



December 15, 2025

Mikayla Higgins
Orange-Ulster BOCES
53 Gibson Road
Goshen, NY 10924

RE: Project: Fort Montgomery Elementary Sch
Pace Project No.: 70393543

Dear Mikayla Higgins:

Enclosed are the analytical results for sample(s) received by the laboratory on November 25, 2025. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

Some analyses were subcontracted outside of the Pace Network. The test report from the external subcontractor is attached to this report in its entirety.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Felicia Morgan-Nichols
felicia.morgan-nichols@pacelabs.com
(845)562-0890
Project Manager

Enclosures

cc: Ashley Kimiecik, Orange-Ulster BOCES
Juliana Lennon, Orange-Ulster BOCES
Halina Redner, Orange-Ulster BOCES



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.



PROJECT NARRATIVE

Project:
Pace Project No.:

Method:
Description:
Client:
Date:

This data package has been reviewed for quality and completeness and is approved for release.

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

Face® Location Requested (City/State): **Chain-of-Custody Analytical Request Document**
 Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Company Name: Orange-Ulster BOCES
 Street Address: 53 Gibson Road
 Goshen, NY 10924
 Customer Project #: HFFM Lead Drinking Water

Contact/Report to: Mikayla Higgins
 Phone #: 845-781-4887
 E-Mail: Mikayla.Higgins@oubooces.org
 CC E-Mail: Halina.Redner@oubooces.org
 Invoice to: Halina Redner
 Invoice E-mail: halina.redner@oubooces.org
 Purchase Order # (if applicable): A26-00316
 Quote #:

WO# : 70393543



70393543

Site Collection Info/Facility ID (as applicable):
Fort Montgomery Elementary School
 County / State origin of sample(s): Orange County / New York

Specify Container Size: **
 (1) 125mL, (2) 250mL, (3) 500mL, (4) 125mL, (5) 100mL, (6) 40mL Vial, (7) Encore, (8) TiterCue, (9) 90mL, (10) Other
 Identify Container Preservative Type: ***
 (1) HCl, (2) NaOH, (3) HNO3, (4) H2SO4, (5) Sed. Inhibitor, (6) Ascorbic Acid, (10) None, (11) Other
 Analyte Requested

Time Zone Collected: [] AK [] PR [] MT [] CT [] ET
 Data Deliverables: [] Level II [] Level III [] Level IV
 Regulatory Program (DW, RCRA, etc.) as applicable: DPH
 Rush (Pre-approval required): [] Same Day [] 1 Day [] 2 Day [] 3 Day Other _____
 Date Results Requested: _____
 Analysis: Field filtered (if applicable): [] Yes No

Profil. Mgr.: _____
 ActNum / Client ID: _____
 Table #: _____
 Profile / Template: **11266**
 Pridlg / Bottle Ord. ID: _____
 Sample Comment: _____
 Preservation non-conformance identified for sample.

Customer Sample ID	Matrix *	Comp / Grab	Composite Start Date	Time	Collected or Composite End Date	Time	# Cont.	Residual Chlorine Result	Units
CU DF O/S 123	DW	G			11/25/25	4:53	1		
CU BF O/S 123	DW	G			"	4:54	1		
CU BF Main Hall	DW	G			"	4:55	1		
CU DF Left Main Hall	DW	G			"	4:54	1		
CU DF Right Main Hall	DW	G			"	4:56	1		
110 DF	DW	G			"	4:51	1		
110 CS	DW	G			"	4:56	1		
106 DF	DW	G			"	4:58	1		
106 CS	DW	G			"	4:58	1		
105 DF	DW	G			"				

Customer Remarks / Special Conditions / Possible Hazards:	Thermometer ID:	Correction Factor (°C):	Obs. Temp. (°C):	Corrected Temp. (°C):	On Ice
lead			20.8		<input checked="" type="checkbox"/>

