



## **LEAD IN POTABLE WATER SCREENING REPORT**

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**INVESTIGATION FOR:** Kenneth Stromsland  
Board of Education Township of Edison  
312 Pierson Avenue  
Edison, NJ 07642

**SITE INVESTIGATED:** James Madison Intermediate  
838 New Dover Road  
Edison, NJ 08820

**ASSESSMENT BY:** Kyle Brown  
Omega Environmental Services, Inc.  
280 Huyler Street  
South Hackensack, NJ 07606

**INVESTIGATION  
CONDUCTED:** 8/5/16

**DATE OF REPORT:** 9/6/16

(Omega Project # 16-27002C)

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## **EXECUTIVE SUMMARY:**

The Board of Education Township of Edison requested lead in water testing of potable water outlets at James Madison Intermediate, 838 New Dover Road, Edison, NJ 08820.

### *Previous Testing*

No information related to previous testing was available.

### *Recent Testing (8/05/16)*

In order to assess the building water outlets a full testing of all potable outlets was performed on August 5, 2016.

Reportedly the outlets were not flushed or used on the day of testing.

First draw and flush samples (30 second) were collected of 10 water fountains and sinks.

Results of most first draw samples analyzed were below the Lead and Copper Rule action level of 15 ppb. One first draw samples were above 15 ppb. Some of the associated flush samples were above 15 ppb.

See Section 3 Discussion of Results

# 1 RESULTS TABLE:

Outlet #	Sample #	Location	1 <sup>st</sup> draw (FD) or flush (FL)	Results (ppb)	LCR Action Level <sup>(1)</sup> (ppb)
13	1	Kitchen Sink	FD	3.1	15
13	2	Kitchen Sink	FL	2.6	15
12	3	Sink in Nurse's Office	FD	18	15
12	4	Sink in Nurse's Office	FL	<1.0	15
12A	5	Water Fountain by Nurse's Office	FD	8.7	15
12A	6	Water Fountain by Nurse's Office	FL	1.3	15
01	7	Water Fountain next to Room 5	FD	5.4	15
01	8	Water Fountain next to Room 5	FL	1.2	15
02	9	Water Fountain across Room 7 (R)	FD	13	15
02	10	Water Fountain across Room 7 (R)	FL	1.9	15
23	11	Water Fountain across Room 13 (R)	FD	13	15
23	12	Water Fountain across Room 13 (R)	FL	5.2	15
24	13	Water Fountain across Room 13 (L)	FD	4.9	15
24	14	Water Fountain across Room 13 (L)	FL	1.3	15
25	15	Water Fountain across Room 19 (R)	FD	<1.0	15
25	16	Water Fountain across Room 19 (R)	FL	<1.0	15
38	17	Faculty Sink	FD	8.2	15
38	18	Faculty Sink	FL	<1.0	15
20	19	Water Fountain near Room 26 (R)	FD	2.0	15
20	20	Water Fountain near Room 26 (R)	FL	<1.0	15

<sup>(1)</sup> EPA Lead in Copper Rule (1991) Action Level for water suppliers (municipalities and private wells) and March 2016 Newark Public Schools Lead Water Testing Sampling Plan.

FD – First Draw Sample

FL – Flush Sample (30 sec)

NA – Not Analyzed

## **2      SAMPLING METHODOLOGY:**

First Draw Samples - Without allowing any water to spill until sample collection, samples were collected with a relatively slow flow rate in 250 mL bottles prepared with Nitric Acid (HNO<sub>3</sub>) as a preservative.

Flush Samples – After collection of first draw samples the water was allowed to flow at a relatively slow rate for thirty second to flush the fixture and close piping. The flush samples are intended to test the plumbing further upstream from the fixture (behind walls).

The samples were packaged in a cooler and shipped to Pace Analytical, Melville, NY for total lead in potable water analysis (method E200.8 IOC).

## **3      DISCUSSION OF RESULTS:**

One first draw sample results was marginally above 15 ppb, but the associated flush sample result was below 15 ppb. This indicates the source of lead is related to the fixture itself, not in the main building plumbing.

