Pace Analytical
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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.

R= 1606T82 F=1606T84

Page: 1 of

Section A Required Client Information:

Company:	Clinton CSD
Address:	75 Chenango St
	Clinton, NY
Email To:	breston@ccs.edu
Phone:	Fax:
Requested Due Date/TAT:	10 DAYS

Section B Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	Middle School
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	METER ROOM / 1ST FLOOR / R	DW	G			6/24	00:01		1			1						X		
2	METER ROOM / 1ST FLOOR / F	DW	G				00:04		1			1						X		
3	DF #1 / 3RD FLOOR LOBBY / R	DW	G				00:09		1			1						X		
4	DF #1 / 3RD FLOOR LOBBY / F	DW	G				00:10		1			1						X		
5	ROOM 3209 / DF #1 / R	DW	G				00:13		1			1						X		
6	ROOM 3209 / DF #1 / F	DW	G				00:14		1			1						X		
7	ROOM 3209 / DF #2 / R	DW	G				00:14		1			1						X		
8	ROOM 3209 / DF #2 / F	DW	G				00:14		1			1						X		
9	ROOM 2211 / DF / R	DW	G				00:16		1			1						X		
10	ROOM 2211 / DF / F	DW	G				00:16		1			1						X		
11	ROOM 206 / SINK #1 / CW-R	DW	G				00:17		1			1						X		
12	ROOM 206 / SINK #1 / CW-F	DW	G				00:17		1			1						X		

ADDITIONAL COMMENTS

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

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
[signature] PACE	6/30/16	17:00	[signature]	7/1/16	1025

SAMPLE CONDITIONS

	Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24

7766 5305 2273

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CHAIN-OF-CUSTODY / Analytical Request Document

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Section A Required Client Information:

Company:	Clinton CSD
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	Clinton, NY
Email To:	breston@ccs.edu
Phone:	Fax:
Requested Due Date/TAT:	10 DAYS

Section B Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	Middle School
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	Room 206/Sink #1/HW-R	DW	G			6/29	00:18		1			1							X		
2	Room 206/Sink #1/HW-F	DW	G				00:19		1			1							X		
3	Room 206/Sink #2/CW-R	DW	G				00:20		1			1							X		
4	Room 206/Sink #2/CW-F	DW	G				00:21		1			1							X		
5	Room 206/Sink #2/HW-R	DW	G				00:21		1			1							X		
6	Room 206/Sink #2/HW-F	DW	G				00:21		1			1							X		
7	2219/Hallway-DF/R	DW	G				00:25		1			1							X		
8	2219/Hallway-DF/F	DW	G				00:26		1			1							X		
9	2219/Bathroom Sink #1/CW-R	DW	G				00:27		1			1							X		
10	2219/Bathroom Sink #1/CW-F	DW	G				00:27		1			1							X		
11	2219/Bathroom Sink #1/HW-R	DW	G				00:29		1			1							X		
12	2219/Bathroom Sink #1/HW-F	DW	G				00:30		1			1							X		

Requested Ana

ADDITIONAL COMMENTS

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

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
PACE	6/30/16	17:00		7/1/16	7/1/16

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER:

DATE Signed (MM / DD / YY):

7766 5305 2273

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CHAIN-OF-CUSTODY / Analytical Request Document

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	Clinton, NY
Email To:	breston@ccs.edu
Phone:	Fax:
Requested Due Date/TAT:	10 DAYS

Section B Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	Middle School
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

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Valid Matrix Codes

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DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
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OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	2219/BATHROOM SINK #2/CW-R	DW	G			6/24	00:31		1			1							X		
2	2219/BATHROOM SINK #2/CW-F	DW	G				00:31		1			1							X		
3	2219/BATHROOM SINK #2/HW-R	DW	G				00:32		1			1							X		
4	2219/BATHROOM SINK #2/HW-F	DW	G				00:32		1			1							X		
5	2219/BATHROOM SINK #3/CW-R	DW	G				00:34		1			1							X		
6	2219/BATHROOM SINK #3/CW-F	DW	G				00:34		1			1							X		
7	2219/BATHROOM SINK #3/HW-R	DW	G				00:35		1			1							X		
8	2219/BATHROOM SINK #3/HW-F	DW	G				00:36		1			1							X		
9	ROOM 215/SINK #1/CW-R	DW	G				00:37		1			1							X		
10	ROOM 215/SINK #1/CW-F	DW	G				00:37		1			1							X		
11	ROOM 215/SINK #1/HW-R	DW	G				00:38		1			1							X		
12	ROOM 215/SINK #1/HW-F	DW	G				00:38		1			1							X		

