281144</b> |  |
|------------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                            | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                               | < 1.0                            | 1.0   |                                     |   |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

## **Sample Receipt Checklist**

Website: www.pacelabs.com

| Client Name MOBOC   | ES  |           |                                 |   | Date an            | d Time Received:                 | 7/26/2016 9:50:00 AM |
|---|---|-----------|---------------------------------|---|--------------------|----------------------------------|----------------------|
| Work Order Number: 1  | 607L50  | RcptNo: 1 |                                 |   | Receive            | ed by: Erick Johns               | on                   |
| Completed by:   | aige Doh  | orly      | -                               | Revie                                     | ewed by: &         | Elizabeth                        | Harrison             |
| Completed Date:   | 7/26/2016 1:09:39 P   | M         |                                 | Revie                                     | ewed Date:         | 7/26/2010                        | 6 8:50:27 PM         |
| Carrier name: FedEx   |   |           |                                 |   |                    |                                  |                      |
| Chain of custody present Chain of custody signed Chain of custody agrees Are matrices correctly idles it clear what analyses Custody seals intact on a Samples in proper contal Were correct preservatives. | when relinquished and<br>with sample labels?<br>entified on Chain of cu<br>were requested?<br>sample bottles?<br>iner/bottle? |           | Yes<br>Yes<br>Yes<br>Yes<br>Yes | \<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\ | No                 | Not Present<br>NA                | <b>✓</b>             |
| Preservative added to be Sample Condition? Sufficient sample volume Were container labels co. All samples received with   | ottles:  e for indicated test?  complete (ID, Pres, Dat   | e)?       | Intact<br>Yes<br>Yes            | \<br>\<br>\<br>\                          | Broken No No No No | Leaking                          |                      |
| Was an attempt made to<br>All samples received at a<br>Response when tempera  | cool the samples?<br>a temp. of > 0° C to 6.<br>ature is outside of rang  | ie:       | Yes<br>Not req                  | ✓<br>□<br> uired                          | No ☐<br>No ✔       | NA<br>NA                         |                      |
| Sample Temp. taken and<br>Water - Were bubbles at<br>Water - Was there Chlor<br>Water - pH acceptable u<br>Are Samples considered   | osent in VOC vials?<br>ine Present?<br>pon receipt?   | ot?       |                                 |   | No                 | To<br>No Vials<br>NA<br>No Water |                      |
| Custody Seals present?<br>Airbill or Sticker?<br>Airbill No:  |   |           |                                 | 909 90                                    |                    | Not Present                      |                      |
| Any No response should Client Contacted? Contact Mode: Client Instructions: Date Contacted: Regarding: Comments:  | SDG:  If be detailed in the cor  Yes No  Phone:   |           | erson Conta                     | icable.                                   | AS:                | :=====<br>:                      | ======               |
| CorrectiveAction:   |   |           |                                 |   |                    |                                  |                      |



 $\frac{\text{WorkOrder:}}{1607\text{L}50}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Type: Potable Water

Origin:

## LABORATORY RESULTS

Client Sample ID.: MENS FACULTY ROOM/SINK 1/CW

575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 12:15 PM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

Verona, NY 13478

**FLUSH-UTICA ACCESS SITE** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        | - |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|---|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |   |
| Lead               |              | 1.1     |           | 1           | ua/L         | 15           | 08/24/2016 9:07 PM | Container-01 of 01 | • |

Lab No. : 1607L54-005

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \ \ \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/25/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1607L54

25-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R104388

| Sample ID: CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units | ug/L Prep Date:                        | RunNo: <b>104388</b>  |  |
|---------------------|-------------------|----------------------------|--|-----------------------|--|
| Client ID: PBW      | Batch ID: R104388 | TestNo: <b>E200.8</b>      | Analysis Date: 8/24/2016               | SeqNo: <b>2309391</b> |  |
| Analyte             | Result            | PQL SPK value SPK Ref      | al %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead                | < 1.0             | 1.0                        |  |                       |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



CorrectiveAction:

#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

### **Sample Receipt Checklist**

Website: www.pacelabs.com Date and Time Received: 7/26/2016 9:50:00 AM Client Name MOBOCES RcptNo: 1 Received by: Erick Johnson Work Order Number: 1607L54 Hivri Elizabeth Harrison Completed by: Reviewed by: 7/26/2016 1:38:48 PM Completed Date: Reviewed Date: 7/27/2016 10:01:31 PM Carrier name: FedEx **~** No  $\square$ Chain of custody present? Yes **~** No  $\square$ Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? No | Yes ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes ~ No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Yes Not Present Samples in proper container/bottle? Yes ~ No | **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken  $\square$ Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 All samples received within holding time? Yes **V** No 🗌 NA Was an attempt made to cool the samples? Yes No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗹 Tο No  $\square$ **V** Water - Were bubbles absent in VOC vials? No Vials Yes No  $\square$ Water - Was there Chlorine Present? No  $\square$ **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? Yes 🗸 No 🗌 Custody Seals present? Air Bill 🗹 Sticker Not Present Airbill or Sticker? Airbill No: 7768 3909 9067 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable. ☐ No **✓** NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: In Person: Email: Client Instructions: Date Contacted: Contacted By: Regarding: Comments:



 $\frac{\text{WorkOrder:}}{1607\text{L}54}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERS EY      | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Lab No. : 1607M01-001

LABORATORY RESULTS

Results are only for the samples and analytes requested.

**RAW-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Client Sample ID.: OUTSIDE SPIGOT 1

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 6:52 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 26      | *         | 1           | ua/L         | 15           | 07/29/2016 3:08 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 1 of 23

Type: Potable Water

#### LABORATORY RESULTS

Origin:

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**RAW-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M01-002 Client Sample ID.: OUTSIDE SPIGOT 2

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 6:54 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | +            | 17      | *         | 1           | ua/l         | 15           | 07/29/2016 3:11 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 23

Type: Potable Water

Origin:

LABORATORY RESULTS

Results are only for the samples and analytes requested.

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478

www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**RAW-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M01-003 **Client Sample ID.: OUTSIDE SPIGOT 3** 

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 6:59 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 12      |           | 1           | ug/L         | 15           | 07/29/2016 3:14 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 3 of 23

Origin:

Type: Potable Water

## LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M01-004 Client Sample ID.: OUTSIDE SPIGOT 4

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

Federal ID:

Collected: 07/23/2016 7:01 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 7.4     |           | 1           | ug/L         | 15           | 07/29/2016 3:17 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 4 of 23

Container:

Container-01 of 01

Type: Potable Water

Origin:

Analyzed:

07/29/2016 3:20 PM

## LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-TRIPLEXUS** 

Limit

15

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Results Qualifier

6.9

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 7:04 AM Point No Received: 07/26/2016 9:50 AM Location:

Parameter(s)

Lead

Collected By: CLIENTY Analyst: AG Analytical Method: E200.8: IOC

D.F.

1

Units

ug/L

Lab No. : 1607M01-005

Client Sample ID.: OUTSIDE SPIGOT 5

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 5 of 23

Origin:

Type: Potable Water

LABORATORY RESULTS

## 575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M01-006 Client Sample ID.: OUTSIDE SPIGOT 6

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

Federal ID:

Collected: 07/23/2016 7:08 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 25      | *         | 1           | ug/L         | 15           | 07/29/2016 3:23 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 6 of 23

Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M01-007 Client Sample ID.: OUTSIDE SPIGOT 7

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested

Federal ID:

Collected: 07/23/2016 7:10 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 35      | *         | 1           | ug/L         | 15           | 07/29/2016 3:26 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 7 of 23

Type: Potable Water

Origin:

## 575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**RAW-TRIPLEXUS** 

LABORATORY RESULTS

Lab No. : 1607M01-008

Client Sample ID.: ROOM 420/SINK 1/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID: Collected: 07/23/2016 7:18 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 07/29/2016 3:44 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 8 of 23

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested

Lab No. : 1607M01-009

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

NYSDOH ID#10478

Client Sample ID.: ROOM 420/SINK 1/HW

Federal ID:

Collected: 07/23/2016 7:19 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 3:47 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 9 of 23

Pace Analytical
575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

LABORATORY RESULTS

**RAW-TRIPLEXUS** 

Type: Potable Water

pe. Polable wa

Origin:

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1607M01-010

Verona, NY 13478 Client Sample ID. : ROOM 420/SINK 2/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

NYSDOH ID#10478

Federal ID:

4937 Spring Road

Collected : 07/23/2016 7:21 AM Point No Received : 07/26/2016 9:50 AM Location:

www.pacelabs.com

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 3:49 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 10 of 23

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607M01-011 Client Sample ID.: ROOM 420/SINK 2/HW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**RAW-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

LABORATORY RESULTS

Federal ID:

Collected: 07/23/2016 7:22 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 07/29/2016 3:52 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 11 of 23

Pace Analytical

575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

Results are only for the samples and an

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M01-012
Client Sample ID. : MAIN LOBBY/DF-2

Attn To: Todd Vandresar

NYSDOH ID#10478

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Federal ID:

**RAW-TRIPLEXUS** 

Collected : 07/23/2016 7:24 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: E2 | 200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|-----------------------|-------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)          |             | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead                  |             | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 3:55 PM | Container-01 of 01 |

 $\underline{\text{Qualifiers:}} \ \ \mathsf{E} = \mathsf{Value} \ \text{above quantitation range, Value estimated.}$ 

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road

NYSDOH ID#10478

Verona, NY 13478 Client Sample ID. : ROOM 313A/BATH SINK

www.pacelabs.com

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

Federal ID:

Collected : 07/23/2016 7:28 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |                  |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 10      |                  | 1           | ua/L         | 15           | 07/29/2016 3:58 PM | Container-01 of 01 |

Lab No. : 1607M01-013

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 13 of 23

Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. :1607M01-014

Client Sample ID.: ROOM 300/KITCHEN SINK/CW

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

Federal ID:

Collected : 07/23/2016 7:33 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | _            | 3.6     |           | 1           | ug/L         | 15           | 07/29/2016 4:01 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 14 of 23

Origin:

Type: Potable Water

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M01-015

Client Sample ID.: ROOM 300/KITCHEN SINK/HW

**RAW-TRIPLEXUS** 

Federal ID:

Collected: 07/23/2016 7:34 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 6.8     |           | 1           | ua/L         | 15           | 07/29/2016 4:04 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 15 of 23

Type: Potable Water

Origin:

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

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Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**RAW-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478 Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607M01-016 **Client Sample ID.: OUTSIDE SPIGOT 8** 

Federal ID:

Collected: 07/23/2016 7:41 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 3.7     |           | 1           | ua/l         | 15           | 07/29/2016 4:19 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 16 of 23

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**RAW-TRIPLEXUS** 

LABORATORY RESULTS

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M01-017 Client Sample ID.: OUTSIDE SPIGOT 9

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 7:44 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 4.2     |           | 1           | ua/L         | 15           | 07/29/2016 4:22 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 17 of 23

Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested

Lab No. : 1607M01-018 Client Sample ID.: OUTSIDE SPIGOT 10

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

LABORATORY RESULTS

Federal ID:

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Collected: 07/23/2016 7:46 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 25      | *         | 1           | ug/L         | 15           | 07/29/2016 4:25 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 18 of 23

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M01-019

Client Sample ID. : OUTSIDE SPIGOT 11

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-TRIPLEXUS** 

Federal ID:

Collected : 07/23/2016 7:49 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 14      |           | 1           | ug/L         | 15           | 07/29/2016 4:27 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported : 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 19 of 23

Results are only for the samples and analytes requested. 575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

Type: Potable Water

Origin:

The lab is not directly responsible for the integrity of the sample before TEL: (631) 694-3040 FAX: (631) 420-8436 receipt at the lab and is responsible only for the tests requested NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607M01-020

Client Sample ID.: OUTSIDE SPIGOT 12

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**RAW-TRIPLEXUS** 

Federal ID:

Collected: 07/23/2016 7:51 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.9     |           | 1           | ug/L         | 15           | 07/29/2016 4:30 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 20 of 23



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607M01

03-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R102771

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: u | L Prep Date:                        | RunNo: <b>102771</b>  |  |
|--------------------|-------------------|-------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW     | Batch ID: R102771 | TestNo: <b>E200.8</b>         | Analysis Date: 7/29/2016            | SeqNo: <b>2266818</b> |  |
| Analyte            | Result            | PQL SPK value SPK Ref Val     | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead               | < 1.0             | 1.0                           |                                     |                       |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

### **Sample Receipt Checklist**

Website: www.pacelabs.com

| Client Name MOBOCES            | 3                   |                   |               |          | Date and             | Time Received: | 7/26/2016 9:50:00 AM |
|--------------------------------|---------------------|-------------------|---------------|----------|----------------------|----------------|----------------------|
| Work Order Number: 1607        | 7M01                | RcptNo: 1         |               |          | Received             | by Erick Johns | on                   |
| Completed by:                  | yn J                | Ewri              |               | Revi     | ewed by: ${\cal E}.$ | enabeth        | Harrison             |
|                                | 26/2016 4:07:03 F   |                   |               | Revi     | ewed Date:           | 7/27/2016      | 6 9:51:53 PM         |
| Carrier name: FedEx            |                     |                   |               |          |                      |                |                      |
| Chain of custody present?      |                     |                   | Yes           | <b>✓</b> | No 🗌                 |                |                      |
| Chain of custody signed who    | en relinquished ar  | nd received?      | Yes           | <b>✓</b> | No 🗌                 |                |                      |
| Chain of custody agrees with   | h sample labels?    |                   | Yes           | <b>✓</b> | No 🗌                 |                |                      |
| Are matrices correctly identif | fied on Chain of c  | ustody?           | Yes           | <b>✓</b> | No 🗌                 |                |                      |
| Is it clear what analyses wer  | e requested?        |                   | Yes           | <b>✓</b> | No 🗌                 |                | _                    |
| Custody seals intact on sam    | ple bottles?        |                   | Yes           |          | No 🗌                 | Not Present    | $\checkmark$         |
| Samples in proper container    | /bottle?            |                   | Yes           | <b>✓</b> | No 🗌                 |                |                      |
| Were correct preservatives u   | used and noted?     |                   | Yes           | <b>✓</b> | No 🗌                 | NA             |                      |
| Preservative added to bottle   | s:                  |                   |               |          |                      |                |                      |
| Sample Condition?              |                     |                   | Intact        | <b>✓</b> | Broken 🗌             | Leaking        |                      |
| Sufficient sample volume for   | r indicated test?   |                   | Yes           | <b>✓</b> | No 🗌                 |                |                      |
| Were container labels comp     | lete (ID, Pres, Da  | te)?              | Yes           | <b>✓</b> | No 🖳                 |                |                      |
| All samples received within I  | holding time?       |                   | Yes           | <b>✓</b> | No 🗀                 |                |                      |
| Was an attempt made to co      | ol the samples?     |                   | Yes           | <b>✓</b> | No 🗌                 | NA             |                      |
| All samples received at a ter  | mp. of > 0° C to 6  | .0° C?            | Yes           |          | No 🗌                 | NA             | $\checkmark$         |
| Response when temperature      | e is outside of ran | ge:               |               |          |                      |                |                      |
| Sample Temp. taken and re-     | corded upon rece    | ipt?              | Yes           |          | No 🗹                 | То             | 0                    |
| Water - Were bubbles abser     | nt in VOC vials?    |                   | Yes           | Ш        | No 🗀                 | No Vials       | $\checkmark$         |
| Water - Was there Chlorine     | Present?            |                   | Yes           |          | No 🗆                 | NA             | $\checkmark$         |
| Water - pH acceptable upon     | receipt?            |                   | Yes           | <b>✓</b> | No 🗆                 | No Water       |                      |
| Are Samples considered acc     | ceptable?           |                   | Yes           | <b>✓</b> | No 🗌                 |                |                      |
| Custody Seals present?         |                     |                   | Yes           |          | No 🗹                 |                |                      |
| Airbill or Sticker?            |                     |                   | Air Bil       | <b>✓</b> | Sticker              | Not Present    |                      |
| Airbill No:                    |                     |                   | 7768 3        | 909 90   | 067                  |                |                      |
| Case Number:                   | SDG:                |                   |               | S        | SAS:                 |                |                      |
| Any No response should be      | detailed in the co  | mments section be | elow, if appl | icable   | ·                    |                |                      |
| Client Contacted?              | Yes 🗌 No            | ✓ NA P            | erson Cont    | acted:   |                      |                |                      |
| Contact Mode:                  | Phone:              | Fax:              | Email:        |          | In Person:           |                |                      |
| Client Instructions:           | , mono.             |                   |               |          |                      |                |                      |
| Date Contacted:                |                     | Contacto          | d By:         |          |                      |                |                      |
|                                |                     | Contacte          | и Бу.         |          |                      |                |                      |
| Regarding:                     |                     |                   |               |          |                      |                |                      |
| Comments:                      |                     |                   |               |          |                      |                |                      |
| CorrectiveAction:              |                     |                   |               |          |                      |                |                      |
| -                              |                     |                   |               |          |                      |                |                      |



 $\frac{\text{WorkOrder:}}{1607\text{M}01}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**FLUSH-TRIPLEXUS** 

LABORATORY RESULTS

Madison-Oneida BOCES Lab No. : 1607M08-001 4937 Spring Road Client Sample ID.: OUTSIDE SPIGOT 1 Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 6:52 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: CM        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1 7     |           | 1           | ua/l         | 15           | 08/14/2016 6:21 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/17/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 1 of 7

Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M08-006 Client Sample ID.: OUTSIDE SPIGOT 6

**FLUSH-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 7:08 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: E | 200.8 : IOC |         |           |             |              |              |                    | Analyst: CM        |
|----------------------|-------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)         |             | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead                 |             | 1.5     |           | 1           | ug/L         | 15           | 08/14/2016 6:24 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/17/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 7

Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested Lab No. : 1607M08-007

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**FLUSH-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 7:10 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: CM        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.1     |           | 1           | ug/L         | 15           | 08/14/2016 6:39 PM | Container-01 of 01 |

Client Sample ID.: OUTSIDE SPIGOT 7

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/17/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 3 of 7

