315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

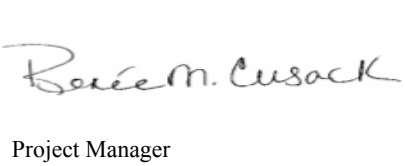
December 12, 2023

V Kaptein
NB-Lozier Environmental Consulting, Inc
2011 E Main Street
Rochester, NY 14609

Project Location: RCSD - Jefferson Campus
Project Number: Lozier Environmental Consulting
Laboratory Work Order Number: 23K3688

Enclosed are results of analyses for samples received by the laboratory on November 30, 2023. If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Project Manager

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

NB-Lozier Environmental Consulting, Inc
2011 E Main Street
Rochester, NY 14609
ATTN: V Kaptein

REPORT DATE: 12/12/2023

PURCHASE ORDER NUMBER: M33508

PROJECT NUMBER: Lozier Environmental Consulting

ANALYTICAL SUMMARY

WORK ORDER NUMBER: 23K3688

The results of analyses performed on the following samples submitted to Pace Analytical Services, LLC - Newburgh are found in this report.

PROJECT LOCATION: RCSD - Jefferson Campus

FIELD SAMPLE #	LAB ID:	MATRIX	SAMPLE DESCRIPTION	TEST	SUB LAB
JEFF-03-CR-IN-315-T2 (76)	23K3688-01	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-CR-IN-315-T4 (78)	23K3688-02	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-CR-IN-315-T5 (79)	23K3688-03	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-CR-IN-315B-T (80)	23K3688-04	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-CR-IN-317A-T (81)	23K3688-05	Drinking Water		EPA 200.8 Rev 5.4 (1994)	
JEFF-03-HA-BY-359-F (82)	23K3688-06	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-HA-BY-359-BF (83)	23K3688-07	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-HA-BY-359-T (84)	23K3688-08	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-HA-BY-320-BF (85)	23K3688-09	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-HA-BY-325-BF (86)	23K3688-10	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-HA-BY-306A-F (87)	23K3688-11	Drinking Water		EPA 200.8 Rev 5.4	
JEFF-03-HA-BY-306A-BF (88)	23K3688-12	Drinking Water		EPA 200.8 Rev 5.4	

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

CASE NARRATIVE SUMMARY

All reported results are within defined laboratory quality control objectives unless listed below or otherwise qualified in this report.

EPA 200.8 Rev 5.4

Qualifications:

Z-01

#

Analyte & Samples(s) Qualified:

Lead

23K3688-01[JEFF-03-CR-IN-315-T2 (76)], 23K3688-02[JEFF-03-CR-IN-315-T4 (78)], 23K3688-03[JEFF-03-CR-IN-315-T5 (79)], 23K3688-04[JEFF-03-CR-IN-315B- T (80)], 23K3688-08[JEFF-03-HA-BY-359-T (84)]

EPA 200.8 Rev 5.4 (1994)

Qualifications:

Z-01

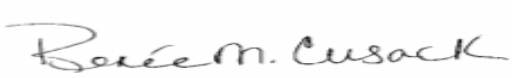
#

Analyte & Samples(s) Qualified:

Lead

23K3688-05[JEFF-03-CR-IN-317A-T (81)]

The results of analyses reported only relate to samples submitted to the Pace Analytical Services, LLC - Newburgh for testing.
I certify that the analyses listed above, unless specifically listed as subcontracted, if any, were performed under my direction according to the approved methodologies listed in this document, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.



Renee Cusack
PM

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-CR-IN-315-T2 (76) | Sampled: 11/16/2023 06:32

Sample ID: 23K3688-01

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	100	1.0	15	µg/L	1	Z-01	EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:05	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-CR-IN-315-T4 (78) | Sampled: 11/16/2023 06:33

Sample ID: 23K3688-02

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	250	1.0	15	µg/L	1	Z-01	EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:07	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-CR-IN-315-T5 (79) | Sampled: 11/16/2023 06:34

Sample ID: 23K3688-03

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	140	1.0	15	µg/L	1	Z-01	EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:10	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-CR-IN-315B-T (80) | Sampled: 11/16/2023 06:35

Sample ID: 23K3688-04

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	250	1.0	15	µg/L	1	Z-01	EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:12	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-CR-IN-317A-T (81) | Sampled: 11/16/2023 06:39