Relinquished by/Company: (Signature) *[Signature]* Date/Time: 11/25/25 1:02
 Received by/Company: (Signature) *[Signature]* Date/Time: 11/25/25 13:22
 Relinquished by/Company: (Signature) _____ Date/Time: _____
 Received by/Company: (Signature) _____ Date/Time: _____
 Relinquished by/Company: (Signature) _____ Date/Time: _____
 Received by/Company: (Signature) _____ Date/Time: _____

Company Name: Orange-Ulster BOCES

Contact/Report To: Mikayla Higgins

Street Address:

Phone #: 845-781-4887

53 Gibson Road
 Goshen, NY 10924

E-Mail: Mikayla.Higgins@oubooces.org
 CC E-Mail: Halina.reidner@oubooces.org

Customer/Project #:

Invoice to: Halina Reidner

Project Name:
HFFFM Lead Drinking Water

Invoice E-mail:
 halina.reidner@oubooces.org

Site Collection Info/Facility ID (as applicable):

Purchase Order #/if applicable: A26-00316

Fort Montgomery Elementary School

County / State origin of sample(s): Orange County / New York

Time zone collected: [] AK [] PT [] MT [] CT [] ET **ET**

Regulatory Program (DW, KCRK, etc.) as applicable: **Reportable Yes [] No**

Data Deliverables: [] Level II [] Level III [] Level IV

Rush (Pre-approval required): Same Day [] 1 Day [] 2 Day [] 3 Day Other _____

[] EQUIS

Date Results: _____
 Analysis: Field Filtered (if applicable): [] Yes **No**

[] Other _____

Requested: _____

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OU), Wipe (WP), Tissue (TS), Biossary (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Cask (CK), Leachate (LL), Biosolid (BS), Other (OT)

Customer Sample ID	Matrix *	Comp / Grab	Composite Start Date	Time	Collected or Composite End Date	Time	# Cont.	Residual Chlorine Result	Units
105 CS	DW	G			11/25/25	4:59	1		
104 DF	DW	G				5:01	1		
104 CS	DW	G				5:00	1		
Kitchen Back Wall Sink Sprayer	DW	G				5:06	1		
Kitchen Back Wall Sink Left	DW	G				5:05	1		
Kitchen Single Prep	DW	G				5:04	1		
Gym DF R	DW	G				5:02	1		
Gym CULDF	DW	G				5:03	1		
Gym CULBF	DW	G				5:02	1		
Faculty Room KS	DW	G				5:08	1		

Additional Instructions from Pace®: _____

Customer Remarks / Special Conditions / Possible Hazards: _____

Relinquished by/Company: (Signature) *[Signature]* Date/Time: 11/25/25, 1:22

Relinquished by/Company: (Signature) _____ Date/Time: _____

Relinquished by/Company: (Signature) _____ Date/Time: _____

Relinquished by/Company: (Signature) _____ Date/Time: _____

Received by/Company: (Signature) *[Signature]* Date/Time: 11/25/25, 13:22

Received by/Company: (Signature) _____ Date/Time: _____

Received by/Company: (Signature) _____ Date/Time: _____

Received by/Company: (Signature) _____ Date/Time: _____

MO# : 70393543
 PM: FMN Due Date: 12/11/25
 CLIENT: NB-OU BOCES

Specify Container Size **

Identity Container Preservative Type ***

Analysis Requested

*** Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL, (7) Encer, (8) Teradex, (9) 90mL, (10) Other

*** Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaHSO4, (8) Std. Thiosulfate, (9) Acetic Acid, (10) MeOH, (11) Other

Lab Use Only

Profil. Mgr: _____

Acctnum / Client ID: _____

Table #: _____

Profile / Template: _____

Prelog / Bottle Ord. ID: _____

Sample Comment

Preservation non-conformance identified for sample.