Type: Potable Water

Origin:

LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M08-018

Client Sample ID.: OUTSIDE SPIGOT 10

Attn To: Todd Vandresar

**FLUSH-TRIPLEXUS** 

Federal ID:

Collected: 07/23/2016 7:47 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: CM        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 08/14/2016 6:41 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/17/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 4 of 7



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607M08

17-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R103676

| Sample ID CalBlank Client ID: PBW | SampType: MBLK Batch ID: R103676 | TestCode: 200.8_DW_R U | nits: ug/L   | Prep Date: Analysis Date: 8/14/2016 | RunNo: <b>103676</b><br>SeqNo: <b>2290580</b> |  |
|-----------------------------------|----------------------------------|------------------------|--------------|-------------------------------------|---|--|
| Analyte                           | Result                           | PQL SPK value SPK      | Ref Val %REC | C LowLimit HighLimit RPD Ref Val    | %RPD RPDLimit Qua                             |  |
| Lead                              | < 1.0                            | 1.0                    |              |                                     |   |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

### **Sample Receipt Checklist**

TEL: (631) 694-3040 FAX: (631) 420-8436 Website: <u>www.pacelabs.com</u>

| Client Name MOBOCES   |                                      |                                     | Date and      | Time Received:                   | 7/26/2016 9:50:00 AM |
|---|--------------------------------------|-------------------------------------|---------------|----------------------------------|----------------------|
| Work Order Number: 1607M08  |                                      |                                     | Received      | by Erick Johns                   | son                  |
| Completed by: Jacky   | 1 Xwi                                | Re                                  | eviewed by:   |                                  |                      |
| Completed Date: 7/26/201  | <u>6 4:16:46 PM</u>                  | Re                                  | eviewed Date: |                                  |                      |
| Carrier name: FedEx   |                                      |                                     |               |                                  |                      |
| Chain of custody present? Chain of custody signed when relir Chain of custody agrees with samp Are matrices correctly identified on Is it clear what analyses were requ Custody seals intact on sample bo | ole labels? Chain of custody? ested? | Yes V Yes V Yes V Yes V Yes V Yes V | No            | Not Present                      | <b>✓</b>             |
| Samples in proper container/bottle<br>Were correct preservatives used a<br>Preservative added to bottles:   |                                      | Yes 🗸<br>Yes 🗸                      |               | NA                               |                      |
| Sample Condition? Sufficient sample volume for indica Were container labels complete (IE All samples received within holding  | D, Pres, Date)?                      | Intact Yes Yes Yes Yes              | No 🗌<br>No 🔲  | Leaking                          |                      |
| Was an attempt made to cool the s<br>All samples received at a temp. of<br>Response when temperature is our   | > 0° C to 6.0° C?                    | Yes Yes                             | No 🗆          | NA<br>NA                         | □ ✓                  |
| Sample Temp. taken and recorded<br>Water - Were bubbles absent in Vo<br>Water - Was there Chlorine Preser<br>Water - pH acceptable upon receip<br>Are Samples considered acceptab                         | OC vials?<br>nt?<br>ot?              | Yes Yes Yes Yes Yes                 |               | To<br>No Vials<br>NA<br>No Water |                      |
| Custody Seals present? Airbill or Sticker? Airbill No:  |                                      | Yes                                 | Sticker       | Not Present                      |                      |
| Case Number:  | SDG:                                 |                                     | SAS:          |                                  |                      |
| Any No response should be detaile   | ed in the comments section           | below, if applicat                  | ole.          | =====                            |                      |
| Client Contacted? Yes Contact Mode: Phon Client Instructions: Date Contacted: Regarding: Comments: CorrectiveAction:  |                                      | Person Contacte                     | ed:           |                                  |                      |
|   |                                      |                                     |               |                                  |                      |



WorkOrder: 1607M08

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERS EY      | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Origin:

Type: Potable Water

Results are only for the samples and analytes requested.

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M68-001 Client Sample ID.: LOBBY DF

Attn To: Todd Vandresar

Federal ID:

**RAW-ROME ACCESS SITE** 

Collected : 07/23/2016 10:34 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.4     |           | 1           | ug/L         | 15           | 07/29/2016 4:33 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 16

Type: Potable Water

Origin:

#### LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Lab No. : 1607M68-002

Client Sample ID.: MAINT. ROOM/SINK/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

**RAW-ROME ACCESS SITE** 

Collected: 07/23/2016 10:37 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 4:36 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 2 of 16

Type: Potable Water

Origin:

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

**RAW-ROME ACCESS SITE** 

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1607M68-003

Client Sample ID.: MAINT. ROOM/SINK/HW

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 10:38 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

4937 Spring Road

Verona, NY 13478

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 07/29/2016 4:39 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 3 of 16

575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

Type: Potable Water

Origin:

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M68-004

Client Sample ID.: MAINT. ROOM/SLOP SINK/CW

**RAW-ROME ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 10:39 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 15      | *         | 1           | ug/L         | 15           | 07/29/2016 4:54 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 4 of 16

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M68-005

Client Sample ID.: MAINT. ROOM/SLOP SINK/HW

**RAW-ROME ACCESS SITE** 

**Attn To**: Todd Vandresar Federal ID:

Collected : 07/23/2016 10:40 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 4:57 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

 $\mbox{+= NYSDOH ELAP does not offer certification for this analyte / matrix / method} \\$ 

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 5 of 16

Pace Analytical

575 Broad Hollow Road, Melville, NY 11747

**LABORATORY RESULTS**Results are only for the samples and analytes requested.

Type: Potable Water

rigin:

Origin:

575 Broad Hollow Road , Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested

Lab No. : 1607M68-006

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Client Sample ID. : MENS ROOM/SINK/CW

Attn To: Todd Vandresar

**RAW-ROME ACCESS SITE** 

The lab is not directly responsible for the integrity of the sample before

Federal ID:

Collected : 07/23/2016 10:43 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 5:00 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 6 of 16

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES Lab No. : 1607M68-007 4937 Spring Road Client Sample ID.: MENS ROOM/SINK/HW

www.pacelabs.com

Attn To: Todd Vandresar

NYSDOH ID#10478

Federal ID: Collected: 07/23/2016 10:43 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

Verona, NY 13478

**RAW-ROME ACCESS SITE** 

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 5:03 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 7 of 16

Type: Potable Water LABORATORY RESULTS Origin:

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M68-008

Client Sample ID.: LADIES ROOM/SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ROME ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 10:46 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 5:05 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 8 of 16

Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

LABORATORY RESULTS

Results are only for the samples and analytes requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M68-009 Client Sample ID.: LADIES ROOM/SINK/HW

**RAW-ROME ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 10:47 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 5:08 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 9 of 16

Type: Potable Water

LABORATORY RESULTS
Origin:

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M68-010

Client Sample ID. : UNISEX BATH 1/SINK/CW

Attn To: Todd Vandresar

**RAW-ROME ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 10:48 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 5:11 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 10 of 16

Type: Potable Water

Origin:

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478

www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M68-011

Client Sample ID.: UNISEX BATH 1/SINK/HW

**RAW-ROME ACCESS SITE** 

Federal ID:

Collected: 07/23/2016 10:50 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 5:14 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 11 of 16

Type: Potable Water

Origin:

#### LABORATORY RESULTS

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M68-012

Client Sample ID.: UNISEX BATH 2/SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ROME ACCESS SITE** 

Federal ID:

Collected : 07/23/2016 10:53 AM Point No Received: 07/26/2016 9:50 AM Location:

575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 5:29 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 12 of 16

Face Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

LABORAT

Results are only for The lab is not directly receipt at the lab and in receipt at the lab and in

www.pacelabs.com

LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Lab No. : 1607M68-013

Client Sample ID.: UNISEX BATH 2/SINK/HW

**RAW-ROME ACCESS SITE** 

Verona, NY 13478
Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

NYSDOH ID#10478

Federal ID:

Collected : 07/23/2016 10:54 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 5:32 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 13 of 16



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

#### **QC SUMMARY REPORT**

WO#:

1607M68

03-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R102771

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>102771</b>  |  |
|--------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW     | Batch ID: R102771 | TestNo: <b>E200.8</b>            | Analysis Date: 7/29/2016            | SeqNo: <b>2266818</b> |  |
| Analyte            | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead               | < 1.0             | 1.0                              |                                     |                       |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

#### Sample Receipt Checklist

TEL: (631) 694-3040 FAX: (631) 420-8436 Website: www.pacelabs.com

Date and Time Received: 7/26/2016 9:50:00 AM Client Name MOBOCES RcptNo: 1 Received by Erick Johnson Work Order Number: 1607M68 Hivri Elizabeth Harrison Completed by: Reviewed by: Completed Date: 7/26/2016 7:42:08 PM Reviewed Date: 7/28/2016 12:10:10 PM Carrier name: FedEx **~** No 🗌 Chain of custody present? Yes **~** No 🗌 Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? Yes No ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes ~ No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Yes Not Present Samples in proper container/bottle? Yes ~ No **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken 🗔 Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 Yes All samples received within holding time? **V** No 🗌 Was an attempt made to cool the samples? Yes NA No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗸 Tο No  $\square$ **V** No Vials Water - Were bubbles absent in VOC vials? Yes No  $\square$ Water - Was there Chlorine Present? Yes No 🗆 **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? Yes 🗸 No  $\square$ Custody Seals present? **~** Sticker Air Bil Not Present Airbill or Sticker? Airbill No: 7768 3909 9067 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable. ☐ No ✓ NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: Email: In Person: Client Instructions: Date Contacted: Contacted By: Regarding: Comments: CorrectiveAction:



 $\frac{\text{WorkOrder:}}{1607M68}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Type : Potable Water

RESULTS Origin:

LABORATORY RESULTS

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M72-001

Client Sample ID. : LADIES ROOM/SINK/CW

Attn To: Todd Vandresar

**RAW-PRINT SHOP** 

Federal ID:

Collected : 07/23/2016 9:15 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.6     |           | 1           | ug/L         | 15           | 07/29/2016 5:35 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 14

Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M72-002

Client Sample ID. : LADIES ROOM/SINK/HW

Attn To: Todd Vandresar

**RAW-PRINT SHOP** 

Federal ID:

Collected : 07/23/2016 9:16 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | _            | 1.5     |           | 1           | ua/L         | 15           | 07/29/2016 5:38 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 2 of 14

Type: Potable Water

Origin:

#### LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478 Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M72-003

Client Sample ID.: MENS ROOM/SINK/CW

**RAW-PRINT SHOP** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Federal ID:

Collected: 07/23/2016 9:17 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.2     |           | 1           | ug/L         | 15           | 07/29/2016 5:41 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 3 of 14

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M72-004 Client Sample ID.: MENS ROOM/SINK/HW

www.pacelabs.com

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-PRINT SHOP** 

Federal ID:

Collected: 07/23/2016 9:18 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.8     |           | 1           | ug/L         | 15           | 07/29/2016 5:43 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 4 of 14

Type: Potable Water

Origin:

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478

www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1607M72-005 4937 Spring Road Client Sample ID.: SLOP SINK/CW Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 9:20 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.1     |           | 1           | ug/L         | 15           | 07/29/2016 5:46 PM | Container-01 of 01 |

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-PRINT SHOP** 

receipt at the lab and is responsible only for the tests requested

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 5 of 14

Origin:

Type: Potable Water

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1607M72-006 4937 Spring Road Client Sample ID.: SLOP SINK/HW Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

**RAW-PRINT SHOP** 

Collected: 07/23/2016 9:21 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.1     |           | 1           | ua/L         | 15           | 07/29/2016 5:49 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 6 of 14

Type: Potable Water LABORATORY RESULTS Origin:

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**RAW-PRINT SHOP** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Client Sample ID.: DF

Attn To: Todd Vandresar

NYSDOH ID#10478

Federal ID:

Collected: 07/23/2016 9:24 AM Point No Received: 07/26/2016 9:50 AM Location:

www.pacelabs.com

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 6.1     |           | 1           | ua/l         | 15           | 07/29/2016 6:04 PM | Container-01 of 01 |

Lab No. : 1607M72-007

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 7 of 14

Type: Potable Water

Origin:

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M72-008

Client Sample ID.: RIC/LADIES ROOM/SINK/CW

Attn To: Todd Vandresar

**RAW-PRINT SHOP** 

Federal ID:

Collected: 07/23/2016 9:26 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 07/29/2016 6:07 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M72-009

Client Sample ID. : RIC/LADIES ROOM/SINK/HW

Attn To: Todd Vandresar

NYSDOH ID#10478

RAW-PRINT SHOP

Federal ID:

Collected : 07/23/2016 9:27 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 6:10 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 9 of 14

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M72-010 Client Sample ID.: KITCHEN SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-PRINT SHOP** 

Federal ID:

Collected: 07/23/2016 9:32 AM Point No

Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 6:13 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 10 of 14

Origin:

Type: Potable Water

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**RAW-PRINT SHOP** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M72-011 Client Sample ID.: KITCHEN SINK/HW

Federal ID:

Collected: 07/23/2016 9:33 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 07/29/2016 6:16 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1607M72

03-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R102771

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>102771</b>  |  |
|--------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW     | Batch ID: R102771 | TestNo: <b>E200.8</b>            | Analysis Date: 7/29/2016            | SeqNo: <b>2266818</b> |  |
| Analyte            | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead               | < 1.0             | 1.0                              |                                     |                       |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

### Sample Receipt Checklist

Date and Time Received: 7/26/2016 9:50:00 AM Client Name MOBOCES RcptNo: 1 Received by Erick Johnson Work Order Number: 1607M72 Hivri Elizabeth Harrison Completed by: Reviewed by: Completed Date: 7/26/2016 8:06:25 PM Reviewed Date: 7/28/2016 12:14:26 PM Carrier name: FedEx **~** No 🗌 Chain of custody present? Yes **~** No 🗌 Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? Yes No ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes ~ No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Yes Not Present Samples in proper container/bottle? Yes ~ No **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken 🗔 Sample Condition? Intact Leaking ~ No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 Yes All samples received within holding time? ~ No 🗌 Was an attempt made to cool the samples? Yes NA No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗸 Tο No  $\square$ **V** No Vials Water - Were bubbles absent in VOC vials? Yes No  $\square$ Water - Was there Chlorine Present? Yes No 🗆 **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? Yes 🗸 No  $\square$ Custody Seals present? **~** Sticker Air Bil Not Present Airbill or Sticker? Airbill No: 7768 3909 9067 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable. ☐ No ✓ NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: Email: In Person: Client Instructions: Date Contacted: Contacted By: Regarding: Comments: CorrectiveAction:



 $\frac{\text{WorkOrder:}}{1607\text{M}72}$ 

# **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M74-001

Client Sample ID.: UNISEX/BATH SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected : 07/23/2016 8:30 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 6:19 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 1 of 22

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M74-002

Client Sample ID.: UNISEX/BATH SINK/HW

Attn To: Todd Vandresar

NYSDOH ID#10478

RAW-ADMINISTRATION BLDG

Federal ID:

Collected : 07/23/2016 8:31 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 6:21 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 22

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1607M74-003

LABORATORY RESULTS

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Client Sample ID.: LADIES ROOM/BATH SINK 1/CW

**RAW-ADMINISTRATION BLDG** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Federal ID:

Collected: 07/23/2016 8:33 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 6:24 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 3 of 22

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

/pe . I otable w

Origin:

ollow Road , Melville, NY 11747
94-3040 FAX: (631) 420-8436

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M74-004

Client Sample ID.: LADIES ROOM/BATH SINK 1/HW

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected : 07/23/2016 8:34 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | _            | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 6:39 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 4 of 22

## Pace Analytical

575 Broad Hollow Road , Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 The

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607M74-005

Client Sample ID.: LADIES ROOM/BATH SINK 2/CW

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected : 07/23/2016 8:35 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 6:42 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 5 of 22

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested

**RAW-ADMINISTRATION BLDG** 

Type: Potable Water

pe. I otable v

Origin:

Melville, NY 11747

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES
4937 Spring Road
Lab No. : 1607M74-006

www.pacelabs.com

Verona, NY 13478 Client Sample ID. : LADIES ROOM/BATH SINK 2/HW

Attn To: Todd Vandresar

NYSDOH ID#10478

Federal ID:

Collected : 07/23/2016 8:36 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 07/29/2016 6:45 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 6 of 22

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607M74-007

Client Sample ID. : MENS ROOM/BATH SINK 1/CW

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected : 07/23/2016 8:40 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 10      |           | 1           | ug/L         | 15           | 07/29/2016 6:48 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 7 of 22

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

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NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M74-008

Client Sample ID.: MENS ROOM/BATH SINK 1/HW

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected : 07/23/2016 8:41 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | *            | 25      | *         | 1           | ug/L         | 15           | 07/29/2016 6:51 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 8 of 22

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607M74-009

Client Sample ID.: MENS ROOM/BATH SINK 2/CW

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected : 07/23/2016 8:43 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 9.8     |           | 1           | ug/L         | 15           | 07/29/2016 6:54 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 9 of 22

LABORATORY RESULTS 575 Broad Hollow Road, Melville, NY 11747

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Lab No. : 1607M74-010

Client Sample ID.: MENS ROOM/BATH SINK 2/HW

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected: 07/23/2016 8:43 AM Point No Received: 07/26/2016 9:50 AM Location:

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 12      |           | 1           | ua/l         | 15           | 07/29/2016 6:57 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 10 of 22

575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-ADMINISTRATION BLDG** 

receipt at the lab and is responsible only for the tests requested

Type: Potable Water

Origin:

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1607M74-011 4937 Spring Road Client Sample ID.: SLOP SINK/CW Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 8:46 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 5.9     |           | 1           | ug/L         | 15           | 07/29/2016 7:00 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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#### <u>Sample Information:</u> Type: Potable Water

Origin:

PANALYTICAL LABORATORY RESULTS

Results are only for the samples and analytes requested.