## **4      RECOMMENDATIONS:**

### *Short term:*

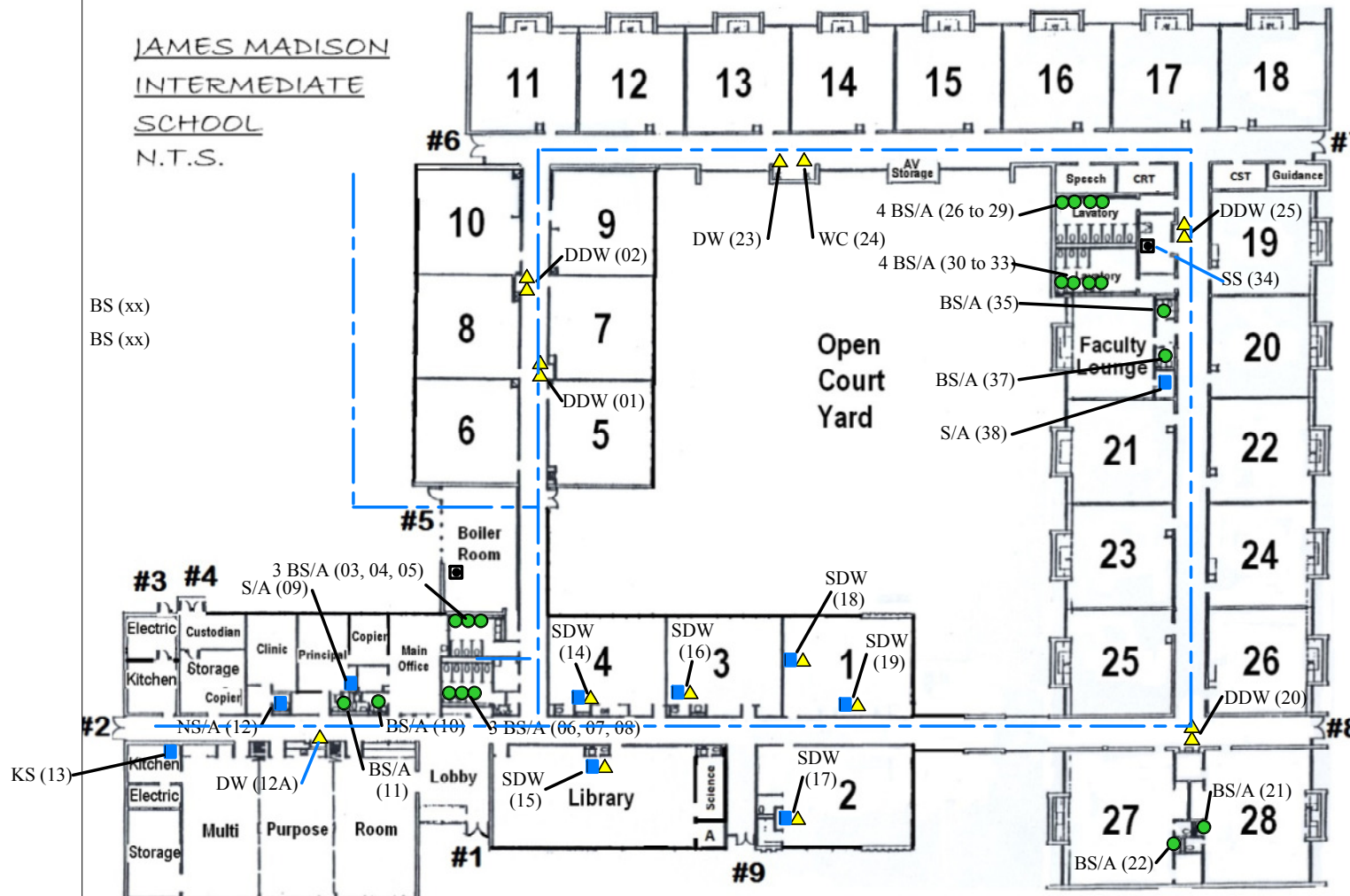
- Take any outlets with elevated results out of service
- Conduct further evaluation and testing of outlets with elevated results.
- If an aerator is present, remove and re-test the one outlet. If outlet has been out of service for more than a few days, verify proper pre-sampling procedures are followed for the outlet to be tested.