ADDITIONAL COMMENTS

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

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
[signature] PACE	6/30/16	17:00	[signature]	7/1/16	10:00

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

7766 5305 2273

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CHAIN-OF-CUSTODY / Analytical Request Document

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Page: 4 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 215/SINK 2/CW-R	DW	G			6/24	00:40		1			1						X		
2	ROOM 215/SINK 2/CW-F	DW	G				00:40		1			1						X		
3	ROOM 215/SINK 2/HW-R	DW	G				00:41		1			1						X		
4	ROOM 215/SINK 2/HW-F	DW	G				00:42		1			1						X		
5		DW	G						1			1						X		
6		DW	G						1			1						X		
7		DW	G						1			1						X		
8		DW	G						1			1						X		
9		DW	G						1			1						X		
10		DW	G						1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	17:00		7/1/16	10:25

SAMPLE CONDITIONS	Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER:

DATE Signed (MM / DD / YY):

7766 5305-2273

Pace Analytical
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CHAIN-OF-CUSTODY / Analytical Request Document

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Section A Required Client Information:

Company:	Clinton CSD
Address:	75 Chenango St
	Clinton, NY
Email To:	breston@ccs.edu
Phone:	Fax:
Requested Due Date/TAT:	10 DAYS

Section B Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	Middle School
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 219/SINK/CW-R	DW	G			6/24	00:44		1		1						X		
2	ROOM 219/SINK/CW-F	DW	G				00:44		1		1						X		
3	ROOM 2135/SINK/CW-R	DW	G				00:46		1		1						X		
4	ROOM 2135/SINK/CW-F	DW	G				00:47		1		1						X		
5	ROOM 2135/SINK/HW-R	DW	G				00:47		1		1						X		
6	ROOM 2135/SINK/HW-F	DW	G				00:48		1		1						X		
7	ROOM 2134/SINK 1/CW-R	DW	G				00:50		1		1						X		
8	ROOM 2134/SINK 1/CW-F	DW	G				00:50		1		1						X		
9	ROOM 2134/SINK 1/HW-R	DW	G				00:51		1		1						X		
10	ROOM 2134/SINK 1/HW-F	DW	G				00:52		1		1						X		
11	ROOM 2134/SINK 2/CW-R	DW	G				00:54		1		1						X		
12	ROOM 2134/SINK 2/CW-F	DW	G				00:54		1		1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	17:00		7/1/16	10:25

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: DATE Signed (MM / DD / YY):

7768 5305 2253

Pace Analytical
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CHAIN-OF-CUSTODY / Analytical Request Document

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Page: 6 of

Section A Required Client Information:

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Address:	75 Chenango St
	Clinton, NY
Email To:	breston@ccs.edu
Phone:	Fax:
Requested Due Date/TAT:	10 DAYS

Section B Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	Middle School
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

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MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 2134/SINK 2/HW-R	DW	G			6/24	00:55		1			1						X		
2	ROOM 2134/SINK 2/HW-F	DW	G				00:56		1			1						X		
3	ROOM 2134/SINK 3/CW-R	DW	G				00:57		1			1						X		
4	ROOM 2134/SINK 3/CW-F	DW	G				00:57		1			1						X		
5	ROOM 2134/SINK 3/HW-R	DW	G				00:58		1			1						X		
6	ROOM 2134/SINK 3/HW-F	DW	G				00:58		1			1						X		
7	ROOM 2134/SINK 4/CW-R	DW	G				00:58		1			1						X		
8	ROOM 2134/SINK 4/CW-F	DW	G				00:59		1			1						X		
9	ROOM 2134/SINK 4/HW-R	DW	G				1:00		1			1						X		
10	ROOM 2134/SINK 4/HW-F	DW	G				1:00		1			1						X		
11	DF#2/3RD FLOOR LOBBY/R	DW	G				1:04		1			1						X		
12	DF#2/3RD FLOOR LOBBY/F	DW	G				1:04		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	[signature] PACE	6/30/16	17:00	[signature]	7/1/16	10:28

