

CERTIFICATE OF ANALYSIS

Chain of Custody: 662381
Client: ECS Mid-Atlantic, LLC
Address: 14026 Thunderbolt Place Suite 100
 Chantilly Virginia 20151
Attention: Lauren Kesslak

Job Name: ACPS Naomi Brooks
Job Location: Not Provided
Job Number: 47:11652-H8
P.O. Number: 47:11652-H8

Date Submitted: 10/02/2024
Date Analyzed: 10/02/2024
Report Date: 10/02/2024
Date Sampled: 10/02/2024
Person Submitting: C. Bourne

Summary of Atomic Absorption Analysis for Lead

AMA Sample Number	Client Sample Number	Analysis Type	Sample Type	Area Wiped (ft ²)	Reporting Limit	Total ug	Final Result	Comments
662381-1	FC-81 NW GYM STORAGE FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-2	FC-82 SE GYM STORAGE FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-3	FC-83 W GYM STORAGE FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-4	FC-84 N GYM STORAGE FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-5	FC-85 E GYM STORAGE FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-6	FC-86 S GYM STORAGE FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-7	FC-87 CLASSRM 29 FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-8	FC-88 CLASSRM 29 WS	Flame AA	Wipe	1.0833	9.2 ug/sqft	<10.0	<9.2 ug/sqft	
662381-9	FC-89 CLASSRM 28 FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-10	FC-90 CLASSRM 28 WS	Flame AA	Wipe	1.4444	6.9 ug/sqft	<10.0	<6.9 ug/sqft	
662381-11	FC-91 CLASSRM 27 FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-12	FC-92 CLASSRM 27 WS	Flame AA	Wipe	1.0833	9.2 ug/sqft	27.2	25 ug/sqft	
662381-13	FC-93 CLASSRM 26 FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	
662381-14	FC-94 CLASSRM 26 WS	Flame AA	Wipe	1.0417	9.6 ug/sqft	<10.0	<9.6 ug/sqft	
662381-15	FC-95 CLASSRM 25 FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft	

662381-16	FC-96 CLASSRM 25 WS	Flame AA	Wipe	1.0833	9.2 ug/sqft	29.2	27 ug/sqft
662381-17	FC-97 CLASSRM 30 FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft
662381-18	FC-98 CLASSRM 30 WS	Flame AA	Wipe	0.7222	14 ug/sqft	<10.0	<14 ug/sqft
662381-19	FC-99 Bath By 30 FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft
662381-20	FC-HALLWAY BY 25 FL	Flame AA	Wipe	2.0	5.0 ug/sqft	<10.0	<5.0 ug/sqft
662381-21	FC-101 FIELD BLANK	Flame AA	Wipe	0.0	10. ug	<10.0	<10. ug

Preparation Method: ASTM E1979-17
 Analysis Method For Flame AA: EPA SW-846 7000B
 N/A = Not Applicable; mg/Kg = parts per million (ppm) on a dry weight basis; mg/L = parts per million (ppm);
 %Pb = percent lead on a dry weight basis; ug = micrograms; ug/L = parts per billion (ppb)
 Note: All samples were received in good condition unless otherwise noted.
 Note: All results have two significant digits. Any additional digits shown should not be considered when interpreting the result.

See QC Summary for analytical results of quality control samples associated with these samples.

Air and Wipe results are not corrected for any blank results. Final results for air and wipe samples are based on client supplied information not verified by this laboratory.

All results are to be considered preliminary and subject to change unless signed by the Technical Director or Deputy.

Analyst(s): Nida McGarvey



Technical Director George Land

This report applies only to the sample, or samples, investigated and is not necessarily indicative of the quality or condition of apparently identical or similar products. As a mutual protection to clients, the public, and these Laboratories, this report is submitted and accepted for the exclusive use of the client to whom it is addressed and upon the condition that it is not to be used, in whole or in part, in any advertising or publicity matter without prior written authorization from us. Sample types, locations, and collection protocols are based upon the information provided by the persons submitting them and, unless collected by personnel of these Laboratories, we expressly disclaim any knowledge and liability for the accuracy and completeness of this information. The results apply only to the sample(s) tested as received. Residual sample material will be discarded in accordance with the appropriate regulatory guidelines, unless otherwise requested by the client. This report must not be used to claim, and does not imply product certification, approval, or endorsement by NY ELAP, AIHA-LAP, or any agency of the Federal Government. All rights reserved. AMA Analytical Services, Inc.