Sample ID: 23K3688-05

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL RL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	1000	1.5	µg/L	1	Z-01	EPA 200.8 Rev 5.4 (1994)	12/8/23	12/8/23 18:27	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-HA-BY-359-F (82) | Sampled: 11/16/2023 06:49

Sample ID: 23K3688-06

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:14	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-HA-BY-359-BF (83) | Sampled: 11/16/2023 06:49

Sample ID: 23K3688-07

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:17	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-HA-BY-359-T (84) | Sampled: 11/16/2023 06:50

Sample ID: 23K3688-08

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	89	1.0	15	µg/L	1	Z-01	EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:19	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-HA-BY-320-BF (85) | Sampled: 11/16/2023 06:57

Sample ID: 23K3688-09

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:22	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-HA-BY-325-BF (86) | Sampled: 11/16/2023 06:59

Sample ID: 23K3688-10

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:24	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-HA-BY-306A-F (87) | Sampled: 11/16/2023 07:06

Sample ID: 23K3688-11

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:34	AR3

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: RCSD - Jefferson Campus | Sample Description: | Work Order: 23K3688

Date Received: 11/30/2023

Field Sample #: JEFF-03-HA-BY-306A-BF (88) | Sampled: 11/16/2023 07:07

Sample ID: 23K3688-12

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	12/5/23	12/5/23 20:36	AR3

FLAG/QUALIFIER SUMMARY

*	QC result is outside of established limits.
†	Wide recovery limits established for difficult compound.
‡	Wide RPD limits established for difficult compound.
#	Data exceeded client recommended or regulatory level
ND	Not Detected
RL	Reporting Limit is at the level of quantitation (LOQ)
DL	Detection Limit is the lower limit of detection determined by the MDL study
MCL	Maximum Contaminant Level

Percent recoveries and relative percent differences (RPDs) are determined by the software using values in the calculation which have not been rounded.

No results have been blank subtracted unless specified in the case narrative section.

Z-01	#

315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

CERTIFICATIONS

Certified Analyses included in this Report

Analyte	Certifications
EPA 200.8 Rev 5.4 in Drinking Water	
Lead	NB-CT,NB-NJ,NB-NY
EPA 200.8 Rev 5.4 (1994) in Water	
Lead	NB-CT,NB-NJ,NB-NY

Pace Analytical Services, LCC operates under the following certifications and accreditations:

Code	Description	Number	Expires
NB-CT	Connecticut Department of Public Health	PH-0823	09/30/2024
NB-NJ	New Jersey DEP	NY015 NELAP	06/30/2023
NB-NY	New York State Department of Health	10142 NELAP	04/1/2024

Lozier
Environmental Consulting, Inc.

2011 East Main Street, Rochester, NY 14609 Phone (585) 654-9080 Fax (585) 654-9662
Web: LozierEnv.com E-Mail: support@lozierenv.com

23K3688

	REPORT TO:		INVOICE TO:	
	Company:	Lozier Environmental Consulting, Inc	Company:	SAME
LAB ID: M33508	Address:	2011 East Main Street	Address:	
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip:	Rochester, New York 14609	City,State Zip:	
TURNAROUND TIME: Standard Rush	Phone:	585-654-9080	Phone:	Fax:
Other:	E-Mail:	vkaptein@lozierenv.com	Purchase Order #:	

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS: LEAD					
2	JEFF-01-HA-BY-106A-F	11/14/2023	627		DW				X					
3	JEFF-01-HA-BY-113A-F	11/14/2023	620		DW			VK111723	X					
~~5~~	~~JEFF-01-HA-BY-125-F~~	~~11/14/2023~~	~~644~~		~~DW~~				~~X~~					
6	JEFF-01-KI-IN-122-TA	11/15/2023	608		DW				X					
7	JEFF-01-KI-IN-122-TB	11/15/2023	607		DW				X					
8	JEFF-01-KI-IN-122-TC	11/15/2023	610		DW				X					
9	JEFF-01-KI-IN-140A-TB	11/15/2023	616		DW				X					
10	JEFF-01-KI-IN-140-TA	11/15/2023	616		DW				X					
11	Jeff-01-LR-IN-154A-F	11/15/2023	627		DW				X					
12	JEFF-01-LR-IN-160-F	11/15/2023	631		DW				X					

23K3688

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3

TOTAL NUMBER OF CONTAINERS: _____

CUSTODY SEAL INTACT? YES NO

SAMPLE ON ICE? YES NO

TEMPERATURE: _____ C

SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:

COLIFORM BACTERIA:

Present Absent

If Present, Date Client is contacted with result:

Date:_____

Contacted By:_____

Lozier
Environmental Consulting, Inc.