575 Broad Hollow Road , Melville, NY 11747

TEL: (631) 694-3040

NYSDOH ID#10478

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Tesuits are only for the samples and affalytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES
4937 Spring Road
Verona, NY 13478
Lab No. : 1607M74-012
Client Sample ID. : SLOP SINK/HW

Attn To: Todd Vandresar

Federal ID:

Collected : 07/23/2016 8:47 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

**RAW-ADMINISTRATION BLDG** 

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.3     |           | 1           | ug/L         | 15           | 07/29/2016 7:14 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 12 of 22

Results are only for the samples and analytes requested. 575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

**RAW-ADMINISTRATION BLDG** 

Type: Potable Water

Origin:

The lab is not directly responsible for the integrity of the sample before TEL: (631) 694-3040 FAX: (631) 420-8436 receipt at the lab and is responsible only for the tests requested NYSDOH ID#10478 www.pacelabs.com Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 Attn To: Todd Vandresar

Lab No. : 1607M74-013 Client Sample ID.: KITCHEN SINK/CW

Federal ID:

Collected: 07/23/2016 8:48 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 07/29/2016 7:17 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478

#### LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-ADMINISTRATION BLDG** 

receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES
4937 Spring Road
Verona, NY 13478
Lab No. : 1607M74-014
Client Sample ID. : KITCHEN SINK/HW

Attn To: Todd Vandresar

www.pacelabs.com

Federal ID:

Collected : 07/23/2016 8:49 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 7:20 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040

FAX: (631) 420-8436 www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

**BATHROOM SINK/CW** 

**RAW-ADMINISTRATION BLDG** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

NYSDOH ID#10478

Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 8:57 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

Analyst: AG Analytical Method: E200.8: IOC Units <u>Limit</u> Parameter(s) Results Qualifier D.F. Analyzed: Container: ug/L 15 07/29/2016 7:23 PM Container-01 of 01 Lead 1.4 1

Lab No. : 1607M74-015

Client Sample ID.: DISTRICT SUPERINTENDENTS

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Lab No. : 1607M74-016

Client Sample ID.: DISTRICT SUPERINTENDENTS

**BATHROOM SINK/HW** 

**RAW-ADMINISTRATION BLDG** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478 Attn To: Todd Vandresar

Federal ID:

Collected: 07/23/2016 8:59 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.0     |           | 1           | ug/L         | 15           | 07/29/2016 7:26 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Origin:

Type: Potable Water

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M74-017 Client Sample ID.: LOBBY DF

Attn To: Todd Vandresar

Federal ID:

**RAW-ADMINISTRATION BLDG** 

Collected: 07/23/2016 9:01 AM Point No Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 07/29/2016 7:29 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Pace Analytical
575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 EAX: (631) 420-8436

**LABORATORY RESULTS**Results are only for the samples and analytes requested.

Type: Potable Water

rpe. Folable wa

Origin:

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M74-018

Client Sample ID.: BREAKROOM SINK/CW

Attn To: Todd Vandresar

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected : 07/23/2016 9:06 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 07/29/2016 7:32 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1607M74-019

Client Sample ID. : BREAKROOM SINK/HW

**RAW-ADMINISTRATION BLDG** 

Federal ID:

Collected : 07/23/2016 9:07 AM Point No Received : 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 07/29/2016 7:35 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \quad \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported: 8/3/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1607M74

03-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R102771

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>102771</b>  |  |
|--------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW     | Batch ID: R102771 | TestNo: <b>E200.8</b>            | Analysis Date: 7/29/2016            | SeqNo: <b>2266818</b> |  |
| Analyte            | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead               | < 1.0             | 1.0                              |                                     |                       |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

## **Sample Receipt Checklist**

Website: <u>www.pacelabs.com</u>

| Client Name MOBOCES   |  | Date and Time Received: 7/26/2016 9:50:00 AM |  |                    |                                  |             |
|---|--|--|--|--------------------|----------------------------------|-------------|
| Work Order Number: 1607M74  |  |  | Received by Erick Johnson                        |                    |                                  |             |
| Completed by: Jacky   | n Xwi                                      |  | Rev  | iewed by:          | Elizabeth                        | Harrison    |
| Completed Date: 7/26/201  | 6 9:40:50 PM                               |  | Rev  | iewed Date:        | 7/28/2016                        | 12:17:52 PM |
| Carrier name: FedEx   |  |  |  |                    |                                  |             |
| Chain of custody present? Chain of custody signed when relir Chain of custody agrees with samp Are matrices correctly identified on Is it clear what analyses were requ Custody seals intact on sample bo | ole labels?<br>Chain of custody?<br>ested? | Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes       | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \            | No                 | Not Present                      | <b>✓</b>    |
| Samples in proper container/bottle<br>Were correct preservatives used a<br>Preservative added to bottles:   |  | Yes<br>Yes                                   | <b>✓</b>   | No 🗌<br>No 🗀       | NA                               |             |
| Sample Condition? Sufficient sample volume for indica Were container labels complete (II All samples received within holding  | D, Pres, Date)?                            | Intact<br>Yes<br>Yes<br>Yes                  | <ul><li>&gt;</li><li>&gt;</li><li>&gt;</li></ul> | Broken No No No No | Leaking                          |             |
| Was an attempt made to cool the s<br>All samples received at a temp. of<br>Response when temperature is ou  | > 0° C to 6.0° C?                          | Yes<br>Yes                                   |  | No 🗌<br>No 🗆       | NA<br>NA                         | □ ✓         |
| Sample Temp. taken and recorded Water - Were bubbles absent in Volumeter - Was there Chlorine Preser Water - pH acceptable upon receip Are Samples considered acceptable                                  | OC vials?<br>nt?<br>ot?                    | Yes<br>Yes<br>Yes<br>Yes<br>Yes              |  | No                 | To<br>No Vials<br>NA<br>No Water | ∘<br>✓<br>✓ |
| Custody Seals present? Airbill or Sticker? Airbill No:  |  | Yes<br>Air Bil<br>7768 3                     | <b>V</b><br><b>909</b> 9                         | No ☐<br>Sticker ☐  | Not Present                      |             |
| Case Number:  | SDG:                                       |  |  | SAS:               |                                  |             |
| Any No response should be detail  | ed in the comments section                 | below, if appl                               | licable  | ə.<br>— — — — —    | - — — — — — -                    |             |
| Client Contacted? Yes Contact Mode: Phon Client Instructions:   | □ No <b>☑</b> NA<br>e: □ Fax:              | Person Cont                                  | acted  | : In Persor        | n:                               |             |
| Date Contacted: Regarding: Comments:  | Contac                                     | cted By:                                     |  |                    |                                  |             |
| CorrectiveAction:   |  |  |  |                    |                                  |             |
|   |  |  |  |                    |                                  |             |



 $\frac{\text{WorkOrder:}}{1607\text{M74}}$ 

# **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Results are only for the samples and analytes requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1607M75-008

Client Sample ID.: MENS ROOM/BATH SINK 1/HW

**FLUSH-ADMINISTRATION BLDG** 

Attn To: Todd Vandresar Federal ID:

Collected: 07/23/2016 8:42 AM Point No: Received: 07/26/2016 9:50 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: CM        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 08/14/2016 6:44 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/16/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 1 of 4



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1607M75

16-Aug-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R103676

| Sample ID: CalBlank Client ID: PBW | SampType: MBLK Batch ID: R103676 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 8/14/2016 | RunNo: <b>103676</b><br>SeqNo: <b>2290580</b> |  |
|------------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                            | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                               | < 1.0                            | 1.0   |                                     |   |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

## **Sample Receipt Checklist**

Website: <u>www.pacelabs.com</u>

| Received by:   Erick Johnson   | Client Name MOBOCES  |                               | Date and Time Received: 7/26/2016 9:50:00 AM |                                       |              |             |             |  |  |  |
|--|--|-------------------------------|--|---------------------------------------|--------------|-------------|-------------|--|--|--|
| Carrier name: FedEx  Chain of custody present?   |  |                               | Received by: Erick Johnson                   |                                       |              |             |             |  |  |  |
| Carrier name:  | Completed by: Jacush   | Hwi                           |  | Revie                                 | ewed by: $$  | enabeth     | Harrison    |  |  |  |
| Chain of custody present?  | Completed Date: <u>7/26/2016 9:4</u>   | <u>19:06 PM</u>               |  | Revie                                 | ewed Date:   | 7/28/2016   | 12:20:07 PM |  |  |  |
| Chain of custody signed when relinquished and received?  | Carrier name: FedEx  |                               |  |                                       |              |             |             |  |  |  |
| Preservative added to bottles:         Sample Condition?         Intact         V         Broken         Leaking         Sufficient sample volume for indicated test?         Yes         V         No         No         Were container labels complete (ID, Pres, Date)?         Yes         V         No         No         All samples received within holding time?         Yes         V         No         NA         Image: No         NA         Image: Na         NA         Image: Na         Image: Na         NA         Image: Na         Image: Na         NA         Image: Na   | Chain of custody signed when relinquis<br>Chain of custody agrees with sample la<br>Are matrices correctly identified on Cha<br>Is it clear what analyses were requested<br>Custody seals intact on sample bottles?<br>Samples in proper container/bottle? | bels?<br>in of custody?<br>d? | Yes<br>Yes<br>Yes<br>Yes<br>Yes              | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | No           |             |             |  |  |  |
| Sufficient sample volume for indicated test?  Were container labels complete (ID, Pres, Date)?  All samples received within holding time?  All samples received within holding time?  All samples received at a temp. of > 0° C to 6.0° C?  Response when temperature is outside of range:  Sample Temp. taken and recorded upon receipt?  Water - Was there Chlorine Present?  Water - Was there Chlorine Present?  Water - PH acceptable upon receipt?  Yes  |  |                               | . 00   |                                       |              |             |             |  |  |  |
| All samples received at a temp. of > 0° C to 6.0° C? Yes   | Sufficient sample volume for indicated to Were container labels complete (ID, Pro  | es, Date)?                    | Yes<br>Yes                                   | <b>'</b>                              | No 🗌         | Leaking     |             |  |  |  |
| Water - Were bubbles absent in VOC vials?  Water - Was there Chlorine Present?  Water - PH acceptable upon receipt?  Are Samples considered acceptable?  Custody Seals present?  Airbill or Sticker?  Airbill No:  Case Number:  SDG:  SAS:   Any No response should be detailed in the comments section below, if applicable.  Client Contacted?  Yes No No Not Present  Not Present  Not Present  Not Present  Not Present  Not Present  In Person:  Client Contacted?  Yes No No Not Present  Client Instructions:  Date Contacted:  Co | All samples received at a temp. of $> 0^{\circ}$<br>Response when temperature is outside   | C to 6.0° C?<br>of range:     |  |                                       | No 🗌         |             | □ ✓         |  |  |  |
| Water - Was there Chlorine Present?  Water - pH acceptable upon receipt?  Are Samples considered acceptable?  Custody Seals present?  Airbill or Sticker?  Airbill No:  Case Number:  SDG:  Any No response should be detailed in the comments section below, if applicable.  Client Contacted?  Yes No No Not Present  Not Present  Not Present  Not Present  SAS:  Any No response should be detailed in the comments section below, if applicable.  Client Contacted?  Yes No No Person Contacted:  Contact Mode:  Phone:  Fax:  Email:  In Person:  Client Instructions:  Date Contacted:  Contacted:  Contacted By:  Regarding:  Comments:  |  |                               |  |                                       |              |             |             |  |  |  |
| Water - pH acceptable upon receipt?  Are Samples considered acceptable?  Custody Seals present?  Air Bill  Sticker?  Air Bill  Sticker  Not Present  |  | iais?                         |  |                                       |              |             |             |  |  |  |
| Custody Seals present?  Air Bill Sticker Not Present  Air Bill Sticker Not Present  Air Bill Sticker Into Not Present  Air Bill Sticker Into Not Present  Air Bill Sticker Into Not Present  Air Bill Sticker Into Not Present  Air Bill Sticker Into Not Present  Not Present  Not Present  Not Present  Into Present  Not Present  Into Present  Client Contacted? Yes No Not Not Present  Air Bill Sticker Into Not Present  Into Present  Case Number:  Case Number:  SDG:  SAS:  Client Contacted? Yes No Not Not Present  Into Present  Into Present  Contact Mode: Into Pre |  |                               | Yes  | <b>~</b>                              | No 🗆         |             |             |  |  |  |
| Airbill or Sticker?  Air Bill Sticker Not Present  7768 3909 9067  Case Number: SDG: SAS:  Any No response should be detailed in the comments section below, if applicable.  Client Contacted? Yes No NA Person Contacted:  Contact Mode: Phone: Fax: Email: In Person:  Client Instructions:  Date Contacted: Contacted:  Regarding:  Comments:   | Are Samples considered acceptable?   |                               | Yes  | <b>✓</b>                              | No 🗌         |             |             |  |  |  |
| Any No response should be detailed in the comments section below, if applicable.  ———————————————————————————————————  | Airbill or Sticker?  |                               | Air Bill                                     | <b>✓</b>                              | Sticker      | Not Present |             |  |  |  |
| Client Contacted?  | Case Number:   | SDG:                          |  | S                                     | AS:          |             |             |  |  |  |
| Contact Mode: Phone: Fax: Email: In Person: Client Instructions: Date Contacted: Contacted By: Regarding: Comments:  | Any No response should be detailed in the comments section below, if applicable.   |                               |  |                                       |              |             |             |  |  |  |
| Regarding: Comments:   | Contact Mode: Phone: Client Instructions:  | Fax:                          | Email:                                       | acted:                                | ☐ In Person: |             |             |  |  |  |
| CorrectiveAction:  | Regarding:   | Contacte                      | ed By:                                       |                                       |              |             |             |  |  |  |
|  | CorrectiveAction:  |                               |  |                                       |              |             |             |  |  |  |



 $\frac{\text{WorkOrder:}}{1607M75}$ 

# **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Face Analytical

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

pe. I otable W

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608R97-001

Client Sample ID. : BREAKROOM FRIDGE WATER

**RAW-ALTERNATIVE EDUCATION** 

**Attn To:** Todd Vandresar Federal ID:

Collected: 08/27/2016 10:54 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG          |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:           |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 09/06/2016 11:05 PM | 1 Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 11

575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Type: Potable Water

Origin: Results are only for the samples and analytes requested.

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1608R97-002 4937 Spring Road

Client Sample ID.: BREAKROOM FRIDGE-ICE Verona, NY 13478

Attn To: Todd Vandresar

**RAW-ALTERNATIVE EDUCATION** 

Federal ID:

Collected: 08/27/2016 10:56 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG          |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:           |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 09/06/2016 11:07 PM | 1 Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 2 of 11

Type: Potable Water

Origin:

575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

LABORATORY RESULTS

receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

NYSDOH ID#10478

Lab No. : 1608R97-003 Client Sample ID.: ROOM 409-DISHWASHER

Attn To: Todd Vandresar

**RAW-ALTERNATIVE EDUCATION** 

Federal ID:

Collected: 08/27/2016 11:05 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG           |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|-----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:            |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 09/06/2016 11:22 PN | // Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 3 of 11

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road

Client Sample ID.: CAFETERIA DISHWASHER Verona, NY 13478

www.pacelabs.com

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ALTERNATIVE EDUCATION** 

Federal ID:

Collected: 08/27/2016 11:11 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 2.8     |           | 1           | ua/L         | 15           | 09/06/2016 11:25 PM | Container-01 of 01 |

Lab No. : 1608R97-004

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \ \ \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported : 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 4 of 11

575 Broad Hollow Road, Melville, NY 11747 

## LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road

Received: 08/31/2016 9:45 AM Location:

NYSDOH ID#10478

Client Sample ID.: CAFETERIA-SPRAYER-CW Verona, NY 13478

www.pacelabs.com

Attn To: Todd Vandresar

**RAW-ALTERNATIVE EDUCATION** Collected: 08/27/2016 11:15 AM Point No:

Collected By: CLIENTY

Federal ID:

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 4.5     |           | 1           | ua/L         | 15           | 09/06/2016 11:28 PM | Container-01 of 01 |

Lab No. : 1608R97-005

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 5 of 11

Type: Potable Water

Origin:

## LABORATORY RESULTS

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608R97-006

Client Sample ID.: CAFETERIA-SPRAYER-HW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-ALTERNATIVE EDUCATION** 

Federal ID:

Collected: 08/27/2016 11:16 AM Point No: Received: 08/31/2016 9:45 AM Location:

575 Broad Hollow Road, Melville, NY 11747

www.pacelabs.com

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG           |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|-----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:            |
| Lead               |              | 2.4     |           | 1           | ug/L         | 15           | 09/06/2016 11:31 PM | // Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 6 of 11

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478

## LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES
4937 Spring Road
Lab No. : 1608R97-007

www.pacelabs.com

Verona, NY 13478 Client Sample ID. : CUSTODIAL/JANITORIAL-SLOP SINK CW

Attn To: Todd Vandresar RAW-ALTERNATIVE EDUCATION

Federal ID:

Collected : 08/27/2016 11:21 AM Point No: Received : 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15           | 09/06/2016 11:34 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 7 of 11

Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478

## LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES
4937 Spring Road
Lab No. : 1608R97-008

www.pacelabs.com

Verona, NY 13478 Client Sample ID. : CUSTODIAL/JANITORIAL-SLOP SINK-HW

Attn To: Todd Vandresar RAW-ALTERNATIVE EDUCATION

Federal ID:

Collected : 08/27/2016 11:22 AM Point No: Received : 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG           |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|-----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:            |
| Lead               |              | 1.3     |           | 1           | ug/L         | 15           | 09/06/2016 11:37 PM | // Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 8 of 11



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1608R97

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105133

| Sample ID: CalBlank Client ID: PBW | SampType: MBLK Batch ID: R105133 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 9/6/2016  | RunNo: <b>105133</b><br>SeqNo: <b>2326505</b> |  |
|------------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                            | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                               | < 1.0                            | 1.0   |                                     |   |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



## PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

## Sample Receipt Checklist

Date and Time Received: 8/31/2016 9:45:00 AM Client Name MOBOCES RcptNo: 1 Received by: WendyLaMountain Work Order Number: 1608R97 Elizabeth Harrison Completed by: Reviewed by: 8/31/2016 11:30:54 AM Completed Date: Reviewed Date: 9/8/2016 6:24:51 PM Carrier name: FedEx **✓** No  $\square$ Chain of custody present? Yes **~** No  $\square$ Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? No | Yes ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes **~** No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Not Present Yes Samples in proper container/bottle? Yes **~** No | **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken  $\square$ Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 All samples received within holding time? Yes No 🗌 **V** NA Was an attempt made to cool the samples? Yes No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗹 Tο No  $\square$ **V** No Vials Water - Were bubbles absent in VOC vials? Yes No  $\square$ Water - Was there Chlorine Present? No  $\square$ **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? Yes 🗸 No 🗌 Custody Seals present? Air Bill 🔽 Sticker Not Present Airbill or Sticker? Airbill No: 777117438117 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable. ☐ No **✓** NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: In Person: Email: Client Instructions: Date Contacted: Contacted By: Regarding: Comments: CorrectiveAction:



 $\frac{\text{WorkOrder:}}{1608R97}$ 

## Certifications

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Results are only for the samples and analytes requested.

