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.

(166) R=1607026 F=1607028 (104)

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	B3/END OF LOOP/R	DW	G			6/24	4:11		1			1							X		
2	B3/END OF LOOP/F	DW	G				4:12		1			1							X		
3	BETWEEN 207-208/SINK/CW-R	DW	G				4:16		1			1							X		
4	BETWEEN 207-208/SINK/CW-F	DW	G				4:17		1			1							X		
5	BETWEEN 204-205/SINK/CW-R	DW	G				4:19		1			1							X		
6	BETWEEN 204-205/SINK/CW-F	DW	G				4:19		1			1							X		
7	BETWEEN 204-205/SINK/HW-R	DW	G				4:20		1			1							X		
8	BETWEEN 204-205/SINK/HW-F	DW	G				4:21		1			1							X		
9	ROOM 220/SINK 1/CW-R	DW	G				4:24		1			1							X		
10	ROOM 220/SINK 1/CW-F	DW	G				4:24		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	PACE	6/30/16	20:00	G. Campodonica	7/1/16	1025	Temp in °C / Received on Ice (Y/N) / Custody Sealed Cooler (Y/N) / Samples Intact (Y/N)

7766-5333-5030

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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Page: 2 of

Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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WATER	WT
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SOIL/SOLID	SL
OIL	OL
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AIR	AR
OTHER	OT
TISSUE	TS

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Filtered (Y/N)	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 220/SINK 1/HW-R	DW	G			6/24	4:25		1			1						X			
2	ROOM 220/SINK 1/HW-F	DW	G				4:25		1			1						X			
3	ROOM 220/SINK 2/CW-R	DW	G				4:27		1			1						X			
4	ROOM 220/SINK 2/CW-F	DW	G				4:27		1			1						X			
5	ROOM 220/SINK 2/HW-R	DW	G				4:28		1			1						X			
6	ROOM 220/SINK 2/HW-F	DW	G				4:29		1			1						X			
7	ROOM 201/SINK 1/CW-R	DW	G				4:32		1			1						X			
8	ROOM 201/SINK 1/CW-F	DW	G				4:33		1			1						X			
9	ROOM 201/SINK 1/HW-R	DW	G				4:33		1			1						X			
10	ROOM 201/SINK 1/HW-F	DW	G				4:34		1			1						X			
11		DW	G						1			1						X			
12		DW	G						1			1						X			

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	2000	[signature]	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 201/SINK 2/CW-R	DW	G			6/24	4:34		1			1							X		
2	ROOM 201/SINK 2/CW-F	DW	G				4:35		1			1							X		
3	ROOM 201/SINK 2/HW-R	DW	G				4:36		1			1							X		
4	ROOM 201/SINK 2/HW-R	DW	G				4:36		1			1							X		
5	ROOM 201/HALLWAY DF-R	DW	G				4:37		1			1							X		
6	ROOM 201/HALLWAY DF-F	DW	G				4:38		1			1							X		
7	ROOM S23/LAB SINK-END OF LOOP/R	DW	G				4:40		1			1							X		
8	ROOM S23/LAB SINK-END OF LOOP/F	DW	G				4:41		1			1							X		
9	BETWEEN S23-S24/SINK/CW-R	DW	G				4:43		1			1							X		
10	BETWEEN S23-S24/SINK/CW-F	DW	G				4:43		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

Requested Ana

ADDITIONAL COMMENTS

Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
J. Murphy PACE	6/30/16	20:00	M. Capodone	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: J. Murphy

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

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Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	BETWEEN S23-S24/SINK/HW-R	DW	G			6/24	4:44		1			1						X			
2	BETWEEN S23-S24/SINK/HW-F	DW	G				4:44		1			1						X			
3	ROOM S22/LAB SINK END OF LOOP/CW-R	DW	G				4:46		1			1						X			
4	ROOM S22/LAB SINK END OF LOOP/CW-F	DW	G				4:46		1			1						X			
5	ROOM 113B/SINK/CW-R	DW	G				4:51		1			1						X			
6	ROOM 113B/SINK/CW-F	DW	G				4:52		1			1						X			
7	ROOM 113B/SINK/HW-R	DW	G				4:52		1			1						X			
8	ROOM 113B/SINK/HW-F	DW	G				4:53		1			1						X			
9	ROOM 113A/SINK/CW-R	DW	G				4:56		1			1						X			
10	ROOM 113A/SINK/CW-F	DW	G				4:56		1			1						X			
11		DW	G						1			1						X			
12		DW	G						1			1						X			