### *Long Term:*

- If additional testing shows similar results (first draw results above 15 ppb) consider replacing the spout of the fountains (may contain brass, adding to lead levels), installing filters (if practical), or fixture replacement.
- Repeat full building testing on an annual basis. Generally this should be performed in August prior to the start of the school season.
- Develop a Lead in Water Management Plan in accordance with the 2006 EPA 3Ts for Reducing Lead in Drinking Water in Schools.

## A. Outlet Location Plan/ Outlet Inventory

JAMES MADISON  
INTERMEDIATE  
SCHOOL  
N.T.S.



**KEY**

- KC = Kitchen Outlet, Cold
- ▲ WC = Water Cooler (Chilled Bubbler Unit)
- TL= Teacher Lounge Sink
- FP= Food Preparation Sink
- ▲ DW= Drinking Water Bubbler (non-chilled)
- ▲ SDW= Combination Sink Water Bubbler
- ▲ DDW=Double Drinking Water Bubbler

- EC = Home Economics Outlet, Cold
- IM = Ice Machine
- BS = Bathroom Sink
- NS = Nurse's Office Sink
- SS=Janitors Slop Sink
- /A = outlet has an aerator
- /F = outlet has a filter
- (01)=Outlet Number

**Notes**

1. Original building was constructed in 1957. Rooms 11 through 28 were constructed in 1967.
2. Piping runs above ceilings in hallway with branches and lateral to each group of outlets.

Dwg. Title: Plumbing Schematic

Location: James Madison Intermediate School, Edison, NJ

Client: Edison Township Board of Education

**OMEGA**  
ENVIRONMENTAL  
SERVICES, INC.

280 Huyler Street  
S. Hackensack, NJ 07606  
Tel: (201) 489-8700  
Fax: (201) 342-5412

Date: 8/24/16

Proj. # 16-27002C

Dwn. By: DSE

Dwg. # 27002C-01P

## Drinking Water Outlet Inventory

**Name of School:** James Madison Intermediate School

**Address:** 838 New Dover Road, Edison, NJ 08820

**Grade Levels:**
**Year School Constructed:** 1957

**Renovations/Additions:** 1967

**Individual school project  
officer Name/Signature:**
**Date Completed:** 8/2016

Sample Location Codes

DW= Drinking Water Bubbler (unchilled)

DDW=Double Drinking Water Bubbler (unchilled)

WC = Water Cooler (Chilled Bubbler Unit)

DWC = Double Water Cooler (Chilled Bubbler Unit)

SWC= Combination Sink Chilled Water Cooler (chilled Bubbler Unit)

SDW= Combination Sink Water Bubbler

S= Misc. Sink; possible potable use

/A Aerator Present

/F= Outlet has a filter

KC = Kitchen Outlet, Cold

TL= Teacher Lounge Sink

CT= Cafeteria Outlet

EC = Home Economics Outlet, Cold

NS = Nurse's Office Sink

FP= Food Preparation Sink (not otherwise specified)

IM = Ice Machine

BS = Bathroom Sink

Outlet # <sup>1</sup>	Type	Location	Code	Op. <sup>2</sup> (Y/N)	Cor. <sup>3</sup> (Y/N)	Filter <sup>4</sup> (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerator/Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
											Make	Model	
01	Double Drinking Water Bubbler	Left of Room 5	DDW	Y		N		N	N	N			
02	Double Drinking Water Bubbler	Left of Room 10	DDW	Y		N		N	N	N			
03	Bathroom Sink	Lavatory Near Boiler Room	BS/A	N.V.		N		Y	N	N			

<sup>1</sup> Number outlets starting at the closest outlet to the Point of Entry (POE).

