



December 15, 2025

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

RE: Project: Highland Falls Intermediate Sc
Pace Project No.: 70393536

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:

- Pace Analytical Services - Newburgh

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

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CERTIFICATIONS

Project: Highland Falls Intermediate Sc

Pace Project No.: 70393536

Pace Analytical Services, LLC- Newburgh, NY

315 Fullerton Avenue, Newburgh, NY 12550

New York Certification #: 10142 Primary Accrediting Body

New Jersey Certification #: NY015

Connecticut Certification #: PH-0823

REPORT OF LABORATORY ANALYSIS

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PROJECT NARRATIVE

Project: Highland Falls Intermediate Sc

Pace Project No.: 70393536

Method: EPA 200.8, Rev. 5.4

Description: NB 200.8 ICPMS DW No Prep

Client: Orange-Ulster BOCES

Date: December 15, 2025

General Information:

4 samples were analyzed for EPA 200.8, Rev. 5.4 by Pace Analytical Services Newburgh. All samples were received in acceptable condition with any exceptions noted below or on the chain-of custody and/or the sample condition upon receipt form (SCUR) attached at the end of this report.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Initial Calibrations (including MS Tune as applicable):

All criteria were within method requirements with any exceptions noted below.

Continuing Calibration:

All criteria were within method requirements with any exceptions noted below.

Internal Standards:

All internal standards were within QC limits with any exceptions noted below.

Surrogates:

All surrogates were within QC limits with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank, where applicable, with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

Additional Comments:

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

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: Highland Falls Intermediate Sc

Pace Project No.: 70393536

| Sample: Faculty Room KS | | Lab ID: 70393536001 | Collected: 11/25/25 04:30 | Received: 11/25/25 13:22 | Matrix: Drinking Water | | | |
|--------------------------------|---------|----------------------------|---------------------------|--------------------------|------------------------|----------|---------|------|
| Parameters | Results | Units | Report Limit | DF | Prepared | Analyzed | CAS No. | Qual |

| | | | | | | | | |
|----------------------------------|----|---|-----|---|--|----------------|-----------|--|
| NB 200.8 ICPMS DW No Prep | | Analytical Method: EPA 200.8, Rev. 5.4 Pace Analytical Services - Newburgh | | | | | | |
| Lead | ND | ug/L | 1.0 | 1 | | 12/03/25 20:31 | 7439-92-1 | |

| Sample: CU DF 127 | | Lab ID: 70393536002 | Collected: 11/25/25 04:31 | Received: 11/25/25 13:22 | Matrix: Drinking Water | | | |
|--------------------------|---------|----------------------------|---------------------------|--------------------------|------------------------|----------|---------|------|
| Parameters | Results | Units | Report Limit | DF | Prepared | Analyzed | CAS No. | Qual |

| | | | | | | | | |
|----------------------------------|----|---|-----|---|--|----------------|-----------|--|
| NB 200.8 ICPMS DW No Prep | | Analytical Method: EPA 200.8, Rev. 5.4 Pace Analytical Services - Newburgh | | | | | | |
| Lead | ND | ug/L | 1.0 | 1 | | 12/03/25 20:41 | 7439-92-1 | |

| Sample: CU BF 127 | | Lab ID: 70393536003 | Collected: 11/25/25 04:32 | Received: 11/25/25 13:22 | Matrix: Drinking Water | | | |
|--------------------------|---------|----------------------------|---------------------------|--------------------------|------------------------|----------|---------|------|
| Parameters | Results | Units | Report Limit | DF | Prepared | Analyzed | CAS No. | Qual |

| | | | | | | | | |
|----------------------------------|----|---|-----|---|--|----------------|-----------|--|
| NB 200.8 ICPMS DW No Prep | | Analytical Method: EPA 200.8, Rev. 5.4 Pace Analytical Services - Newburgh | | | | | | |
| Lead | ND | ug/L | 1.0 | 1 | | 12/03/25 20:44 | 7439-92-1 | |

| Sample: Kitchen Island Sink | | Lab ID: 70393536004 | Collected: 11/25/25 04:35 | Received: 11/25/25 13:22 | Matrix: Drinking Water | | | |
|------------------------------------|---------|----------------------------|---------------------------|--------------------------|------------------------|----------|---------|------|
| Parameters | Results | Units | Report Limit | DF | Prepared | Analyzed | CAS No. | Qual |

| | | | | | | | | |
|----------------------------------|----|---|-----|---|--|----------------|-----------|--|
| NB 200.8 ICPMS DW No Prep | | Analytical Method: EPA 200.8, Rev. 5.4 Pace Analytical Services - Newburgh | | | | | | |
| Lead | ND | ug/L | 1.0 | 1 | | 12/03/25 20:46 | 7439-92-1 | |