**RAW-TRIPLEXUS** 

Lab No. : 1608S13-001

Client Sample ID.: ROOM 304/SLOP SINK/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 08/27/2016 11:26 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 4.2     |           | 1           | ug/L         | 15           | 09/06/2016 11:40 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 30

575 Broad Hollow Road, Melville, NY 11747 

NYSDOH ID#10478

## LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES Lab No. : 1608S13-002 4937 Spring Road

www.pacelabs.com

Verona, NY 13478 Attn To: Todd Vandresar

Received: 08/31/2016 9:45 AM Location:

Federal ID:

Collected: 08/27/2016 11:27 AM Point No:

Collected By: CLIENT

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 2.9     |           | 1           | ug/L         | 15           | 09/06/2016 11:43 PM | Container-01 of 01 |

Client Sample ID.: ROOM 304/SLOP SINK/HW

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 2 of 30

Type: Potable Water

Origin:

## LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-003

Client Sample ID.: ROOM 302/SNK 1/CW

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 08/27/2016 11:30 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG           |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|-----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:            |
| Lead               |              | 13      |           | 1           | ug/L         | 15           | 09/06/2016 11:57 PM | // Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 3 of 30

Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1608S13-004

Client Sample ID.: ROOM 302/SINK 1/HW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**RAW-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Federal ID:

Collected: 08/27/2016 11:32 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 6.9     |           | 1           | ua/l         | 15           | 09/07/2016 12:00 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Type: Potable Water

Origin:

## 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1608S13-005

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Client Sample ID.: ROOM 302/SINK 2/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 08/27/2016 11:35 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG           |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|-----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:            |
| Lead               |              | 5.6     |           | 1           | ug/L         | 15           | 09/07/2016 12:03 AM | // Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 5 of 30

575 Broad Hollow Road, Melville, NY 11747

www.pacelabs.com

LABORATORY RESULTS Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Type: Potable Water

Origin:

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

NYSDOH ID#10478

Lab No. : 1608S13-006

Client Sample ID.: ROOM 302/SINK 2/HW

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 08/27/2016 11:36 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 8.6     |           | 1           | ug/L         | 15           | 09/07/2016 12:06 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

## LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

**RAW-TRIPLEXUS** 

Madison-Oneida BOCES Lab No. : 1608S13-007 4937 Spring Road

www.pacelabs.com

Client Sample ID.: ROOM 309A/SLOP SINK/CW Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

Received: 08/31/2016 9:45 AM Location:

Federal ID:

Collected: 08/27/2016 11:37 AM Point No:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 5.0     |           | 1           | ug/L         | 15           | 09/07/2016 12:09 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

Lab No. : 1608S13-008

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road

Client Sample ID.: ROOM 309A/SLOP SINK/HW Verona, NY 13478

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-TRIPLEXUS** 

Federal ID:

Collected: 08/27/2016 11:38 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG           |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|-----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:            |
| Lead               |              | 12      |           | 1           | ug/L         | 15           | 09/07/2016 12:12 AM | // Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 8 of 30

LABORATORY RESULTS 575 Broad Hollow Road, Melville, NY 11747

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-009

Client Sample ID.: ROOM 311/SINK 1/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-TRIPLEXUS** 

Federal ID:

Collected: 08/27/2016 11:44 AM Point No: Received: 08/31/2016 9:45 AM Location:

www.pacelabs.com

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG          |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:           |
| Lead               |              | 1.1     |           | 1           | ug/L         | 15           | 09/07/2016 12:15 AN | 1 Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 9 of 30

575 Broad Hollow Road, Melville, NY 11747 

## LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES Lab No. : 1608S13-010 4937 Spring Road

www.pacelabs.com

Attn To: Todd Vandresar

NYSDOH ID#10478

Client Sample ID.: ROOM 311/SINK 1/HW

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 08/27/2016 11:45 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

Verona, NY 13478

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 1.1     |           | 1           | ug/L         | 15           | 09/07/2016 12:18 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 10 of 30

575 Broad Hollow Road, Melville, NY 11747 The lab is not directly responsible for the integrity of the sample before

LABORATORY RESULTS Results are only for the samples and analytes requested.

Type: Potable Water

Origin:

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES Lab No. : 1608S13-011 4937 Spring Road

Client Sample ID.: ROOM 318/SINK 2/CW Verona, NY 13478

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 08/27/2016 11:47 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 3.2     |           | 1           | ug/L         | 15           | 09/07/2016 12:32 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 11 of 30

Type: Potable Water LABORATORY RESULTS Origin:



Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**RAW-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-012

Client Sample ID.: ROOM 318/SINK 2/HW Attn To: Todd Vandresar

Federal ID:

Collected: 08/27/2016 11:48 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG          |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:           |
| Lead               |              | 1.6     |           | 1           | ug/L         | 15           | 09/07/2016 12:35 AM | 1 Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 12 of 30

Origin:

Type: Potable Water

LABORATORY RESULTS

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested.

Client Sample ID.: ROOM 318/DISHWASHER

Lab No. : 1608S13-013

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 08/27/2016 11:52 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/l         | 15           | 09/07/2016 12:38 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \ \ \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$ 

Date Reported : 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 13 of 30

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S13-014

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-TRIPLEXUS** 

Client Sample ID.: ROOM 319/DISHWASHER Verona, NY 13478 Attn To: Todd Vandresar

Federal ID:

Collected: 08/27/2016 11:59 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

Madison-Oneida BOCES

4937 Spring Road

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG           |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|-----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:            |
| Lead               |              | 3.3     |           | 1           | ug/L         | 15           | 09/07/2016 12:41 AM | // Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Type: Potable Water

Origin:

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Results are only for the samples and analytes requested.

**RAW-TRIPLEXUS** 

Lab No. : 1608S13-015

Client Sample ID.: ROOM 218B/SINK/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 08/27/2016 12:04 PM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               | *            | 33      | *         | 1           | ug/L         | 15           | 09/07/2016 12:44 AN | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 15 of 30

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1608S13-016

Client Sample ID.: ROOM 218B/SINK/HW

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 08/27/2016 12:05 PM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 12      |           | 1           | ua/l         | 15           | 09/07/2016 12:47 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

pe . Totable v

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-017

Client Sample ID.: ROOM 208/EYEWASH

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-TRIPLEXUS** 

Federal ID:

Collected : 08/27/2016 12:10 PM Point No: Received : 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               | *            | 48      | *         | 1           | ug/L         | 15           | 09/07/2016 12:50 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Origin:

Type: Potable Water

LABORATORY RESULTS

575 Broad Hollow Road, Melville, NY 11747 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-018

Client Sample ID.: ROOM 208/HOSE BIB

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

Federal ID:

Collected: 08/27/2016 12:11 PM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG          |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:           |
| Lead               |              | 14      |           | 1           | ug/L         | 15           | 09/07/2016 12:53 AM | 1 Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1608S13-019

Client Sample ID.: ROOM 206/BATH SINK/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**RAW-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Federal ID:

Collected: 08/27/2016 12:16 PM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG          |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:           |
| Lead               |              | 1.4     |           | 1           | ug/L         | 15           | 09/07/2016 12:36 PM | 1 Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Results are only for the samples and analytes requested. 575 Broad Hollow Road, Melville, NY 11747

LABORATORY RESULTS

Type: Potable Water

Origin:

NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-020

Client Sample ID.: ROOM 206/BATH SINK/HW

Attn To: Todd Vandresar

**RAW-TRIPLEXUS** 

Federal ID:

Collected: 08/27/2016 12:17 PM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 5.6     |           | 1           | ug/L         | 15           | 09/07/2016 12:39 PN | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Face Analytical

575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

NYSDOH ID#10478

LABORATORY RESULTS

Type: Potable Water

iain:

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-021

Client Sample ID. : ROOM 202/KITCHEN SINK/CW

**RAW-TRIPLEXUS** 

**Attn To**: Todd Vandresar Federal ID:

Collected : 08/27/2016 12:18 PM Point No: Received : 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG           |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|-----------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:            |
| Lead               |              | 1.8     |           | 1           | ug/L         | 15           | 09/07/2016 12:42 PM | // Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 21 of 30

Type: Potable Water

Origin:

09/07/2016 12:45 PM Container-01 of 01

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**RAW-TRIPLEXUS** 

15

LABORATORY RESULTS

**Madison-Oneida BOCES** Lab No. : 1608S13-022 4937 Spring Road Client Sample ID.: ROOM 202/KITCHEN SINK/HW

3.8

Attn To: Todd Vandresar

Federal ID:

Lead

Collected: 08/27/2016 12:19 PM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

Verona, NY 13478

Analytical Method: E200.8: IOC Analyst: AG Parameter(s) D.F Units Limit Analyzed: Container: Results Qualifier ug/L

1

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Face Analytical

575 Broad Hollow Road , Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

## LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-023

Client Sample ID.: ROOM 113/BUNN COFFEE MAKER

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-TRIPLEXUS** 

Federal ID:

Collected : 08/27/2016 12:25 PM Point No: Received : 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 09/07/2016 12:48 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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575 Broad Hollow Road, Melville, NY 11747 

## LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**RAW-TRIPLEXUS** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-024 Client Sample ID.: ROOM 113/GEMINI COFFEE MAKER

www.pacelabs.com

Attn To: Todd Vandresar

Federal ID:

NYSDOH ID#10478

Collected: 08/27/2016 12:27 PM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 09/07/2016 12:51 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 24 of 30

Origin:

Type: Potable Water

## 575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1608S13-025

Client Sample ID.: ROOM 113/DISHWASHER

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-TRIPLEXUS** 

receipt at the lab and is responsible only for the tests requested.

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

Collected: 08/27/2016 12:34 PM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               |              | 1.8     |           | 1           | ua/l         | 15           | 09/07/2016 12:54 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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575 Broad Hollow Road, Melville, NY 11747 

LABORATORY RESULTS

Type: Potable Water

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S13-026 Client Sample ID.: ROOM 113/ICE MACHINE

www.pacelabs.com

Attn To: Todd Vandresar

Received: 08/31/2016 9:45 AM Location:

Federal ID: Collected: 08/27/2016 12:36 PM Point No:

NYSDOH ID#10478

Collected By: CLIENT

**RAW-TRIPLEXUS** 

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:           | Container:         |
| Lead               | *            | 45      | *         | 1           | ug/L         | 15           | 09/07/2016 12:57 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1608S13

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105133

| Sample ID: CalBlank Client ID: PBW | SampType: MBLK Batch ID: R105133 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 9/6/2016  | RunNo: <b>105133</b><br>SeqNo: <b>2326505</b> |  |
|------------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                            | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                               | < 1.0                            | 1.0   |                                     |   |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1608S13

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105192

| Sample ID: CalBlank Client ID: PBW | SampType: MBLK Batch ID: R105192 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 9/7/2016  | RunNo: <b>105192</b><br>SeqNo: <b>2328101</b> |  |
|------------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                            | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                               | < 1.0                            | 1.0   |                                     |   |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

### **Sample Receipt Checklist**

Website: www.pacelabs.com

| Client Name MOBOCES  | Date and Time Received: 8/31/2016 9:45:00 AM |           |                         |                            |          |  |
|--|--|-----------|-------------------------|----------------------------|----------|--|
| Work Order Number: 1608S13 RcptNo: 1                           |  |           | Received                | by: <b>WendyLaM</b> d      | ountain  |  |
| Completed by:  | >  | Rev       | iewed by: $arepsilon$ . | enalieth                   | Harrison |  |
| Completed Date: 8/31/2016 10:53:17 AM                          |  | Revi      | iewed Date:             | <u>9/8/2016 6:49:01 PM</u> |          |  |
| Carrier name: FedEx  |  |           |                         |                            |          |  |
| Chain of custody present?                                      | Yes  | <b>✓</b>  | No 🔲                    |                            |          |  |
| Chain of custody signed when relinquished and received?        | Yes  | <b>✓</b>  | No 📙                    |                            |          |  |
| Chain of custody agrees with sample labels?                    | Yes  | <b>✓</b>  | No 📙                    |                            |          |  |
| Are matrices correctly identified on Chain of custody?         | Yes  | <b>✓</b>  | No 🗀                    |                            |          |  |
| Is it clear what analyses were requested?                      | Yes  | <b>✓</b>  | No 🗀                    | N. D.                      |          |  |
| Custody seals intact on sample bottles?                        | Yes  |           | No 🗀                    | Not Present                |          |  |
| Samples in proper container/bottle?                            | Yes  | <b>✓</b>  | No 📙                    |                            |          |  |
| Were correct preservatives used and noted?                     | Yes  | ✓         | No 🗀                    | NA                         |          |  |
| Preservative added to bottles:                                 | lata at                                      | <b>✓</b>  | Broken                  | l a alsia a                |          |  |
| Sample Condition? Sufficient sample volume for indicated test? | Intact<br>Yes                                | <b>▼</b>  | No 🗌                    | Leaking                    |          |  |
| Were container labels complete (ID, Pres, Date)?               | Yes  | <b>✓</b>  | No 🗆                    |                            |          |  |
| All samples received within holding time?                      | Yes  | <b>✓</b>  | No $\square$            |                            |          |  |
| Was an attempt made to cool the samples?                       | Yes  |           | No $\square$            | NA                         | <b>✓</b> |  |
| All samples received at a temp. of > 0° C to 6.0° C?           | Yes  | $\exists$ | No 🗆                    | NA                         | <b>✓</b> |  |
| Response when temperature is outside of range:                 | 103  |           | 140 🗀                   | IVA                        |          |  |
| Sample Temp. taken and recorded upon receipt?                  | Yes  |           | No 🗹                    | То                         | 0        |  |
| Water - Were bubbles absent in VOC vials?                      | Yes  |           | No 🗆                    | No Vials                   | <b>✓</b> |  |
| Water - Was there Chlorine Present?                            | Yes  |           | No 🗆                    | NA                         | ✓        |  |
| Water - pH acceptable upon receipt?                            | Yes  | <b>~</b>  | No 🗆                    | No Water                   |          |  |
| Are Samples considered acceptable?                             | Yes  | <b>✓</b>  | No 🗆                    |                            |          |  |
| Custody Seals present?   | Yes  | <b>~</b>  | No 🗆                    |                            |          |  |
| Airbill or Sticker?  | Air Bill                                     |           | Sticker                 | Not Present                |          |  |
| Airbill No:  | 777117                                       |           | 17                      |                            |          |  |
|  |  |           | 240.                    |                            |          |  |
| Case Number: SDG:  |  | •         | SAS:                    |                            |          |  |
|  |  |           |                         |                            |          |  |
| Any No warman about the datathed in the assessment and         |  | ا ما ما م |                         |                            |          |  |
| Any No response should be detailed in the comments section     | ======                                       | icable    | ;.<br>                  |                            | :        |  |
| Client Contacted? ☐ Yes ☐ No ☑ NA                              | Person Conta                                 | acted:    | •                       |                            |          |  |
| Contact Mode: Phone: Fax:                                      | Email:                                       |           | ☐ In Person:            |                            |          |  |
| Client Instructions:   |  |           |                         |                            |          |  |
|  | acted By:                                    |           |                         |                            |          |  |
| Regarding:   | uotou by.                                    |           |                         |                            |          |  |
| Comments:  |  |           |                         |                            |          |  |
|  |  |           |                         |                            |          |  |
| CorrectiveAction:  |  |           |                         |                            |          |  |



 $\frac{\text{WorkOrder:}}{1608S13}$ 

## **Certifications**

| STATE            | CERTIFICATION # |
|------------------|-----------------|
| NEW YORK         | 10478           |
| NEW JERSEY       | NY158           |
| CONNECTICUT      | PH-0435         |
| MARYLAND         | 208             |
| MAS S ACHUS ETTS | MNY026          |
| NEW HAMPS HIRE   | 2987            |
| RHODE IS LAND    | LAO00340        |
| PENNS YLVANIA    | 68-00350        |

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

LABORATORY RESULTS

Lab No. : 1608S14-015 Client Sample ID.: ROOM 218B/SINK/CW

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

Federal ID:

**FLUSH-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Collected: 08/27/2016 12:04 PM Point No Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.8     |           | 1           | ug/L         | 15           | 09/13/2016 2:44 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/14/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 1 of 5

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested

Lab No. : 1608S14-017 Client Sample ID.: ROOM 208A/EYEWASH

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**FLUSH-TRIPLEXUS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

LABORATORY RESULTS

Federal ID:

Collected: 08/27/2016 12:10 PM Point No Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.1     |           | 1           | ug/L         | 15           | 09/13/2016 2:47 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/14/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 5



Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1608S14

14-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105542

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>105542</b>  |
|--------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|
| Client ID: PBW     | Batch ID: R105542 | TestNo: <b>E200.8</b>            | Analysis Date: 9/13/2016            | SeqNo: <b>2335678</b> |
| Analyte            | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |
| Lead               | < 1.0             | 1.0                              |                                     |                       |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