<sup>2</sup> **Operational?** Document if permanently or temporarily out of service on the Plumbing Profile.

<sup>3</sup> **Signs of Corrosion?** Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.

<sup>4</sup> Document on Filter Inventory.

N.V. – Not Verified



## James Madison Intermediate School

Outlet	Type	Location	Code	Op. <sup>2</sup>	Cor. <sup>3</sup>	Filter <sup>4</sup>	Brass	Aerator/	Motion	Chiller	Water Cooler		Comments
04	Bathroom Sink	Lavatory Near Boiler Room	BS/A	N.V.		N		Y	N	N			
05	Bathroom Sink	Lavatory Near Boiler Room	BS/A	N.V.		N		Y	N	N			
06	Bathroom Sink	Lavatory Near Boiler Room	BS/A	N.V.		N		Y	N	N			
07	Bathroom Sink	Lavatory Near Boiler Room	BS/A	N.V.		N		Y	N	N			
08	Bathroom Sink	Lavatory Near Boiler Room	BS/A	N.V.		N		Y	N	N			
09	Sink	Principle Office	S/A	N.V.		N		Y	N	N			
10	Bathroom Sink	Main Office	BS/A	N.V.		N		Y	N	N			
11	Bathroom Sink	Principle Office	BS/A	N.V.		N		Y	N	N			
12	Nurse's Sink	Clinic	NS/A	Y		N.V.		Y	N	N			
12A	Drinking Water Bubbler	By Clinic		Y		N		N	N	N			
13	Kitchen Sink	Kitchen	KC	Y		N.V.		Y	N	N			
14	Comb. Sink/Bubbler	Room 4	SDW	Y		N.V.		N.V.	N	N			
15	Comb. Sink/Bubbler	Library	SDW	Y		N.V.		N.V.	N	N			
16	Comb. Sink/Bubbler	Room 3	SDW	Y		N.V.		N.V.	N	N			
17	Comb. Sink/Bubbler	Room 3	SDW	Y		N.V.		N.V.	N	N			
18	Comb. Sink/Bubbler	Room 1	SDW	Y		N.V.		N.V.	N	N			
19	Comb. Sink/Bubbler	Room 1	SDW	Y		N.V.		N.V.	N	N			
20	Double Drinking Water Bubbler	Left of Room 27	DDW	Y		N		N	N	N			
21	Bathroom Sink	Bathroom in Room 28	BS/A	N.V.		N		Y	N	N			
22	Bathroom Sink	Bathroom in Room 27	BS/A	N.V.		N		Y	N	N			
23	Drinking Water Bubbler	Across From Room 13	DW	Y		N		N	N	N			
24	Drinking Water Bubbler	Across From Room 14	DW	Y		N		N	N	N			
25	Double Drinking Water Bubbler	Across From Room 19	DDW	Y		N		N	N	N			
26	Bathroom Sink	Lavatory Across From Room 19	BS/A	N.V.		N		Y	N	N			
27	Bathroom Sink	Lavatory Across From Room 19	BS/A	N.V.		N		Y	N	N			
28	Bathroom Sink	Lavatory Across From Room 19	BS/A	N.V.		N		Y	N	N			
29	Bathroom Sink	Lavatory Across From Room 19	BS/A	N.V.		N		Y	N	N			

James Madison Intermediate School

Outlet	Type	Location	Code	Op. <sup>2</sup>	Cor. <sup>3</sup>	Filter <sup>4</sup>	Brass	Aerator/	Motion	Chiller	Water Cooler		Comments
30	Bathroom Sink	Lavatory Across From Room 19	BS/A	N.V.		N		Y	N	N			
31	Bathroom Sink	Lavatory Across From Room 19	BS/A	N.V.		N		Y	N	N			
32	Bathroom Sink	Lavatory Across From Room 19	BS/A	N.V.		N		Y	N	N			
33	Bathroom Sink	Lavatory Across From Room 19	BS/A	N.V.		N		Y	N	N			
34	Slop Sink	Across From Room 19	SS	N.V.		N		N	N	N			
35	Bathroom Sink	Faculty Lounge Bathroom	BS/A	N.V.		N		Y	N	N			
36	# not used	---	---	---	---	---	---	---	---	---			
37	Bathroom Sink	Faculty Lounge Bathroom	BS/A	N.V.		N		Y	N	N			
38	Sink	Faculty Lounge	S/A	N.V.		N		Y	N	N			

