Pace® Location Requested (City/State):
Pace Analytical Long Island NY
575 Broad Hollow Rd, Melville, NY 11747

# CHAIN-OF-CUSTODY Analytical Request Document

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

**WO# : 70459072**

70459072

| | |
|---|---|
| Company Name: | OHM BOCES Clinton CSD |
| Street Address: | 75 Chenango Ave<br>Clinton , NY 13323<br>P: (315) 368-4585 |
| Customer Project #: | |
| Project Name: | Clinton CSD |
| Site Collection Info/Facility ID (as applicable): | Middle School |
| Time Zone Collected: | [ ] AK [ ] PT [ ] MT [ ] CT [X] ET |
| Contact/Report To: | Nicholas DeBella |
| Phone #: | 315 368 4585 |
| E-Mail: | ndebella@ccs.edu |
| Cc E-Mail: | |
| Invoice To: | |
| Invoice E-Mail: | |
| Purchase Order # (if applicable): | |
| Quote #: | |
| County / State origin of sample(s): | New York |

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

Regulatory Program (DW, RCRA, etc.) as applicable: NY Lead in School DW

**Rush (Pre-approval required):**
[ ] 2 Day [ ] 3 day [ ] 5 day [ ] Other_____

**Date Results Requested:** Standard 10 business day

DW PWSID # or WW Permit # as applicable:

Field Filtered (if applicable): [ ] Yes [ ] No

Analysis:

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Waste Water (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Other (OT), Surface Water (SW),Sediment (SED), Sludge (SL), Caulk

Specify Container Size **

Identify Container Preservative Type***

Analysis Requested

**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) 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) MeOH, (11) Other

Lab Use Only
Proj. Mgr: Alexandria Correa
AcctNum / Client ID:
Table #:
Profile / Template: x
Prelog / Bottle Ord. ID:

Preservation non-conformance identified for sample.

| Customer Sample ID | Matrix * | Comp / Grab | Collected (or Composite Start) Date | Collected (or Composite Start) Time | Composite End Date | Composite End Time | Res. Cl2 | Number & Type of Containers Plastic | Number & Type of Containers Glass | 200.8 Drinking Water (Pb only) | Sample Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CMS 3 | DW | G | 10/20/2026 | 6008 | | | | 1 | | X | |
| CMS 4 | | | | 609 | | | | | | | |
| CMS 6 | | | | 614 | | | | | | | |
| CMS 7 | | | | 6141 | | | | | | | |
| CMS 8 | | | | 615 | | | | | | | |
| CMS 9 | | | | 615 | | | | | | | |
| CMS 21 | | | | 619 | | | | | | | |
| CMS 68 | | | | 558 | | | | | | | |
| CMS 69 | | | | 558 | | | | | | | |
| CMS 70 | | | | 556 | | | | | | | |

Customer Remarks / Special Conditions / Possible Hazards:
Lead

Collected By:
Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:

# Coolers: Thermometer ID: Correction Factor (°C): Uncorr. Temp. (°C) Corrected Temp. (°C)

| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |
|---|---|---|---|
| | 10/29 1315 | PACE | 10/29/26 1315 |
| | 10/29 1315 | | 10/29/26 2305 |
| | 10/30/26 0145 | | 10/30 2330 |
| | 10/30 0200 | | |

Tracking Number:

Delivered by: [ ] In-Person [ ] Courier
[ ] FedEx [ ] UPS [ ] Other

Page: 1 of 3

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_v01_082123 ©

RMD Rec'd 10/31/26 600

Pace® Location Requested (City/State):
Pace Analytical Long Island NY
575 Broad Hollow Rd, Melville, NY 11747

# CHAIN-OF-CUSTODY Analytical Request Document

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

LAB USE ONLY- Affix Workorder/Login Label Here

Scan QR Code for instructions

| | |
|---|---|
| Company Name: | OHM BOCES Clinton CSD |
| Street Address: | 75 Chenango Ave<br>Clinton , NY 13323<br>P: (315) 368-4585 |
| Customer Project #: | |
| Project Name: | Clinton CSD |
| Site Collection Info/Facility ID (as applicable): | Middle School |
| Time Zone Collected: | [ ] AK [ ] PT [ ] MT [ ] CT [X] ET |
| Contact/Report To: | |
| Phone #: | |
| E-Mail: | |
| Cc E-Mail: | |
| Invoice To: | |
| Invoice E-Mail: | |
| Purchase Order # (if applicable): | |
| Quote #: | |
| County / State origin of sample(s): | New York |