QC Summary for SDG #81312

Overview

Analysis Type: Flame AA
Sample Type: Lead Wipe
Analysis Date: 10/02/2024

Samples Included

662381-1, 662381-2, 662381-3, 662381-4, 662381-5, 662381-6, 662381-7, 662381-8, 662381-9, 662381-10, 662381-11, 662381-12, 662381-13, 662381-14, 662381-15, 662381-16, 662381-17, 662381-18, 662381-19, 662381-20, 662381-21

Preparation Blank

Result: -0.056 ppm

Report Limit Verification Sample

Percent Recovery: 103.4 %

Duplicates

RPD: N/A

Matrix Spike Analysis

Spiked Sample Percent Recovery: N/A
Spike Duplicate Percent Recovery: N/A
RPD: N/A

Matrix Blank

Result: 0.006 ppm

Lab Control Sample #1

Percent Recovery: 155.82 %

Lab Control Sample #2

Percent Recovery: 90.41 %

Reference Sample

Percent Recovery: N/A

Calibration Curve

Correlation: 0.999054

Serial Dilution / Bench Spike

Serial Dilution RPD: N/A
Bench Spike Percent Recovery: N/A

Notes

Recovery for Laboratory Control Sample #1 (LCS1) is above the upper control limit of 120%, indicating a possible high bias for results for this sample delivery group (SDG). Results for LCS2 and all other QC analyses associated with this sample group are within control limits. It is believed the probable cause of this outlier is a problem with the reference dust used to prepare this sample.

LEAD CHAIN OF CUSTODY
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Mailing/Billing Information:

Client Name: ECS Mid-Atlantic
 Address: 14026 Thunderbolt Pl
Chantilly, VA 20151
 Invoice Submittal Email: atrux@ecslimited.com LKesslak@ecslimited.com
 Phone #: (703) 945-8383 Fax #:

Submittal Information:

Job Name: ACPS Naomi Brooks
 Job Location:
 Job #: 47:11652-H8 P.O. #: 47:11652-H8
 Point of Contact: Adam Truax Lauren Kesslak
 Collected by: C Bourne Cell #:

Reporting Info (Results provided as soon as technically feasible). If no TAT/Reporting Info is provided, AMA will assign defaults of 5-Day & email/fax to contacts of file.

TURN AROUND TIME (TAT):		REPORT TO:	
After Hours (must be pre-scheduled) <input type="checkbox"/> 4-Hours Date Due: _____ <input type="checkbox"/> Immediate Time: _____ <input type="checkbox"/> 24-Hours Comments: _____	Normal Business Hours <input type="checkbox"/> 4-Hour <input type="checkbox"/> 2-Day <input type="checkbox"/> 5 Day + <input checked="" type="checkbox"/> Immd. (6-12hr) <input type="checkbox"/> 3-Day <input type="checkbox"/> Results by Noon <input type="checkbox"/> 1-Day Due Date: <u>10/3/24</u> (may incur addtl fees)	<input checked="" type="checkbox"/> Email: <u>atrux@ecslimited.com</u> <input checked="" type="checkbox"/> Email CC 1: <u>LKesslak@ecslimited.com</u> <input type="checkbox"/> Email CC 2: _____ <input type="checkbox"/> Email CC 3: _____	
Sample Type			
<input checked="" type="checkbox"/> Dust Wipe^* <u>20</u> (QTY) <input type="checkbox"/> Air* (QTY) <input type="checkbox"/> Soil/Solid (QTY) <input type="checkbox"/> Paint Chip (QTY) <input type="checkbox"/> % Pb Weight <input type="checkbox"/> mg/cm ² <input type="checkbox"/> TCLP (QTY) <input type="checkbox"/> Drinking Water (QTY) <input type="checkbox"/> Waste Water (QTY) <input type="checkbox"/> Furnace (Media type) (QTY)			
<input checked="" type="checkbox"/> it is recommended that blank samples be submitted with all air and surface matrices <input checked="" type="checkbox"/> All samples received in good condition unless otherwise noted.			

Sample Information (if field data sheets are included, there is no need to complete this section)						Sample Matrix				COMMENTS/SPECIAL INSTRUCTIONS
Sample Number	Sample Collection Location/Surface	Date (M/D/YYYY)	Time (HH:MM)	Wipe Area (in ²)	Volume (L)	Dust Wipe	Paint Chip/Soil	Air	Water/Other	
FC-81	NW gym storage floor	10/2/2024		12 x 24		X				
FC-82	SE gym storage floor			12 x 24		X				
FC-83	W gym storage - floor			12 x 24		X				
FC-84	N gym storage - floor			12 x 24		X				
FC-85	E gym storage - floor			12 x 24		X				
FC-86	S gym storage - floor			12 x 24		X				
FC-87	classroom 29 - floor			12 x 24		X				
FC-88	classroom 29 - window sill			3 x 52		X				
FC-89	classroom 28 - floor			12 x 24		X				
FC-90	classroom 28 - window sill			4 x 52		X				
FC-91	classroom 27 - floor			12 x 24		X				
FC-92	classroom 27 - window sill			3 x 52		X				
FC-93	classroom 26 - floor			12 x 24		X				
FC-94	classroom 26 - window sill			3 x 50		X				