## B. Lead in Water Laboratory Reports

# 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:

Company: Omega Environmental  
Address: 280 Huyler Street  
S. Hackensack, NJ 07606  
Email To: Lab@Omega-env.com  
Phone: 201-489-8700 Fax  
Requested Due Date/TAT: 5 day

**Section B**  
Required Project Information:

Report To: Lab@omega-env.com  
Copy To: mike@omega-env.com, davide@omega-env.com  
enman@omega-env.com  
Purchase Order No.:  
Project Name: *Sub Action Intermediate*  
Project Number: *16-23002*

**Section C**  
Invoice Information:

Attention: Acc's Payable  
Company Name: Omega Environmental  
Address: 280 Huyler St, S Hackensack, NJ  
Pace Quote Reference:  
Pace Project Manager:  
Pace Profile #:

**REGULATORY AGENCY**

☐ NPDES ☐ GROUND WATER ☒ DRINKING WATER  
☐ UST ☐ RCRA ☐ OTHER

Site Location: NJ  
STATE: NJ

ITEM #	Valid Matrix Codes MATRIX CODE DRINKING WATER DW WASTE WATER WT PRODUCT P SOIL/SOLID SL OIL OL WIPE WP AIR AR OTHER OT TISSUE TS	SAMPLE ID (A-Z, 0-9, -) Sample IDs MUST BE UNIQUE	COLLECTED		SAMPLE TYPE (G=GRAB C=COMP)	MATRIX CODE (see valid codes to left)	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
			COMPOSITE START	COMPOSITE END/GRAB									
1	13-WFACCS Rm 13 L-FD		DATE	TIME									
2	14-WFACCS Rm 14 L-FD		8/9/16	1:00									
3	15-WFACCS Rm 15 R-FD												
4	16-WFACCS Rm 16 R-FD												
5	17-WFACCS Rm 17 R-FD												
6	18-WFACCS Rm 18 R-FD												
7	19-WFACCS Rm 19 R-FD												
8	20-WFACCS Rm 20 R-FD												
9													
10													
11													
12													

**ADDITIONAL COMMENTS**

Kyle Bown Omega 8/9/16 11:05  
Theresa Bown 8/11/16 13:45

**FD - First Draw Sample**

**FI - Flush Sample**

**SAMPLER NAME AND SIGNATURE**

PRINT Name of SAMPLER: *Kyle Bown*  
SIGNATURE OF SAMPLER: *Kyle Bown*

DATE Signed (MM/DD/YY): *08/09/16*

**Temp in °C**

**Received on**

**Custody**

**Sealed Cooler**

**Samples Intact**

\*Important Note: By signing this form you are accepting Pace's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within 30 days.