Company Name: Orange-Ulster BOCES
 Street Address:
 53 Gibson Road
 Goshen, NY 10924

Contact/Report to: Mikayla Higgins
 Phone #: 845-781-4887
 E-Mail: Mikayla.Higgins@oubooces.org
 Cc E-Mail: Halina.reidner@oubooces.org

Customer Project #:
 Project Name:
HFFM Lead Drinking Water
 Site Collection Info/Facility ID (as applicable):

Invoice to: Halina Reidner
 Invoice Email:
halina.reidner@oubooces.org
 Purchase Order # (if applicable): A26-00316
 Quote #:

Fort Montgomery Elementary School

County/State/origin of sample(s): Orange County / New York

Time Zone Collected: [] AK [] PT [] MT [] CT ET
 Reportable Yes [] No

Data Deliverables: [] Level II [] Level III [] Level IV
 Regulatory Program (DW, RCRA, etc.) as applicable:
 DOH
 Rush (Pre-approval required):
 [] Same Day [] 1 Day [] 2 Day [] 3 Day Other _____
 Date Results Requested: _____
 Field Filtered (if applicable): [] Yes No
 Analysis: _____

* Matrix Codes (Insert in Matrix backbone): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Biosolid (B), Vapor (V), Surface Water (SW), Sediment (SD), Sludge (SL), Cask (CK), Leachate (L), Biosolid (BS), Other (OT)

Customer Sample ID	Matrix *	Comp / Grab	Composite Start Date	Time	Collected or Composite End Date	Time	# Cont.	Residual Chlorine Result	Units
204 DF	DW	G	11/25/25	1:22	11/25/25	5:13	1	1	1
204 OS	DW	G	11/25/25	1:22	11/25/25	5:13	1	1	1
205 DF	DW	G	11/25/25	1:22	11/25/25	5:13	1	1	1
205 CS	DW	G	11/25/25	1:22	11/25/25	5:09	1		
206 DF	DW	G				5:10	1		
206 CS	DW	G				5:10	1		
CU DF O/S 205	DW	G				5:11	1		
CU BF O/S 205	DW	G				5:12	1		
210 DF	DW	G	11/25/25	1:22	11/25/25	5:13	1	1	1
210 CS	DW	G				5:13	1		

Additional Instructions from Pace®:
 Collected By: **J.J. Lennon**
 Printed Name: _____
 Signature: _____

Relinquished by/Company: (Signature) _____ Date/Time: 11/25/25, 1:22
 Relinquished by/Company: (Signature) _____ Date/Time: _____
 Relinquished by/Company: (Signature) _____ Date/Time: _____
 Relinquished by/Company: (Signature) _____ Date/Time: _____

W0# : 70393543
 PM: FMN Due Date: 12/11/25
 CLIENT: NB-0U BOCES

Specify Container Size **	Identify Container Preservative Type***	Analysis Requested
3		
2		

Lab Use Only
 ActNum / Client ID:
 Table #:
 Profile / Template:
 Prelab / Bottle Ord. ID:
 Sample Comment
 Preservation non-conformance identified for sample.

Customer Remarks / Special Conditions / Possible Hazards:
 # Coolers: _____ Thermometer ID: _____ Correction Factor (°C): _____ Osk Temp (°C): _____
 Date/Time: 11/25/25 13:22
 Tracking Number: _____
 Delivered by: [] In-Person [] Courier
 [] FedEx [] UPS [] Other
 Page: 3 of 4

WO#: 70393543

Project # PM: FMN Due Date: 12/11/25
Client: CLIENT: NB-OU BOCES

UR)

Date and Initials of person:
 Examining contents: _____
 Label: _____
 Deliver to location: _____
 pH: _____

Thermometer Used: IRG4 Date: 11.25.2025 Time: 1322 Initials: _____

State of Origin: NY

Cooler #1 Temp: °C 20.8 (Visual) 0.1@0°C,-0.1@20°C (Correction Factor) _____ (Actual) Samples on ice, cooling process has begun

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____

Shipping Method: First Overnight Priority Overnight Standard Overnight Ground
 Other _____

Tracking # _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Ice: Wet Blue Melted None