2011 East Main Street, Rochester, NY 14609 Phone (585) 654-9080 Fax (585) 654-9662
Web: LozierEnv.com E-Mail: support@lozierenv.com

	REPORT TO:		INVOICE TO:	
	Company:	Lozier Environmental Consulting, Inc	Company:	SAME
LAB ID: M33508	Address:	2011 East Main Street	Address:	
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip:	Rochester, New York 14609	City,State Zip:	
TURNAROUND TIME: Standard Rush	Phone:	585-654-9080	Phone:	Fax:
Other:	E-Mail:	vkaptein@lozierenv.com	Purchase Order #:	

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS: LEAD					
14	JEFF-01-TC-IN-125-TA	11/14/2023	647		DW				X					
16	JEFF-02-GY-IN-255-B	11/16/2023	626		DW				X					
17	JEFF-02-HA-BY-205A-FL	11/15/2023	651		DW				X					
19	JEFF-02-HA-BY-227A-F	11/16/2023	609		DW				X					
20	JEFF-02-KI-IN-212B-T	11/16/2023	647		DW				X					
21	JEFF-03-HA-BY-301A-F	11/16/2023	704		DW				X					
22	JEFF-03-HA-BY-301A-BF	11/16/2023	704		DW				X					
23	JEFF-03-HA-BY-320A-F	11/16/2023	656		DW				X					
24	JEFF-03-HA-BY-320A-FL	11/16/2023	657		DW				X					
25	JEFF-03-HA-BY-325-F	11/16/2023	659		DW				X					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY* J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3
TOTAL NUMBER OF CONTAINERS: _____
CUSTODY SEAL INTACT? YES NO
SAMPLE ON ICE? YES NO
TEMPERATURE: _____ C
SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:
COLIFORM BACTERIA:
Present Absent
If Present, Date Client is contacted with result:
Date:_____
Contacted By:_____

Lozier
Environmental Consulting, Inc.

2011 East Main Street, Rochester, NY 14609 Phone (585) 654-9080 Fax (585) 654-9662
Web: LozierEnv.com E-Mail: support@lozierenv.com

	REPORT TO:	INVOICE TO:
	Company: Lozier Environmental Consulting, Inc	Company: SAME
LAB ID: M33508	Address: 2011 East Main Street	Address:
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip: Rochester, New York 14609	City,State Zip:
TURNAROUND TIME: Standard Rush	Phone: 585-654-9080	Phone: Fax:
Other:	E-Mail: vkaptein@lozierenv.com	Purchase Order #:

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS					
									LEAD					
26	JEFF-01-CR-IN-117B-T	11/14/2023	610		DW				X					
28	JEFF-01-CR-IN-114-T1	11/14/2023	616		DW				X					
29	JEFF-01-CR-IN-114-T2	11/14/2023	617		DW				X					
30	JEFF-01-CR-IN-114-T3	11/14/2023	617		DW				X					
31	JEFF-01-CR-IN-114-T4	11/14/2023	618		DW				X					
32	JEFF-01-CR-IN-114-T5	11/14/2023	618		DW				X					
33	JEFF-01-HA-BY-113A-BF	11/14/2023	620		DW				X					
34	JEFF-01-CR-IN-113-T	11/14/2023	621		DW				X					
35	JEFF-01-CR-IN-107-T	11/14/2023	624		DW				X					
36	JEFF-01-CR-IN-104B-T	11/14/2023	625		DW				X					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3

TOTAL NUMBER OF CONTAINERS: _____

CUSTODY SEAL INTACT? YES NO

SAMPLE ON ICE? YES NO

TEMPERATURE: _____ C

SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:

COLIFORM BACTERIA:

Present Absent

If Present, Date Client is contacted with result:

Date: _____

Contacted By: _____

Lozier
Environmental Consulting, Inc.