### **Sample Receipt Checklist**

TEL: (631) 694-3040 FAX: (631) 420-8436 Website: <u>www.pacelabs.com</u>

| Client Name MOBOCES  |                                 |                                 | Date and                   | Time Received:                   | 8/31/2016 9:45:00 AM                  |  |
|--|---------------------------------|---------------------------------|----------------------------|----------------------------------|---------------------------------------|--|
| Work Order Number: 1608S14 RcptNo: 1   |                                 |                                 | Received                   | by <b>WendyLaMo</b>              | ountain                               |  |
| Completed by:  | >                               | Revie                           | ewed by: $arepsilon$ .     | enabeth                          | Harrison                              |  |
| Completed Date: <u>8/31/2016 10:54:29 AM</u>   |                                 | Revie                           | ewed Date:                 | 9/8/2016 7:02:27 PM              |                                       |  |
| Carrier name: FedEx  |                                 |                                 |                            |                                  |                                       |  |
| Chain of custody present? Chain of custody signed when relinquished and received? Chain of custody agrees with sample labels? Are matrices correctly identified on Chain of custody? Is it clear what analyses were requested? Custody seals intact on sample bottles? Samples in proper container/bottle? | Yes<br>Yes<br>Yes<br>Yes<br>Yes |                                 | No                         | Not Present                      | <b>V</b>                              |  |
| Were correct preservatives used and noted?  Preservative added to bottles:   | Yes                             | <b>✓</b>                        | No 🗀                       | NA                               |                                       |  |
| Sample Condition? Sufficient sample volume for indicated test? Were container labels complete (ID, Pres, Date)? All samples received within holding time?  |                                 | <b>&gt; &gt; &gt; &gt; &gt;</b> | Broken   No   No   No   No | Leaking                          |                                       |  |
| Was an attempt made to cool the samples?   | Yes                             |                                 | No 🗌                       | NA                               | ✓                                     |  |
| All samples received at a temp. of > 0° C to 6.0° C?   | Yes                             |                                 | No 🗌                       | NA                               | $\checkmark$                          |  |
| Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Water - Were bubbles absent in VOC vials? Water - Was there Chlorine Present? Water - pH acceptable upon receipt? Are Samples considered acceptable? Custody Seals present?                                   |                                 |                                 | No                         | To<br>No Vials<br>NA<br>No Water | • • • • • • • • • • • • • • • • • • • |  |
| Airbill or Sticker?  | Air Bil                         | <b>✓</b>                        | Sticker                    | Not Present                      |                                       |  |
| Airbill No:  Case Number: SDG:   | 777117                          |                                 | 7<br>AS:                   |                                  |                                       |  |
| Any No response should be detailed in the comments section   | n below, if appl                | icable.                         | =====                      |                                  | =======                               |  |
| Client Contacted? Yes No NA  Contact Mode: Phone: Fax:  Client Instructions:  Date Contacted: Contacted: Regarding:  Comments:  CorrectiveAction:  | Person Conta                    | acted:                          | ☐ In Person:               |                                  |                                       |  |



 $\frac{\text{WorkOrder:}}{1608S14}$ 

## **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |

Face Analytical

575 Broad Hollow Road , Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

LABOR

Results are of The lab is not direct than the l

www.pacelabs.com

LABORATORY RESULTS

Type: Potable Water

. .

Origin:

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S15-001
Client Sample ID. : PRINT ROOM/BATH SINK/CW

Attn To: Todd Vandresar

NYSDOH ID#10478

**RAW-PRINT SHOP** 

Federal ID:

Collected : 08/27/2016 6:57 AM Point No: Received : 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.4     |           | 1           | ug/L         | 15           | 09/07/2016 2:27 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 1 of 14

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1608S15-002

Client Sample ID.: PRINT ROOM/BATH SINK/HW

**RAW-PRINT SHOP** 

Federal ID:

Collected: 08/27/2016 6:58 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 1.6     |           | 1           | ug/L         | 15           | 09/07/2016 2:30 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 2 of 14

Type: Potable Water

Origin:

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

receipt at the lab and is responsible only for the tests requested.

Client Sample ID.: PRINT ROOM/SLOP SINK/CW

Lab No. : 1608S15-003

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

**RAW-PRINT SHOP** 

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Federal ID:

Collected: 08/27/2016 7:02 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 2.1     |           | 1           | ug/L         | 15           | 09/07/2016 2:33 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 3 of 14

Type: Potable Water

Origin:

## 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Point No:

receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S15-004

Client Sample ID.: PRINT ROOM/SLOP SINK/HW

LABORATORY RESULTS

Verona, NY 13478

Madison-Oneida BOCES

Attn To: Todd Vandresar

4937 Spring Road

Federal ID: Collected: 08/27/2016 7:02 AM

Received: 08/31/2016 9:45 AM Location: Collected By: CLIENTY

**RAW-PRINT SHOP** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | -10     |           | 1           | ua/l         | 15           | 09/07/2016 2:36 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Page 4 of 14

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

Elizabeth Harrison

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Type: Potable Water

Origin:

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1608S15-005

Client Sample ID.: RJC/MENS ROOM SINK/CW

**RAW-PRINT SHOP** 

Federal ID:

Collected : 08/27/2016 7:06 AM Point No: Received : 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | 4.1     |           | 1           | ug/L         | 15           | 09/07/2016 2:39 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 5 of 14

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Lab No. : 1608S15-006

Client Sample ID.: RJC/MENS ROOM SINK/HW

**RAW-PRINT SHOP** 

Attn To: Todd Vandresar Federal ID:

Collected: 08/27/2016 7:07 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15           | 09/07/2016 2:42 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 6 of 14

Type: Potable Water

Origin:

# 575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Lab No. : 1608S15-007

Client Sample ID.: RJC/KITCHEN FRIDGE WATER

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Attn To: Todd Vandresar

Madison-Oneida BOCES

4937 Spring Road

Verona, NY 13478

**RAW-PRINT SHOP** 

Federal ID:

Collected: 08/27/2016 7:10 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15           | 09/07/2016 2:45 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 7 of 14

Origin:

Type: Potable Water

# 575 Broad Hollow Road, Melville, NY 11747

NYSDOH ID#10478 www.pacelabs.com

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Madison-Oneida BOCES 4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1608S15-008

Client Sample ID.: RJC/KITCHEN FRIDGE ICE

**RAW-PRINT SHOP** 

Results are only for the samples and analytes requested.

Federal ID:

Collected: 08/27/2016 7:13 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         |           |             |              |              |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:          | Container:         |
| Lead               | _            | < 1.0   |           | 1           | ug/L         | 15           | 09/07/2016 3:02 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Type: Potable Water

Origin:

575 Broad Hollow Road, Melville, NY 11747 

NYSDOH ID#10478 www.pacelabs.com Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Lab No. : 1608S15-009

Client Sample ID.: RJC/KITCHEN DISHWASHER

LABORATORY RESULTS

**RAW-PRINT SHOP** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Federal ID:

Collected: 08/27/2016 7:20 AM Point No: Received: 08/31/2016 9:45 AM Location:

Collected By: CLIENTY

| Analytical Method: | E200.8 : IOC |         | <u>Prep l</u> | Method: E20 | 00.8         | Prep Date: 9/ | 7/2016 10:00:00 AM | Analyst: AG        |
|--------------------|--------------|---------|---------------|-------------|--------------|---------------|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier     | <u>D.F.</u> | <u>Units</u> | <u>Limit</u>  | Analyzed:          | Container:         |
| Lead               | _            | < 1.0   |               | 1           | ua/L         | 15            | 09/07/2016 8:45 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with \*\* Exceed Regulatory Limit(s). Limit noted.

Date Reported: 9/8/2016 Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1608S15

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: 58020

| Sample ID: MB-58020<br>Client ID: PBW | SampType: MBLK Batch ID: 58020 | TestCode: 200.8_RT_W Units: ug TestNo: E200.8 E200.8 | /L Prep Date: 9/7/2016 Analysis Date: 9/8/2016 | RunNo: <b>105284</b><br>SeqNo: <b>2330435</b> |
|---------------------------------------|--------------------------------|--|--|---|
| Analyte                               | Result                         | PQL SPK value SPK Ref Val                            | %REC LowLimit HighLimit RPD Ref Val            | %RPD RPDLimit Qual                            |
| Lead                                  | < 1.0                          | 1.0  |  |   |

| Sample ID: LCS-58020<br>Client ID: LCSW | SampType: LCS Batch ID: 58020 |     | de: <b>200.8_RT</b> _<br>lo: <b>E200.8</b> | W Units: ug/L E200.8 | L Prep Date: 9/7/2016  Analysis Date: 9/8/2016 |          | RunNo: <b>105284</b><br>SeqNo: <b>2330436</b> |           |      |          |      |
|---|-------------------------------|-----|--|----------------------|--|----------|---|-----------|------|----------|------|
| Analyte                                 | Result                        | PQL | SPK value                                  | SPK Ref Val          | %REC   | LowLimit | HighLimit RPD                                 | D Ref Val | %RPD | RPDLimit | Qual |
| Lead                                    | 52                            | 1.0 | 50.00                                      | 0                    | 104  | 85       | 115   |           |      |          |      |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1608S15

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: 58020

| Sample ID: MB-58020 Client ID: PBW | SampType: MBLK Batch ID: 58020 | TestCode: 200.8_RT_W Units: ug TestNo: E200.8 E200.8 | /L Prep Date: 9/7/2016  Analysis Date: 9/7/2016 | RunNo: <b>105233</b><br>SeqNo: <b>2328907</b> |
|------------------------------------|--------------------------------|--|---|---|
| Analyte                            | Result                         | PQL SPK value SPK Ref Val                            | %REC LowLimit HighLimit RPD Ref Val             | %RPD RPDLimit Qual                            |
| Lead                               | < 1.0                          | 1.0  |   |   |

| Sample ID: LCS-58020 | SampType: <b>LCS</b> | TestCod | TestCode: 200.8_RT_W Units: ug/L |             |                                | Prep Da  | te: <b>9/7/2016</b>   | RunNo: 10 | RunNo: <b>105233</b> |      |
|----------------------|----------------------|---------|----------------------------------|-------------|--------------------------------|----------|-----------------------|-----------|----------------------|------|
| Client ID: LCSW      | Batch ID: 58020      | TestN   | No: <b>E200.8</b>                | E200.8      | Analysis Date: <b>9/7/2016</b> |          | SeqNo: <b>2328908</b> |           |                      |      |
| Analyte              | Result               | PQL     | SPK value                        | SPK Ref Val | %REC                           | LowLimit | HighLimit RPD Ref Val | %RPD      | RPDLimit             | Qual |
| Lead                 | 51                   | 1.0     | 50.00                            | 0           | 101                            | 85       | 115                   | _         |                      |      |

Qualifiers:

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits



Website: www.pacelabs.com

### **QC SUMMARY REPORT**

WO#:

1608S15

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105136

| Sample ID: CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>105136</b>  |  |  |
|---------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|--|
| Client ID: PBW      | Batch ID: R105136 | TestNo: <b>E200.8</b>            | Analysis Date: 9/7/2016             | SeqNo: <b>2326954</b> |  |  |
| Analyte             | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |  |
| Lead                | < 1.0             | 1.0                              |                                     |                       |  |  |

Qualifiers:

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits



CorrectiveAction:

#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

531) 420-8436

Sample Receipt Checklist

Website: www.pacelabs.com Date and Time Received: 8/31/2016 9:45:00 AM Client Name MOBOCES RcptNo: 1 Received by: WendyLaMountain Work Order Number: 1608S15 Elizabeth Harrison Completed by: Reviewed by: 8/31/2016 11:19:58 AM Completed Date: Reviewed Date: 9/8/2016 7:12:29 PM Carrier name: FedEx **~** No  $\square$ Chain of custody present? Yes **~** No  $\square$ Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? No | Yes ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes **~** No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Not Present Yes Samples in proper container/bottle? Yes **~** No | **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken  $\square$ Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 All samples received within holding time? Yes No 🗌 **V** NA Was an attempt made to cool the samples? Yes No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗹 Tο No  $\square$ **V** No Vials Water - Were bubbles absent in VOC vials? Yes No  $\square$ Water - Was there Chlorine Present? No  $\square$ **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? Yes 🗸 No 🗌 Custody Seals present? Air Bill 🔽 Sticker Not Present Airbill or Sticker? Airbill No: 777117438117 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable, ☐ No **✓** NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: In Person: Email: Client Instructions: Date Contacted: Contacted By: Regarding: Comments:



 $\frac{\text{WorkOrder:}}{1608S15}$ 

## Certifications

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERS EY      | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |



Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-001

Client Sample ID: ROOM 301/HOSEBIB/CW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 7:31:00 AM

Received :8/31/2016 9:45:00 AM **ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 18      | *         | 1           | ug/L         | 15 | 09/07/2016 3:05 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-002

Client Sample ID: ROOM 301/HOSEBIB/HW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 7:32:00 AM

Received :8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 27      | *         | 1           | ug/L         | 15 | 09/07/2016 3:08 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$32-003

Client Sample ID: ROOF/HOSE BIB #1/CW-R

Origin:

**Sample Information:** 

Type: Potable Water

Collected :8/27/2016 7:43:00 AM

Received :8/31/2016 9:45:00 AM

Todd Vandresar

**ROSETTI BLDG** 

Collected By

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 17      | *         | 1           | ug/L         | 15 | 09/07/2016 3:11 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-004

Sample Information:

Type: Potable Water

Type . Totabl

Attn To:

Todd Vandresar

Client Sample ID: ROOF/HOSE BIB #1HW-R

Origin:

Collected :

:8/27/2016 7:44:00 AM

:8/31/2016 9:45:00 AM ROSETTI BLDG

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 13      |           | 1           | ug/L         | 15 | 09/07/2016 3:14 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-005

Client Sample ID: ROOF/HOSE BIB #2/CW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 7:47:00 AM

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Received Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 39      | *         | 1           | ug/L         | 15 | 09/07/2016 3:17 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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**LABORATORY RESULTS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-006

Sample Information:

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 7:48:00 AM

Client Sample ID: ROOF/HOSE BIB #2 HW-R

Origin:

Received : 8/31/2016 9:45:00 AM

15:00 AM ROSETTI BLDG

Collected By

Collected

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 20      | *         | 1           | ug/L         | 15 | 09/07/2016 3:20 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Todd Vandresar

Lab No. : 1608\$32-007

Client Sample ID: ROOM 308/HOSE BIB/CW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Collected

:8/27/2016 7:56:00 AM **ROSETTI BLDG** Received :8/31/2016 9:45:00 AM

Collected By

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 21      | *         | 1           | ug/L         | 15 | 09/07/2016 3:35 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Todd Vandresar

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-008

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 308/HOSE BIB/HW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Origin:

Collected :8/27/2016 7:57:00 AM

Received :8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | _            | 1.7     |           | 1           | ug/L         | 15 | 09/07/2016 3:37 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported:

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-009

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 308/COFFEE MAKER-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Origin:

Collected

Attn To:

:8/27/2016 8:00:00 AM Received :8/31/2016 9:45:00 AM

Todd Vandresar

**ROSETTI BLDG** 

| Collected | οу |
|-----------|----|
|           |    |

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 52      | *         | 1           | ua/l         | 15 | 09/07/2016 3:40 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-010

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 309/HOSE BIB/CW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 8:05:00 AM

**ROSETTI BLDG** Received :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 21      | *         | 1           | ug/L         | 15 | 09/07/2016 3:43 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-011

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 8:06:00 AM

Client Sample ID: ROOM 309/HOSE BIB/HW-R

Origin:

Collected Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 31      | *         | 1           | ug/L         | 15 | 09/07/2016 3:46 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-012

Client Sample ID: ROOM 310/SLOP SINK/CW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 8:11:00 AM

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Received Collected By

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 11      |                  | 1           | ug/L         | 15 | 09/07/2016 3:49 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

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Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-013

Client Sample ID: ROOM 310/SLOP SINK/HW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 8:12:00 AM

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Received Collected By

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 5.5     |                  | 1           | ug/L         | 15 | 09/07/2016 3:52 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

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Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-014

Client Sample ID: ROOM 310/HOSE BIB/CW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 8:15:00 AM Received

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 6.7     |                  | 1           | ug/L         | 15 | 09/07/2016 3:55 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Todd Vandresar

:8/27/2016 8:16:00 AM

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

**LABORATORY RESULTS** 

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-015

Sample Information:

Client Sample ID: ROOM 310/HOSE BIB/HW-R

Type: Potable Water

Cheff Sample ID. KOOW 310/HOSE BIB/HW

Origin:

Received Collected By

Collected

Attn To:

 Analytical Method:
 E200.8 : IOC
 Analyst:
 AG

 Parameter(s)
 Results
 Qualifier
 D.F.
 Units
 Analyzed:
 Container:

 Lead
 \* 15
 \* 1
 ug/L
 15
 09/07/2016 4:10 AM
 Container-01 of 01

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-016

**Sample Information:** 

Client Sample ID: ROOM 310/DISHWASHER-R

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 8:22:00 AM

**ROSETTI BLDG** 

Origin:

Collected Received :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 4:13 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-017

**Sample Information:** 

Attn To: Todd Vandresar Client Sample ID: ROOM 311/HOSE BIB 1/-R

Type: Potable Water

Collected

:8/27/2016 8:29:00 AM :8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Origin:

Received Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| l ead              | *            | 81      | *         | 1           | ua/l         | 15 | 09/07/2016 4:15 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-018

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar Client Sample ID: ROOM 311/HOSE BIB 2/R

Origin:

Collected :8/27/2016 8:32:00 AM Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 18      | *         | 1           | ug/L         | 15 | 09/07/2016 4:18 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-019

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 311/HOSE BIB 3/R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 8:33:00 AM

**ROSETTI BLDG** Received :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 61      | *         | 1           | ua/L         | 15 | 09/07/2016 4:21 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-020

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 8:35:00 AM

Client Sample ID: ROOM 311HOSE BIB 4A/R

Origin:

Collected

**ROSETTI BLDG** Received :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 8.5     |                  | 1           | ug/L         | 15 | 09/07/2016 4:24 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

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Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-021

Client Sample ID: ROOM 311/HOSE BIB 4B/R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 8:37:00 AM

Received :8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 11      |           | 1           | ua/L         | 15 | 09/07/2016 4:27 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-022

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar Client Sample ID: ROOM 113/DISHWASHER-R

Origin:

Collected :8/27/2016 8:44:00 AM Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         | Prep I    | Method: E20 | 00.8         | Prep Date: | <u>Prep Date:</u> 9/7/2016 10:00:00 AM <u>Analyst:</u> AG |                    |  |
|--------------------|--------------|---------|-----------|-------------|--------------|------------|---|--------------------|--|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |            | Analyzed:   | Container:         |  |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15         | 09/07/2016 8:48 PM  | Container-01 of 01 |  |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-023

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 311/SPRAYER 1/CW-R

Origin:

Collected Received

Attn To:

Todd Vandresar :8/27/2016 8:51:00 AM

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

| Analytical Method: E20 | 0.8 : IOC |           |             |              |    |                    | Analyst: AG        |
|------------------------|-----------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)           | Results   | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead                   | 6.5       |           | 1           | ug/L         | 15 | 09/07/2016 4:42 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Todd Vandresar

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$32-024

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 311/SPRAYER 1/HW-R

Origin:

Attn To:

Collected :8/27/2016 8:52:00 AM Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 1.4     |           | 1           | ug/L         | 15 | 09/07/2016 4:45 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-025

**Sample Information:** 

Client Sample ID: ROOM 311/SPRAYER 2/CW-R

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 8:54:00 AM

Origin:

Collected Received

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | _            | 5.7     |           | 1           | ug/L         | 15 | 09/07/2016 4:48 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-026

**Sample Information:** 

Client Sample ID: ROOM 311/SPRAYER 2/HW-R

Type: Potable Water

Origin:

Collected

Attn To:

:8/27/2016 8:55:00 AM Received :8/31/2016 9:45:00 AM

Todd Vandresar

**ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 1.1     |           | 1           | ua/L         | 15 | 09/07/2016 4:50 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

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Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-027

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 402-2/SLOP SINK/CW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 9:00:00 AM Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 21      | *         | 1           | ug/L         | 15 | 09/07/2016 4:53 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-028

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar Client Sample ID: ROOM 402-2/SLOP SINK/HW-R

Origin:

Collected :8/27/2016 9:00:00 AM Received

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|-------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:  |
| Lead               |              | 14      |                  | 1           | ug/L         | 15 | 09/07/2016 4:56 AM |             |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-029

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 217/HOSE BIB-R

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 9:04:00 AM Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | _            | 6.1     |           | 1           | ug/L         | 15 | 09/07/2016 4:59 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

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Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-030

Sample Information:

Client Sample ID: ROOM 219/HOSE BIB/R

Type: Potable Water

Attn To: Todd Vandresar ollected: 8/27/2016 9:07:00 AM

Origin:

Collected : 8/27/2016 9 Received : 8/31/2016 9

:8/31/2016 9:45:00 AM ROSETTI BLDG

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 180     | *M+       | 1           | ug/L         | 15 | 09/07/2016 5:02 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

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Todd Vandresar

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S32-031

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 220A/LAB SINK/CW-R

Origin:

Collected :8/27/2016 9:11:00 AM

Received :8/31/2016 9:45:00 AM **ROSETTI BLDG** 

Collected By

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 2.1     |           | 1           | ug/L         | 15 | 09/07/2016 5:17 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

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Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-032

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 220A/LAB SINK/HW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 9:14:00 AM

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Received Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 1.7     |           | 1           | ug/L         | 15 | 09/07/2016 5:20 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-033

Sample Information:

Type: Potable Water

Attn To: Todd Vandresar

Collected : 8/27/2016 9:15:00 AM

Client Sample ID: ROOM 223/BIRD BATH-R

Origin:

Received : 8/31/2016 9:45:00 AM Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 14      |           | 1           | ua/l         | 15 | 09/07/2016 5:22 AM | Container-01 of 01 |

**ROSETTI BLDG** 

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

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Date Reported: 9/8/2016 Page 33 of 63



**ROSETTI BLDG** 

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Collected :8/27/2016 9:26:00 AM Received :8/31/2016 9:45:00 AM

Collected By

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S32-034

Client Sample ID: ROOM 227/KITCHEN 1

**DISHWASHER-R** 

**Sample Information:** 

Type: Potable Water

Origin:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | _            | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 5:25 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

:8/27/2016 9:30:00 AM

Received :8/31/2016 9:45:00 AM

Collected By

Collected

## LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S32-035

Client Sample ID: ROOM 227/KITCHEN 2 **DISHWASHER-R** 

Origin:

**Sample Information:** 

Type: Potable Water

**ROSETTI BLDG** 

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 1.9     |           | 1           | ug/L         | 15 | 09/07/2016 5:28 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Collected

Attn To: Todd Vandresar

Received :8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Lab No. : 1608S32-036

Client Sample ID: ROOM 227/KITCHEN 3 **DISHWASHER-R** 

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin:

Collected By

:8/27/2016 9:40:00 AM

| Analytical Method: E2 | 200.8 : IOC |               |                |    |                    | Analyst: AG        |
|-----------------------|-------------|---------------|----------------|----|--------------------|--------------------|
| Parameter(s)          | Results     | Qualifier D.F | . <u>Units</u> |    | Analyzed:          | Container:         |
| Lead                  | < 1.0       | 1             | ug/L           | 15 | 09/07/2016 5:31 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Collected :8/27/2016 9:45:00 AM Received :8/31/2016 9:45:00 AM

NYSDOH ID#10478

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$32-037

Client Sample ID: ROOM 227/KITCHEN 4 **DISHWASHER-R** 

**Sample Information:** 

Type: Potable Water

Origin:

Collected By

**ROSETTI BLDG** 

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 5:34 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Todd Vandresar

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-038

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 229A/SLOP SINK/CW-R

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Origin:

Attn To:

Collected :8/27/2016 9:50:00 AM Received :8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 2.9     |                  | 1           | ug/L         | 15 | 09/07/2016 5:37 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Todd Vandresar

Collected :8/27/2016 9:51:00 AM

Received :8/31/2016 9:45:00 AM LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S32-039

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 229A/SLOP SINK/HW-R

Origin:

**ROSETTI BLDG** 

Collected By

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 2.4     |           | 1           | ug/L         | 15 | 09/07/2016 5:52 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Todd Vandresar

Collected :8/27/2016 9:56:00 AM Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

Attn To:

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$32-040

Client Sample ID: ROOM 230/OFFICE SINK/CW-R

**Sample Information:** 

Type: Potable Water

Origin:

| Analytical Method: E200.8 | : IOC            |               |              |    |                    | Analyst: AG        |
|---------------------------|------------------|---------------|--------------|----|--------------------|--------------------|
| Parameter(s)              | Results Qualifie | <u>r D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead                      | < 1.0            | 1             | ug/L         | 15 | 09/07/2016 5:55 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To:

Collected By

Todd Vandresar

Collected :8/27/2016 9:57:00 AM

Received :8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

## LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Client Sample ID: ROOM 230/OFFICE SINK/HW-R

**Sample Information:** 

Type: Potable Water

Origin:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 5:57 AM | Container-01 of 01 |

Lab No. : 1608\$32-041

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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:8/27/2016 10:00:00 AM

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-042

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar

Client Sample ID: ROOM 232/SINK/CW-R

Origin:

Collected

**ROSETTI BLDG** :8/31/2016 9:45:00 AM Received

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 6:00 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-043

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 10:01:00 AM

Client Sample ID: ROOM 232/SINK/HW-R

Origin:

:8/31/2016 9:45:00 AM Received

**ROSETTI BLDG** 

Collected By

Collected

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 6:03 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Todd Vandresar

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$32-044

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 232/SPRAYER/CW-R

Origin:

Attn To:

Collected :8/27/2016 10:02:00 AM Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 3.1     |           | 1           | ua/L         | 15 | 09/07/2016 6:06 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Todd Vandresar

:8/27/2016 10:03:00 AM

:8/31/2016 9:45:00 AM

NYSDOH ID#10478 www.pacelabs.com

**ROSETTI BLDG** 

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S32-045

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 232/SPRAYER/HW-R

Origin:

Received Collected By

Collected

Attn To:

Analytical Method: E200.8: IOC Analyst: AG Parameter(s) Analyzed: Container: D.F Results <u>Units</u> 1.0 ug/L 15 09/07/2016 6:09 AM Container-01 of 01 Lead

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-046

Sample Information:

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 10:05:00 AM

Client Sample ID: ROOM 231A/HOSE BIB-R

Origin:

Received : 8/31/2016 9:45:00 AM ROSETTI BLDG

Collected By

Collected

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 11      |           | 1           | ug/L         | 15 | 09/07/2016 6:12 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-047

Sample Information:

-----

**ROSETTI BLDG** 

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 10:08:00 AM :8/31/2016 9:45:00 AM Client Sample ID: ROOM 231B/HOSE BIB-R

Origin:

Received Collected By

Collected

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 7.1     |           | 1           | ua/L         | 15 | 09/07/2016 6:27 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Results are only for the samples and analytes requested.

L: (631) 694-3040 FAX: (631) 420-8436 The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-048

Client Sample ID: ROOM 233/HOSE BIB-R

LABORATORY RESULTS

Origin:

**Sample Information:** 

Type: Potable Water

Collected : 8/27/2016 10:12:00 AM

Received : 8/31/2016 9:45:00 AM ROSETTI BLDG

Todd Vandresar

Collected By

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 16      | *         | 1           | ug/L         | 15 | 09/07/2016 1:26 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-049

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 10:16:00 AM

Client Sample ID: ROOM 235/SINK/CW-R

Origin:

Collected

**ROSETTI BLDG** Received :8/31/2016 9:45:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         | <u> </u>  |             | <u> </u>     |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 6:32 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-050

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 10:17:00 AM

Client Sample ID: ROOM 235/SINK HW-R

Origin:

Collected :8/31/2016 9:45:00 AM Received

**ROSETTI BLDG** 

Collected By

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 6:35 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Client Sample ID: ROOM 235/LAB SINK/CW-R

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S32-051

**Sample Information:** 

Type: Potable Water

Origin:

Attn To: Todd Vandresar

Collected :8/27/2016 10:19:00 AM

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Received Collected By

| Analytical Method: E | 200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|----------------------|-------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)         |             | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead                 |             | 1.0     |           | 1           | ua/L         | 15 | 09/07/2016 6:38 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S32-052

**Sample Information:** 

Type: Potable Water

Collected

Todd Vandresar :8/27/2016 10:20:00 AM Client Sample ID: ROOM 235/LAB SINK/HW-R

Origin:

Attn To:

**ROSETTI BLDG** :8/31/2016 9:45:00 AM Received

Collected By

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |                  | 1           | ug/L         | 15 | 09/07/2016 6:41 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S32-053

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 235/BATH SINK/CW-R

Origin:

Collected

Attn To:

**ROSETTI BLDG** :8/31/2016 9:45:00 AM Received

Todd Vandresar

:8/27/2016 10:22:00 AM

Collected By

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |                  | 1           | ug/L         | 15 | 09/07/2016 6:44 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Todd Vandresar

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

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Lab No. : 1608S32-054

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 235/BATH SINK/HW-R

Origin:

Collected :8/27/2016 10:23:00 AM Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

Attn To:

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |                  | 1           | ug/L         | 15 | 09/07/2016 6:47 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Todd Vandresar

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478 LABORATORY RESULTS

Results are only for the samples and analytes requested.

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Lab No. : 1608S32-055

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 244/DISHWASHER-R

Origin:

Collected :8/27/2016 10:31:00 AM

Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 7:02 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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:8/27/2016 10:37:00 AM

NYSDOH ID#10478 www.pacelabs.com

**ROSETTI BLDG** 

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

:8/31/2016 9:45:00 AM Received

Collected By

Collected

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S32-056

Client Sample ID: ROOM 246/KITCHEN **DISHWASHER-R** 

**Sample Information:** 

Type: Potable Water

Origin:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       | 1200.0 . 100 | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15 | 09/07/2016 7:05 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Results are only for the samples and analytes requested.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$32-057

**Sample Information:** 

Type: Potable Water

Attn To:

Todd Vandresar :8/27/2016 7:37:00 AM Client Sample ID: ROOM 306/OLD ICE MACHINE

Origin:

Received :8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By

Collected

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/07/2016 7:08 AM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1608S32

08-Sep-16

**Client:** Madison-Oneida BOCES

**Project:** Madison-Oneida BOCES Lead **BatchID:** 58020

50.00

1.0

| Sample ID: MB-58020 | SampType: MBLK  | TestCode: 200.8_RT_W U   | ts: ug/L Prep Date:       | 9/7/2016              | RunNo: <b>105</b> | 5284     |      |
|---------------------|-----------------|--------------------------|---------------------------|-----------------------|-------------------|----------|------|
| Client ID: PBW      | Batch ID: 58020 | TestNo: <b>E200.8 E2</b> | <b>0.8</b> Analysis Date: | 9/8/2016              | SeqNo: <b>233</b> | 80435    |      |
| Analyte             | Result          | PQL SPK value SPK R      | ef Val %REC LowLimit H    | lighLimit RPD Ref Val | %RPD              | RPDLimit | Qual |
| Lead                | < 1.0           | 1.0                      |                           |                       |                   |          |      |

Sample ID: LCS-58020 SampType: LCS TestCode: 200.8\_RT\_W Units: ug/L Prep Date: 9/7/2016 RunNo: 105284 Client ID: LCSW Batch ID: 58020 TestNo: **E200.8** E200.8 Analysis Date: 9/8/2016 SeqNo: 2330436 Result **PQL** SPK value SPK Ref Val %REC LowLimit HighLimit RPD Ref Val %RPD RPDLimit Qual Analyte 52 104 85 115

0

Qualifiers:

Lead

- Value exceeds Maximum Contaminant Level
- Η Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- Spike Recovery outside accepted recovery limits
- Dilution was required.
- Manual Integration used to determine area response
- Second column confirmation exceeds
- Sample container temperature is out of limit as specified
- Value above quantitation range
- Not Detected at the Reporting Limit
- RPD outside accepted recovery limits



Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1608S32

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: 58020

| Sample ID: MB-58020 Client ID: PBW | SampType: MBLK Batch ID: 58020 | TestCode: 200.8_RT_W Units: ug TestNo: E200.8 E200.8 | /L Prep Date: 9/7/2016  Analysis Date: 9/7/2016 | RunNo: <b>105233</b><br>SeqNo: <b>2328907</b> |
|------------------------------------|--------------------------------|--|---|---|
| Analyte                            | Result                         | PQL SPK value SPK Ref Val                            | %REC LowLimit HighLimit RPD Ref Val             | %RPD RPDLimit Qual                            |
| Lead                               | < 1.0                          | 1.0  |   |   |

| Sample ID: LCS-58020<br>Client ID: LCSW | SampType: LCS Batch ID: 58020 |     | le: <b>200.8_RT_</b><br>lo: <b>E200.8</b> | W Units: ug/L<br>E200.8 |      | •        | te: <b>9/7/2016</b><br>te: <b>9/7/2016</b> |             | RunNo: <b>105</b><br>SeqNo: <b>232</b> |          |      |
|---|-------------------------------|-----|---|-------------------------|------|----------|--|-------------|--|----------|------|
| Analyte                                 | Result                        | PQL | SPK value                                 | SPK Ref Val             | %REC | LowLimit | HighLimit                                  | RPD Ref Val | %RPD                                   | RPDLimit | Qual |
| Lead                                    | 51                            | 1.0 | 50.00                                     | 0                       | 101  | 85       | 115  |             |  |          |      |

Qualifiers:

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits



Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1608S32

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105136

| Sample ID: CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>105136</b>  |
|---------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|
| Client ID: PBW      | Batch ID: R105136 | TestNo: <b>E200.8</b>            | Analysis Date: 9/7/2016             | SeqNo: <b>2326954</b> |
| Analyte             | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |
| Lead                | < 1.0             | 1.0                              |                                     |                       |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1608S32

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105192

| Sample ID: CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>105192</b>  |
|---------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|
| Client ID: PBW      | Batch ID: R105192 | TestNo: <b>E200.8</b>            | Analysis Date: 9/7/2016             | SeqNo: <b>2328101</b> |
| Analyte             | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |
| Lead                | < 1.0             | 1.0                              |                                     |                       |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

## **Sample Receipt Checklist**

Website: <u>www.pacelabs.com</u>

| Client Name MOBOCES   |                             |   | Date ar      | nd Time Received:        | 8/31/2016 9:45:00 AM |
|---|-----------------------------|---|--------------|--------------------------|----------------------|
| Work Order Number: 1608S32 RcptNo   | : 1                         |   | Receive      | ed by: <b>WendyLaM</b> d | ountain              |
| Completed by:   |                             | Reviewe                                   | ed by:       | Elizabeth                | Harrison             |
| Completed Date: <u>8/31/2016 11:42:50 AM</u>  |                             | Reviewed Date:                            |              | 9/8/201                  | 6 7:40:53 PM         |
| Carrier name: FedEx   |                             |   |              |                          |                      |
| Chain of custody present? Chain of custody signed when relinquished and received Chain of custody agrees with sample labels? Are matrices correctly identified on Chain of custody? Is it clear what analyses were requested? | Yes Yes Yes Yes Yes Yes     | <b>&gt; &gt; &gt; &gt; &gt; &gt; &gt;</b> | No           |                          |                      |
| Custody seals intact on sample bottles?   | Yes                         |   | No $\square$ | Not Present              | $\checkmark$         |
| Samples in proper container/bottle? Were correct preservatives used and noted? Preservative added to bottles:   | Yes<br>Yes                  | <b>✓</b>                                  | No 🗌<br>No 🗆 | NA                       |                      |
| Sample Condition? Sufficient sample volume for indicated test? Were container labels complete (ID, Pres, Date)? All samples received within holding time?   | Intact<br>Yes<br>Yes<br>Yes | <b>&gt; &gt; &gt; &gt; &gt;</b>           | Broken       | Leaking                  |                      |
| Was an attempt made to cool the samples?  | Yes                         |   | No 🗌         | NA                       | ✓                    |
| All samples received at a temp. of > 0° C to 6.0° C?  Response when temperature is outside of range:  Sample Temp. taken and recorded upon receipt?   | Yes<br>Yes                  |   | No ☐         | NA<br>To                 | •                    |
| Water - Were bubbles absent in VOC vials?   | Yes                         |   | No 🗆         | To<br>No Vials           | <b>✓</b>             |
| Water - Was there Chlorine Present?   | Yes                         |   | No 🗆         | NA                       | ✓                    |
| Water - pH acceptable upon receipt?   | Yes                         | ✓   | No 🗆         | No Water                 |                      |
| Are Samples considered acceptable?  | Yes                         | ✓   | No 🗌         |                          |                      |
| Custody Seals present?  | Yes                         | <b>✓</b>                                  | No $\square$ |                          |                      |
| Airbill or Sticker?   | Air Bill                    | ✓   | Sticker      | Not Present              |                      |
| Airbill No:   | 777117                      | 7437500                                   |              |                          |                      |
| Case Number: SDG:   |                             | SAS                                       | S:           |                          |                      |
| Any No response should be detailed in the comments so   | ection below, if appl       | icable.                                   |              | =====                    | =======              |
| Client Contacted? ☐ Yes ☐ No 🗹 NA   | Person Conta                | acted:                                    |              |                          |                      |
| Contact Mode: Phone: Fax:   | Email:                      |   | ] In Person  | :                        |                      |
| Client Instructions:  |                             |   |              |                          |                      |
| Date Contacted: C Regarding: Comments:  | Contacted By:               |   |              |                          |                      |
| CorrectiveAction:   |                             |   |              |                          |                      |
|   |                             |   |              |                          |                      |



