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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.

1st Draw = 1606522
Flush = 1606523

Page: 1 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Cilnton CSD	Report To:	Attention:
Address: 75 Chenango St.	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference: 28944
Phone: 315.525.7065 Fax:	Project Name: Elementary School	Pace Project Manager: Betty Harrison
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

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

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

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	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 Ana: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	CITY WATER SUPPLY-R	DW	G			6/24	11:57		1			1						X			
2	CITY WATER SUPPLY-F	DW	G			6/24	16:58		1			1						X			
3	ROOM A15/BATHROOM SINK/CW-R	DW	G			6/25	00:11		1			1						X			
4	ROOM A15/BATHROOM SINK/CW-F	DW	G				00:11		1			1						X			
5	ROOM A15/BATHROOM SINK/HW-R	DW	G				00:12		1			1						X			
6	ROOM A15/BATHROOM SINK/HW-F	DW	G				00:09		1			1						X			
7	ROOM A15/DF-R	DW	G				00:09		1			1						X			
8	ROOM A15/DF-F	DW	G				00:09		1			1						X			
9	ROOM A15/CLASSROOM SINK/CW-R	DW	G				00:10		1			1						X			
10	ROOM A15/CLASSROOM SINK/CW-F	DW	G				00:10		1			1						X			
11	ROOM A15/CLASSROOM SINK/HW-R	DW	G				00:10		1			1						X			
12	ROOM A15/CLASSROOM SINK/HW-F	DW	G				00:16		1			1						X			

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
Hold all flushed samples, IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN, F=FLUSHED, R-RAW(1ST DRAW).	James Murphy PACE	6/28/16	17:00	J. Cappadona (41 Pages)	6/29/16	10:40	Y/N Y/N Y/N

7766 2707 0790

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

Temp in °C | Received on Ice | Custody Sealed Cooler | Samples Intact

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CHAIN-OF-CUSTODY / Analytical Request Document

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Page: 2 of

Section A — **Required** Client Information:

Company:	Cilnton CSD
Address:	75 Chenango St.
	Clinton,NY
Email To:	bpreston@ccs.edu
Phone:	315.525.7065 Fax:
Requested Due Date/TAT:	10 DAYS

Section B — **Required** Project Information:

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

Section C — Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote Reference:	28944
Pace Project Manager:	Betty Harrison
Pace Profile #:	

REGULATORY AGENCY

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

SITE LOCATION: ☐ GA ☐ IL ☐ N ☐ 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	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.
13 1	ROOM A18/BATHROOM SINK/CW-R	DW	G			6/25	00:13		1			1						X		
2	ROOM A18/BATHROOM SINK/CW-F	DW	G				00:13		1			1						X		
15 3	ROOM A18/BATHROOM SINK/HW-R	DW	G				00:14		1			1						X		
4	ROOM A18/BATHROOM SINK/HW-F	DW	G				00:15		1			1						X		
17 5	ROOM A18/DF-R	DW	G				00:15		1			1						X		
6	ROOM A18/DF-F	DW	G				00:16		1			1						X		
19 7	ROOM A18/CLASSROOM SINK/CW-R	DW	G				00:17		1			1						X		
8	ROOM A18/CLASSROOM SINK/CW-F	DW	G				00:18		1			1						X		
21 9	ROOM A18/CLASSROOM SINK/HW-R	DW	G				00:19		1			1						X		
10	ROOM A18/CLASSROOM SINK/HW-F	DW	G				00:19		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
Hold all flushed samples, IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN, F=FLUSHED, R-RAW(1ST DRAW).	James Murphy PACE	6/26/16	17:00			

SAMPLE CONDITIONS

Temp in °C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	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	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: James Murphy — DATE Signed (MM / DD / YY): 6/25/16

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: Cilnton CSD	Report To:	Attention:
Address: 75 Chenango St.	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference: 28944
Phone: 315.525.7065 Fax:	Project Name: Elementary School	Pace Project Manager: Betty Harrison
Requested Due Date/TAT: 10 DAYS	Project Number:	Pace Profile #:

REGULATORY AGENCY

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

SITE LOCATION ☐ GA ☐ IL ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ MI ☐ 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 #	Section D Required Client Information / 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	Preservatives: 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.
23 1	ROOM A13/BATHROOM SINK/CW-R	DW	G			6/25	00:21		1			1						X		
2	ROOM A13/BATHROOM SINK/CW-F	DW	G				00:21		1			1						X		
25 3	ROOM A13/BATHROOM SINK/HW-R	DW	G				00:22		1			1						X		
4	ROOM A13/BATHROOM SINK/HW-F	DW	G				00:22		1			1						X		
27 5	ROOM A13/DF-R	DW	G				00:23		1			1						X		
6	ROOM A13/DF-F	DW	G				00:24		1			1						X		
29 7	ROOM A13/CLASSROOM SINK/CW-R	DW	G				00:25		1			1						X		
8	ROOM A13/CLASSROOM SINK/CW-F	DW	G				00:25		1			1						X		
31 9	ROOM A13/CLASSROOM SINK/HW-R	DW	G				00:26		1			1						X		
10	ROOM A13/CLASSROOM SINK/HW-F	DW	G				00:27		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
Hold all flushed samples, IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN, F=FLUSHED, R-RAW(1ST DRAW).	James Murphy PACE	6/25/16	17:00			

SAMPLE CONDITIONS

	Temp in °C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	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	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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: Cilnton CSD	Report To:	Attention:
Address: 75 Chenango St.	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference: 28944
Phone: 315.525.7065 Fax:	Project Name: Elementary School	Pace Project Manager: Betty Harrison
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

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	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.
33 1	ROOM A16/BATHROOM SINK/CW-R	DW	G			6/25	00:29		1			1						X		
2	ROOM A16/BATHROOM SINK/CW-F	DW	G				00:29		1			1						X		
35 3	ROOM A16/BATHROOM SINK/HW-R	DW	G				00:30		1			1						X		
4	ROOM A16/BATHROOM SINK/HW-F	DW	G				00:30		1			1						X		
37 5	ROOM A16/DF-R	DW	G				00:31		1			1						X		
6	ROOM A16/DF-F	DW	G				00:32		1			1						X		
39 7	ROOM A16/CLASSROOM SINK/CW-R	DW	G				00:33		1			1						X		
8	ROOM A16/CLASSROOM SINK/CW-F	DW	G				00:33		1			1						X		
41 9	ROOM A16/CLASSROOM SINK/HW-R	DW	G				00:34		1			1						X		
10	ROOM A16/CLASSROOM SINK/HW-F	DW	G				00:34		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

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

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
Hold all flushed samples, IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN, F=FLUSHED, R-RAW(1ST DRAW).	James Murphy PACE	6/26/16	17:00				

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: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC

☐ OH ☐ SC ☐ WI ☐ OTHER NY

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	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.
43 1	ROOM A14/BATHROOM SINK/CW-R	DW	G			6/25	00:36		1			1						X		
2	ROOM A14/BATHROOM SINK/CW-F	DW	G				00:36		1			1						X		
3		DW	G						1			1						X		
4		DW	G						1			1						X		
45 5	ROOM A14/DF-R	DW	G				00:39		1			1						X		
6	ROOM A14/DF-F	DW	G				00:40		1			1						X		
47 7	ROOM A14/CLASSROOM SINK/CW-R	DW	G				00:42		1			1						X		
8	ROOM A14/CLASSROOM SINK/CW-F	DW	G				00:43		1			1						X		
49 9	ROOM A14/CLASSROOM SINK/HW-R	DW	G				00:43		1			1						X		
10	ROOM A14/CLASSROOM SINK/HW-F	DW	G				00:44		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	JM PACE	6/25/16	17:40				Y/N Y/N Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: JM Murphy