**LABORATORY RESULTS**  
Results 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 certified tests requested.

**Omega Environmental Services**

**280 Huyler Street**

**South Hackensack, NJ 07606**

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/11/16 1:45 PM

Collected By : Client

Sample Type : Potable Water

**CC**

Date Reported : 8/22/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
1608C16-001A	01-KS-FD	8/5/2016 1:00:00 PM		
	1		Analysis	<b>3.1</b>
Distribution			Time	<b>8/19/2016 7:32:00 PM</b>
				JAMES MADISON INTERMEDIATE
1608C16-002A	03-SINK IN NURSE'S OFFI	8/5/2016 1:00:00 PM		
	3		Analysis	<b>18 *</b>
Distribution			Time	<b>8/19/2016 7:34:57 PM</b>
				JAMES MADISON INTERMEDIATE
1608C16-003A	05-WF BY NURSES OFFI	8/5/2016 1:00:00 PM		
	5		Analysis	<b>8.7</b>
Distribution			Time	<b>8/19/2016 7:37:52 PM</b>
				JAMES MADISON INTERMEDIATE
1608C16-004A	07-WF NEXT TO RM 5 L-F	8/5/2016 1:00:00 PM		
	7		Analysis	<b>5.4</b>
Distribution			Time	<b>8/19/2016 7:40:46 PM</b>
				JAMES MADISON INTERMEDIATE
1608C16-005A	09-WF ACROSS RM 7 R-F	8/5/2016 1:00:00 PM		
	9		Analysis	<b>13</b>
Distribution			Time	<b>8/19/2016 7:55:26 PM</b>
				JAMES MADISON INTERMEDIATE

Result(s) reported meet(s) NYS Regulatory Limit(s).  
Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit noted.  
+ = ELAP / NELAC does not offer certification for this analyte

**Treatments:**

A = Air Stripper Tower      G = Granular Activated Carbon  
FM = Iron/Manganese Removal  
N = Nitrate Removal      O = Other

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.

*Elizabeth Harrison*

Project Manager



## LABORATORY RESULTS

Results for the samples and analytes requested

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### Omega Environmental Services

280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/11/16 1:45 PM

Collected By : Client

Sample Type : Potable Water

CC

Date Reported : 8/22/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
1608C16-006A	11-WF ACROSS RM 13 R- 8/5/2016 1:00:00 PM		13	
Distribution	11		8/19/2016 7:58:20 PM	
			JAMES MADISON INTERMEDIATE	
1608C16-007A	13-WF ACROSS RM 13 L- 8/5/2016 1:00:00 PM		4.9	
Distribution	13		8/19/2016 8:01:15 PM	
			JAMES MADISON INTERMEDIATE	
1608C16-008A	15-WF ACROSS RM 19 R- 8/5/2016 1:00:00 PM		< 1.0	
Distribution	15		8/19/2016 8:04:10 PM	
			JAMES MADISON INTERMEDIATE	
1608C16-009A	17-FACULTY SINK-FD 8/5/2016 1:00:00 PM		8.2	
Distribution	17		8/19/2016 8:07:04 PM	
			JAMES MADISON INTERMEDIATE	
1608C16-010A	19-WF NEAR RM 26 R-FD 8/5/2016 1:00:00 PM		2.0	
Distribution	19		8/19/2016 8:10:00 PM	
			JAMES MADISON INTERMEDIATE	

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

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

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Project Manager



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280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/11/16 1:45 PM

Collected By : Client

Sample Type : Potable Water

CC

Date Reported : 8/22/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
1608C16-011A	02-KS-FL	8/5/2016 1:00:00 PM	ug/L	E200.8 : IOC
	2		15	
Distribution				
			Analysis	2.6
			Time	8/19/2016 8:12:56 PM
				JAMES MADISON INTERMEDIATE
1608C16-012A	04-SINK IN NURSE'S OFFI	8/5/2016 1:00:00 PM		< 1.0
	4		Analysis	8/19/2016 8:15:51 PM
Distribution			Time	
				JAMES MADISON INTERMEDIATE
1608C16-013A	06-WF BY NURSES OFFI	8/5/2016 1:00:00 PM		1.3
	6		Analysis	8/19/2016 8:30:32 PM
Distribution			Time	
				JAMES MADISON INTERMEDIATE
1608C16-014A	08-WF NEXT TO RM 5 L-F	8/5/2016 1:00:00 PM		1.2
	8		Analysis	8/19/2016 8:33:27 PM
Distribution			Time	
				JAMES MADISON INTERMEDIATE
1608C16-015A	10-WF ACROSS RM 7 R-F	8/5/2016 1:00:00 PM		1.9
	10		Analysis	8/19/2016 8:36:23 PM
Distribution			Time	
				JAMES MADISON INTERMEDIATE