 $\frac{\text{WorkOrder:}}{1608S32}$ 

# **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |



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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S70-001

**Sample Information:** 

Client Sample ID: ROOM 301/HOSEBIB/CW-F

Type: Potable Water

Attn To: Collected

Received

Todd Vandresar :8/27/2016 7:32:00 AM

**ROSETTI BLDG** 

Origin: Raw Well

:8/31/2016 9:45:00 AM Collected By CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                     | Analyst:  | AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|---------------------|-----------|-----------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:           | Contair   | ner:      |
| Lead               |              | 7.5     |           | 1           | ug/L         | 15 | 09/15/2016 12:46 PM | Container | -01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 1 of 20



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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Collected By CLIENT

Attn To:

Collected

Todd Vandresar :8/27/2016 7:33:00 AM

Received :8/31/2016 9:45:00 AM

Lab No. : 1608\$70-002

Client Sample ID: ROOM 301/HOSEBIB/HW-F

Origin: Distribution

**Sample Information:** 

Type: Potable Water

**ROSETTI BLDG** 

| Analytical Method: E2 | 200.8 : IOC |           |             |              |    |                    | Analyst: AG        |
|-----------------------|-------------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)          | Results     | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead                  | 3.1         |           | 1           | ug/L         | 15 | 09/13/2016 4:35 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

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+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

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Date Reported: 9/15/2016 Page 2 of 20



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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608**\$70-003** 

Sample Information:

Type: Potable Water

Todd Vandresar

Client Sample ID: ROOF/HOSE BIB #1/CW-F

Origin: Raw Well

Collected : 8/27/2016 7:43:00 AM

Received : 8/31/2016 9:45:00 AM

ROSETTI BLDG

Collected By CLIENT

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:           | Container:         |
| l ead              |              | < 1.0   |           | 1           | ug/l         | 15 | 09/15/2016 12:48 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

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Date Reported: 9/15/2016 Page 3 of 20



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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S70-005

Sample Information:

Type: Potable Water

Attn To: Todd Vandresar

Client Sample ID: ROOF/HOSE BIB #2/CW-F

Origin: Raw Well

Collected :8/27/2016 7:47:00 AM

:8/31/2016 9:45:00 AM

**ROSETTI BLDG** 

Collected By CLIENT

Received

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| l ead              |              | < 1.0   |           | 1           | ua/l         | 15 | 09/13/2016 4:38 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Date Reported: 9/15/2016 Page 4 of 20



Results are only for the samples and analytes requested.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$70-006

**Sample Information:** 

Type: Potable Water

Todd Vandresar

Client Sample ID: ROOF/HOSE BIB #2 HW-F

Origin: Raw Well

Collected :8/27/2016 7:48:00 AM Received :8/31/2016 9:45:00 AM

Collected By CLIENT

Attn To:

**ROSETTI BLDG** 

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 2.0     |                  | 1           | ug/L         | 15 | 09/13/2016 4:41 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 5 of 20



NYSDOH ID#10478 www.pacelabs.com

**ROSETTI BLDG** 

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Collected :8/27/2016 7:57:00 AM Received :8/31/2016 9:45:00 AM

Collected By CLIENT

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$70-007

Client Sample ID: ROOM 308/HOSE BIB/CW-F

**Sample Information:** 

Type: Potable Water

Origin: Raw Well

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 1.6     |                  | 1           | ug/L         | 15 | 09/13/2016 4:43 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 6 of 20



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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S70-009

**ROSETTI BLDG** 

Sample Information:

Lab No. : 1000370-009

Type: Potable Water

Attn To: Todd Vandresar

Collected : 8/27/2016 8:00:00 AM

:8/31/2016 9:45:00 AM

Client Sample ID: ROOM 308/COFFEE MAKER-F

Origin: Raw Well

Collected By CLIENT

Received

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 1.4     |           | 1           | ug/L         | 15 | 09/13/2016 4:46 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 7 of 20



LABORATORY RESULTS Results are only for the samples and analytes requested.

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Madison-Oneida BOCES 4937 Spring Road

Verona, NY 13478

Todd Vandresar

Collected :8/27/2016 8:06:00 AM

:8/31/2016 9:45:00 AM

Lab No. : 1608\$70-010

Client Sample ID: ROOM 309/HOSE BIB/CW-F

**Sample Information:** 

Type: Potable Water

Origin: Raw Well

**ROSETTI BLDG** Received

Collected By CLIENT

Attn To:

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 9.7     |                  | 1           | ua/l         | 15 | 09/13/2016 4:49 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 8 of 20



Results are only for the samples and analytes requested.

**ROSETTI BLDG** 

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

LABORATORY RESULTS

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S70-011

**Sample Information:** 

Type: Potable Water

Todd Vandresar

Collected :8/27/2016 8:07:00 AM :8/31/2016 9:45:00 AM Received

Client Sample ID: ROOM 309/HOSE BIB/HW-F

Origin: Raw Well

Collected By CLIENT

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 30      | *         | 1           | ug/L         | 15 | 09/13/2016 4:52 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 9 of 20



Todd Vandresar

**LABORATORY RESULTS** 

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The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To:

Lab No. : 1608S70-015

**ROSETTI BLDG** 

Sample Information:

Type: Potable Water

Client Sample ID: ROOM 310/HOSE BIB/HW-F

Origin: Raw Well

Collected :8/27/2016 8:16:00 AM

Received : 8/31/2016 9:45:00 AM

Sallanta d Dec CLIENT

Collected By CLIENT

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:           | Container:         |
| Lead               | *            | 26      | *         | 1           | ua/L         | 15 | 09/15/2016 12:51 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 10 of 20



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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Collected By CLIENT

Attn To:

Todd Vandresar

Collected Received :8/31/2016 9:45:00 AM

:8/27/2016 8:30:00 AM

**ROSETTI BLDG** 

**Sample Information:** 

Type: Potable Water

Origin: Raw Well

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |                  | 1           | ug/L         | 15 | 09/13/2016 5:10 PM | Container-01 of 01 |

Lab No. : 1608\$70-017

Client Sample ID: ROOM 311/HOSE BIB 1/-F

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 11 of 20



Broad Hollow Road , Melville, NY 11747

Results are only for the sam
The lab is not directly responsible for

**ROSETTI BLDG** 

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES 4937 Spring Road

Verona, NY 13478

Attn To: Todd Vandresar

Collected :8/27/2016 8:32:00 AM Received :8/31/2016 9:45:00 AM

Collected By CLIENT

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S70-018

1608570-018

Client Sample ID: ROOM 311/HOSE BIB 2/F

**Sample Information:** 

Type: Potable Water

Origin: Raw Well

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:           | Container:         |
| Lead               |              | 1.2     |           | 1           | ug/L         | 15 | 09/15/2016 12:54 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 12 of 20



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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$70-019

**Sample Information:** Type: Potable Water

Client Sample ID: ROOM 311/HOSE BIB 3/F

Origin: Raw Well

Attn To: Todd Vandresar Collected :8/27/2016 8:33:00 AM

Received

**ROSETTI BLDG** :8/31/2016 9:45:00 AM

Collected By CLIENT

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 6.2     |                  | 1           | ua/l         | 15 | 09/13/2016 5:13 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 13 of 20



NYSDOH ID#10478 www.pacelabs.com

**ROSETTI BLDG** 

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Collected :8/27/2016 9:00:00 AM Received :8/31/2016 9:45:00 AM

Collected By CLIENT

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$70-027

Client Sample ID: ROOM 402-2/SLOP SINK/CW-F

**Sample Information:** 

Type: Potable Water

Origin: Raw Well

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       | <u> </u>     | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 1.0     |           | 1           | ug/L         | 15 | 09/13/2016 5:16 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 14 of 20



NYSDOH ID#10478 www.pacelabs.com

**ROSETTI BLDG** 

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Collected :8/27/2016 9:08:00 AM Received :8/31/2016 9:45:00 AM

Collected By CLIENT

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$70-030

Client Sample ID: ROOM 219/HOSE BIB/F

**Sample Information:** 

Type: Potable Water

Origin: Raw Well

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 2.0     |           | 1           | ua/L         | 15 | 09/13/2016 5:19 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 15 of 20



LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$70-048

**Sample Information:** 

Type: Potable Water

Client Sample ID: ROOM 233/HOSE BIB-F

Origin: Raw Well

Verona, NY 13478 Attn To: Todd Vandresar

Madison-Oneida BOCES

Collected :8/27/2016 10:12:00 AM

**ROSETTI BLDG** :8/31/2016 9:45:00 AM Received

Collected By CLIENT

4937 Spring Road

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                     | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|---------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:           | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/L         | 15 | 09/15/2016 12:57 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/15/2016 Page 16 of 20



Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1608S70

15-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105573

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>105573</b>  |  |
|--------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW     | Batch ID: R105573 | TestNo: <b>E200.8</b>            | Analysis Date: 9/13/2016            | SeqNo: <b>2336614</b> |  |
| Analyte            | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead               | < 1.0             | 1.0                              |                                     |                       |  |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1608S70

15-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105707

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_       | Prep Date:                      |      |          |           | RunNo: <b>105707</b>  |      |          |      |
|--------------------|-------------------|---------------------------|---------------------------------|------|----------|-----------|-----------------------|------|----------|------|
| Client ID: PBW     | Batch ID: R105707 | TestNo: <b>E200.8</b>     | Analysis Date: <b>9/15/2016</b> |      |          |           | SeqNo: <b>2340358</b> |      |          |      |
| Analyte            | Result            | PQL SPK value SPK Ref Val |                                 | %REC | LowLimit | HighLimit | RPD Ref Val           | %RPD | RPDLimit | Qual |
| Lead               | < 1.0             | 1.0                       |                                 |      |          |           |                       |      |          |      |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

## **Sample Receipt Checklist**

Website: www.pacelabs.com

| Client Name MOBOCES   |               | Date and Tir | me Received: | 8/31/2016 9:45:00 AM |              |
|---|---------------|--------------|--------------|----------------------|--------------|
| Work Order Number: 1608S70 RcptNo: 1                                      |               |              | Received by  | WendyLaMo            | ountain      |
| Completed by:   |               | Reviewed     | by: E.e      | nalieth              | Harrison     |
| Completed Date: <u>8/31/2016 2:20:46 PM</u>                               |               | Reviewed     | Date:        | 9/8/2016             | 8 8:18:39 PM |
| Carrier name: FedEx   |               |              |              |                      |              |
| Chain of custody present?   | Yes           | ✓            | No 🗌         |                      |              |
| Chain of custody signed when relinquished and received?                   | Yes           | <b>✓</b>     | No 🗌         |                      |              |
| Chain of custody agrees with sample labels?                               | Yes           | <b>✓</b>     | No 🗌         |                      |              |
| Are matrices correctly identified on Chain of custody?                    | Yes           | <b>~</b>     | No 🖳         |                      |              |
| Is it clear what analyses were requested?                                 | Yes           | <b>~</b>     | No 📙         |                      |              |
| Custody seals intact on sample bottles?                                   | Yes           |              | No 🗀         | Not Present          |              |
| Samples in proper container/bottle?                                       | Yes           | <b>✓</b>     | No 🗌         |                      | _            |
| Were correct preservatives used and noted? Preservative added to bottles: | Yes           | ✓            | No 🗌         | NA                   |              |
| Sample Condition?   | Intact        | <b>✓</b> Br  | oken 🗆       | Leaking              |              |
| Sufficient sample volume for indicated test?                              | Yes           | <b>✓</b>     | No 🗌         | _cag                 |              |
| Were container labels complete (ID, Pres, Date)?                          | Yes           | ✓            | No 🗆         |                      |              |
| All samples received within holding time?                                 | Yes           | ✓            | No 🗌         |                      |              |
| Was an attempt made to cool the samples?                                  | Yes           |              | No 🗆         | NA                   | <b>✓</b>     |
| All samples received at a temp. of > 0° C to 6.0° C?                      | Yes           |              | No 🗌         | NA                   | <b>✓</b>     |
| Response when temperature is outside of range:                            |               |              |              |                      |              |
| Sample Temp. taken and recorded upon receipt?                             | Yes           |              | No 🗸         | To                   | 0            |
| Water - Were bubbles absent in VOC vials?                                 | Yes           |              | No 🗆         | No Vials             | $\checkmark$ |
| Water - Was there Chlorine Present?                                       | Yes           |              | No 🗆         | NA                   | $\checkmark$ |
| Water - pH acceptable upon receipt?                                       | Yes           | ✓            | No 🗆         | No Water             |              |
| Are Samples considered acceptable?  | Yes           | ✓            | No 🗌         |                      |              |
| Custody Seals present?  | Yes           | <b>✓</b>     | No 🗆         |                      |              |
| Airbill or Sticker?   | Air Bil       |              | icker        | Not Present          |              |
| Airbill No:   |               |              | iokoi —      | Not i resem          |              |
|   | 777117        |              |              |                      |              |
| Case Number: SDG:   |               | SAS:         |              |                      |              |
|   |               |              |              |                      |              |
| Any No response should be detailed in the comments section be             | elow. if appl | icable.      |              |                      |              |
|   |               |              | ====         |                      | ========     |
| Client Contacted? ☐ Yes ☐ No 🗸 NA P                                       | erson Conta   | acted:       |              |                      |              |
| Contact Mode: Phone: Fax:   | Email:        |              | In Person:   |                      |              |
| Client Instructions:  | _             | _            |              |                      |              |
| Date Contacted: Contacte  | ed Bv:        |              |              |                      |              |
| Regarding:  | <b>.</b>      |              |              |                      |              |
| Regarding.  Comments:   |               |              |              |                      |              |
|   |               |              |              |                      |              |
| CorrectiveAction:   |               |              |              |                      |              |



 $\frac{\text{WorkOrder:}}{1608S70}$ 

# **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |



NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

:8/27/2016 1:18:00 PM

Received :8/31/2016 9:45:00 AM

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S95-001

Client Sample ID: Kitchen-Dishwasher-R

**Sample Information:** 

Type: Potable Water

Origin: Distribution

Continuing Ed Bldg

Collected By JM03

Collected

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 23      | *         | 1           | ug/L         | 15 | 09/07/2016 3:23 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Date Reported: 9/14/2016 Page 1 of 6



Results are only for the samples and analytes requested.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To:

Todd Vandresar

Collected :8/27/2016 1:20:00 PM

Received :8/31/2016 9:45:00 AM

Lab No. : 1608S95-002

Continuing Ed Bldg

Client Sample ID: Kitchen-Dishwasher-F

Origin: Distribution

**Sample Information:** 

Type: Potable Water

Collected By JM03

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 22      | *         | 1           | ug/L         | 15 | 09/13/2016 5:22 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/14/2016 Page 2 of 6



Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1608S95

14-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105192

| Sample ID CalBlank SampType: MBLK |                          | TestCode: 20          | Prep Date:          |                                |          | RunNo: <b>105192</b> |             |                       |          |      |
|-----------------------------------|--------------------------|-----------------------|---------------------|--------------------------------|----------|----------------------|-------------|-----------------------|----------|------|
| Client ID: PBW                    | Batch ID: <b>R105192</b> | TestNo: <b>E200.8</b> |                     | Analysis Date: <b>9/7/2016</b> |          |                      |             | SeqNo: <b>2328101</b> |          |      |
| Analyte                           | Result                   | PQL SPI               | K value SPK Ref Val | %REC                           | LowLimit | HighLimit            | RPD Ref Val | %RPD                  | RPDLimit | Qual |
| Lead                              | < 1.0                    | 1.0                   |                     |                                |          |                      |             |                       |          |      |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1608S95

14-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105573

| Sample ID CalBlank Client ID: PBW | SampType: MBLK Batch ID: R105573 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 9/13/2016 | RunNo: <b>105573</b><br>SeqNo: <b>2336614</b> |  |
|-----------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                           | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                              | < 1.0                            | 1.0   |                                     |   |  |

**Qualifiers:** \* Value exceed

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

1-3040 FAX: (631) 420-8436 Website: <u>www.pacelabs.com</u>

### Sample Receipt Checklist

Client Name MOBOCES Date and Time Received: 8/31/2016 9:45:00 AM RcptNo: 1 Received by WendyLaMountain Work Order Number: 1608S95 Elizabeth Harrison Completed by: Reviewed by: 8/31/2016 4:03:50 PM 9/8/2016 8:27:03 PM Completed Date: Reviewed Date: Carrier name: FedEx **~** No 🗌 Chain of custody present? Yes **~** No 🗌 Chain of custody signed when relinquished and received? Yes **~** Chain of custody agrees with sample labels? Yes No ~ Are matrices correctly identified on Chain of custody? Yes No 🗀 Is it clear what analyses were requested? Yes **~** No  $\square$ No 🗌 **V** Custody seals intact on sample bottles? Yes Not Present Samples in proper container/bottle? Yes **~** No **~** No 🗌 Were correct preservatives used and noted? Yes NA Preservative added to bottles: **~** Broken 🗔 Sample Condition? Intact Leaking **~** No 🗌 Sufficient sample volume for indicated test? Yes **~** No 🗀 Were container labels complete (ID, Pres, Date)? Yes **~** No 🗌 All samples received within holding time? Yes **V** No 🗌 Was an attempt made to cool the samples? Yes NA No 🗌 NA **V** All samples received at a temp. of > 0° C to 6.0° C? Yes Response when temperature is outside of range: Sample Temp. taken and recorded upon receipt? Yes No 🗹 Tο No  $\square$ **V** No Vials Water - Were bubbles absent in VOC vials? Yes No  $\square$ Water - Was there Chlorine Present? Yes No 🗆 **~** No Water Water - pH acceptable upon receipt? Yes Yes 🗸 No 🗌 Are Samples considered acceptable? Yes 🗸 No  $\square$ Custody Seals present? **~** Sticker Air Bil Not Present Airbill or Sticker? Airbill No: 777117438117 Case Number: SDG: SAS: Any No response should be detailed in the comments section below, if applicable. ☐ No ✓ NA Client Contacted? Yes Person Contacted: Contact Mode: Phone: Fax: Email: In Person: Client Instructions: Date Contacted: Contacted By: Regarding: Comments: CorrectiveAction:



<u>WorkOrder :</u> 1608S95

# **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |



LABORATORY RESULTS Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$98-001

**Sample Information:** 

Type: Potable Water

Client Sample ID: MENS ROOM/SINK 1/CW-R

receipt at the lab and is responsible only for the tests requested.