DATE Signed (MM / DD / YY): 6/25/16

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

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ MI ☐ 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	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.
51 1	ROOM A11/BATHROOM SINK/CW-R	DW	G			6/25	00:46		1			1						X		
2	ROOM A11/BATHROOM SINK/CW-F	DW	G				00:47		1			1						X		
53 3	ROOM A11/BATHROOM SINK/HW-R	DW	G				00:47		1			1						X		
4	ROOM A11/BATHROOM SINK/HW-F	DW	G				00:48		1			1						X		
55 5	ROOM A11/DF-R	DW	G				00:48		1			1						X		
6	ROOM A11/DF-F	DW	G				00:49		1			1						X		
57 7	ROOM A11/CLASSROOM SINK/CW-R	DW	G				00:50		1			1						X		
8	ROOM A11/CLASSROOM SINK/CW-F	DW	G				00:50		1			1						X		
59 9	ROOM A11/CLASSROOM SINK/HW-R	DW	G				00:51		1			1						X		
10	ROOM A11/CLASSROOM SINK/HW-F	DW	G				00:51		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			
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/26/11	17:10					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		Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
PRINT Name of SAMPLER:	James Murphy - PACE Analytical				
SIGNATURE of SAMPLER:	DATE Signed (MM / DD / YY): 6/25/11				

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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	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	AWING/MENS FACULTY BATHROOM/CW-R	DW	G			6/25	00:53		1			1						X		
2	AWING/MENS FACULTY BATHROOM/CW-F	DW	G				00:54		1			1						X		
3	AWING/MENS FACULTY BATHROOM/HW-R	DW	G				00:55		1			1						X		
4	AWING/MENS FACULTY BATHROOM/HW-F	DW	G				00:56		1			1						X		
5	AWING/LADIES FACULTY BATHROOM/CW-R	DW	G				00:56		1			1						X		
6	AWING/LADIES FACULTY BATHROOM/CW-F	DW	G				00:57		1			1						X		
7	AWING/LADIES FACULTY BATHROOM/HW-R	DW	G				00:57		1			1						X		
8	AWING/LADIES FACULTY BATHROOM/HW-F	DW	G				00:58		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		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	PACE	6/26/16	17:00				Y/N Y/N Y/N Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

Temp in °C | Received on Ice | Custody Sealed Cooler | Samples Intact

e-File(ALLQ020rev.4,29Mar06)22Jun2005

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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: 6 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ SC ☐ OH ☐ SC ☐ MI ☐ OTHER NY

Valid Matrix Codes: 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	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
69 1	ROOM A12/BATHROOM SINK/CW-R	DW	G			4/25	~~0959~~ 1100		1			1						X		
2	ROOM A12/BATHROOM SINK/CW-F	DW	G				~~1100~~ 1101		1			1						X		
71 3	ROOM A12/BATHROOM SINK/HW-R	DW	G				1100		1			1						X		
4	ROOM A12/BATHROOM SINK/HW-F	DW	G				1101		1			1						X		
73 5	ROOM A 12/DF-R	DW	G				103		1			1						X		
6	ROOM A12/DF-F	DW	G				103		1			1						X		
75 7	ROOM A12/CLASSROOM SINK/CW-R	DW	G				1104		1			1						X		
8	ROOM A12/CLASSROOM SINK/CW-F	DW	G				1104		1			1						X		
77 9	ROOM A12/CLASSROOM SINK/HW-R	DW	G				1104		1			1						X		
10	ROOM A12/CLASSROOM SINK/HW-F	DW	G				1105		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	PACE	6/26/06	17:00				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): 6/25/06

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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: 2 of

Section A — **Required** Client Information:

Company: Clinton CSD	
Address: 75 Cheneango St	
Clinton,NY	
Email To: bpreston@ccs.edu	
Phone: 315.525.7065 Fax:	
Requested Due Date/TAT: 10 DAYS	

Section B — **Required** Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	
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 ☐ N ☐ MI ☐ SC

☐ 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	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.
79	1 ROOM A9/BATHROOM SINK/CW-R	DW	G			6/25	11:07		1			1						X		
	2 ROOM A9/BATHROOM SINK/CW-F	DW	G				11:08		1			1						X		
81	3 ROOM A9/BATHROOM SINK/HW-R	DW	G				11:08		1			1						X		
	4 ROOM A9/BATHROOM SINK/HW-F	DW	G				11:09		1			1						X		
83	5 ROOM A9 /DF-R	DW	G				11:09		1			1						X		
	6 ROOM A9/DF-F	DW	G				11:09		1			1						X		
85	7 ROOM A9/CLASSROOM SINK/CW-R	DW	G				11:11		1			1						X		
	8 ROOM A9/CLASSROOM SINK/CW-F	DW	G				11:11		1			1						X		
87	9 ROOM A9/CLASSROOM SINK/HW-R	DW	G				11:12		1			1						X		
	10 ROOM A9/CLASSROOM SINK/HW-F	DW	G				11:12		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/28/16	17:00			

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: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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CHAIN-OF-CUSTODY / Analytical Request Document

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Page: 10 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ MI ☐ 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	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.
89 1	ROOM A7/BATHROOM SINK/CW-R	DW	G			6/25	1:14		1			1						X		
2	ROOM A7/BATHROOM SINK/CW-F	DW	G				1:14		1			1						X		
91 3	ROOM A7/BATHROOM SINK/HW-R	DW	G				1:15		1			1						X		
4	ROOM A7/BATHROOM SINK/HW-F	DW	G				1:15		1			1						X		
93 5	ROOM A7 /DF-R	DW	G				1:16		1			1						X		
6	ROOM A7/DF-F	DW	G				1:17		1			1						X		
95 7	ROOM A7/CLASSROOM SINK/CW-R	DW	G				1:18		1			1						X		
8	ROOM A7/CLASSROOM SINK/CW-F	DW	G				1:18		1			1						X		
97 9	ROOM A7/CLASSROOM SINK/HW-R	DW	G				1:20		1			1						X		
10	ROOM A7/CLASSROOM SINK/HW-F	DW	G				1:20		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	PACE	6/26/16	17:00			

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/25/16

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CHAIN-OF-CUSTODY / Analytical Request Document

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Page: 1 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ SC ☐ OH ☐ SC ☐ MI ☐ OTHER NY

Valid Matrix Codes: 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	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.
99 1	ROOM A10/BATHROOM SINK/CW-R	DW	G			6/25	1:23		1			1						X		
2	ROOM A10/BATHROOM SINK/CW-F	DW	G				1:23		1			1						X		
101 3	ROOM A10/BATHROOM SINK/HW-R	DW	G				1:24		1			1						X		
4	ROOM A10/BATHROOM SINK/HW-F	DW	G				1:24		1			1						X		
103 5	ROOM A10 /DF-R	DW	G				1:25		1			1						X		
6	ROOM A10/DF-F	DW	G				1:25		1			1						X		
105 7	ROOM A10/CLASSROOM SINK/CW-R	DW	G				1:26		1			1						X		
8	ROOM A10/CLASSROOM SINK/CW-F	DW	G				1:26		1			1						X		
107 9	ROOM A10/CLASSROOM SINK/HW-R	DW	G				1:26		1			1						X		
10	ROOM A10/CLASSROOM SINK/HW-F	DW	G				1:27		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/26/12	17:00			

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: James Murphy DATE Signed (MM / DD / YY): 6/25/12

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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.

