



### Environmental and Laboratory Services

Dover Location:

90 1/2 West Blackwell St., Dover, NJ 07801  
Phone: (973) 989-0010, Fax (973) 989-0156

Marlboro Location:

8A Railroad Ave, Marlboro, NJ 07746  
Phone: (732) 308-3500, Fax (732) 308-3503

Date: May 04, 2020  
Client: Waterford Elementary School  
Address: 1106 Old White Horse Pike  
Waterford, NJ 08089

## Analytical Results

PWSID#: NJ0435375

Project Location:

|                   |                  |                         |              |
|-------------------|------------------|-------------------------|--------------|
| Sample Matrix:    | Drinking Water   | Lab Sample Number:      | 20042215-001 |
| Sample Location:  | Classroom 104 DS | Customer Sample Number: |              |
| Sampled By:       | C. LeFave        |                         |              |
| Sample Date/Time: | 4/27/2020 11:09  |                         |              |

| Parameters     | Method       | Results | Units | NJDEP Limit | Date Analyzed | Time Analyzed | Analyst | Reporting Limit | Dilution Factor |
|----------------|--------------|---------|-------|-------------|---------------|---------------|---------|-----------------|-----------------|
| Total Coliform | SM9223B *    | Absent  |       | 0           | 4/27/2020     | 14:27         | CL      | 1               | 1               |
| E. Coli        | SM9223B *    | Absent  |       | 0           | 4/27/2020     | 14:27         | CL      | 1               | 1               |
| Free Chlorine  | SM4500CL G * | < 0.01  | mg/L  | 0.05-4.0    | 4/27/2020     | 11:10         | CL      | 0.01            | 1               |

NJ Lab ID# 14013 (Dover)  
NJ Lab ID# 13033 (Marlboro)

NJDEP Limit for free and/or total chlorine does not apply to non-chlorinated samples.  
Any method followed by an asterisk (\*) was analyzed by the Agra-Marlboro laboratory.  
All other methods, unless otherwise specified, were analyzed by the Agra-Dover laboratory.

I certify that these samples were analyzed in accordance with procedures approved by the New Jersey Department of Environmental Protection.

  
Susan VanVeen, Laboratory Manager

May 04, 2020



# CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST

20042215  
20042215

|  |                    |                              |   |
|--|--------------------|------------------------------|---|
| Customer Name: Waterford Elementary School   | Report to: McGowan | Agra Environmental Services  | # Asc./HCl Vials pH:  |
| Location:                                    | dfox@wtds.org      | 90 1/2 West Blackwell Street | # HCl Vials pH:   |
| Address: 1106 Old White Horse Pike           |                    | Dover, NJ 07801              | # Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> Cl <sub>2</sub> : |
| Waterford, NJ, 08089                         |                    | Phone: (973) 989-0010        | # HNO <sub>3</sub> pH:  |
|  |                    |                              | # H <sub>2</sub> SO <sub>4</sub> pH:                              |
|  |                    |                              | # NaOH pH:  |
| Customer Contact: James                      |                    | Fax: (973) 989-0156          | # unpreserved   |
| Phone: Work/Cell 856-768-8986 / 856-304-1010 |                    |                              | # other   |
|  |                    |                              | # other   |

Matrix Abbreviations: DW - Drinking water GW - Ground Water RAW-GW - DW RAW GW WW/NPW - Wastewater SL - Sludge P - Pool L - Lake Page 1 of 1

| Project: TC 2nd Q | Collection    | PWSID# NJ0435375 |      |      |      |        |              | for laboratory use only | Field Analysis                       |           |                                     |
|-------------------|---------------|------------------|------|------|------|--------|--------------|-------------------------|--------------------------------------|-----------|-------------------------------------|
| Sample ID         | Location      | Date             | Time | Grab | Comp | Matrix | # of Bottles | Preservative            | ANALYSIS REQUESTED                   | pH / Temp | Cl <sub>2</sub> or PO <sub>4</sub>  |
| 20042215-001      | Classroom 104 | 4/27/20          | 1109 | X    |      | DW     | 1            |                         | TC/EC P/A Cl <sub>2</sub> (Marlboro) |           | <input checked="" type="checkbox"/> |
|                   |               |                  |      |      |      |        |              |                         | 4/27/20 1427 CL ⊖ ⊖                  |           |                                     |
|                   |               |                  |      |      |      |        |              |                         |                                      |           |                                     |
|                   |               |                  |      |      |      |        |              |                         |                                      |           |                                     |
|                   |               |                  |      |      |      |        |              |                         |                                      |           |                                     |
|                   |               |                  |      |      |      |        |              |                         |                                      |           |                                     |
|                   |               |                  |      |      |      |        |              |                         |                                      |           |                                     |
|                   |               |                  |      |      |      |        |              |                         |                                      |           |                                     |
|                   |               |                  |      |      |      |        |              |                         |                                      |           |                                     |

Sampled By (name/company): C. LeFavel/Agra State Forms Needed (circle one): Yes or No indicate laboratory location where analysis request was performed

NJDEP Laboratory Certification (Dover, NJ) #14013  
NJDEP Laboratory Certification (Marlboro, NJ) #13033

Reporting Requirements (Check Box): Standard  NJ Reduced  Other (Specify)

Cooler Temperature Upon Receipt at lab: 3.8°

**Sample Custody Exchanges (Please use full legal signature)** Comments:

|                                     |                      |                   |                                 |                      |                   |  |
|-------------------------------------|----------------------|-------------------|---------------------------------|----------------------|-------------------|--|
| Relinquished By: <u>[Signature]</u> | Date: <u>4/27/20</u> | Time: <u>1355</u> | Received By: <u>[Signature]</u> | Date: <u>4/27/20</u> | Time: <u>1355</u> |  |
| Relinquished By:                    | Date:                | Time:             | Received By:                    | Date:                | Time:             |  |
| Relinquished By:                    | Date:                | Time:             | Received By:                    | Date:                | Time:             |  |
| Relinquished By:                    | Date:                | Time:             | Received By:                    | Date:                | Time:             |  |

Date Faxed \_\_\_\_\_  
Invoice Number \_\_\_\_\_

Is sample known to be hazardous? (circle one)  
Yes or No