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

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280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/11/16 1:45 PM

Collected By : Client

Sample Type : Potable Water

CC

Date Reported : 8/22/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
			ug/L	
			E200.8 : IOC	
			15	
<b>1608C16-016A</b>	12-WF ACROSS RM 13 R-	8/5/2016 1:00:00 PM		
	12		Analysis	<b>5.2</b>
Distribution			Time	<b>8/19/2016 8:39:18 PM</b>
				JAMES MADISON INTERMEDIATE
<b>1608C16-017A</b>	14-WF ACROSS RM 13 L-	8/5/2016 1:00:00 PM		
	14		Analysis	<b>1.3</b>
Distribution			Time	<b>8/19/2016 8:42:13 PM</b>
				JAMES MADISON INTERMEDIATE
<b>1608C16-018A</b>	16-WF ACROSS RM 19 R-	8/5/2016 1:00:00 PM		
	16		Analysis	<b>&lt; 1.0</b>
Distribution			Time	<b>8/19/2016 8:45:09 PM</b>
				JAMES MADISON INTERMEDIATE
<b>1608C16-019A</b>	18-FACULTY SINK-FL	8/5/2016 1:00:00 PM		
	18		Analysis	<b>&lt; 1.0</b>
Distribution			Time	<b>8/19/2016 8:48:03 PM</b>
				JAMES MADISON INTERMEDIATE
<b>1608C16-020A</b>	20-WF NEAR RM 26 R-FL	8/5/2016 1:00:00 PM		
	20		Analysis	<b>&lt; 1.0</b>
Distribution			Time	<b>8/19/2016 8:50:57 PM</b>
				JAMES MADISON INTERMEDIATE

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

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

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*Elizabeth Harrison*

Project Manager



PACE ANALYTICAL  
575 Broad Hollow Road  
Melville, NY 11747  
TEL: (631) 694-3040 FAX: (631) 420-8436  
Website: [www.pacelabs.com](http://www.pacelabs.com)

## Sample Receipt Checklist

Client Name **OES**

Date and Time Received: **8/11/2016 1:45:00 PM**

Work Order Number: **1608C16**

RcptNo: **1**

Received by: **John Lagula**

Completed by:

*Jachyn Kuri*

Reviewed by:

*Elizabeth Harrison*

Completed Date: 8/11/2016 9:36:15 PM

Reviewed Date: 8/22/2016 10:27:59 PM

Carrier name: Client

Chain of custody present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Chain of custody signed when relinquished and received?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Chain of custody agrees with sample labels?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Are matrices correctly identified on Chain of custody?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Is it clear what analyses were requested?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Custody seals intact on sample bottles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>	
Samples in proper container/bottle?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Were correct preservatives used and noted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Preservative added to bottles:				
Sample Condition?	Intact <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	Leaking <input type="checkbox"/>	
Sufficient sample volume for indicated test?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Were container labels complete (ID, Pres, Date)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
All samples received within holding time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Was an attempt made to cool the samples?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
All samples received at a temp. of > 0° C to 6.0° C?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Response when temperature is outside of range:				
Sample Temp. taken and recorded upon receipt?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	To ° <input type="checkbox"/>	
Water - Were bubbles absent in VOC vials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No Vials <input checked="" type="checkbox"/>	
Water - Was there Chlorine Present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	
Water - pH acceptable upon receipt?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	No Water <input type="checkbox"/>	
Are Samples considered acceptable?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Custody Seals present?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Airbill or Sticker?	Air Bill <input type="checkbox"/>	Sticker <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>	
Airbill No:				

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 By:  
Regarding:  
Comments:  
CorrectiveAction:

WorkOrder :  
1608C16

## Certifications

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STATE	CERTIFICATION #
NEW YORK	10478
NEW JERSEY	NY158
CONNECTICUT	PH-0435
MARYLAND	208
MASSACHUSETTS	MA-NY026
NEW HAMPSHIRE	2987
RHODE ISLAND	LAO00340
PENNSYLVANIA	68-00350