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: DATE Signed (MM / DD / YY):

7766 5305 2253

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CHAIN-OF-CUSTODY / Analytical Request Document

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Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

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WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
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WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

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1	ROOM 2105/SINK 1/CW-R	DW	G			6/24	1:06		1			1						X			
2	ROOM 2105/SINK 1/CW-F	DW	G				1:06		1			1						X			
3	ROOM 2105/SINK 1/HW-R	DW	G				1:06		1			1						X			
4	ROOM 2105/SINK 1/HW-F	DW	G				1:07		1			1						X			
5	ROOM 2105/SINK 2/CW-R	DW	G				1:10		1			1						X			
6	ROOM 2105/SINK 2/CW-F	DW	G				1:10		1			1						X			
7	ROOM 2105/SINK 2/HW-R	DW	G				1:11		1			1						X			
8	ROOM 2105/SINK 2/HW-F	DW	G				1:11		1			1						X			
9	ROOM 2105/SINK 3/CW-R	DW	G				1:14		1			1						X			
10	ROOM 2105/SINK 3/CW-~~R~~ F	DW	G				1:14		1			1						X			
11		DW	G						1			1						X			
12		DW	G						1			1						X			

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
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	[signature] PACE	6/30/16	17:00	[signature]	7/1/16	10:30	

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

7766 5305 2273

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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.

Page: 8 of

Section A Required Client Information:

Company:	Clinton CSD
Address:	75 Chenango St
	Clinton, NY
Email To:	breston@ccs.edu
Phone:	Fax:
Requested Due Date/TAT:	10 DAYS

Section B Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	Middle School
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 2105/SINK 3/HW-R	DW	G			6/24	1:15		1			1						X		
2	ROOM 2105/SINK 3/HW-F	DW	G				1:15		1			1						X		
3	ROOM 2105/SINK 4/CW-R	DW	G				1:16		1			1						X		
4	ROOM 2105/SINK 4/CW-F	DW	G				1:16		1			1						X		
5	ROOM 2105/SINK 4/HW-R	DW	G				1:17		1			1						X		
6	ROOM 2105/SINK 4/HW-F	DW	G				1:17		1			1						X		
7	ROOM 2105/SINK 5/CW-R	DW	G				1:19		1			1						X		
8	ROOM 2105/SINK 5/CW-F	DW	G				1:19		1			1						X		
9	ROOM 2105/SINK 5/HW-R	DW	G				1:20		1			1						X		
10	ROOM 2105/SINK 5/HW-F	DW	G				1:21		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	17:00		7/1/16	10:27

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: DATE Signed (MM / DD / YY): 6/24/16

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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.

Page: 9 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Filtered (Y/N)

Requested Ana

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	Section D Required Client Information: SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 105/SINK /CW-R	DW	G			6/24	1:23		1			1						X		
2	ROOM 105/SINK /CW-F	DW	G				1:24		1			1						X		
3	ROOM 105/SINK /HW-R	DW	G				1:25		1			1						X		
4	ROOM 105/SINK /HW-F	DW	G				1:26		1			1						X		
5	ROOM 2103/HALLWAY DF/R	DW	G				1:27		1			1						X		
6	ROOM 2103/HALLWAY DF/F	DW	G				1:27		1			1						X		
7	ROOM 2106/SINK 1/CW-R	DW	G				1:28		1			1						X		
8	ROOM 2106/SINK 1/CW-F	DW	G				1:29		1			1						X		
9	ROOM 2106/SINK 1/HW-R	DW	G				1:30		1			1						X		
10	ROOM 2106/SINK 1/HW-F	DW	G				1:31		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	17:00		7/1/16	1023

SAMPLE CONDITIONS	Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N
		Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

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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 Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 2106/SINK #2/CW-R	DW	G			6/24	1:32		1			1							X		
2	ROOM 2106/SINK #2/CW-F	DW	G				1:33		1			1							X		
3	ROOM 2106/SINK #2/HW-R	DW	G				1:33		1			1							X		
4	ROOM 2106/SINK #2/HW-F	DW	G				134		1			1							X		
5	ROOM 2109/SINK/CW-R	DW	G				1:35		1			1							X		
6	ROOM 2109/SINK/CW-F	DW	G				1:35		1			1							X		
7	ROOM 2109/SINK/HW-R	DW	G				1:36		1			1							X		
8	ROOM 2109/SINK/HW-F	DW	G				1:37		1			1							X		
9	ROOM 2118/SINK /CW-R	DW	G				1:38		1			1							X		
10	ROOM 2118/SINK/CW-F	DW	G				1:38		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
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	PACE	6/30/16	17:00		7/5/16	10:25	

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

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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.