Requested Ana

ADDITIONAL COMMENTS

Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
[signature] PACE	6/30/16	2010	[signature]	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

MATRIX	CODE
DRINKING WATER	DW
WATER	WT
WASTE WATER	WW
PRODUCT	P
SOIL/SOLID	SL
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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	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 113A/SINK/HW-R	DW	G			6/24	4:57		1			1							X		
2	ROOM 113A/SINK/HW-F	DW	G				4:58		1			1							X		
3	SUPT OFFICE/SINK/CW-R	DW	G				5:00		1			1							X		
4	SUPT OFFICE/SINK/CW-F	DW	G				5:01		1			1							X		
5	SUPT OFFICE/SINK/HW-R	DW	G				5:02		1			1							X		
6	SUPT OFFICE/SINK/HW-F	DW	G				5:03		1			1							X		
7	ROOM 110B/OFFICE SINK/CW-R	DW	G				5:06		1			1							X		
8	ROOM 110B/OFFICE SINK/CW-F	DW	G				5:06		1			1							X		
9	ROOM 110B/OFFICE SINK/HW-R	DW	G				5:07		1			1							X		
10	ROOM 110B/OFFICE SINK/HW-F	DW	G				5:08		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

ADDITIONAL COMMENTS

Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
JM Murphy PACE	6/30/16	20:00	H Lapadoma	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: JM Murphy

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

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Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	DF/ACROSS FROM 110B/R	DW	G			6/24	5:09		1			1							X		
2	DF/ACROSS FROM 110B/F	DW	G				5:10		1			1							X		
3	LADIES ROOM ACROSS FROM 110B/SINK 1/CW-R	DW	G				5:14		1			1							X		
4	LADIES ROOM ACROSS FROM 110B/SINK 1/CW-R	DW	G				5:14		1			1							X		
5	LADIES ROOM ACROSS FROM 110B/SINK 1/HW-R	DW	G				5:15		1			1							X		
6	LADIES ROOM ACROSS FROM 110B/SINK 1/HW-R	DW	G				5:15		1			1							X		
7	LADIES ROOM ACROSS FROM 110B/SINK 2/CW-R	DW	G				5:16		1			1							X		
8	LADIES ROOM ACROSS FROM 110B/SINK 2/CW-F	DW	G				5:17		1			1							X		
9	LADIES ROOM ACROSS FROM 110B/SINK 2/HW-R	DW	G				5:18		1			1							X		
10	LADIES ROOM ACROSS FROM 110B/SINK 2/HW-F	DW	G				5:18		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/20/16	10:00	[signature]	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

Pace Analytical
www.pacelabs.com

CHAIN-OF-CUSTODY / Analytical Request Document

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Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

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1	MENS ROOM ACROSS FROM 110B/SINK 1/CW-R	DW	G			6/24	5:23		1			1							X		
2	MENS ROOM ACROSS FROM 110B/SINK 1/CW-F	DW	G				5:23		1			1							X		
3	MENS ROOM ACROSS FROM 110B/SINK 1/HW-R	DW	G				5:24		1			1							X		
4	MENS ROOM ACROSS FROM 110B/SINK 1/HW-F	DW	G				5:24		1			1							X		
5	MENS ROOM ACROSS FROM 110B/SINK 2/CW-R	DW	G				5:25		1			1							X		
6	MENS ROOM ACROSS FROM 110B/SINK 2/CW-F	DW	G				5:25		1			1							X		
7	MENS ROOM ACROSS FROM 110B/SINK 2/HW-R	DW	G				5:26		1			1							X		
8	MENS ROOM ACROSS FROM 110B/SINK 2/HW-F	DW	G				5:27		1			1							X		
9	MENS ROOM ACROSS FROM 110B/SINK 3/CW-R	DW	G				5:27		1			1							X		
10	MENS ROOM ACROSS FROM 110B/SINK 3/CW-F	DW	G				5:28		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
Samples ending in F are flushed samples and are to be held pending the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	PACE	6/30/16	20:00	H. Cappadona	7/1/16	10:25		Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
							Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