2011 East Main Street, Rochester, NY 14609 Phone (585) 654-9080 Fax (585) 654-9662
Web: LozierEnv.com E-Mail: support@lozierenv.com

	REPORT TO:		INVOICE TO:	
	Company:	Lozier Environmental Consulting, Inc	Company:	SAME
LAB ID: M33508	Address:	2011 East Main Street	Address:	
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip:	Rochester, New York 14609	City,State Zip:	
TURNAROUND TIME: Standard Rush	Phone:	585-654-9080	Phone:	Fax:
Other:	E-Mail:	vkaptein@lozierenv.com	Purchase Order #:	

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS: LEAD					
37	JEFF-01-CR-IN-104B-B	11/14/2023	625		DW				X					
38	JEFF-01-HA-BY-106A-BF	11/14/2023	627		DW				X					
39	JEFF-01-CR-IN-106-T	11/14/2023	630		DW				X					
40	JEFF-01-CR-IN-105-T	11/14/2023	632		DW				X					
41	JEFF-01-CR-IN-104-T	11/14/2023	634		DW				X					
42	JEFF-01-CR-IN-104-B	11/14/2023	634		DW				X					
43	JEFF-01-CR-IN-103-T	11/14/2023	635		DW				X					
44	JEFF-01-CR-IN-101-T	11/14/2023	637		DW				X					
45	JEFF-01-CR-IN-101-B	11/14/2023	637		DW				X					
46	JEFF-01-HA-BY-125F-BF	11/14/2023	644		DW				X					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3

TOTAL NUMBER OF CONTAINERS: _____

CUSTODY SEAL INTACT? YES NO

SAMPLE ON ICE? YES NO

TEMPERATURE: _____ C

SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:

COLIFORM BACTERIA:

Present Absent

If Present, Date Client is contacted with result:

Date:_____

Contacted By:_____

Lozier
Environmental Consulting, Inc.

2011 East Main Street, Rochester, NY 14609 Phone (585) 654-9080 Fax (585) 654-9662
Web: LozierEnv.com E-Mail: support@lozierenv.com

	REPORT TO:		INVOICE TO:	
	Company:	Lozier Environmental Consulting, Inc	Company:	SAME
LAB ID: M33508	Address:	2011 East Main Street	Address:	
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip:	Rochester, New York 14609	City,State Zip:	
TURNAROUND TIME: Standard Rush	Phone:	585-654-9080	Phone:	Fax:
Other:	E-Mail:	vkaptein@lozierenv.com	Purchase Order #:	

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS: LEAD					
47	JEFF-01-CR-IN-125-F	11/14/2023	645		DW				X					
48	JEFF-01-CR-IN-125-BF	11/14/2023	645		DW				X					
49	JEFF-01-HA-BY-121-F	11/14/2023	651		DW			VK111723	X					
~~50~~	~~JEFF-01-HA-BY-121-BF~~	~~11/14/2023~~	~~652~~		~~DW~~				~~X~~					
51	JEFF-01-CR-IN-119A-T	11/14/2023	655		DW				X					
52	JEFF-01-CR-IN-118-T1	11/14/2023	657		DW				X					
53	JEFF-01-CR-IN-118-T2	11/14/2023	658		DW				X					
54	JEFF-01-CR-IN-118-T3	11/14/2023	658		DW				X					
55	JEFF-01-KI-IN-122-T4	11/15/2023	610		DW				X					
56	JEFF-01-KI-IN-122-S1	11/15/2023	611		DW				X					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3

TOTAL NUMBER OF CONTAINERS: _____

CUSTODY SEAL INTACT? YES NO

SAMPLE ON ICE? YES NO

TEMPERATURE: _____ C

SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:

COLIFORM BACTERIA:

Present Absent

If Present, Date Client is contacted with result:

Date:_____

Contacted By:_____

Lozier
Environmental Consulting, Inc.

2011 East Main Street, Rochester, NY 14609 Phone (585) 654-9080 Fax (585) 654-9662
Web: LozierEnv.com E-Mail: support@lozierenv.com

	REPORT TO:		INVOICE TO:	
	Company:	Lozier Environmental Consulting, Inc	Company:	SAME
LAB ID: M33508	Address:	2011 East Main Street	Address:	
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip:	Rochester, New York 14609	City,State Zip:	
TURNAROUND TIME: Standard Rush	Phone:	585-654-9080	Phone:	Fax:
Other:	E-Mail:	vkaptein@lozierenv.com	Purchase Order #:	