Page: 11 of

Section A Required Client Information:

Company: Clinton CSD
Address: 75 Chenango St
Clinton, NY
Email To: breston@ccs.edu
Phone: Fax:
Requested Due Date/TAT: 10 DAYS

Section B Required Project Information:

Report To:
Copy To:
Purchase Order No.:
Project Name: Middle School
Project Number:

Section C Invoice Information:

Attention:
Company Name:
Address:
Pace Quote Reference:
Pace Project Manager:
Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 2118/SINK/HW-R	DW	G			6/24	1:39		1			1							X		
2	ROOM 2118/SINK/HW-F	DW	G				1:40		1			1							X		
3	2122/HALLWAY DF-R	DW	G				1:42		1			1							X		
4	2122/HALLWAY DF-F	DW	G				1:43		1			1							X		
5	ROOM 2122/SINK 1/CW-R	DW	G				1:44		1			1							X		
6	ROOM 2122/SINK 1/CW-F	DW	G				1:45		1			1							X		
7	ROOM 2122/SINK 1/HW-R	DW	G				1:45		1			1							X		
8	ROOM 2122/SINK 1/HW-F	DW	G				1:46		1			1							X		
9	ROOM 2122/SINK 2/CW-R	DW	G				1:47		1			1							X		
10	ROOM 2122/SINK 2/CW-F	DW	G				1:47		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

Requested Ana

ADDITIONAL COMMENTS

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

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
PACE	6/30/16	17:4		7/1/16	10:25

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER:

DATE Signed (MM / DD / YY): 6/24/16

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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 Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 2122/SINK 2/HW-R	DW	G			6/24	1:48		1			1						X		
2	ROOM 2122/SINK 2/HW-F	DW	G				1:48		1			1						X		
3	ROOM 2122/SINK 3/CW-R	DW	G				1:49		1			1						X		
4	ROOM 2122/SINK 3/CW-F	DW	G				1:49		1			1						X		
5	ROOM 2122/SINK 3/HW-R	DW	G				1:50		1			1						X		
6	ROOM 2122/SINK 3/HW-F	DW	G				1:50		1			1						X		
7	ROOM 2122/SINK 4/CW-R	DW	G				1:52		1			1						X		
8	ROOM 2122/SINK 4/CW-F	DW	G				1:52		1			1						X		
9	ROOM 2122/SINK 4/HW-R	DW	G				1:53		1			1						X		
10	ROOM 2122/SINK 4/HW-F	DW	G				1:54		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	[signature] PACE	6/30/16	17:00	[signature]	7/1/16	10:30

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

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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 Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D
Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 2122/SINK 5/HW-R	DW	G			6/24	1:57		1			1						X		
2	ROOM 2122/SINK 5/HW-F	DW	G				1:58		1			1						X		
3	ROOM 2122/SINK 5/CW-R	DW	G				1:56		1			1						X		
4	ROOM 2122/SINK 5/CW-F	DW	G				1:56		1			1						X		
5	ROOM 121/SINK /CW-R	DW	G				2:00		1			1						X		
6	ROOM 121/SINK /CW-F	DW	G				2:01		1			1						X		
7	ROOM 3128/DF-1/R	DW	G				2:05		1			1						X		
8	ROOM 3128/DF-1/R	DW	G				2:05		1			1						X		
9	ROOM 3128/DF-2/R	DW	G				2:06		1			1						X		
10	ROOM 3128/DF-2/R	DW	G				2:07		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
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	PACE	6/30/16	17:00		7/1/16	10:25		Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
							Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: DATE Signed (MM / DD / YY): 6/24/16