Pace Analytical
www.pacelabs.com

CHAIN-OF-CUSTODY / Analytical Request Document

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

Page: 8 of

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

REGULATORY AGENCY

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

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

Section D
Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	MENS ROOM ACROSS FROM 110B/SINK 3/HW-R	DW	G			6/24	5:28		1			1						X		
2	MENS ROOM ACROSS FROM 110B/SINK 3/HW-F	DW	G				5:29		1			1						X		
3	ROOM C-10/DF1-R	DW	G				5:34		1			1						X		
4	ROOM C-10/DF1-F	DW	G				5:35		1			1						X		
5	ROOM C-10/DF2-R	DW	G				5:35		1			1						X		
6	ROOM C-10/DF2-F	DW	G				5:36		1			1						X		
7	GYM HALL/DF1/R	DW	G				5:37		1			1						X		
8	GYM HALL/DF1/F	DW	G				5:38		1			1						X		
9	GYM HALL/DF2/R	DW	G				5:39		1			1						X		
10	GYM HALL/DF2/F	DW	G				5:39		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	PACE	6/30/16	20:00		7/1/16	10:25		Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
							Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

Pace Analytical
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CHAIN-OF-CUSTODY / Analytical Request Document

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

Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

SITE LOCATION

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

Section D Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 144/SINK/CW-R	DW	G			6/24	5:43		1			1							X		
2	ROOM 144/SINK/CW-F	DW	G				5:43		1			1							X		
3	ROOM 144/SINK/HW-R	DW	G				5:44		1			1							X		
4	ROOM 144/SINK/HW-F	DW	G				5:45		1			1							X		
5	ROOM 141/SINK/CW-R	DW	G				5:47		1			1							X		
6	ROOM 141/SINK/CW-F	DW	G				5:48		1			1							X		
7	ROOM 141/SINK/HW-R	DW	G				5:48		1			1							X		
8	ROOM 141/SINK/HW-F	DW	G				5:49		1			1							X		
9	ROOM 141A/SINK/CW-R	DW	G				5:52		1			1							X		
10	ROOM 141A/SINK/CW-F	DW	G				5:52		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	[signature]	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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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: 10 of

Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 141A/SINK/HW-R	DW	G			6/24	5:53		1			1							X		
2	ROOM 141A/SINK/HW-F	DW	G				5:54		1			1							X		
3	ROOM 149/BOYS SIDE/DF-1/R	DW	G				5:59		1			1							X		
4	ROOM 149/BOYS SIDE/DF-1/F	DW	G				6:00		1			1							X		
5	ROOM 149/BOYS SIDE/DF-2/R	DW	G				6:01		1			1							X		
6	ROOM 149/BOYS SIDE/DF-2/F	DW	G				6:01		1			1							X		
7	ROOM 142A/SINK/CW-R	DW	G				6:03		1			1							X		
8	ROOM 142A/SINK/CW-F	DW	G				6:03		1			1							X		
9	ROOM 142A/SINK/HW-R	DW	G				6:04		1			1							X		
10	ROOM 142A/SINK/HW-F	DW	G				6:04		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

Requested Ana

ADDITIONAL COMMENTS

Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
JM PACE	6/30/16	20:00	J. Cappadona	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: JM Murphy

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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

Page: 11 of

Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 142/SINK 1/CW-R	DW	G			6/24	6:06		1			1							X		
2	ROOM 142/SINK 1/CW-F	DW	G				6:07		1			1							X		
3	ROOM 142/SINK 1/HW-R	DW	G				6:08		1			1							X		
4	ROOM 142/SINK 1/HW-F	DW	G				6:08		1			1							X		
5	ROOM 142/SINK 2/CW-R	DW	G				6:09		1			1							X		
6	ROOM 142/SINK 2/CW-F	DW	G				6:10		1			1							X		
7	ROOM 142/SINK 2/HW-R	DW	G				6:11		1			1							X		
8	ROOM 142/SINK 2/HW-F	DW	G				6:11		1			1							X		
9	ROOM 143/SINK/CW-R	DW	G				6:15		1			1							X		
10	ROOM 143/SINK/CW-F	DW	G				6:15		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:20	[signature]	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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

Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

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	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 143/SINK/HW-R	DW	G			6/24	6:16		1			1						X		
2	ROOM 143/SINK/HW-R	DW	G				6:17		1			1						X		
3	ROOM 148/CONCESSION/BOYSROOM SINK/CW-R	DW	G				6:19		1			1						X		
4	ROOM 148/CONCESSION/BOYSROOM SINK/CW-F	DW	G				6:20		1			1						X		
5	ROOM 148/CONCESSION/BOYSROOM SINK/HW-R	DW	G				6:21		1			1						X		
6	ROOM 148/CONCESSION/BOYSROOM SINK/HW-F	DW	G				6:22		1			1						X		
7	ROOM 148/CONCESSION/GIRLSROOM SINK/CW-R	DW	G				6:24		1			1						X		
8	ROOM 148/CONCESSION/GIRLSROOM SINK/CW-F	DW	G				6:24		1			1						X		
9	ROOM 148/CONCESSION/GIRLSROOM SINK/HW-R	DW	G				6:26		1			1						X		
10	ROOM 148/CONCESSION/GIRLSROOM SINK/HW-F	DW	G				6:27		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
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	2:00	D. Cappadona	7/1/16	10:25

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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

Section A — Required Client Information:

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

Section B — Required Project Information:

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

Section C — Invoice Information:

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

REGULATORY AGENCY

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

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

Section D — Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ATRIUM/DF-1/R	DW	G			6/24	6:24		1			1						X		
2	ATRIUM/DF-1/F	DW	G				6:30		1			1						X		
3	ATRIUM/DF-2/R	DW	G				6:30		1			1						X		
4	ATRIUM/DF-2/F	DW	G				6:31		1			1						X		
5	CONCESSION ICE MACHINE	DW	G				6:34		1			1						X		
6	ROOM 123/SINK 1/CW-R	DW	G				6:36		1			1						X		
7	ROOM 123/SINK 1/CW-F	DW	G				6:36		1			1						X		
8	ROOM 123/SINK 1/HW-R	DW	G				6:37		1			1						X		
9	ROOM 123/SINK 1/HW-F	DW	G				6:38		1			1						X		
10	BOYS BATHROOM NEAR 102/SINK 1/CW-R	DW	G				6:40		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	[signature]	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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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: 14 of

Section A — Required Client Information:

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

Section B — Required Project Information:

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

Section C — Invoice Information:

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

REGULATORY AGENCY

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

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

Section D — Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. / Lab I.D.
1	BOYS BATHROOM NEAR 102/SINK 1/CW-F	DW	G			6/24	6:40		1			1							X		
2	BOYS BATHROOM NEAR 102/SINK 1/HW-R	DW	G				6:41		1			1							X		
3	BOYS BATHROOM NEAR 102/SINK 1/HW-F	DW	G				6:41		1			1							X		
4	BOYS BATHROOM NEAR 102/SINK 2/CW-R	DW	G				6:44		1			1							X		
5	BOYS BATHROOM NEAR 102/SINK 2/CW-F	DW	G				6:45		1			1							X		
6	BOYS BATHROOM NEAR 102/SINK 2/HW-R	DW	G				6:46		1			1							X		
7	BOYS BATHROOM NEAR 102/SINK 2/HW-F	DW	G				6:46		1			1							X		
8	GIRLS BATHROOM NEAR 101/SINK 1/CW-R	DW	G				6:49		1			1							X		
9	GIRLS BATHROOM NEAR 101/SINK 1/CW-F	DW	G				6:50		1			1							X		
10	GIRLS BATHROOM NEAR 101/SINK 1/HW-R	DW	G				6:50		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
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	[signature]	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

Pace Analytical
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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 5

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	GIRLS BATHROOM NEAR 101/SINK 1/HW-F	DW	G			6/24	6:51		1			1							X		
2	GIRLS BATHROOM NEAR 101/SINK 2/CW-R	DW	G				6:52		1			1							X		
3	GIRLS BATHROOM NEAR 101/SINK 2/CW-F	DW	G				6:53		1			1							X		
4	GIRLS BATHROOM NEAR 101/SINK 2/HW-R	DW	G				6:53		1			1							X		
5	GIRLS BATHROOM NEAR 101/SINK 2/HW-F	DW	G				6:54		1			1							X		
6	S-12/SINK/CW-R	DW	G				6:56		1			1							X		
7	S-12/SINK/CW-F	DW	G				6:57		1			1							X		
8	S-13/SINK/CW-R	DW	G				7:00		1			1							X		
9	S-13/SINK/CW-F	DW	G				7:00		1			1							X		
10	MENS ROOM ACROSS FROM 124/SINK/CW-R	DW	G				7:03		1			1							X		
11		DW	G						1			1							X		
12		DW	G						1			1							X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	M. Cappadona	7/1/16	10:25	