Packing Material: Bubble Wrap Bubble Bags None Other _____

Samples were collected by Pace employee Yes No N/A

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sampler Name and Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, Metals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Additional Login Comments:

Client notification/ Resolution

Person Contacted: _____ Date/Time: _____
 Comments/Resolution: _____

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

CERTIFICATE OF ANALYSIS

Felicia Morgan-Nichols
Pace Analytical Services, LLC
Newburgh, NY
315 Fullerton Ave
Newburgh, NY 12550

Project Name and Number: **Fort Montgomery Elementary Sch**
Workorder: **25L0778**
Purchase Order: **70393543**

December 12, 2025

This report relates only to the sample(s) as received by the laboratory on December 10, 2025. Laboratory reports may not be reproduced, except in full, without the written approval of the laboratory.

The issuance of the final Certificate of Analysis takes precedence over any previous Preliminary Report. Caution is advised for the utilization of preliminary data included in reports labeled as "Preliminary Report" and should not be used for regulatory purposes. A laboratory signature is provided on final reports only.

If you have any questions in reference to this laboratory report, please contact your Pace Analytical Services, LLC-Fairfield project coordinator.

Note: This cover page is included as part of the Analytical Report and must be retained as a permanent record thereof.



Timothy Swavely For Mary Ellen Nealy, Project
Coordinator

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-06
Sample ID: 110 DF (70393417006)

Matrix: Drinking Water

Date Collected: 11/25/2025 04:57

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0758		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 22:47	12/10/2025 22:47	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-07
Sample ID: 110 CAS (70393417007)

Matrix: Drinking Water

Date Collected: 11/25/2025 04:56

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.00321		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 22:50	12/10/2025 22:50	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-08
Sample ID: 106 DF (70393417008)

Matrix: Drinking Water

Date Collected: 11/25/2025 04:58

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0185		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 22:52	12/10/2025 22:52	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-09
Sample ID: 106 CS (70393417009)

Matrix: Drinking Water

Date Collected: 11/25/2025 04:58

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0128		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 22:54	12/10/2025 22:54	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-10
Sample ID: 105 CS (70393417010)

Matrix: Drinking Water

Date Collected: 11/25/2025 04:59

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0125		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 22:57	12/10/2025 22:57	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-11
Sample ID: 104 DF (70393417011)

Matrix: Drinking Water

Date Collected: 11/25/2025 05:01

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.00251		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 22:59	12/10/2025 22:59	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-12
Sample ID: 104 CS (70393417012)

Matrix: Drinking Water

Date Collected: 11/25/2025 05:00

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0175		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 23:01	12/10/2025 23:01	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-17 **Matrix:** Drinking Water **Date Collected:** 11/25/2025 05:03
Sample ID: Gym CU/DF (70393417017) **Date Received:** 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 23:30	12/10/2025 23:30	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-18 **Matrix:** Drinking Water **Date Collected:** 11/25/2025 05:02
Sample ID: Gym CU/BF (70393417018) **Date Received:** 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	ND	U	mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 23:32	12/10/2025 23:32	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-20
Sample ID: 205 CS (70393417020)

Matrix: Drinking Water

Date Collected: 11/25/2025 05:09

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0134		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 23:37	12/10/2025 23:37	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-21
Sample ID: 206 DF (70393417021)

Matrix: Drinking Water

Date Collected: 11/25/2025 05:10

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0641		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 23:44	12/10/2025 23:44	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-22
Sample ID: 206 CS (70393417022)

Matrix: Drinking Water

Date Collected: 11/25/2025 05:10

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.00848		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 23:47	12/10/2025 23:47	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-25
Sample ID: 210 CS (70393417025)

Matrix: Drinking Water

Date Collected: 11/25/2025 05:13

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0152		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 23:54	12/10/2025 23:54	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Lab ID: 25L0778-26
Sample ID: 209 CS (70393417026)