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Valid Matrix Codes: 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	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.
109 1	ROOM A5/BATHROOM SINK/CW-R	DW	G			6/25	1:28		1			1						X			
2	ROOM A5/BATHROOM SINK/CW-F	DW	G				1:26		1			1						X			
111 3	ROOM A5/BATHROOM SINK/HW-R	DW	G				1:30		1			1						X			
4	ROOM A5/BATHROOM SINK/HW-F	DW	G				1:31		1			1						X			
113 5	ROOM A5 /DF-R	DW	G				1:31		1			1						X			
6	ROOM A5/DF-F	DW	G				1:32		1			1						X			
115 7	ROOM A5/CLASSROOM SINK/CW-R	DW	G				1:33		1			1						X			
8	ROOM A5/CLASSROOM SINK/CW-F	DW	G				1:33		1			1						X			
117 9	ROOM A5/CLASSROOM SINK/HW-R	DW	G				1:34		1			1						X			
10	ROOM A5/CLASSROOM SINK/HW-F	DW	G				1:34		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	PACE	6/28/16	17:00				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): 6/25/16

Temp in °C | Received on Ice | Custody Sealed Cooler | Samples Intact

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Valid Matrix Codes: 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	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) Pb	Residual Chlorine (Y/N)	Requested Analysis	Pace Project No. Lab I.D.
119 1	ROOM A8/BATHROOM SINK/CW-R	DW	G			6/2-	1:37		1			1						X			
2	ROOM A8/BATHROOM SINK/CW-F	DW	G				1:37		1			1						X			
121 3	ROOM A8/BATHROOM SINK/HW-R	DW	G				1:38		1			1						X			
4	ROOM A8/BATHROOM SINK/HW-F	DW	G				1:38		1			1						X			
123 5	ROOM A8 /DF-R	DW	G				1:39		1			1						X			
6	ROOM A8/DF-F	DW	G				1:40		1			1						X			
125 7	ROOM A8/CLASSROOM SINK/CW-R	DW	G				1:41		1			1						X			
8	ROOM A8/CLASSROOM SINK/CW-F	DW	G				1:42		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			

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	JMurphy PACE	6/25/12	17:00				Y/N	Y/N	Y/N	Y/N
							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			Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
PRINT Name of SAMPLER:	James Murphy - PACE Analytical					
SIGNATURE of SAMPLER: JMurphy	DATE Signed (MM / DD / YY):	6/25/12				

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ SC ☐ OH ☐ SC ☐ MI ☐ 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	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.
127 1	ROOM A3/BATHROOM SINK/CW-R	DW	G			6/25	1:45		1			1						X		
2	ROOM A3/BATHROOM SINK/CW-F	DW	G				1:46		1			1						X		
129 3	ROOM A3/BATHROOM SINK/HW-R	DW	G				1:47		1			1						X		
4	ROOM A3/BATHROOM SINK/HW-F	DW	G				1:48		1			1						X		
131 5	ROOM A3 /DF-R	DW	G				1:48		1			1						X		
6	ROOM A3/DF-F	DW	G				1:49		1			1						X		
133 7	ROOM A3/CLASSROOM SINK/CW-R	DW	G				1:50		1			1						X		
8	ROOM A3/CLASSROOM SINK/CW-F	DW	G				1:50		1			1						X		
135 9	ROOM A3/CLASSROOM SINK/HW-R	DW	G				1:51		1			1						X		
10	ROOM A3/CLASSROOM SINK/HW-F	DW	G				1:52		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/26/12	17:00			

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: James Murphy

DATE Signed (MM / DD / YY): 6/25/12

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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: 1 of

Section A — **Required** Client Information:

Company:	Clinton CSD
Address:	75 Cheneango St
	Clinton,NY
Email To:	bpreston@ccs.edu
Phone:	315.525.7065 Fax:
Requested Due Date/TAT:	10 DAYS

Section B — **Required** Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	
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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ MI ☐ 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	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na_2SO_4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. / Lab I.D.
137 1	ROOM A1/BATHROOM SINK/CW-R	DW	G			6/25	1:54		1			1						X		
2	ROOM A1/BATHROOM SINK/CW-F	DW	G				1:55		1			1						X		
139 3	ROOM A1/BATHROOM SINK/HW-R	DW	G				1:55		1			1						X		
4	ROOM A1/BATHROOM SINK/HW-F	DW	G				1:56		1			1						X		
141 5	ROOM A1 /DF-R	DW	G				1:56		1			1						X		
6	ROOM A1/DF-F	DW	G				1:57		1			1						X		
143 7	ROOM A1/CLASSROOM SINK/CW-R	DW	G				1:58		1			1						X		
8	ROOM A1/CLASSROOM SINK/CW-F	DW	G				1:58		1			1						X		
145 9	ROOM A1/CLASSROOM SINK/HW-R	DW	G				2:00		1			1						X		
10	ROOM A1/CLASSROOM SINK/HW-F	DW	G				2:01		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	JMurphy PACE	6/28/12	17:00			

SAMPLE CONDITIONS

	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:	JMurphy	DATE Signed (MM / DD / YY):	6/25/12

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

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Valid Matrix Codes: 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	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.
147 1	ROOM A6/BATHROOM SINK/CW-R	DW	G			6/25	2:03		1			1						X		
2	ROOM A6/BATHROOM SINK/CW-F	DW	G				2:03		1			1						X		
149 3	ROOM A6/BATHROOM SINK/HW-R	DW	G				2:04		1			1						X		
4	ROOM A6/BATHROOM SINK/HW-F	DW	G				2:04		1			1						X		
151 5	ROOM A6/DF-R	DW	G				2:05		1			1						X		
6	ROOM A6/DF-F	DW	G				2:05		1			1						X		
153 7	ROOM A6/CLASSROOM SINK/CW-R	DW	G				2:06		1			1						X		
8	ROOM A6/CLASSROOM SINK/CW-F	DW	G				2:07		1			1						X		
155 9	ROOM A6/CLASSROOM SINK/HW-R	DW	G				2:07		1			1						X		
10	ROOM A6/CLASSROOM SINK/HW-F	DW	G				2:04		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	JMurphy PACE	6/26/16	17:02				Y/N Y/N Y/N Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: JMurphy DATE Signed (MM / DD / YY): 6/25/16

Temp in °C | Received on Ice | Custody Sealed Cooler | Samples Intact

CHAIN-OF-CUSTODY / Analytical Request Document

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

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Section A — **Required** Client Information:

Company: Clinton CSD	
Address: 75 Cheneango St	
Clinton,NY	
Email To: bpreston@ccs.edu	
Phone: 315.525.7065 Fax:	
Requested Due Date/TAT: 10 DAYS	

Section B — **Required** Project Information:

Report To:
Copy To:
Purchase Order No.:
Project Name:
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 ☐ N ☐ 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	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	Filtered (Y/N)	Requested Ana: Pb	Residual Chlorine (Y/N)	Pace Project No. / Lab I.D.
157 1	ROOM A4/BATHROOM SINK/CW-R	DW	G			6/25	2:11		1			1							X		
2	ROOM A4/BATHROOM SINK/CW-F	DW	G				2:11		1			1							X		
159 3	ROOM A4/BATHROOM SINK/HW-R	DW	G				2:12		1			1							X		
4	ROOM A4/BATHROOM SINK/HW-F	DW	G				2:12		1			1							X		
161 5	ROOM A4/DF-R	DW	G				2:14		1			1							X		
6	ROOM A4/DF-F	DW	G				2:14		1			1							X		
163 7	ROOM A4/CLASSROOM SINK/CW-R	DW	G				2:15		1			1							X		
8	ROOM A4/CLASSROOM SINK/CW-F	DW	G				2:16		1			1							X		
165 9	ROOM A4/CLASSROOM SINK/HW-R	DW	G				2:16		1			1							X		
10	ROOM A4/CLASSROOM SINK/HW-F	DW	G				2:17		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	PACE	6/26/16	17:00			