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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

Section A Required Client Information:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

☐ 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	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Requested Analysis: Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	MENS ROOM ACROSS FROM 124/SINK/CW-F	DW	G			6/24	7:05		1			1							X		
2	MENS ROOM ACROSS FROM 124/SINK/HW-R	DW	G				7:06		1			1							X		
3	MENS ROOM ACROSS FROM 124/SINK/HW-F	DW	G				7:06		1			1							X		
4	ROOM 127/SINK/CW-R	DW	G				7:07		1			1							X		
5	ROOM 127/SINK/CW-F	DW	G				7:07		1			1							X		
6	ROOM 127/SINK/HW-R	DW	G				7:08		1			1							X		
7	ROOM 127/SINK/HW-F	DW	G				7:09		1			1							X		
8	ROOM 128/SINK/HW-R	DW	G				7:11		1			1							X		
9	ROOM 128/SINK/HW-F	DW	G				7:11		1			1							X		
10	ROOM 131/SINK 1/CW-R	DW	G				7:14		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
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	[signature]	7/1/16	10:25

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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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:

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

Section B Required Project Information:

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

Section C Invoice Information:

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

REGULATORY AGENCY

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

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

Section D Required Client Information

Valid Matrix Codes

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

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COLLECTED COMPOSITE START TIME	COLLECTED COMPOSITE END/GRAB DATE	COLLECTED COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 131/SINK 1/CW-F	DW	G			6/24	7:15		1			1						X		
2	ROOM 131/SINK 1/HW-R	DW	G				7:15		1			1						X		
3	ROOM 131/SINK 1/HW-F	DW	G				7:16		1			1						X		
4	ROOM 131/SINK 2/CW-R	DW	G				7:17		1			1						X		
5	ROOM 131/SINK 2/CW-F	DW	G				7:17		1			1						X		
6	ROOM 131/SINK 2/HW-R	DW	G				7:18		1			1						X		
7	ROOM 131/SINK 2/HW-F	DW	G				7:18		1			1						X		
8	ROOM 140/SINK/CW-R	DW	G				7:23		1			1						X		
9	ROOM 140/SINK/CW-F	DW	G				7:23		1			1						X		
10	ROOM 140/SINK/HW-R	DW	G				7:24		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/24/16	20:00	[signature]	7/1/16	10:25	

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature]

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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Section A — Required Client Information:

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

Section B — Required Project Information:

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

Section C — Invoice Information:

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

REGULATORY AGENCY

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

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

Section D — Required Client Information

Valid Matrix Codes

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

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 140/SINK/HW-F	DW	G			6/24	7:25		1			1						X		
2	ROOM 139/ICE MACHINE	DW	G				7:25		1			1						X		
3	ROOM 150/SINK/CW-R	DW	G				7:27		1			1						X		
4	ROOM 150/SINK/CW-F	DW	G				7:28		1			1						X		
5	ROOM 150/SINK/HW-R	DW	G				7:29		1			1						X		
6	ROOM 150/SINK/HW-F	DW	G				7:29		1			1						X		
7	ROOM 151/SINK/CW-R	DW	G				7:30		1			1						X		
8	ROOM 151/SINK/CW-F	DW	G				7:30		1			1						X		
9	ROOM 151/SINK/HW-R	DW	G				7:31		1			1						X		
10	ROOM 151/SINK/HW-F	DW	G				7:32		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	J. Cappadona	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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