Specify Container Size **

**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) Other

Identify Container Preservative Type***

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

Analysis Requested

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

Regulatory Program (DW, RCRA, etc.) as applicable: NY Lead in School DW

Rush (Pre-approval required):
[ ] 2 Day [ ] 3 day [ ] 5 day [ ] Other_____

Date Results Requested: Standard 10 business day

DW PWSID # or WW Permit # as applicable:

Field Filtered (if applicable): [ ] Yes [ ] No

Analysis:

Lab Use Only: Proj. Mgr: Alexandria Correa; AcctNum / Client ID:; Table #:; Profile / Template: x; Prelog / Bottle Ord. ID:

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Waste Water (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Other (OT), Surface Water (SW),Sediment (SED), Sludge (SL), Caulk

| Customer Sample ID | Matrix * | Comp / Grab | Collected (or Composite Start) Date | Collected (or Composite Start) Time | Composite End Date | Composite End Time | Res. Cl2 | Number & Type of Containers Plastic | Number & Type of Containers Glass | 200.8 Drinking Water (Pb only) | Sample Comment | Preservation non-conformance identified for sample. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cms 71 | DW | G | 10/20/2026 | 556 | | | | 1 | | X | | |
| Cms 80 | | | | 553 | | | | | | | | |
| Cms 81 | | | | 554 | | | | | | | | |
| Cms 82 | | | | 551 | | | | | | | | |
| Cms 83 | | | | 551 | | | | | | | | |
| Cms 108 | | | | 548 | | | | | | | | |
| Cms 109 | | | | 549 | | | | | | | | |
| Cms 114 | | | | 546 | | | | | | | | |
| Cms 115 | | | | 546 | | | | | | | | |
| 3213 S | | | | 612 | | | | | | | | |

Customer Remarks / Special Conditions / Possible Hazards:
Lead

Collected By:
Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:

| # Coolers: | Thermometer ID: | Correction Factor (°C): | Obs. Temp. (°C) | Corrected Temp. (°C) |
|---|---|---|---|---|
| 1 | T11 | 0 | 20.4 | 20.4 |

| | Date/Time: | Received by/Company: (Signature) | Date/Time: |
|---|---|---|---|
| Relinquished by/Company: (Signature) | 10/29 1315 | DACE | 10/29/26 1315 |
| Relinquished by/Company: (Signature) | 10/29 1315 | | 10/29/26 2305 |
| Relinquished by/Company: (Signature) | 10/30/26 0145 | | 10/30 2330 |
| Relinquished by/Company: (Signature) | 10/30 [illegible] | Received by/Company: (Signature) | Date/Time: |

Tracking Number:

Delivered by: [ ] In- Person [ ] Courier [ ] FedEX [ ] UPS [ ] Other



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/



CMP PU 10/30/26 600

Pace® Location Requested (City/State):
Pace Analytical Long Island NY
575 Broad Hollow Rd, Melville, NY 11747

# CHAIN-OF-CUSTODY Analytical Request Document

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

LAB USE ONLY- Affix Workorder/Login Label Here

Scan QR Code for instructions

| | |
|---|---|
| Company Name: OHM BOCES Clinton CSD | Contact/Report To: |
| Street Address: 75 Chenango Ave, Clinton , NY 13323, P: (315) 368-4585 | Phone #: |
| | E-Mail: |
| | Cc E-Mail: |
| Customer Project #: | Invoice To: |
| Project Name: Clinton CSD | Invoice E-Mail: |
| Site Collection Info/Facility ID (as applicable): Middle School | Purchase Order # (if applicable): |
| | Quote #: |
| Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET | County / State origin of sample(s): New York |

Specify Container Size **

**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) Other

Identify Container Preservative Type***

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

Analysis Requested

| | |
|---|---|
| Data Deliverables: [ ] Level II [ ] Level III [ ] Level IV [ ] EQUIS [ ] Other_____ | Regulatory Program (DW, RCRA, etc.) as applicable: NY Lead in School DW |
| | Rush (Pre-approval required): [ ] 2 Day [ ] 3 day [ ] 5 day [ ] Other_____ |
| | Date Results Requested: Standard 10 business day |
| | DW PWSID # or WW Permit # as applicable: |
| | Field Filtered (if applicable): [ ] Yes [ ] No |
| | Analysis: |

Lab Use Only: Proj. Mgr: Alexandria Correa; AcctNum / Client ID:; Table #:; Profile / Template: x; Prelog / Bottle Ord. ID:

Preservation non-conformance identified for sample.