SAMPLE CONDITIONS			
	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: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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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: 18 of

Section A — **Required** Client Information:

Company: Clinton CSD	
Address: 75 Cheneango St	
Clinton,NY	
Email To: bpreston@ccs.edu	
Phone: 315.525.7065	Fax:
Requested Due Date/TAT: 10 DAYS	

Section B — **Required** Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	
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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Filtered (Y/N)

Requested Ana

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	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.
167 1	MEDIA CENTER/BATHROOM SINK/CW-R	DW	G			6/25	2:24		1			1						X		
2	MEDIA CENTER/BATHROOM SINK/CW-F	DW	G			↓	2:24		1			1						X		
169 3	MEDIA CENTER/BATHROOM SINK/HW-R	DW	G				2:25		1			1						X		
4	MEDIA CENTER/BATHROOM SINK/HW-F	DW	G				2:26		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		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/25/16	17:00			

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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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: 1 of 19

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ SC ☐ OH ☐ SC ☐ MI ☐ OTHER NY

Valid Matrix Codes: 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	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 Ana: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
171 1	ROOM A2/BATHROOM SINK/CW-R	DW	G			6/25	2:27		1			1						X			
2	ROOM A2/BATHROOM SINK/CW-F	DW	G				2:27		1			1						X			
173 3	ROOM A2/BATHROOM SINK/HW-R	DW	G				2:28		1			1						X			
4	ROOM A2/BATHROOM SINK/HW-F	DW	G				2:29		1			1						X			
175 5	ROOM A2/DF-R	DW	G				2:30		1			1						X			
6	ROOM A2/DF-F	DW	G				2:31		1			1						X			
177 7	ROOM A2/CLASSROOM SINK/CW-R	DW	G				2:33		1			1						X			
8	ROOM A2/CLASSROOM SINK/CW-F	DW	G				2:33		1			1						X			
179 9	ROOM A2/CLASSROOM SINK/HW-R	DW	G				2:34		1			1						X			
10	ROOM A2/CLASSROOM SINK/HW-F	DW	G				2:34		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	PACE	6/28/16	17:00				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): 6/25/16

Temp in °C | Received on Ice | Custody Sealed Cooler | Samples Intact

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ MI ☐ OTHER NY

Valid Matrix Codes: 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	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.
181	1 ROOM B8/NURSES OFFICE/BATHROOM SINK/CW-R	DW	G			6/25	2:36		1			1						X			
	2 ROOM B8/NURSES OFFICE/BATHROOM SINK/CW-F	DW	G				2:37		1			1						X			
183	3 ROOM B8/NURSES OFFICE/BATHROOM SINK/HW-R	DW	G				2:38		1			1						X			
	4 ROOM B8/NURSES OFFICE/BATHROOM SINK/HW-F	DW	G				2:38		1			1						X			
185	5 ROOM B8/NURSES OFFICE SINK/CW-R	DW	G				2:40		1			1						X			
	6 ROOM B8/NURSES OFFICE SINK/CW-F	DW	G				2:40		1			1						X			
187	7 ROOM B8/NURSES OFFICE SINK/HW-R	DW	G				2:41		1			1						X			
	8 ROOM B8/NURSES OFFICE SINK/HW-F	DW	G				2:42		1			1						X			
189	9 MAIN OFFICE ROOM B7/BATHROOM SINK/CW-R	DW	G				2:44		1			1						X			
	10 MAIN OFFICE ROOM B7/BATHROOM SINK/CW-F	DW	G				2:44		1			1						X			
191	11 MAIN OFFICE ROOM B7/BATHROOM SINK/HW-R	DW	G				2:45		1			1						X			
	12 MAIN OFFICE ROOM B7/BATHROOM SINK/HW-F	DW	G			↓	2:46		1			1						X			

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	JM My PACE	6/28/16	17:00			

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
	Y/N	Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: JM My

DATE Signed (MM / DD / YY): 6/25/16

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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: 2 of

Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
Company: Clinton CSD	Report To:	Attention:
Address: 75 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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

Valid Matrix Codes: 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	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 Analyses: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
193 1	ROOM C15/BATHROOM SINK/CW-R	DW	G			6/25	2:48		1			1							X		
2	ROOM C15/BATHROOM SINK/CW-F	DW	G				2:48		1			1							X		
195 3	ROOM C15/BATHROOM SINK/CW-R	DW	G				2:48		1			1							X		
4	ROOM C15/BATHROOM SINK/HW-F	DW	G				2:49		1			1							X		
197 5	ROOM D1.5/FAMILY BATHROOM/CW-R	DW	G				2:51		1			1							X		
6	ROOM D1.5/FAMILY BATHROOM/CW-F	DW	G				2:52		1			1							X		
198 7	ROOM D1.5/FAMILY BATHROOM/HW-R	DW	G				2:52		1			1							X		
8	ROOM D1.5/FAMILY BATHROOM/HW-F	DW	G				2:53		1			1							X		
201 199 9	ROOM D3/HANDSINK BY 3 BAY/CW-R	DW	G				2:57		1			1							X		
10	ROOM D3/HANDSINK BY 3 BAY/CW-F	DW	G				2:57		1			1							X		
203 11	ROOM D3/HANDSINK BY 3 BAY/HW-R	DW	G				2:58		1			1							X		
12	ROOM D3/HANDSINK BY 3 BAY/HW-F	DW	G				2:59		1			1							X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/25/16	17:00					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			Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
PRINT Name of SAMPLER:	James Murphy - PACE Analytical					
SIGNATURE of SAMPLER:		DATE Signed (MM / DD / YY): 6/25/16				

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CHAIN-OF-CUSTODY / Analytical Request Document

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Section A — **Required** Client Information:

Company: Clinton CSD	
Address: 75 Cheneango St	
Clinton,NY	
Email To: bpreston@ccs.edu	
Phone: 315.525.7065 Fax:	
Requested Due Date/TAT: 10 DAYS	

Section B — **Required** Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	
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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ MI ☐ 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	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.
205 1	ROOM D3/3 BAY SINK #1/CW-R	DW	G			6/25	3:00		1			1						X		
2	ROOM D3/3 BAY SINK #1/CW-F	DW	G				3:00		1			1						X		
207 3	ROOM D3/3 BAY SINK #1/HW-R	DW	G				3:01		1			1						X		
4	ROOM D3/3 BAY SINK #1/HW-F	DW	G				3:01		1			1						X		
209 5	ROOM D3/3 BAY SINK #2/CW-R	DW	G				3:03		1			1						X		
6	ROOM D3/3 BAY SINK #2/CW-F	DW	G				3:03		1			1						X		
211 7	ROOM D3/3 BAY SINK #2/HW-R	DW	G				3:04		1			1						X		
8	ROOM D3/3 BAY SINK #2/HW-F	DW	G				3:04		1			1						X		
213 9	ROOM D3/STEAMER/CW-R	DW	G				3:06		1			1						X		
10	ROOM D3/STEAMER/CW-F	DW	G				3:07		1			1						X		
215 11	ROOM D3/STEAMER/HW-R	DW	G				3:07		1			1						X		
12	ROOM D3/STEAMER/HW-F	DW	G				3:07		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/25/16	17:00			