Page: 19 of

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

REGULATORY AGENCY

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

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

Section D Required Client Information

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

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

ITEM #	SAMPLE ID	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 136A/SINK/CW-R	DW	G			6/24	7:32		1			1						X		
2	ROOM 136A/SINK/CW-F	DW	G				7:38		1			1						X		
3	ROOM 136A/SINK/HW-R	DW	G				7:39		1			1						X		
4	ROOM 136A/SINK/HW-F	DW	G				7:40		1			1						X		
5	HA11 CAFETERIA/DF-R	DW	G				7:41		1			1						X		
6	HA14 CAFETERIA/DF-F	DW	G				7:42		1			1						X		
7	ROOM 136/3 BAY #1/CW-R	DW	G				7:44		1			1						X		
8	ROOM 136/3 BAY #1/CW-F	DW	G				7:44		1			1						X		
9	ROOM 136/3 BAY #1/HW-R	DW	G				7:45		1			1						X		
10	ROOM 136/3 BAY #1/HW-F	DW	G				7:45		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

Requested Ana

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	[signature]	7/1/16	10:25		Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
								Y/N	Y/N	Y/N
							Temp in °C	Received on Ice	Custody Sealed Cooler	Samples Intact

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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

Page: 20 of

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

REGULATORY AGENCY

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

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

Section D
Required Client Information

Valid Matrix Codes

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

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Filtered (Y/N)	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM 136/3 BAY #2/CW-R	DW	G			6/24	7:47		1			1						X			
2	ROOM 136/3 BAY #2/CW-F	DW	G				9:47		1			1						X			
3	ROOM 136/3 BAY #2/HW-R	DW	G				7:48		1			1						X			
4	ROOM 136/3 BAY #2/HW-F	DW	G				7:48		1			1						X			
5	ROOM 136/SINK NEAR STEAMER/CW-R	DW	G				7:50		1			1						X			
6	ROOM 136/SINK NEAR STEAMER/CW-F	DW	G				7:51		1			1						X			
7	ROOM 136/SINK NEAR STEAMER/HW-R	DW	G				7:52		1			1						X			
8	ROOM 136/SINK NEAR STEAMER/HW-F	DW	G				7:52		1			1						X			
9	ROOM136/SINK BETWEEN FREEZER.CW-R	DW	G				7:53		1			1						X			
10	ROOM136/SINK BETWEEN FREEZER.CW-F	DW	G				7:53		1			1						X			
11		DW	G						1			1						X			
12		DW	G						1			1						X			

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	G. Campdona	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

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

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CHAIN-OF-CUSTODY / Analytical Request Document

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

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

REGULATORY AGENCY

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

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

Filtered (Y/N)

Requested Ana

Section D
Required Client Information

Valid Matrix Codes

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

ITEM #	SAMPLE ID (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE	MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED COMPOSITE START DATE	COMPOSITE START TIME	COMPOSITE END/GRAB DATE	COMPOSITE END/GRAB TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Unpreserved	H_2SO_4	HNO_3	HCl	NaOH	$Na_2S_2O_3$	Methanol	Na2SO4	Pb	Residual Chlorine (Y/N)	Pace Project No. Lab I.D.
1	ROOM136/SINK BETWEEN FREEZER/HW-R	DW	G			6/20	7:54		1			1						X		
2	ROOM136/SINK BETWEEN FREEZER/HW-F	DW	G				7:55		1			1						X		
3	ROOM 136/STEAMER 1/CW-R	DW	G				7:56		1			1						X		
4	ROOM 136/STEAMER 1/CW-F	DW	G				7:57		1			1						X		
5	ROOM 136/STEAMER 1/HW-R	DW	G				7:58		1			1						X		
6	ROOM 136/STEAMER 1/HW-F	DW	G				7:59		1			1						X		
7	ROOM 136/STEAMER 2/CW-R	DW	G				8:01		1			1						X		
8	ROOM 136/STEAMER 2/CW-F	DW	G				8:01		1			1						X		
9	ROOM 136/STEAMER 2/HW-R	DW	G				8:02		1			1						X		
10	ROOM 136/STEAMER 2/HW-F	DW	G				8:03		1			1						X		
11		DW	G						1			1						X		
12		DW	G						1			1						X		

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME
Samples ending in F are flushed samples and are to be held penfing the results of the Raw samples. Sample ID code: CW=COLD WATER, HW=HOT WATER, DF=DRINKING FOUNTAIN	[signature] PACE	6/30/16	20:00	[signature]	7/1/16	10:25

SAMPLE CONDITIONS

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

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: James Murphy PACE Analytical

SIGNATURE of SAMPLER: [signature] DATE Signed (MM / DD / YY): 6/20/16