Origin: Distribution

Collected :8/27/2016 12:50:00 PM

ADMINISTRATION BLDG Received :8/31/2016 9:45:00 AM

Todd Vandresar

Collected By JM03

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |      |       |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|------|-------|----|--------------------|--------------------|
| Parameter(s)       | E200.8 . IOC | Results | Qualifier | D.F. | Units |    | Analyzed:          | Container:         |
| Lead               | *            | 58      | *         |      | ua/L  | 15 | 09/07/2016 3:26 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 1 of 10



LABORATORY RESULTS

Results are only for the samples and analytes requested.

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S98-002

Sample Information:

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 12:51:00 PM

Client Sample ID: MENS ROOM/SINK 1/HW-R

Origin: Distribution

Received : 8/31/2016 9:45:00 AM

016 9:45:00 AM ADMINISTRATION BLDG

Collected By JM03

Collected

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | *            | 17      | *         | 1           | ug/L         | 15 | 09/07/2016 3:29 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported : 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 2 of 10



LABORATORY RESULTS

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608S98-003

**Sample Information:** 

Type: Potable Water

Attn To:

Todd Vandresar

Client Sample ID: KITCHEN ICE MACHINE

Origin: Distribution

Collected :8/27/2016 12:53:00 PM Received

:8/31/2016 9:45:00 AM

ADMINISTRATION BLDG

Collected By JM03

| Analytical Method: | E200.8 : IOC |         |                  |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|------------------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | _            | < 1.0   |                  | 1           | ug/L         | 15 | 09/07/2016 3:32 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Page 3 of 10



Todd Vandresar

NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

ADMINISTRATION BLDG

Lab No. : 1608S98-004

Client Sample ID: KITCHEN COFFEE MAKER

LABORATORY RESULTS Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

**Sample Information:** 

Type: Potable Water

Origin: Distribution

Collected :8/27/2016 12:54:00 PM

Received :8/31/2016 9:45:00 AM

Collected By JM03

Attn To:

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ua/l         | 15 | 09/07/2016 3:47 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 4 of 10



**LABORATORY RESULTS** 

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Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608\$98-005

Sample Information:

Type: Potable Water

Attn To: Todd Vandresar

:8/27/2016 1:02:00 PM :8/31/2016 9:45:00 AM Client Sample ID: KITCHEN DISHWASHER-R

Origin: Distribution

Collected By JM03

Collected

Received

 Analytical Method:
 E200.8 : IOC
 Analyst:
 AG

 Parameter(s)
 Results
 Qualifier
 D.F.
 Units
 Analyzed:
 Container:

 Lead
 < 1.0</td>
 1
 ug/L
 15
 09/07/2016 3:50 PM
 Container-01 of 01

ADMINISTRATION BLDG

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

 $c = Calibration \ acceptability \ criteria \ exceeded \ for \ this \ analyte. Value \ estimated$ 

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Date Reported: 9/8/2016 Page 5 of 10



NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To:

Todd Vandresar

Collected :8/27/2016 1:06:00 PM

Collected By JM03

LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608\$98-006

**Sample Information:** 

Type: Potable Water

Client Sample ID: SUPERINTENDANTS BATH-CW-R

Origin: Distribution

ADMINISTRATION BLDG Received :8/31/2016 9:45:00 AM

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 5.5     |           | 1           | ug/L         | 15 | 09/07/2016 3:53 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported:

9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 6 of 10



NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Todd Vandresar :8/27/2016 1:07:00 PM

Received :8/31/2016 9:45:00 AM

Collected By JM03

Attn To:

Collected

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608S98-007

Client Sample ID: SUPERINTENDANTS BATH-HW-R

**Sample Information:** Type: Potable Water

Origin: Distribution

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | 11      |           | 1           | ug/L         | 15 | 09/07/2016 3:56 PM | Container-01 of 01 |

ADMINISTRATION BLDG

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method Date Reported: 9/8/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

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Page 7 of 10



Website: www.pacelabs.com

**QC SUMMARY REPORT** 

WO#:

1608S98

08-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105192

| Sample ID: CalBlank Client ID: PBW | SampType: MBLK Batch ID: R105192 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 9/7/2016  | RunNo: <b>105192</b><br>SeqNo: <b>2328101</b> |  |
|------------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte                            | Result                           | PQL SPK value SPK Ref Val                       | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual                            |  |
| Lead                               | < 1.0                            | 1.0   |                                     |   |  |

Qualifiers:

- Value exceeds Maximum Contaminant Level
- H Holding times for preparation or analysis exceeded
- O RSD is greater than RSDlimit
- S Spike Recovery outside accepted recovery limits
- D Dilution was required.
- M Manual Integration used to determine area response
- P Second column confirmation exceeds
- W Sample container temperature is out of limit as specified
- E Value above quantitation range
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

## **Sample Receipt Checklist**

Website: <u>www.pacelabs.com</u>

| Client Name MOBOCES   |                   | Date and Time Received: 8/31/2016 9:45:00 AM |                   |                          |               |  |
|---|-------------------|--|-------------------|--------------------------|---------------|--|
| Work Order Number: 1608S98 RcptNo: 1  |                   |  | Receive           | ed by: <b>WendyLaM</b> d | ountain       |  |
| Completed by:   |                   | Revie  | wed by:           | Elizabeth                | Harrison      |  |
| Completed Date: <u>8/31/2016 4:23:46 PM</u>                                       |                   | Revie  | wed Date:         | 9/8/2016                 | 10:33:51 PM   |  |
| Carrier name: FedEx   |                   |  |                   |                          |               |  |
| Chain of custody present? Chain of custody signed when relinquished and received? | Yes<br>Yes        | <b>✓</b>                                     | No ☐<br>No ☐      |                          |               |  |
| Chain of custody agrees with sample labels?                                       | Yes               | <b>✓</b>                                     | No 🗆              |                          |               |  |
| Are matrices correctly identified on Chain of custody?                            | Yes               | <b>✓</b>                                     | No 🗌              |                          |               |  |
| Is it clear what analyses were requested?   | Yes               | ✓  | No 🗌              |                          |               |  |
| Custody seals intact on sample bottles?   | Yes               |  | No 🗌              | Not Present              | ✓             |  |
| Samples in proper container/bottle?   | Yes               | <b>✓</b>                                     | No 🗌              |                          |               |  |
| Were correct preservatives used and noted?  | Yes               | ✓  | No 🗌              | NA                       |               |  |
| Preservative added to bottles:  |                   |  |                   |                          |               |  |
| Sample Condition?   | Intact            |  | Broken 📙          | Leaking                  |               |  |
| Sufficient sample volume for indicated test?                                      | Yes               |  | No 🗌              |                          |               |  |
| Were container labels complete (ID, Pres, Date)?                                  | Yes               | <b>✓</b>                                     | No 🗀              |                          |               |  |
| All samples received within holding time?   | Yes               | <b>✓</b>                                     | No 🗆              |                          |               |  |
| Was an attempt made to cool the samples?  | Yes               |  | No 🗌              | NA                       | <b>✓</b>      |  |
| All samples received at a temp. of > 0° C to 6.0° C?                              | Yes               |  | No 🗌              | NA                       | ✓             |  |
| Response when temperature is outside of range:                                    | V                 |  | N                 | _                        | _             |  |
| Sample Temp. taken and recorded upon receipt?                                     | Yes               |  | No <b>⊻</b>       | To                       | o<br><b>✓</b> |  |
| Water - Were bubbles absent in VOC vials?   | Yes               |  | No □              | No Vials                 | <b>▼</b>      |  |
| Water - Was there Chlorine Present?   | Yes               | <b>✓</b>                                     | No □              | NA<br>Na Watan           |               |  |
| Water - pH acceptable upon receipt?   | Yes               | <b>✓</b>                                     | No □              | No Water                 |               |  |
| Are Samples considered acceptable?  | Yes               |  | No 🗆              |                          |               |  |
| Custody Seals present?  | Yes               | <b>V</b>                                     | No 🗀              |                          |               |  |
| Airbill or Sticker?   | Air Bill          |  | Sticker $\square$ | Not Present              |               |  |
| Airbill No:   | ///11/            | 7438117                                      | /                 |                          |               |  |
| Case Number: SDG:   |                   | SA   | NS:               |                          |               |  |
|   |                   |  |                   |                          |               |  |
| Any No response should be detailed in the comments section                        | on below, if appl | icable.                                      |                   |                          |               |  |
| Client Contacted? ☐ Yes ☐ No ☑ NA   | Person Cont       | acted:                                       |                   | - — — — — — —            |               |  |
| Contact Mode: Phone: Fax:   | Email:            |  | ☐ In Person       | :                        |               |  |
| Client Instructions:  |                   |  |                   |                          |               |  |
| Date Contacted: Cont  | tacted By:        |  |                   |                          |               |  |
| Regarding:  | ,                 |  |                   |                          |               |  |
| Comments:   |                   |  |                   |                          |               |  |
| CorrectiveAction:   |                   |  |                   |                          |               |  |
| Compositivo (ottori.  |                   |  |                   |                          |               |  |



 $\frac{\text{WorkOrder:}}{1608S98}$ 

# **Certifications**

| STATE            | CERTIFICATION# |
|------------------|----------------|
| NEW YORK         | 10478          |
| NEW JERSEY       | NY158          |
| CONNECTICUT      | PH-0435        |
| MARYLAND         | 208            |
| MAS S ACHUS ETTS | MNY026         |
| NEW HAMPS HIRE   | 2987           |
| RHODE IS LAND    | LAO00340       |
| PENNS YLVANIA    | 68-00350       |



LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Lab No. : 1608T07-001

**Sample Information:** 

Type: Potable Water

Attn To: Todd Vandresar Client Sample ID: MENS ROOM/SINK 1/CW-F

Origin: Distribution

Collected :8/27/2016 12:51:00 PM Received

ADMINSTRATION BLDG :8/31/2016 9:45:00 AM

Collected By JM03

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               |              | < 1.0   |           | 1           | ug/L         | 15 | 09/13/2016 5:24 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Date Reported: 9/15/2016 Page 1 of 6



NYSDOH ID#10478 www.pacelabs.com

Madison-Oneida BOCES

4937 Spring Road Verona, NY 13478

Attn To: Todd Vandresar

Collected :8/27/2016 12:52:00 PM :8/31/2016 9:45:00 AM Received

Collected By JM03

#### LABORATORY RESULTS

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Lab No. : 1608T07-002

Client Sample ID: MENS ROOM/SINK 1/HW-F

**Sample Information:** 

Type: Potable Water

Origin: Distribution

| Analytical Method: | E200.8 : IOC |         |           |             |              |    |                    | Analyst: AG        |
|--------------------|--------------|---------|-----------|-------------|--------------|----|--------------------|--------------------|
| Parameter(s)       |              | Results | Qualifier | <u>D.F.</u> | <u>Units</u> |    | Analyzed:          | Container:         |
| Lead               | _            | 1.3     |           | 1           | ua/L         | 15 | 09/15/2016 1:00 PM | Container-01 of 01 |

ADMINSTRATION BLDG

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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Date Reported: 9/15/2016 Page 2 of 6



Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1608T07

15-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105573

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug/L | Prep Date:                          | RunNo: <b>105573</b>  |  |
|--------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|--|
| Client ID: PBW     | Batch ID: R105573 | TestNo: <b>E200.8</b>            | Analysis Date: 9/13/2016            | SeqNo: <b>2336614</b> |  |
| Analyte            | Result            | PQL SPK value SPK Ref Val        | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual    |  |
| Lead               | < 1.0             | 1.0                              |                                     |                       |  |

Qualifiers:

\* Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



Website: www.pacelabs.com

## **QC SUMMARY REPORT**

WO#:

1608T07

15-Sep-16

Client: Madison-Oneida BOCES

Project: Madison-Oneida BOCES Lead BatchID: R105707

| Sample ID CalBlank | SampType: MBLK    | TestCode: 200.8_DW_R Units: ug |             | Prep Date: |             |                      | RunNo: <b>105707</b> |            |          |      |
|--------------------|-------------------|--------------------------------|-------------|------------|-------------|----------------------|----------------------|------------|----------|------|
| Client ID: PBW     | Batch ID: R105707 | TestNo: <b>E200.8</b>          |             |            | Analysis Da | ite: <b>9/15/2</b> 0 | 016                  | SeqNo: 234 | 40358    |      |
| Analyte            | Result            | PQL SPK value                  | SPK Ref Val | %REC       | LowLimit    | HighLimit            | RPD Ref Val          | %RPD       | RPDLimit | Qual |
| Lead               | < 1.0             | 1.0                            |             |            |             |                      |                      |            |          |      |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



#### PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

## **Sample Receipt Checklist**

Website: www.pacelabs.com

| Client Name MOBOCES  | Date and Time Received: 8/31/2016 9:45:00 AM |  |  |                            |                                       |  |
|--|--|--|--|----------------------------|---------------------------------------|--|
| Work Order Number: 1608T07 RcptNo: 1   | Received by WendyLaMountain                  |  |  |                            |                                       |  |
| Completed by:  | >  | Reviewed   | by: ε  | Elizabeth                  | Harrison                              |  |
| Completed Date: <u>8/31/2016 5:25:46 PM</u>  |  | Reviewed   | Date:  | 9/8/2016 10:44:29 PM       |                                       |  |
| Carrier name: FedEx  |  |  |  |                            |                                       |  |
| Chain of custody present? Chain of custody signed when relinquished and received? Chain of custody agrees with sample labels? Are matrices correctly identified on Chain of custody? Is it clear what analyses were requested? Custody seals intact on sample bottles? Samples in proper container/bottle? | Yes Yes Yes Yes Yes Yes Yes                  | <ul><li>&gt;</li><li>&gt;</li><li>&gt;</li></ul> | No   | Not Present                | <b>✓</b>                              |  |
| Were correct preservatives used and noted?  Preservative added to bottles:   | Yes  | ✓  | No 🗌   | NA                         |                                       |  |
| Sample Condition? Sufficient sample volume for indicated test? Were container labels complete (ID, Pres, Date)? All samples received within holding time?  | Intact<br>Yes<br>Yes<br>Yes                  |  | roken   No   No   No   No   No   No   No   N | Leaking                    |                                       |  |
| Was an attempt made to cool the samples?   | Yes  |  | No 🗌   | NA                         |                                       |  |
| All samples received at a temp. of > 0° C to 6.0° C?  Response when temperature is outside of range:  Sample Temp. taken and recorded upon receipt?  Water - Were bubbles absent in VOC vials?  Water - Was there Chlorine Present?  | Yes<br>Yes<br>Yes<br>Yes                     |  | No V<br>No No                                | NA<br>To<br>No Vials<br>NA | · · · · · · · · · · · · · · · · · · · |  |
| Water - pH acceptable upon receipt?  | Yes  | <b>✓</b>   | No 🗆   | No Water                   |                                       |  |
| Are Samples considered acceptable?   | Yes  | ✓  | No $\square$                                 |                            |                                       |  |
| Custody Seals present? Airbill or Sticker? Airbill No: Case Number: SDG:   | Yes<br>Air Bil<br>777117                     |  | No ☐<br>ticker ☐                             | Not Present                |                                       |  |
| Any No response should be detailed in the comments section below, if applicable.   |  |  |  |                            |                                       |  |
| Client Contacted? ☐ Yes ☐ No ✔ NA  Contact Mode: ☐ Phone: ☐ Fax:  Client Instructions:   | Person Conta                                 |  | In Person:                                   |                            |                                       |  |
| Date Contacted: Contacted By:  Regarding: Comments:  |  |  |  |                            |                                       |  |
| CorrectiveAction:  |  |  |  |                            |                                       |  |
|  |  |  |  |                            |                                       |  |



 $\frac{\text{WorkOrder:}}{1608T07}$ 

# **Certifications**

| STATE            | CERTIFICATION# |  |  |  |
|------------------|----------------|--|--|--|
| NEW YORK         | 10478          |  |  |  |
| NEW JERSEY       | NY158          |  |  |  |
| CONNECTICUT      | PH-0435        |  |  |  |
| MARYLAND         | 208            |  |  |  |
| MAS S ACHUS ETTS | MNY026         |  |  |  |
| NEW HAMPS HIRE   | 2987           |  |  |  |
| RHODE IS LAND    | LAO00340       |  |  |  |
| PENNS YLVANIA    | 68-00350       |  |  |  |