



December 15, 2025

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

RE: Project: James O'Neill High School
Pace Project No.: 70393538

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.

Pace® 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

County / State origin of sample(s): Orange County / New York
 Reportable: Yes No
 DW PWSID # or WW Permit # as applicable:
 Field Filtered (if applicable): Yes No
 Analysis:
 Purchase Order # (if applicable): A26-00316
 Quote #:

Time Zone Collected: AK PT MT CT ET
 Data Deliverables: Level II Level III Level IV
 EQUS
 Other: Rush (Pre-approval required):
 Same Day 1 Day 2 Day 3 Day Other: _____
 Date Results Requested: _____

Specify Container Size: **
 Identify Container Preservative Type***
 Analysis Requested
 *** Containers Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 50mL Vial, (7) Encore, (8) ITCor, (9) 50mL, (10) Other
 *** Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) Na2SO4, (8) Sodium Sulfate, (9) Acetic Acid, (10) MeOH, (11) Other
 Prof. Mgr.:
 Actium / Client ID:
 Table #: 11266
 Profile / Template:
 Prodrg / Bottle Ord. ID:

Customer Sample ID	Matrix*	Comp / Grab	Composite Start Date	Time	Collected or Composite End Date	Time	# Cont.	Residual Chlorine Result	Units	Lead
CU DF O/S 107	DW	G			11/25/25	3:57	1			X
CU BF O/S 107	DW	G				3:57	1			X
CU DF O/S 207	DW	G				4:00	1			X
CU BF O/S 207	DW	G				4:01	1			X
CU DF O/S 307	DW	G				4:04	1			X
CU BF O/S 307	DW	G				4:05	1			X
205 Faculty Room Sink	DW	G				4:08	1			X
Athletic Trainers Ice Machine	DW	G				4:16	1			X
Kitchen Pot Filler	DW	G				4:17	1			X
Kitchen Food Prep Sink	DW	G								X

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

Relinquished by/Company: (Signature) _____ Date/Time: 11/25/25, 1:22
 Received by/Company: (Signature) _____ Date/Time: 11/25/25, 13:22
 Relinquished by/Company: (Signature) _____ Date/Time: _____
 Received by/Company: (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/resources/pace-terms-and-conditions/>
 Page: 1 of 2
 ENV-FRM-CORQ-0019_V02_110123 ©



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.redner@oubooces.org
 Invoice to: Halina Redner
 Invoice Email: halina.redner@oubooces.org
 Purchase Order # (if applicable): A28-00316
 Quote #:

Project Name: HFFM Lead Drinking Water
 Site Collection Info/Facility ID (as applicable): James I O'Neill High School
 County / State origin of sample(s): Orange County / New York
 Time Zone Collected: [] AK [] PT [] MT [] CT [] ET ET
 Reportable: Yes [] No

Data Deliverables: [] Level II [] Level III [] Level IV
 Regulatory Program (DW, RCRA, etc.) as applicable: DCH
 Rush (Pre-approval required): [] Same Day [] 1 Day [] 2 Day [] 3 Day Other _____
 Date Results Requested: _____
 Analysis: Field Filtered (if applicable): [] Yes No
 *Matrix Codes (insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil/Oil, Wipe (WP), Tissue (TS), Biosay (B), Vapor (V), Surface Water (SW), Sediment (SED), 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 Volume	Units
Kitchen Island Sink	DW	G			11/25/25	4:15	1		lead
Kitchen Island Sprayer	DW	G				4:16	1		
Ice Room Ice Machine	DW	G				4:19	1		
Ice Room Hose	DW	G				4:20	1		
DF Left O/S 162 Cafe	DW	G				4:13	1		
CU DF Right O/S 162 Cafe	DW	G				4:14	1		
CU BF O/S 162 Cafe	DW	G				4:12	1		

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

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

WO#: 70393538
 PM: FMN Due Date: 12/11/25
 CLIENT: NB-0U BOCES

Specify Container Size **
 3 (4) 125mL, (5) 100mL, (6) 50mL, (7) Encare, (8) Terrecare, (9) 50mL, (10) Other
 Identify Container Preservative Type***
 2 Analysis Requested

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

Customer Remarks / Special Conditions / Possible Hazards:
 # Coolers: _____ Thermometer ID: _____ Obs. Temp. (C): 20.8
 Correction Factor (C): _____ Corrected Temp. (C): _____
 Date/Time: 12/11/25
 Date/Time: _____
 Date/Time: _____
 Date/Time: _____
 Tracking Number: _____
 Delivered by: [] In-Person [] Courier
 [] FedEx [] UPS [] Other
 Page: 2 of 2

Submitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Face® Terms and Conditions found at <https://www.faceelabs.com/resource-library/resource/face-terms-and-conditions/>
 ENV-FRM-CORR-0019_V02_110123 ©

WO#: 70393538 (UR)
 Project # **PM: FMN** Due Date: **12/11/25**
 Client: **CLIENT: NB-OU BOCES**

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: **James O'Neill High School**
Workorder: **25L0783**
Purchase Order: **70393538**

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: 25L0783-07 **Matrix:** Drinking Water **Date Collected:** 11/25/2025 04:02
Sample ID: 205 Faculty Room Sink (7039358007) **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	12/11/2025 16:18	12/11/2025 16:18	1

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

Lab ID: 25L0783-08 **Matrix:** Drinking Water **Date Collected:** 11/25/2025 04:08
Sample ID: Athletic Trainers Ice Machine (7039358008) **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	12/11/2025 16:20	12/11/2025 16:20	1

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

Lab ID: 25L0783-16 **Matrix:** Drinking Water **Date Collected:** 11/25/2025 04:14
Sample ID: CU DF Right O/S 162 Cafe (7039358016) **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	12/11/2025 16:44	12/11/2025 16:44	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	

Transfers		Released By	Date/Time	Received By	Date/Time	Comments	
1		<i>[Signature]</i>	12/17/25 11:10	<i>[Signature]</i>	12/17/25 15:30	Lead in Drinking Water EDD is needed for this work order	
2		<i>[Signature]</i>	12/17/25 14:45	<i>[Signature]</i>	12/17/25 16:45		
3		<i>[Signature]</i>	12/17/25	<i>[Signature]</i>	12/17/25 8:00		
Cooler Temperature on Receipt		°C	Custody Seal	Y or N	Received on Ice	Y or N	Samples Intact
							Y or N

25L0783

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: 7205 @ 12/10
7202 Date: 12/10/25 Time: 0800 Initials: AR

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	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
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	
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: _____