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: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

Valid Matrix Codes: 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	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.
217 1	ROOM D3/SERVING LINE SINK/CW-R	DW	G			6/25	3:09		1			1						X		
2	ROOM D3/SERVING LINE SINK/CW-F	DW	G				3:10		1			1						X		
219 3	ROOM D3/SERVING LINE SINK/HW-R	DW	G				3:10		1			1						X		
4	ROOM D3/SERVING LINE SINK/HW-F	DW	G				3:11		1			1						X		
221 5	ROOM D4/BATHROOM SINK/CW-R	DW	G				3:13		1			1						X		
6	ROOM D4/BATHROOM SINK/CW-F	DW	G				3:14		1			1						X		
223 7	ROOM D4/BATHROOM SINK/HW-R	DW	G				3:14		1			1						X		
8	ROOM D4/BATHROOM SINK/HW-F	DW	G				3:15		1			1						X		
225 9	ROOM D7/BATHROOM SINK/CW-R	DW	G				3:16		1			1						X		
10	ROOM D7/BATHROOM SINK/CW-F	DW	G				3:16		1			1						X		
227 11	ROOM D7/BATHROOM SINK/HW-R	DW	G				3:17		1			1						X		
12	ROOM D7/BATHROOM SINK/HW-F	DW	G				3:17		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/26/16	17:00					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		Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
SIGNATURE of SAMPLER:	DATE Signed (MM / DD / YY): 6/25/16					

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC
☐ OH ☐ SC ☐ WI ☐ OTHER NY

Valid Matrix Codes: 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	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.
229	1	D19/HALLWAY DF-R	DW	G			6/25	3:19		1			1						X		
	2	D19/HALLWAY DF-F	DW	G				3:19		1			1						X		
231	3	D20/HALLWAY DF #1-R	DW	G				3:23		1			1						X		
	4	D20/HALLWAY DF #1-F	DW	G				3:24		1			1						X		
233	5	D20/HALLWAY DF #2-R	DW	G				3:29		1			1						X		
	6	D20/HALLWAY DF #2-F	DW	G				3:24		1			1						X		
235	7	ROOM D8/GIRLS ROOM/CW-R	DW	G				3:29		1			1						X		
	8	ROOM D8/GIRLS ROOM/CW-F	DW	G				3:30		1			1						X		
237	9	ROOM D8/BOYS ROOM/CW-R	DW	G				3:26		1			1						X		
	10	ROOM D8/BOYS ROOM/CW-F	DW	G				3:26		1			1						X		
239	11	ROOM D8/OFFICE BATHROOM SINK/CW-R	DW	G				3:36		1			1						X		
	12	ROOM D8/OFFICE BATHROOM SINK/CW-F	DW	G				3:36		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/28/16	17:00			

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ JC ☐ OH ☐ SC ☐ MI ☐ 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	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.
24 1	ROOM D8/OFFICE BATHROOM SINK/HW-R	DW	G			6/25	3:37		1			1						X		
2	ROOM D8/OFFICE BATHROOM SINK/HW-F	DW	G				3:37		1			1						X		
24 3	ROOM D9/LOCKER ROOM SINK/CW-R	DW	G				3:39		1			1						X		
4	ROOM D9/LOCKER ROOM SINK/CW-F	DW	G				3:40		1			1						X		
24 5	ROOM D9/LOCKER ROOM SINK/HW-R	DW	G				3:41		1			1						X		
6	ROOM D9/LOCKER ROOM SINK/HW-F	DW	G				3:42		1			1						X		
24 7	ROOM D14/BATHROOM SINK/CW-R	DW	G				3:44		1			1						X		
8	ROOM D14/BATHROOM SINK/CW-F	DW	G				3:44		1			1						X		
24 9	ROOM D14/BATHROOM SINK/HW-R	DW	G				3:44		1			1						X		
10	ROOM D14/BATHROOM SINK/HW-F	DW	G				3:45		1			1						X		
25 11	ROOM D13/LOCKER ROOM SINK/CW-R	DW	G				3:47		1			1						X		
12	ROOM D13/LOCKER ROOM SINK/CW-F	DW	G				3:49		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/26/16	17:00				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: James Murphy DATE Signed (MM / DD / YY): 6/25/16

Temp in °C | Received on Ice | Custody Sealed Cooler | Samples Intact

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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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ SC ☐
OH ☐ SC ☐ WI ☐ OTHER NY

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	Filtered (Y/N)	Requested Ana: Pb	Residual Chlorine (Y/N)	Pace Project No. / Lab I.D.
253 1	ROOM D13/LOCKER ROOM SINK/HW-R	DW	G			4/25	3:48		1			1							X		
2	ROOM D13/LOCKER ROOM SINK/HW-F	DW	G				3:49		1			1							X		
255 3	CELC/CORRIDOR DF-R	DW	G				3:52		1			1							X		
4	CELC/CORRIDOR DF-F	DW	G				3:53		1			1							X		
257 5	CELC/PRE K/BATHROOM SINK/CW-R	DW	G				3:55		1			1							X		
6	CELC/PRE K/BATHROOM SINK/CW-F	DW	G				3:56		1			1							X		
259 7	CELC/PRE K/BATHROOM SINK/HW-R	DW	G				3:56		1			1							X		
8	CELC/PRE K/BATHROOM SINK/HW-F	DW	G				3:57		1			1							X		
261 9	CELC/PRE K/ DF-R	DW	G				3:58		1			1							X		
10	CELC/PRE K/DF-F	DW	G				3:58		1			1							X		
263 11	CELC/PRE K/CLASSROOM SINK/CW-R	DW	G				3:59		1			1							X		
12	CELC/PRE K/CLASSROOM SINK/CW-F	DW	G				4:00		1			1							X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	JMurphy PACE	6/26/16	17:00			

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: JMurphy

DATE Signed (MM / DD / YY): 6/25/16

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CHAIN-OF-CUSTODY / Analytical Request Document

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Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
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Address: 75 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ SC ☐ OH ☐ SC ☐ MI ☐ OTHER NY

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	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.
265 1	CELC/PRE K/CLASSROOM SINK/HW-R	DW	G				4:00		1			1						X		
2	CELC/PRE K/CLASSROOM SINK/HW-F	DW	G				4:01		1			1						X		
267 3	CELC/PRE SCHOOL/BATHROOM SINK/CW-R	DW	G				4:03		1			1						X		
4	CELC/PRE SCHOOL/BATHROOM SINK/CW-F	DW	G				4:03		1			1						X		
269 5	CELC/PRE SCHOOL/BATHROOM SINK/HW-R	DW	G				4:03		1			1						X		
6	CELC/PRE SCHOOL/BATHROOM SINK/HW-F	DW	G				4:04		1			1						X		
271 7	CELC/PRE SCHOOL/DF-R	DW	G				4:05		1			1						X		
8	CELC/PRE SCHOOL/DF-F	DW	G				4:06		1			1						X		
273 9	CELC/PRE SCHOOL/CLASSROOM SINK/CW-R	DW	G				4:07		1			1						X		
10	CELC/PRE SCHOOL/CLASSROOM SINK/CW-F	DW	G				4:07		1			1						X		
275 11	CELC/PRE SCHOOL/CLASSROOM SINK/HW-R	DW	G				4:08		1			1						X		
12	CELC/PRE SCHOOL/CLASSROOM SINK/HW-F	DW	G				4:08		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	James Murphy PACE	6/20/12	17:00							