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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 Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3114/DF-1/R	DW	G			6/24	2:10		1			1						X		
2	ROOM 3114/DF-1/F	DW	G				2:11		1			1						X		
3	ROOM 3114/DF-2/R	DW	G				2:11		1			1						X		
4	ROOM 3114/DF-2/F	DW	G				2:12		1			1						X		
5	ROOM 3105/DF-1/R	DW	G				2:13		1			1						X		
6	ROOM 3105/DF-1/F	DW	G				2:13		1			1						X		
7	ROOM 3105/DF-2/R	DW	G				2:14		1			1						X		
8	ROOM 3105/DF-2/F	DW	G				2:14 15		1			1						X		
9	ROOM 3122/SINK/CW-R	DW	G				2:16		1			1						X		
10	ROOM 3122/SINK/CW-F	DW	G				2:16		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	17:00		7/1/16	10:27

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

Pace Analytical
www.pacelabs.com

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 Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

Filtered (Y/N)

Requested Ana

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	Section D Required Client Information SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3122/SINK/HW-R	DW	G			6/24	2:19		1			1						X		
2	ROOM 3122/SINK/HW-F	DW	G				2:20		1			1						X		
3	ROOM 3121/SINK/CW-R	DW	G				2:22		1			1						X		
4	ROOM 3121/SINK/CW-F	DW	G				2:22		1			1						X		
5	ROOM 3121/SINK/HW-R	DW	G				2:23		1			1						X		
6	ROOM 3121/SINK/HW-F	DW	G				2:23		1			1						X		
7	ROOM 3119/SINK/CW-R	DW	G				2:24		1			1						X		
8	ROOM 3119/SINK/CW-F	DW	G				2:25		1			1						X		
9	ROOM 3119/SINK/HW-R	DW	G				2:26		1			1						X		
10	ROOM 3119/SINK/HW-F	DW	G				2:27		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
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	PACE	6/30/16	17:00		7/1/16	10:23	

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER:

DATE Signed (MM / DD / YY): 6/24/16

Pace Analytical
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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 Required Client Information:

Company:	Clinton CSD
Address:	75 Chenango St
	Clinton, NY
Email To:	breston@ccs.edu
Phone:	Fax:
Requested Due Date/TAT:	10 DAYS

Section B Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	Middle School
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3120/SINK/CW-R	DW	G			6/24	2:27		1			1						X			
2	ROOM 3120/SINK/CW-F	DW	G				2:28		1			1						X			
3	ROOM 3120/SINK/HW-R	DW	G				2:28		1			1						X			
4	ROOM 3120/SINK/HW-F	DW	G				2:29		1			1						X			
5	ROOM 3123/DF-1/R	DW	G				2:30		1			1						X			
6	ROOM 3123/DF-1/F	DW	G				2:31		1			1						X			
7	ROOM 3123/DF-2/R	DW	G				2:33		1			1						X			
8	ROOM 3123/DF-2/F	DW	G				2:33		1			1						X			
9	ROOM 3140/DF-1/R	DW	G				2:35		1			1						X			
10	ROOM 3140/DF-1/F	DW	G				2:36		1			1						X			
11		DW	G						1			1						X			
12		DW	G						1			1						X			

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	12:00		7/1/16	10:23

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

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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.

Page: 17 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3140/DF-2/R	DW	G			6/24	2:37		1			1						X		
2	ROOM 3140/DF-2/F	DW	G				2:38		1			1						X		
3	ROOM 3135/SINK 1/CW-R	DW	G				2:44		1			1						X		
4	ROOM 3135/SINK 1/CW-F	DW	G				2:45		1			1						X		
5	ROOM 3135/SINK 1/HW-R	DW	G				2:45		1			1						X		
6	ROOM 3135/SINK 1/HW-F	DW	G				2:46		1			1						X		
7	ROOM 3135/SINK 2/CW-R	DW	G				2:46		1			1						X		
8	ROOM 3135/SINK 2/CW-F	DW	G				2:47		1			1						X		
9	ROOM 3135/SINK 2/HW-R	DW	G				2:47		1			1						X		
10	ROOM 3135/SINK 2/HW-F	DW	G				2:48		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
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	PACE	6/30/16	17:00		7/1/16	10:00	

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

Pace Analytical
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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 Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Filtered (Y/N)