Relinquished by:	<u>C Bourne</u>	Sign Name	<u>C Bourne</u>	Date (m/d/yyyy)	<u>10/2/2024</u>	Time (hh:mm)	<u>3:00 pm</u>	Shipping Information
Received by:	<u>LS</u>		<u>Z</u>		<u>10-2-24</u>		<u>15:00</u>	<input type="checkbox"/> UPS <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Other <input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier Airbill/Tracking No.: _____

662381

LEAD CHAIN OF CUSTODY
 page 2 of 2

Mailing/Billing Information:

Client Name: ECS Mid-Atlantic
 Address: _____
 Address: _____
 Invoice Submittal Email: _____
 Phone #: _____ Fax #: _____

Submittal Information:

Job Name: ACPS Naomi Brooks
 Job Location: _____
 Job #: _____ P.O. #: _____
 Point of Contact: _____ Cell #: _____
 Collected by: _____ Cell #: _____

Reporting Info (Results provided as soon as technically feasible). If no TAT/Reporting Info is provided, AMA will assign defaults of 5-Day & email/fax to contacts of file.

TURN AROUND TIME (TAT):				REPORT TO:	
After Hours (must be pre-scheduled)		Normal Business Hours		<input type="checkbox"/> Email: _____	
<input type="checkbox"/> 4-Hours Date Due: _____	<input type="checkbox"/> 4-Hour	<input type="checkbox"/> 2-Day	<input type="checkbox"/> 5 Day +	<input type="checkbox"/> Email CC 1: _____	
<input type="checkbox"/> Immediate Time: _____	<input type="checkbox"/> Immd. (6-12hr)	<input type="checkbox"/> 3-Day	<input type="checkbox"/> Results by Noon	<input type="checkbox"/> Email CC 2: _____	
<input type="checkbox"/> 24-Hours Comments: _____	<input type="checkbox"/> 1-Day	Due Date: _____ (may incur addtl fees)		<input type="checkbox"/> Email CC 3: _____	
Sample Type					
<small>^by submitting samples to AMA, you certify that wipes used meet ASTM E1972 Requirement</small>					
<input type="checkbox"/> Dust Wipe^* _____ (QTY)		<input type="checkbox"/> Air* _____ (QTY)		<small>specify paint chip reporting units</small> <input type="checkbox"/> Soil/Solid _____ (QTY)	
<input type="checkbox"/> TCLP _____ (QTY)		<input type="checkbox"/> Drinking Water _____ (QTY)		<input type="checkbox"/> Paint Chip _____ (QTY) <input type="checkbox"/> % Pb Weight <input type="checkbox"/> mg/cm ²	
		<input type="checkbox"/> Waste Water _____ (QTY)		<input type="checkbox"/> Furnace (Media type _____) _____ (QTY)	
<small>*it is recommended that blank samples be submitted with all air and surface matrices</small>					
<input type="checkbox"/> All samples received in good condition unless otherwise noted.					

Sample Information (if field data sheets are included, there is no need to complete this section)						Sample Matrix				COMMENTS/SPECIAL INSTRUCTIONS
Sample Number	Sample Collection Location/Surface	Date (M/D/YYYY)	Time (HH:MM)	Wipe Area (in ²)	Volume (L)	Dust Wipe	Paint Chip/Soil	Air	Water/Other	
FC-95	classroom 25 - Floor	10/2/2024		12 x 24		X				
FC-96	classroom 25 - Window sill			3 x 52		X				
FC-97	classroom 30 - Floor			12 x 24		X				
FC-98	classroom 30 - Window sill			2 x 52		X				
FC-99	bathroom by 30 - Floor			12 x 24		X				
FC-100	Hallway by 25 - Floor			12 x 24		X				
FC-101	Field Blank			X		X				
				X		X				
				X						
				X						
				X						
				X						
				X						

	Print Name	Sign Name	Date (m/d/yyyy)	Time (hh:mm)	
Relinquished by:					Shipping Information <input type="checkbox"/> UPS <input type="checkbox"/> In-Person <input type="checkbox"/> Other <input type="checkbox"/> FedEx <input type="checkbox"/> Drop Box <input type="checkbox"/> USPS <input type="checkbox"/> Courier Airbill/Tracking No.: _____
Received by:					