SAMPLER NAME AND SIGNATURE			Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
PRINT Name of SAMPLER:	James Murphy - PACE Analytical			Y/N	Y/N	Y/N
SIGNATURE of SAMPLER:		DATE Signed (MM / DD / YY):				

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 Cheneango St	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@ccs.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

ITEM #	Section D Required Client Information — SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE (Valid Matrix Codes: DRINKING WATER DW, WATER WT, WASTE WATER WW, PRODUCT P, SOIL/SOLID SL, OIL OL, WIPE WP, AIR AR, OTHER OT, TISSUE TS)	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	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
277 1	CELC/TODDLER #1/CLASSROOM SINK/CW-R	DW	G			6/25	4:15		1			1						X	
2	CELC/TODDLER #1/CLASSROOM SINK/CW-F	DW	G				4:15		1			1						X	
279 3	CELC/TODDLER #1/CLASSROOM SINK/HW-R	DW	G				4:16		1			1						X	
4	CELC/TODDLER #1/CLASSROOM SINK/HW-F	DW	G				4:16		1			1						X	
281 5	CELC/TODDLER #1/BATHROOM SINK/CW-R	DW	G				4:13		1			1						X	
6	CELC/TODDLER #1/BATHROOM SINK/CW-F	DW	G				4:13		1			1						X	
283 7	CELC/TODDLER #1/BATHROOM SINK/HW-R	DW	G				4:14		1			1						X	
8	CELC/TODDLER #1/BATHROOM SINK/HW-F	DW	G			↓	4:14		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	

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R. Sample ID code: CW=COLD WATER, HW=HOT WATER,F=FLUSHED, R=RAW(1ST DRAW)	JP Murphy PACE	6/26/16	17:00			

SAMPLE CONDITIONS

	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: JP Murphy

DATE Signed (MM / DD / YY): 6/25/16

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: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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.
285 1	CELC/TODDLER#2/CLASSROOM SINK/CW-R	DW	G			6/25	4:23		1			1					X		
2	CELC/TODDLER#2/CLASSROOM SINK/CW-F	DW	G				4:23		1			1					X		
287 3	CELC/TODDLER#2/CLASSROOM SINK/HW-R	DW	G				4:24		1			1					X		
4	CELC/TODDLER#2/CLASSROOM SINK/HW-F	DW	G				4:24		1			1					X		
289 5	CELC/TODDLER#2/BATHROOM SINK/CW-R	DW	G				4:20		1			1					X		
6	CELC/TODDLER#2/BATHROOM SINK/CW-F	DW	G				4:20		1			1					X		
291 7	CELC/TODDLER#2/BATHROOM SINK/HW-R	DW	G				4:21		1			1					X		
8	CELC/TODDLER#2/BATHROOM SINK/HW-F	DW	G				4:21		1			1					X		
293 9	CELC/UTILITY SINK/CW-R	DW	G				4:25		1			1					X		
10	CELC/UTILITY SINK/CW-F	DW	G				4:26		1			1					X		
295 11	CELC/UTILITY SINK/HW-R	DW	G				4:26		1			1					X		
12	CELC/UTILITY SINK/HW-F	DW	G				4:27		1			1					X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy PACE	6/28/16	17:00			

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

e-File(ALLQ020rev.4,29Mar06)22Jun2005

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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: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ SC

☐ 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	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.
297 1	ROOM D10.5/OUTSIDE BATHROOM/CW-R	DW	G			6/25	4:31		1			1						X		
2	ROOM D10.5/OUTSIDE BATHROOM/CW-F	DW	G				4:31		1			1						X		
299 3	ROOM D10.5/OUTSIDE BATHROOM/HW-R	DW	G				4:32		1			1						X		
4	ROOM D10.5/OUTSIDE BATHROOM/HW-F	DW	G				4:32		1			1						X		
301 5	C16/DF BEWTEEN BOYS & GIRLS ROOM/R	DW	G				4:37		1			1						X		
6	C16/DF BEWTEEN BOYS & GIRLS ROOM/F	DW	G				4:38		1			1						X		
303 7	ROOM C10/CLASSROOM SINK #1/CW-R	DW	G				4:41		1			1						X		
8	ROOM C10/CLASSROOM SINK #1/CW-F	DW	G				4:41		1			1						X		
305 9	ROOM C10/CLASSROOM SINK #1/HW-R	DW	G				4:44		1			1						X		
10	ROOM C10/CLASSROOM SINK #1/HW-F	DW	G				4:44		1			1						X		
307 11	ROOM C10/CLASSROOM SINK #2/CW-R	DW	G				4:43		1			1						X		
12	ROOM C10/CLASSROOM SINK #2/CW-F	DW	G				4:43		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy PACE	6/26/16	17:00			

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

e-File(ALLQ020rev.4,29Mar06)22Jun2005

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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: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ WI ☐ OTHER NY

ITEM #	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	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	Na_2SO_4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. / Lab I.D.
309 1	ROOM C10/CLASSROOM SINK #2/HW-R		DW	G			6/25	4:46		1			1						X	
2	ROOM C10/CLASSROOM SINK #2/HW-F		DW	G				4:46		1			1						X	
311 3	ROOM C10/CLASSROOM SINK #3/CW-R		DW	G				4:47		1			1						X	
4	ROOM C10/CLASSROOM SINK #3/CW-F		DW	G				4:48		1			1						X	
313 5	ROOM C10/CLASSROOM SINK #3/HW-R		DW	G				4:48		1			1						X	
6	ROOM C10/CLASSROOM SINK #3/HW-F		DW	G				4:49		1			1						X	
315 7	ROOM C10/CLASSROOM SINK #4/CW-R		DW	G				4:49		1			1						X	
8	ROOM C10/CLASSROOM SINK #4/CW-F		DW	G				4:49		1			1						X	
317 9	ROOM C10/CLASSROOM SINK #4/HW-R		DW	G				4:50		1			1						X	
10	ROOM C10/CLASSROOM SINK #4/HW-F		DW	G				4:50		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy PACE	6/26/12	17:00			

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: James Murphy

DATE Signed (MM / DD / YY): 6/25/12

Pace Analytical
www.pacelabs.com

CHAIN-OF-CUSTODY / Analytical Request Document

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Address: 75 Chenango ST.	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ JC ☐ 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	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.
319 1	BETWEEN C12&C1/BOYS BATHROOM SINK #1/CW-R	DW	G			6/25	4:57		1			1						X		
2	BETWEEN C12&C1/BOYS BATHROOM SINK #1/CW-F	DW	G				4:57		1			1						X		
321 3	BETWEEN C12&C1/BOYS BATHROOM SINK #1/HW-R	DW	G				4:58		1			1						X		
4	BETWEEN C12&C1/BOYS BATHROOM SINK #1/HW-F	DW	G				4:59		1			1						X		
323 5	BETWEEN C12&C1/BOYS BATHROOM SINK #2/CW-R	DW	G				5:00		1			1						X		
6	BETWEEN C12&C1/BOYS BATHROOM SINK #2/CW-F	DW	G				5:01		1			1						X		
325 7	BETWEEN C12&C1/BOYS BATHROOM SINK #2/HW-R	DW	G				5:01		1			1						X		
8	BETWEEN C12&C1/BOYS BATHROOM SINK #2/HW-F	DW	G				5:02		1			1						X		
327 9	BETWEEN C12&C1/GIRLS BATHROOM SINK #1/CW-R	DW	G				5:04		1			1						X		
10	BETWEEN C12&C1/GIRLS BATHROOM SINK #1/CW-F	DW	G				5:04		1			1						X		
329 11	BETWEEN C12&C1/GIRLS BATHROOM SINK #1/HW-R	DW	G				5:06		1			1						X		
12	BETWEEN C12&C1/GIRLS BATHROOM SINK #1/HW-F	DW	G				5:06		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	JMurphy PACE	6/26/16	17:00			