Requested Ana

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	Section D Required Client Information — SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3135/SINK 3/CW-R	DW	G			6/24	2:48		1			1						X		
2	ROOM 3135/SINK 3/CW-F	DW	G				2:48		1			1						X		
3	ROOM 3135/SINK 3/HW-R	DW	G				2:49		1			1						X		
4	ROOM 3135/SINK 3/HW-F	DW	G				2:49		1			1						X		
5	ROOM 3135/SINK 4/CW-R	DW	G				2:50		1			1						X		
6	ROOM 3135/SINK 4/CW-F	DW	G				2:50		1			1						X		
7	ROOM 3135/SINK 4/HW-R	DW	G				2:51		1			1						X		
8	ROOM 3135/SINK 4/HW-F	DW	G				2:52		1			1						X		
9	ROOM 3135/SINK 5/CW-R	DW	G				2:53		1			1						X		
10	ROOM 3135/SINK 5/CW-F	DW	G				2:53		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	17:00		7/1/16	1028

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

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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 Required Client Information:

Company:	Clinton CSD
Address:	75 Chenango St
	Clinton, NY
Email To:	breston@ccs.edu
Phone:	Fax:
Requested Due Date/TAT:	10 DAYS

Section B Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	Middle School
Project Number:	

Section C Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	
Pace Project Manager:	
Pace Profile #:	

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3135/SINK 5/HW-R	DW	G			6/24	2:54		1			1						X		
2	ROOM 3135/SINK 5/HW-F	DW	G				2:54		1			1						X		
3	ROOM 3135/SINK 6/CW-R	DW	G				2:55		1			1						X		
4	ROOM 3135/SINK 6/CW-F	DW	G				2:55		1			1						X		
5	ROOM 3135/SINK 6/HW-R	DW	G				2:56		1			1						X		
6	ROOM 3135/SINK 6/HW-F	DW	G				2:56		1			1						X		
7	ROOM 3133/SINK 1/CW-R	DW	G				3:09		1			1						X		
8	ROOM 3133/SINK 1/CW-F	DW	G				3:10		1			1						X		
9	ROOM 3133/SINK 1/HW-R	DW	G				3:11		1			1						X		
10	ROOM 3133/SINK 1/HW-F	DW	G				3:12		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	17:00		7/1/16	10:27

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER:

DATE Signed (MM / DD / YY): 6/24/16

Pace Analytical
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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.

Page: 20 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D
Required Client Information

SAMPLE ID
(A-Z, 0-9 / ,-)
Sample IDs MUST BE UNIQUE

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3133/SINK 2/CW-R	DW	G			4/24	3:12		1			1							X		
2	ROOM 3133/SINK 2/CW-R	DW	G				3:12		1			1							X		
3	ROOM 3133/SINK 2/HW-R	DW	G				3:13		1			1							X		
4	ROOM 3133/SINK 2/HW-F	DW	G				3:14		1			1							X		
5	ROOM 3133/SINK 3/CW-R	DW	G				3:14		1			1							X		
6	ROOM 3133/SINK 3/CW-F	DW	G				3:15		1			1							X		
7	ROOM 3133/SINK 3/HW-R	DW	G				3:15		1			1							X		
8	ROOM 3133/SINK 3/HW-F	DW	G				3:16		1			1							X		
9	ROOM 3133/SINK 4/CW-R	DW	G				3:16		1			1							X		
10	ROOM 3133/SINK 4/CW-F	DW	G				3:17		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	[signature] PACE	6/30/16	17:00	[signature]	7/1/16	10:27

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY):

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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.

Page: 21 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3133/SINK 4/HW-R	DW	G			6/24	3:17		1		1						X		
2	ROOM 3133/SINK 4/HW-F	DW	G				3:18		1		1						X		
3	ROOM 3133/SINK 5/CW-R	DW	G				3:18		1		1						X		
4	ROOM 3133/SINK 5/CW-F	DW	G				3:19		1		1						X		
5	ROOM 3133/SINK 5/HW-R	DW	G				3:19		1		1						X		
6	ROOM 3133/SINK 5/HW-F	DW	G				3:20		1		1						X		
7	ROOM 3133/SINK 6/CW-R	DW	G				3:20		1		1						X		
8	ROOM 3133/SINK 6/CW-F	DW	G				3:21		1		1						X		
9	ROOM 3133/SINK 6/HW-R	DW	G				3:22		1		1						X		
10	ROOM 3133/SINK 6/HW-F	DW	G				3:23		1		1						X		
11		DW	G						1		1						X		
12		DW	G						1		1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/20/16	17:00		7/1/16	10:25