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS: LEAD					
57	JEFF-01-KI-IN-122-S2	11/15/2023	612		DW				X					
58	JEFF-01-CA-IN-140-F	11/15/2023	619		DW				X					
59	JEFF-01-CA-IN-140-BF	11/15/2023	619		DW				X					
60	JEFF-01-CR-IN-153-T	11/15/2023	624		DW				X					
61	JEFF-01-CR-IN-157-BF	11/15/2023	628		DW				X					
62	JEFF-01-CR-IN-160-BF	11/15/2023	630		DW				X					
63	JEFF-01-CR-IN-160-B	11/15/2023	632		DW				X					
64	JEFF-02-CR-IN-219A-T	11/15/2023	640		DW				X					
65	JEFF-02-CR-IN-219B-T	11/15/2023	641		DW				X					
66	JEFF-02-CR-IN-202B-T	11/15/2023	650		DW				X					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3

TOTAL NUMBER OF CONTAINERS: _____

CUSTODY SEAL INTACT? YES NO

SAMPLE ON ICE? YES NO

TEMPERATURE: _____ C

SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:

COLIFORM BACTERIA:

Present Absent

If Present, Date Client is contacted with result:

Date:_____

Contacted By:_____

Lozier
Environmental Consulting, Inc.

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Web: LozierEnv.com E-Mail: support@lozierenv.com

	REPORT TO:		INVOICE TO:	
	Company:	Lozier Environmental Consulting, Inc	Company:	SAME
LAB ID: M33508	Address:	2011 East Main Street	Address:	
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip:	Rochester, New York 14609	City,State Zip:	
TURNAROUND TIME: Standard Rush	Phone:	585-654-9080	Phone:	Fax:
Other:	E-Mail:	vkaptein@lozierenv.com	Purchase Order #:	

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS: LEAD					
67	JEFF-02-HA-BY-205A-BF	11/15/2023	651		DW				X					
68	JEFF-02-LI-IN-203B-T	11/15/2023	656		DW				X					
69	JEFF-02-HA-BY-227-BF	11/16/2023	609		DW				X					
70	JEFF-02-NO-IN-251-T	11/16/2023	613		DW				X					
71	JEFF-02-CR-IN-252-T	11/16/2023	617		DW				X					
72	JEFF-02-CR-IN-257F-T	11/16/2023	621		DW				X					
73	JEFF-01-GYM-IN-258-F	11/16/2023	623		DW				X					
74	JEFF-02-GYM-IN-258-BF	11/16/2023	623		DW				X					
75	JEFF-03-CR-IN-315-T1	11/16/2023	631		DW				X					
76	JEFF-03-CR-IN-315-T2	11/16/2023	632		DW				X					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY: [signature]	DATE: 11/30/23	TIME: 1200
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3
TOTAL NUMBER OF CONTAINERS: _____
CUSTODY SEAL INTACT? YES NO
SAMPLE ON ICE? YES (NO)
TEMPERATURE: 11.8 C
SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:
COLIFORM BACTERIA:
Present Absent
If Present, Date Client is contacted with result:
Date:_____
Contacted By:_____

Lozier
Environmental Consulting, Inc.

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Web: LozierEnv.com E-Mail: support@lozierenv.com

REPORT TO:		INVOICE TO:	
	Company: Lozier Environmental Consulting, Inc	Company: SAME	
LAB ID: M33508	Address: 2011 East Main Street	Address:	
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip: Rochester, New York 14609	City,State Zip:	
TURNAROUND TIME: Standard Rush	Phone: 585-654-9080	Phone:	Fax:
Other:	E-Mail: vkaptein@lozierenv.com	Purchase Order #:	

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS: LEAD					
78	JEFF-03-CR-IN-315-T4	11/16/2023	633		DW				X					
79	JEFF-03-CR-IN-315-T5	11/16/2023	634		DW				X					
80	JEFF-03-CR-IN-315B-T	11/16/2023	635		DW				X					
81	JEFF-03-CR-IN-317A-T	11/16/2023	639		DW				X					
82	JEFF-03-HA-BY-359-F	11/16/2023	649		DW				X					
83	JEFF-03-HA-BY-359-BF	11/16/2023	649		DW				X					
84	JEFF-03-HA-BY-359-T	11/16/2023	650		DW				X					
85	JEFF-03-HA-BY-320-BF	11/16/2023	657		DW				X					
86	JEFF-03-HA-BY-325-BF	11/16/2023	659		DW				X					
87	JEFF-03-HA-BY-306A-F	11/16/2023	706		DW				X					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY: [signature]	DATE: 11/30/23	TIME: 1200
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3
TOTAL NUMBER OF CONTAINERS: _____
CUSTODY SEAL INTACT? YES NO
SAMPLE ON ICE? YES (NO)
TEMPERATURE: 11-9 C
SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:
COLIFORM BACTERIA:
Present Absent
If Present, Date Client is contacted with result:
Date:_____
Contacted By:_____

Lozier
Environmental Consulting, Inc.