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: JMurphy

DATE Signed (MM / DD / YY): 6/25/16

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CHAIN-OF-CUSTODY / Analytical Request Document

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Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
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Email To: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ 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 #	Section D Required Client Information / 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	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.
331 1	BETWEEN C12&C1/GIRLS BATHROOM SINK #2/CW-R	DW	G			6/25	5:07		1			1						X		
2	BETWEEN C12&C1/GIRLS BATHROOM SINK #2/CW-F	DW	G				5:07		1			1						X		
333 3	BETWEEN C12&C1/GIRLS BATHROOM SINK #2/HW-R	DW	G				5:08		1			1						X		
4	BETWEEN C12&C1/GIRLS BATHROOM SINK #2/HW-F	DW	G				5:09		1			1						X		
335 5	ROOM C4/CLASSROOM SINK/CW-R	DW	G				5:11		1			1						X		
6	ROOM C4/CLASSROOM SINK/CW-F	DW	G				5:12		1			1						X		
337 7	ROOM C4/CLASSROOM SINK/HW-R	DW	G				5:12		1			1						X		
8	ROOM C4/CLASSROOM SINK/HW-F	DW	G				5:13		1			1						X		
339 9	ROOM C4/CLASSROOM DF-R	DW	G				5:14		1			1						X		
10	ROOM C4/CLASSROOM DF-F	DW	G				5:14		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	JM Murphy PACE	6/26/16	17:00			

SAMPLE CONDITIONS

	Temp in °C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	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	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy - PACE Analytical

SIGNATURE of SAMPLER: JM Murphy

DATE Signed (MM / DD / YY): 6/25/16

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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: 34 of

Section A — **Required** Client Information:

Company:	Clinton CSD
Address:	75 Chenango ST.
	Clinton,NY
Email To:	bpreston@css.edu
Phone:	315.525.7065 Fax:
Requested Due Date/TAT:	10 DAYS

Section B — **Required** Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	
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 ☐ N ☐ 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	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.
341 1	ROOM C1/CLASSROOM SINK/CW-R	DW	G			5/25	5:17		1			1						X		
2	ROOM C1/CLASSROOM SINK/CW-F	DW	G				5:18		1			1						X		
343 3	ROOM C1/DF-R	DW	G				5:16		1			1						X		
4	ROOM C1/DF-F	DW	G				5:16		1			1						X		
345 5	ROOM C3/CLASSROOM SINK/CW-R	DW	G				5:26		1			1						X		
6	ROOM C3/CLASSROOM SINK/CW-F	DW	G				5:26 27		1			1						X		
347 7	ROOM C3/CLASSROOM SINK/HW-R	DW	G				5:28		1			1						X		
8	ROOM C3/CLASSROOM SINK/HW-F	DW	G				5:28		1			1						X		
349 9	ROOM C3/CLASSROOM DF-R	DW	G				5:22		1			1						X		
10	ROOM C3/CLASSROOM DF-F	DW	G				5:23		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
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy PACE	5/26/16	17:00			

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: James Murphy

DATE Signed (MM / DD / YY): 5/25/16

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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.

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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: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ 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.
351	1 ROOM C5/CLASSROOM SINK/CW-R	DW	G			6/25	5:38		1			1						X	
	2 ROOM C5/CLASSROOM SINK/CW-F	DW	G				5:38		1			1						X	
353	3 ROOM C5/CLASSROOM SINK/HW-R	DW	G				5:39		1			1						X	
	4 ROOM C5/CLASSROOM SINK/WW-F	DW	G				5:40		1			1						X	
355	5 ROOM C5/DF-R	DW	G				5:36		1			1						X	
	6 ROOM C5/DF-F	DW	G				5:37		1			1						X	
357	7 ROOM C6/~~DF-R~~ CLASSROOM SINK CW-R	DW	G				5:20		1			1						X	
	8 ROOM C6/~~DF-F~~ CLASSROOM SINK CW-F	DW	G				5:20		1			1						X	
359	9 ROOM C8/CLASSROOM SINK/CW-R	DW	G				5:33		1			1						X	
	10 ROOM C8/CLASSROOM SINK/CW-F	DW	G				5:33		1			1						X	
361	11 ROOM C8/CLASSROOM SINK/HW-R	DW	G				5:34		1			1						X	
	12 ROOM C8/CLASSROOM SINK/HW-F	DW	G				5:35		1			1						X	

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy PACE	6/26/16	17:00				

SAMPLER NAME AND SIGNATURE			Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact
PRINT Name of SAMPLER:	James Murphy - PACE Analytical			Y/N	Y/N	Y/N
SIGNATURE of SAMPLER: James Murphy	DATE Signed (MM / DD / YY):	6/25/16				

e-File(ALLQ020rev.4,29Mar06)22Jun2005

CHAIN-OF-CUSTODY / Analytical Request Document

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

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Page: 36 of

Section A — Required Client Information:

Company:	Clinton CSD
Address:	75 Chenango ST.
	Clinton,NY
Email To:	bpreston@css.edu
Phone:	315.525.7065 Fax:
Requested Due Date/TAT:	10 DAYS

Section B — Required Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	
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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ MI ☐ 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	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.
363 1	ROOM C8/DF-R	DW	G			5/25	5:35		1			1						X		
2	ROOM C8/DF-F	DW	G				5:36		1			1						X		
365 3	ROOM 201/CLASSROOM SINK/CW-R	DW	G				5:46		1			1						X		
4	ROOM 201/CLASSROOM SINK/CW-F	DW	G				5:46		1			1						X		
367 5	ROOM 201/CLASSROOM SINK/HW-R	DW	G				5:47		1			1						X		
6	ROOM 201/CLASSROOM SINK/HW-F	DW	G				5:47		1			1						X		
369 7	ROOM 202/CLASSROOM SINK/CW-R	DW	G				5:51		1			1						X		
8	ROOM 202/CLASSROOM SINK/CW-F	DW	G				5:51		1			1						X		
371 9	ROOM 202/CLASSROOM SINK/HW-R	DW	G				5:52		1			1						X		
10	ROOM 202/CLASSROOM SINK/HW-F	DW	G				5:52		1			1						X		
373 11	ROOM 202/DF-R	DW	G				5:54		1			1						X		
12	ROOM 202/DF-F	DW	G			↓	5:54		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy PACE	6/26/16	17:00			

SAMPLE CONDITIONS

	Y/N	Y/N	Y/N	Y/N
	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:	James Murphy	DATE Signed (MM / DD / YY):	6/25/16

Temp in °C | Received on Ice | Custody Sealed Cooler | Samples Intact

e-File(ALLQ020rev.4,29Mar06)22Jun2005

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:	bpreston@css.edu
Phone: 315.525.7065	Fax:
Requested Due Date/TAT:	10 DAYS

Section B — **Required** Project Information:

Report To:	
Copy To:	
Purchase Order No.:	
Project Name:	
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 ☐ N ☐ 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	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.
375 1	ROOM 203/CLASSROOM SINK/CW-R	DW	G			6/25	6:15		1			1						X		
2	ROOM 203/CLASSROOM SINK/CW-F	DW	G				6:15		1			1						X		
377 3	ROOM 204/CLASSROOM SINK/CW-R	DW	G				6:21		1			1						X		
4	ROOM 204/CLASSROOM SINK/CW-F	DW	G				6:22		1			1						X		
379 5	ROOM 204/CLASSROOM SINK/HW-R	DW	G				6:24		1			1						X		
6	ROOM 204/CLASSROOM SINK/HW-F	DW	G				6:25		1			1						X		
381 7	ROOM 204/DF-R	DW	G				6:20		1			1						X		
8	ROOM 204/DF-F	DW	G				6:20		1			1						X		
383 9	ROOM 205/CLASSROOM SINK/CW-R	DW	G				6:37		1			1						X		
10	ROOM 205/CLASSROOM SINK/CW-F	DW	G				6:37		1			1						X		
385 11	ROOM 205/CLASSROOM SINK/HW-R	DW	G				6:37		1			1						X		
12	ROOM 205/CLASSROOM SINK/HW-F	DW	G				6:36		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy PACE	6/26/16	17:00			

SAMPLE CONDITIONS

	Y/N	Y/N	Y/N	Y/N
	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: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ 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	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.
387	1	ROOM 205/DF-R	DW	G			6/25	6:30		1			1						X		
	2	ROOM 205/DF-F	DW	G				6:31		1			1						X		
389	3	ROOM 206/CLASSROOM SINK/CW-R	DW	G				6:43		1			1						X		
	4	ROOM 206/CLASSROOM SINK/CW-F	DW	G				6:43		1			1						X		
391	5	ROOM 206/CLASSROOM SINK/HW-R	DW	G				6:44		1			1						X		
	6	ROOM 206/CLASSROOM SINK/HW-F	DW	G				6:44		1			1						X		
393	7	ROOM 206/DF-R	DW	G				6:41		1			1						X		
	8	ROOM 206/DF-F	DW	G				6:42		1			1						X		
395	9	ROOM 207/CLASSROOM SINK/CW-R	DW	G				6:27		1			1						X		
	10	ROOM 207/CLASSROOM SINK/CW-F	DW	G				6:28		1			1						X		
397	11	ROOM 207/CLASSROOM SINK/HW-R	DW	G				6:28		1			1						X		
	12	ROOM 207/CLASSROOM SINK/HW-F	DW	G				6:25		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	JMurphy PACE	6/28/16	17:00			

SAMPLE CONDITIONS

	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: JMurphy

DATE Signed (MM / DD / YY): 6/25/16

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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: 39 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: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ 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	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.
399 1	ROOM 207/DF-R	DW	G			4/25	6:25		1			1					X			
2	ROOM 207/DF-F	DW	G				6:26		1			1					X			
401 3	ROOM 208/CLASSROOM SINK/CW-R	DW	G				6:35		1			1					X			
4	ROOM 208/CLASSROOM SINK/CW-F	DW	G				6:35		1			1					X			
403 5	ROOM 208/DF-R	DW	G				6:36		1			1					X			
6	ROOM 208/DF-F	DW	G				6:36		1			1					X			
405 7	ROOM 209/CLASSROOM SINK/CW-R	DW	G				6:46		1			1					X			
8	ROOM 209/CLASSROOM SINK/CW-F	DW	G				6:47		1			1					X			
407 9	ROOM 209/CLASSROOM SINK/HW-R	DW	G				6:48		1			1					X			
10	ROOM 209/CLASSROOM SINK/HW-F	DW	G				6:48		1			1					X			
409 11	ROOM 209/DF-R	DW	G				6:45		1			1					X			
12	ROOM 209/DF-F	DW	G				6:46		1			1					X			

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy - PACE	6/28/16	17:00			

SAMPLE CONDITIONS

	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: James Murphy

DATE Signed (MM / DD / YY): 6/25/16

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: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ 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	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.
411 1	ROOM 215/DF-R	DW	G			6/25	6:07		1			1						X		
2	ROOM 215/DF-F	DW	G				6:08		1			1						X		
413 3	ROOM 211/BATHROOM SINK #1/CW-R	DW	G				6:03		1			1						X		
4	ROOM 211/BATHROOM SINK #1/CW-F	DW	G				6:03		1			1						X		
415 5	ROOM 211/BATHROOM SINK #1/HW-R	DW	G				6:04		1			1						X		
6	ROOM 211/BATHROOM SINK #1/HW-F	DW	G				6:04		1			1						X		
417 7	ROOM 211/BATHROOM SINK #2/CW-R	DW	G				6:05		1			1						X		
8	ROOM 211/BATHROOM SINK #2/CW-F	DW	G				6:06		1			1						X		
419 9	ROOM 211/BATHROOM SINK #2/HW-R	DW	G				6:06		1			1						X		
10	ROOM 211/BATHROOM SINK #2/HW-F	DW	G				6:07		1			1						X		
421 11	ROOM 212/BATHROOM SINK #1/CW-R	DW	G				6:09		1			1						X		
12	ROOM 212/BATHROOM SINK #1/CW-F	DW	G				6:10		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	J.P. Murphy PACE	6/28/16	17:00			

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: J.P. Murphy

DATE Signed (MM / DD / YY): 6/25/16

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Section A Required Client Information:	Section B Required Project Information:	Section C Invoice Information:
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Address: 75 Chenango ST.	Copy To:	Company Name:
Clinton,NY		Address:
Email To: bpreston@css.edu	Purchase Order No.:	Pace Quote Reference:
Phone: 315.525.7065 Fax:	Project Name:	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 ☐ N ☐ MI ☐ NC ☐ OH ☐ SC ☐ MI ☐ 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	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	Na_2SO_4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
423 1	ROOM 212/BATHROOM SINK #1/HW-R	DW	G			6/25	6:11		1			1						X		
2	ROOM 212/BATHROOM SINK #1/HW-F	DW	G				6:11		1			1						X		
425 3	ROOM 212/BATHROOM SINK #2/CW-R	DW	G				6:13		1			1						X		
4	ROOM 212/BATHROOM SINK #2/CW-F	DW	G				6:13		1			1						X		
427 5	ROOM 212/BATHROOM SINK #2/HW-R	DW	G				6:14		1			1						X		
6	ROOM 212/BATHROOM SINK #2/HW-F	DW	G				6:14		1			1						X		
429 7	2ND FLOOR/TEACHERS LOUNGE/BATH SINK/CW-R	DW	G				5:56		1			1						X		
8	2ND FLOOR/TEACHERS LOUNGE/BATH SINK/CW-F	DW	G				5:56		1			1						X		
431 9	2ND FLOOR/TEACHERS LOUNGE/BATH SINK/HW-R	DW	G				5:59		1			1						X		
10	2ND FLOOR/TEACHERS LOUNGE/BATH SINK/HW-F	DW	G				6:00		1			1						X		
BG 11	Room C2/Classroom Sink CW-R	DW	G				4:45		1			1						X		
12	Room C2/Classroom Sink HW-F	DW	G				4:54 4:55		1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Hold all flushed samples,IDs ending in F, pending results of raw samples, IDs ending in R.Sample ID code: CW-COLD WATER, HW=HOT WATER, F=FLUSHED,R=RAW(1ST DRAW)	James Murphy PACE	6/28/16	17:00			
per Jim Murphy - 4 samples Added to COC @ LAB						

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):