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

Pace Analytical
www.pacelabs.com

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 Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3160/DF-1/R	DW	G			6/24	3:27		1			1						X		
2	ROOM 3160/DF-1/F	DW	G				3:27		1			1						X		
3	ROOM 3160/DF-2/R	DW	G				3:29		1			1						X		
4	ROOM 3160/DF-2/F	DW	G				3:29		1			1						X		
5	ROOM 3143/SINK/CW-R	DW	G				3:31		1			1						X		
6	ROOM 3143/SINK/CW-F	DW	G				3:32		1			1						X		
7	ROOM 3143/SINK/HW-R	DW	G				3:33		1			1						X		
8	ROOM 3143/SINK/HW-F	DW	G				3:33		1			1						X		
9	ROOM 3146/SINK/CW-R	DW	G				3:34		1			1						X		
10	ROOM 3146/SINK/CW-F	DW	G				3:35		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
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	[signature] PACE	6/30/16	17:00	[signature]	7/1/16	10:27	

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

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CHAIN-OF-CUSTODY / Analytical Request Document

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Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY: ☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER ☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Section D Required Client Information

Valid Matrix Codes: MATRIX / CODE — DRINKING WATER DW; WATER WT; WASTE WATER WW; PRODUCT P; SOIL/SOLID SL; OIL OL; WIPE WP; AIR AR; OTHER OT; TISSUE TS

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3146/SINK/HW-R	DW	G			6/24	3:35		1			1						X		
2	ROOM 3146/SINK/HW-F	DW	G				3:36		1			1						X		
3	ROOM 3161/DF-1/R	DW	G				3:37		1			1						X		
4	ROOM 3161/DF-1/F	DW	G				3:37		1			1						X		
5	ROOM 3161/DF-2/R	DW	G				3:40		1			1						X		
6	ROOM 3161/DF-2/F	DW	G				3:40		1			1						X		
7	ROOM 3151/SINK/CW-R	DW	G				3:43		1			1						X		
8	ROOM 3151/SINK/CW-F	DW	G				3:43		1			1						X		
9	ROOM 3151/SINK/HW-R	DW	G				3:44		1			1						X		
10	ROOM 3151/SINK/HW-F	DW	G				3:45		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

Requested Ana / Filtered (Y/N)

ADDITIONAL COMMENTS: 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

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
[signature] PACE	6/30/16	17:00	[signature]	7/1/16	1025

SAMPLE CONDITIONS: Temp in °C; Received on Ice Y/N; Custody Sealed Cooler Y/N; Samples Intact Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16

Pace Analytical™
www.pacelabs.com

CHAIN-OF-CUSTODY / Analytical Request Document

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Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Chenango St	Copy To:	Company Name:
Clinton, NY		Address:
Email To: breston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: / Fax:	Project Name: Middle School	Pace Project Manager:
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER_____

SITE LOCATION: ☐ GA ☐ IL ☐ IN ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Filtered (Y/N)

Requested Ana

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
OIL	OL
WIPE	WP
AIR	AR
OTHER	OT
TISSUE	TS

ITEM #	Section D Required Client Information — SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 3149/SINK/CW-R	DW	G			6/24	3:46		1			1						X		
2	ROOM 3149/SINK/CW-F	DW	G				3:46		1			1						X		
3	ROOM 3149/SINK/HW-R	DW	G				3:47		1			1						X		
4	ROOM 3149/SINK/HW-F	DW	G				3:47		1			1						X		
5	T-1/SINK/CW-R	DW	G				3:51		1			1						X		
6	T-1/SINK/CW-F	DW	G				3:51		1			1						X		
7	T-1/SINK/HW-R	DW	G				3:51		1			1						X		
8	T-1/SINK/HW-F	DW	G				3:52		1			1						X		
9	T-2/SINK/CW-R	DW	G				3:54		1			1						X		
10	T-2/SINK/CW-F	DW	G				3:55		1			1						X		
11	T-2/SINK/HW-R	DW	G				3:55		1			1						X		
12	T-2/SINK/HW-F	DW	G				3:56		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
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	PACE	6/30/16	17:00		7/1/16	10:25

SAMPLE CONDITIONS

Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/24/16