

General Environmental Laboratories, Inc.

P.O. Box 21866
Hilton Head Island, SC 29925
Phone 843.208.2006
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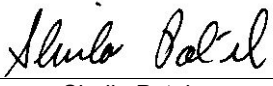
121 Mead Road
Suite E
Hardeeville, SC 29927

REPORT OF ANALYSIS

Client: BEAUFORT COUNTY SCHOOLS
ATTN: ED MILLER
2900 MINK PT. BLVD
BEAUFORT, SC 29902

Report Number: 18-0146
Project Name: BEAUFORT COUNTY SCHOOL DISTRICT
Client Project Number: 217645-14
Sample Matrix: DRINKING WATER
Sampled By: MATT MILBURN (CLIENT)
Report Date: 03-19-2018

SAMPLE IDENTIFICATION	LAB SAMPLE ID	COLLECTION DATE AND TIME	DATE AND TIME RECEIVED
44-03 – Cafeteria Left at Shanklin	18-0146-1	03/08/18 14:30	03/08/18 15:08
44-07 – 600A Right at BRES	18-0146-2	03/08/18 14:05	03/08/18 15:08

Released by: 
Sheila Patel
Director of Laboratory Operations

S.C. Laboratory Certification: 27553001

Sample Narrative
Report Number: 18-0146
Project Name: BSCD
Client Project Number: 217645-14

Comments:

Samples were received in good condition.
Sample were received outside of 6°C temperature requirements.
All samples were received within sample holding time for analysis.

Qualifier and Qualifier Description

U = The analyte was analyzed for but not detected in the sample.

G = Analyzed by SC Laboratory Certification: 98001.

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REPORT OF ANALYSIS

Lab Sample ID: 18-0146-1
Client Sample ID: 44-03 – Cafeteria Left at Shanklin
Sample Matrix: Drinking Water

Date/Time Collected: 03/08/2018 14:30
Date/Time Received: 03/08/2018 15:08

Analyte	Result	Unit	Qualifier	RL	MDL	Analyzed	Dil Fac
Lead	<0.060	ug/L	U,G	0.30	0.060	03/16/18 13:52	1
Method: 200.8 – Metals (ICP/MS)							

Lab Sample ID: 18-0146-2
Client Sample ID: 44-07 – 600A Right at BRES
Sample Matrix: Drinking Water

Date/Time Collected: 03/08/2018 14:05
Date/Time Received: 03/08/2018 15:08

Analyte	Result	Unit	Qualifier	RL	MDL	Analyzed	Dil Fac
Lead	<0.060	ug/L	U,G	0.30	0.060	03/16/18 13:56	1
Method: 200.8 – Metals (ICP/MS)							

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CHAIN OF CUSTODY RECORD

121 Mead Road, Suite E
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PAGE ___ OF ___

Client: BCSD	Project No: 18-0146	COMPLIANCE MONITORING: YES ___ NO ___ <input type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Non-Regulatory <input type="checkbox"/> 24 hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 5 days <input checked="" type="checkbox"/> Routine
Report Address:	Invoice Address:	
Att: Ed Miller	Att:	Analysis Required
Phone No:	Sampled by: Math Millers	
Fax No:	PO No: 217645-14	
Contact e-mail:	Billing e-mail:	

Preservation Used: 1 = None-Cool ≤6°C; 2 = Na₂S₂O₅/Ice; 3 = H₂SO₄; 4 = HCl; 5 = HNO₃; 6 = Other _____
 Container Type: P = Plastic; G = Glass

Sample ID	Sample Description	Date Sampled	Time Sampled	No. of Containers	Container Type	Grab	Composite	Wastewater	Groundwater	Drinking Water	Other:	PRESERVATIVE		RECEIVED			
												5	6	Date	Time	Date	Time
1 4463	Cafeteria Left ^{Shankin}	3-8-18	2:30	1	P	✓				✓		LEAD			3/8/18	15:08	
2 44-07	600-A (right) BAES	3-8-18	2:05	1	P	✓				✓					3/8/18	15:08	
Composite Start Date/Time: Composite End Date/Time: Composite Temp °C																	
1. Relinquished By: Math Miller		Date: 3/8/18 Time: 15:08		1. Received By:										Date: 3/8/18 Time: 15:08		Receipt Temp °C: 13.0	
2. Relinquished By:				2. Received by GFL: Stiller GFL													
Comments: Received on ice (circle): <input checked="" type="radio"/> Yes <input type="radio"/> No Ice Pack																	