2011 East Main Street, Rochester, NY 14609 Phone (585) 654-9080 Fax (585) 654-9662
Web: LozierEnv.com E-Mail: support@lozierenv.com

	REPORT TO:	INVOICE TO:
	Company: Lozier Environmental Consulting, Inc	Company: SAME
LAB ID: M33508	Address: 2011 East Main Street	Address:
PROJECT NAME: RCSD - Jefferson Campus	City,State Zip: Rochester, New York 14609	City,State Zip:
TURNAROUND TIME: Standard Rush	Phone: 585-654-9080	Phone: Fax:
Other:	E-Mail: vkaptein@lozierenv.com	Purchase Order #:

LAB ID (Lab Use Only)	SAMPLE DESCRIPTION / LOCATION	DATE	TIME	AIR	WATER: P=Potable NP=Non-Potable	SOIL / SOLID	WIPE / SWAB / TAPE LIFT	SAMPLE COMMENTS	REQUESTED ANALYSIS: LEAD					
88	JEFF-03-HA-BY-306A-BF	11/16/2023	707		DW				X					

Container Type (Circle One): Plastic Glass Sterile Other _____

Delivery (Circle One): Client Drop-Off / Courier (Tracking # _____)

SAMPLED BY*: J. Savoie / F. Golojuch

RELINQUISHED BY*: V. Kaptein	DATE: 11/17/23	TIME: 1051
RECEIVED BY:	DATE: 11/30/23	TIME: 1200
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:
RELINQUISHED BY*:	DATE:	TIME:
RECEIVED BY:	DATE:	TIME:

*The above signatures hereby authorize subcontracting of samples as required for laboratory analysis

FOR LAB USE ONLY

PRESERVATIVE/BIOCIDE: HNO3
TOTAL NUMBER OF CONTAINERS: _____
CUSTODY SEAL INTACT? YES NO
SAMPLE ON ICE? YES (NO)
TEMPERATURE: 1.8 C
SAMPLE IN COMPLIANCE: YES NO

FOR POTABLE WATER ONLY:
COLIFORM BACTERIA:
Present Absent
If Present, Date Client is contacted with result:
Date: _____
Contacted By: _____

Sample Condition Upon Receipt Form (SCUR)

Project # 23K3688
Client: Lozier

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

Thermometer Used: IRG4 Date: 11/30 Time: 1200 Initials:

State of Origin: NY

Cooler #1 Temp.°C 1.8 **(Visual)** 0.2 @ 0.0°C, -0.5 @20.0°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	☒Yes ☐ No ☐ N/A	
Chain of Custody Filled Out	☒Yes ☐ No ☐ N/A	
Relinquished Signature on COC	☒Yes ☐ No ☐ N/A	
Sampler Name and Signature on COC	☒Yes ☐ No ☐ N/A	
Samples Arrived within Hold Time	☒Yes ☐ No ☐ N/A	
Rush TAT requested on COC	☐Yes ☐ No ☐ N/A	
Sufficient Volume	☒Yes ☐ No ☐ N/A	
Correct Containers Used	☒Yes ☐ No ☐ N/A	
Containers Intact	☒Yes ☐ No ☐ N/A	
Sample Labels match COC (sample IDs & date/time of collection)	☒Yes ☐ No ☐ N/A	
All containers needing acid/base preservation have been checked.	☐Yes ☐ No ☐ 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	☐Yes ☐ No ☐ N/A	
Headspace in VOA Vials? (>6mm):	☐Yes ☐ No ☐N/A	
Trip Blank Present:	☐Yes ☐ No ☐N/A	

Additional Login Comments:

Client notification/ Resolution
Person Contacted: Date/Time:
Comments/Resolution:

☆ Did not receive any samples from [redacted] the first 6 pages & majority of the seventh page!