Matrix: Drinking Water

Date Collected: 11/25/2025 05:13

Date Received: 12/10/2025 08:00

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Lead	0.0325		mg/L	0.000492	0.00200	EPA 200.8	12/10/2025 23:56	12/10/2025 23:56	1

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Qualifiers

U Compound not detected

Abbreviations

DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the Reporting Detection Limit (RDL)
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
<	Less than reporting limit
≤	Less than or equal to reporting limit
>	Greater than reporting limit
≥	Greater than or equal to reporting limit
MDL	Method Detection Limit
RDL	Reporting Detection Limit
MCL/AL	Maximum Contaminant Level/Action Level
mg/kg wet	Results reported as wet weight
TTLC	Total Threshold Limit Concentration
STLC	Soluble Threshold Limit Concentration
TCLP	Toxicity Characteristic Leachate Procedure

Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

Laboratory Certification List for this report.

Laboratory	Certification			CT
	NJ	NY	PA	
Pace Analytical Services, LLC Ewing 812 Silvia Street Ewing, NJ 08628	11005	12046	68-05417	
Pace Analytical Services, LLC-Fairfield 1275 Bloomfield Ave, Ste 37D Fairfield, NJ 07004	07010	11634	68-02903	

Chain of Custody

PASI New York Laboratory



Workorder: 70393543

Workorder Name: Fort Montgomery Elementary Sch

Results Requested By: 12/11/2025

Report / Invoice To

Subcontract To

Felicia Morgan-Nichols
 Pace Analytical Newburgh
 315 Fullerton Avenue
 Newburgh, NY 12550
 Phone (845)562-0890
 Email: felicia.morgan-nichols@pacelabs.com

P.O.

Send Invoice To: invoices@pacelabs.couphost.com

State of Sample Origin: NY

Item	Sample ID	Collect Date/Time	Lab ID	Matrix	Preserved Containers		Requested Analysis	LAB USE ONLY
					NO3	Lead in Drinking Water		
20	205 CS	11/25/2025 05:09	70393543020	Drinking				
21	206 DF	11/25/2025 05:10	70393543021	Drinking				
22	206 CS	11/25/2025 05:10	70393543022	Drinking				
23	CU DF O/S 205	11/25/2025 05:11	70393543023	Drinking				
24	CU BF O/S 205	11/25/2025 05:12	70393543024	Drinking				
25	210 CS	11/25/2025 05:13	70393543025	Drinking				
26	209 CS	11/25/2025 05:13	70393543026	Drinking				

Transfers	Released By	Date/Time	Received By	Date/Time	Received on Ice	Y or N	Samples Intact	Y or N
1	<i>Felicia Morgan-Nichols</i>	12/11/25 11:10	<i>John S. Pace</i>	12/11/25 11:30				
2	<i>John S. Pace</i>	12/11/25 11:45	<i>NTSCSS</i>	12/11/25 11:45				
3	<i>NTSCSS</i>	12/11/25 11:45	<i>Don Hill</i>	12/11/25 11:45				

Cooler Temperature on Receipt °C _____ Custody Seal Y or N _____ . Received on Ice Y or N _____

Rec'd. Callahan Ave 12/10/25 8:00

Sample Condition Upon Receipt Form (SCUR)



Affix Sample Label Here

Date and Initials of person:

Examining contents: KR

Label: _____

Deliver to location: _____

pH: _____

Thermometer Used: 71TP05 Date: 12/10/25 Time: 8:00 Initials: KR

State of Origin: NY

Cooler #1 Temp. °C 15.5 (Visual) -1.5 (Correction Factor) 14.0 (Actual) Samples on ice, cooling process has begun

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____

Shipping Method: First Overnight Priority Overnight Standard Overnight Ground

Other _____

Tracking # _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Ice: Wet Blue Melted None

Packing Material: Bubble Wrap Bubble Bags None Other _____

Samples were collected by Pace employee Yes No N/A

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sampler Name and Signature on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, Metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Additional Login Comments:

Client notification/ Resolution

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____