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: Highland Falls Intermediate Sc

Pace Project No.: 70393536

| | | | |
|------------------|---------------------|-----------------------|-------------------------------------|
| QC Batch: | 430797 | Analysis Method: | EPA 200.8, Rev. 5.4 |
| QC Batch Method: | EPA 200.8, Rev. 5.4 | Analysis Description: | NB 200.8 ICPMS DW No Prep |
| | | Laboratory: | Pace Analytical Services - Newburgh |

Associated Lab Samples: 70393536001, 70393536002, 70393536003, 70393536004

METHOD BLANK: 2305460 Matrix: Water
 Associated Lab Samples: 70393536001, 70393536002, 70393536003, 70393536004

| Parameter | Units | Blank Result | Reporting Limit | Analyzed | Qualifiers |
|-----------|-------|--------------|-----------------|----------------|------------|
| Lead | ug/L | ND | 1.0 | 12/03/25 20:25 | |

LABORATORY CONTROL SAMPLE: 2305461

| Parameter | Units | Spike Conc. | LCS Result | LCS % Rec | % Rec Limits | Qualifiers |
|-----------|-------|-------------|------------|-----------|--------------|------------|
| Lead | ug/L | 50 | 43.0 | 86 | 85-115 | |

MATRIX SPIKE SAMPLE: 2305463

| Parameter | Units | 70393536001 Result | Spike Conc. | MS Result | MS % Rec | % Rec Limits | Qualifiers |
|-----------|-------|--------------------|-------------|-----------|----------|--------------|------------|
| Lead | ug/L | ND | 50 | 55.7 | 111 | 70-130 | |

SAMPLE DUPLICATE: 2305462

| Parameter | Units | 70393536001 Result | Dup Result | RPD | Qualifiers |
|-----------|-------|--------------------|------------|-----|------------|
| Lead | ug/L | ND | .4J | | |

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: Highland Falls Intermediate Sc

Pace Project No.: 70393536

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Reported results are not rounded until the final step prior to reporting. Therefore, calculated parameters that are typically reported as "Total" may vary slightly from the sum of the reported component parameters.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: Highland Falls Intermediate Sc
Pace Project No.: 70393536

| Lab ID | Sample ID | QC Batch Method | QC Batch | Analytical Method | Analytical Batch |
|-------------|---------------------|---------------------|----------|-------------------|------------------|
| 70393536001 | Faculty Room KS | EPA 200.8, Rev. 5.4 | 430797 | | |
| 70393536002 | CU DF 127 | EPA 200.8, Rev. 5.4 | 430797 | | |
| 70393536003 | CU BF 127 | EPA 200.8, Rev. 5.4 | 430797 | | |
| 70393536004 | Kitchen Island Sink | EPA 200.8, Rev. 5.4 | 430797 | | |

REPORT OF LABORATORY ANALYSIS

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Chain-of-Custody is a LEGAL DOCUMENT - complete all relevant fields

MO#: 70393536



70393536

Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 50mL vial, (7) Encore, (8) Tetracore, (9) 90mL, (10) Other

Preservative Type: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaOH, (8) Sod. Thiosulfate, (9) Ascorbic Acid, (10) MeOH, (11) Other

Prof. Mgr.:
Act/turn / Client ID:
Table #:
Profile / Template: 11266
Prelg. / Bottle Ord. ID:

Specify Container Size **

Identify Container Preservative Type**

Analysis Requested

Time Zone Collected: [] JAK [] PT [] MT [] CT [] ET

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

Reportable Yes [] No

Regulatory Program (DVI, RCDA, etc.) as applicable:

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

DW PWSID # or VWP Permit # as applicable:

[] Level II [] Level III [] Level IV

Field Filtered (if applicable): [] Yes No

[] EQUS

Analysis:

[] Other

Requested:

*Matrix code (insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Cask (CK), Leachate (LL), Biosolid (BS), Other (O)

Customer Sample ID

| Matrix * | Comp / Grab | Composite Start Date | Time | Collected or Composite End Date | Time | # Cont. | Residual Chlorine Result | Units |
|---------------------|-------------|----------------------|------|---------------------------------|------|---------|--------------------------|-------|
| Faculty Room KS | DW | G | | 11/25/25 | 4:30 | 1 | | |
| CU DF 127 | DW | G | | | 4:31 | 1 | | |
| CU BF 127 | DW | G | | | 4:32 | 1 | | |
| Kitchen Island Sink | DW | G | | | 4:35 | 1 | | |
| Kitchen Wall Sink | DW | G | | | 4:36 | 1 | | |
| CU DF O/S Cafe | DW | G | | | 4:37 | 1 | | |
| CU BF O/S Cafe | DW | G | | | 4:38 | 1 | | |
| CU DF O/S Gym | DW | G | | | 4:38 | 1 | | |
| CU BF O/S Gym | DW | G | | | 4:39 | 1 | | |
| CU DF O/S 220 | DW | G | | | 4:42 | 1 | | |

Additional Instructions from Pace*:

Collected By: J. Lennon
Printed Name: J. Lennon
Signature: [Signature]

Requested by/Company: (Signature) [Signature]
Date/Time: 11/25/25 1:22

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

Requested by/Company: (Signature) [Signature]
Date/Time: []

Received by/Company: (Signature) [Signature]
Date/Time: []

Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace® Terms and Conditions found at https://www.pacelabs.com/resource-library/resource/pace-terms-and-conditions/

ENV-FRM-CORQ-0019_V02_110123 ©

CHAIN-OF-CUSTODY Analytical Request Document
Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Pace® Location Requested (City/State):
Pace® Newburgh, NY

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

Project Name: HFFM Lead Drinking Water
Site Collection Info/Facility ID (as applicable): Highland Falls Intermediate School
Invoice to: Halina Reidner
Invoice E-mail: halina.reidner@oubooces.org
Purchase Order # (if applicable): A26-00316
Quote #:

Time Zone Collected: AK PT MT CT ET
County / State origin of sample(s): Orange County / New York
Data Deliverables: Regulatory Program (DW, RCRA, etc.) as applicable: Yes No
 DOH Reportable Yes No

Data Deliverables: Level II Level III Level IV
 EOUS Same Day 1 Day 2 Day 3 Day Other _____
Date Results Requested: _____
Requester: _____
Analysis: Field Filtered (if applicable): Yes No
 DW PWSID # or VWP Permit # as applicable: _____

Matrix Codes (insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (O), Vapor (V), Tissue (T), Biosolids (BS), Other (O)
 Sludge (SL), Cank (CK), Leachate (LL), Biosolid (BS), Other (O*)

| Customer Sample ID | Matrix* | Comp / Grab | Composite Start | | Collected or Composite End | | # Cont. | Residual Chlorine Result | Units |
|----------------------|---------|-------------|-----------------|------|----------------------------|------|---------|--------------------------|-------|
| | | | Date | Time | Date | Time | | | |
| CU BF O/S 220 | DW G | | | | | | | | |
| CU DF O/S Electrical | DW G | | | | | | | | |
| CU BF O/S Electrical | DW G | | | | | | | | |

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

Retrieved by/Company (Signature): _____
Date/Time: 11/25/25 1:22
Received by/Company (Signature): _____
Date/Time: _____

LN0# : 70393536

PM : FMN **Due Date : 12/11/25**

CLIENT : NB-0U BOCES

| Speedy Container Size** | Identify Container Preservative Type*** | Analyst Requested |
|-------------------------|---|-------------------|
| 3 | | |
| Z | | |

| Customer Remarks / Special Conditions / Possible Hazards: | Thermometer ID: | Correction Factor (C): | Ovs. Temp. (C): | Corrected Temp (C): | Tracking Number: | Delivered by: |
|---|-----------------|------------------------|-----------------|---------------------|------------------|---------------|
| lead | | | 20.8 | | | |

Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 50mL, (7) Encore, (8) Itracor, (9) 50mL, (10) Other
Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaHSO4, (8) Sod. Thiosulfate, (9) Ascorbic Acid, (10) Mech, (11) Other
Profil. Mgr.: _____
Actinium / Client ID: _____
Table #: _____
Profile / Template: _____
Prodg. / Bottle Ord. ID: _____
Sample Comment: _____
Preservation non-conformance identified for sample.

WO# : 70393536 (CUR)
 PM: FMN Due Date: 12/11/25
 CLIENT: NB-OU BOCES

Project #
 Client:

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: **Highland Falls Intermediate Sch**
Workorder: **25L0780**
Purchase Order: **70393536**

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: 25L0780-07 **Matrix:** Drinking Water **Date Collected:** 11/25/2025 04:41
Sample ID: CU BF O/S 220 (71393536011) **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 22:23 | 12/10/2025 22:23 | 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: 70393536

Workorder Name: Highland Falls Intermediate Sc

Results Requested By: 12/11/2025



Report / Invoice To

Subcontract To

Requested Analysis

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

Pace Analytical Fairfield
1275 Bloomfield Ave
Suite 6
Fairfield, NJ 07004
Phone 973-227-0422

P.O.



25L0780

Pace Analytical Services, LLC Newburgh, N
Fort Montgomery Elementary Sch

Send Invoice To: invoices@pacelabs.coupahost.com

State of Sample Origin: NY

Preserved Containers

NONH

LAB USE ONLY

Lead in DW

| Item | Sample ID | Collect Date/Time | Lab ID | Matrix | Received By | Date/Time | Received By | Date/Time |
|------|----------------------|-------------------|-------------|----------|--------------------|----------------|--------------------|----------------|
| 1 | Kitchen Wall Sink | 11/25/2025 04:36 | 70393536005 | Drinking | <i>[Signature]</i> | 12/11/25 15:30 | <i>[Signature]</i> | 12/11/25 15:30 |
| 2 | CU DF O/S Cafe | 11/25/2025 04:37 | 70393536006 | Drinking | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 |
| 3 | CU BF O/S Cafe | 11/25/2025 04:38 | 70393536007 | Drinking | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 |
| 4 | CU DF O/S Gym | 11/25/2025 04:38 | 70393536008 | Drinking | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 |
| 5 | CU BF O/S Gym | 11/25/2025 04:39 | 70393536009 | Drinking | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 |
| 6 | CU DF O/S 220 | 11/25/2025 04:42 | 70393536010 | Drinking | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 |
| 7 | CU BF O/S 220 | 11/25/2025 04:41 | 70393536011 | Drinking | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 |
| 8 | CU DF O/S Electrical | 11/25/2025 04:33 | 70393536012 | Drinking | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 |
| 9 | CU BF O/S Electrical | 11/25/2025 04:34 | 70393536013 | Drinking | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |

Comments

Lead in Drinking Water EDD Is needed for this work order.

| Transfers | Released By | Date/Time | Received By | Date/Time | Received on Ice | Y or N | Custody Seal | Y or N | Received on Ice | Y or N | Samples Intact | Y or N |
|-----------|--------------------|----------------|--------------------|----------------|-----------------|--------|--------------|--------|-----------------|--------|----------------|--------|
| 1 | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 15:30 | | | | | | | | |
| 2 | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 | | | | | | | | |
| 3 | <i>[Signature]</i> | 12/11/25 14:45 | <i>[Signature]</i> | 12/11/25 14:45 | | | | | | | | |

Cooler Temperature on Receipt °C

Sample Condition Upon Receipt Form (SCUR)



Affix Sample Label Here

Date and Initials of person:
 Examining contents: 12/10 AR
 Label: 12/10 AR
 Deliver to location: _____
 pH: 12/10 AR

Thermometer Used: TRO5 Date: 12/10/25 Time: 0800 Initials: AL

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 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 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: _____