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Waste Water (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Other (OT), Surface Water (SW),Sediment (SED), Sludge (SL), Caulk

| Customer Sample ID | Matrix * | Comp / Grab | Collected (or Composite Start) Date | Collected (or Composite Start) Time | Composite End Date | Composite End Time | Res. Cl2 | Number & Type of Containers Plastic | Number & Type of Containers Glass | 200.8 Drinking Water (Pb only) | Sample Comment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HA 215 DF | DW | G | 10/20/2026 | 617 | | | | 1 | | X | |
| HA 215 BF | | | | 617 | | | | | | | |
| 106 K S | | | | 604 | | | | | | | |
| HB 206 DF | | | | 610 | | | | | | | |
| HB 206 BF | | | | 610 | | | | | | | |
| HA 105 DF | | | | 602 | | | | | | | |
| HA 105 BF | | | | 602 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Customer Remarks / Special Conditions / Possible Hazards:
Lead

Collected By:
Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:

| # Coolers: | Thermometer ID: | Correction Factor (°C): | Obs. Temp. (°C) | Corrected Temp. (°C) |
|---|---|---|---|---|
| | THU1 | 0 | 23.6 | 23.6 |

| Relinquished by/Company: (Signature) | Date/Time: | Received by/Company: (Signature) | Date/Time: |
|---|---|---|---|
| | 10/29 1315 | PACE | 10/29/26 1315 |
| | 10/29 1315 | | 10/29/26 2305 |
| | 10/30/26 0645 | | 10/30 2300 |
| | 10/30 0650 | | |

Tracking Number:

Delivered by: [ ] In- Person [ ] Courier [ ] FedEX [ ] UPS [ ] Other

Page: 3 of 3

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_v01_082123 ©

PACE 10/30/26 600

DC#_Title: ENV-FRM-MELV-0024 v08_SCUR
Effective Date: 5/12/2026

**WO#: 70459072**
**PM: ALC** **Due Date: 11/10/26**
**CLIENT: ClintonCSD**

**Client Name:** Clinton CSD **Project #**

**Courier:** ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☑ Pace ☐ Other

**Tracking #:**

**Custody Seal on Cooler/Box Present:** ☐ Yes ☑ No **Seals intact:** ☐ Yes ☐ No **Temperature Blank Present:** ☐ Yes ☐ No
**Packing Material:** ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☑ None ☐ Other **Type of Ice:** Wet Blue None

**Thermometer Used:** IR1 **Correction Factor:** 0 ☐ Samples on ice, cooling process has begun
**Cooler Temperature(°C):** 20.4 **Cooler Temperature Corrected(°C):** 20.4 **Date/Time 5035A kits placed in freezer**
Temp should be above freezing to 6.0°C

**USDA Regulated Soil** ( ☑ N/A, water sample)

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ Yes ☐ No

Did samples orignate from a foreign source including Hawaii and Puerto Rico)? ☐ Yes ☐ No

**If Yes to either question, fill out a Regulated Soil Checklist (ENV-FRM-MELV-0076) and include with SCUR/COC paperwork.**

**Date and Initials of person examining contents:** 11/21/26

| | | | | COMMENTS: |
|---|---|---|---|---|
| Chain of Custody Present: | ☑Yes | ☐No | | 1. |
| Chain of Custody Filled Out: | ☑Yes | ☐No | | 2. |
| Chain of Custody Relinquished: | ☑Yes | ☐No | | 3. |
| Sampler Name & Signature on COC: | ☑Yes | ☐No | ☐N/A | 4. |
| Samples Arrived within Hold Time: | ☑Yes | ☐No | | 5. |
| **Short Hold Time Analysis (<72hr):** | ☐Yes | ☑No | | 6. |
| **Rush Turn Around Time Requested:** | ☐Yes | ☑No | | 7. |
| Sufficient Volume: (Triple volume provided for MS/MSD) | ☑Yes | ☐No | | 8. |
| Correct Containers Used: | ☑Yes | ☐No | | 9. |
| -Pace Containers Used: | ☑Yes | ☐No | | |
| Containers Intact: | ☑Yes | ☐No | | 10. |
| Filtered volume received for Dissolved tests | ☐Yes | ☐No | ☑N/A | 11. Note: if sediment is visible in the dissolved container. |
| Sample Labels match COC: -Includes date/time/ID/Analysis Matrix: SL WT OIL OTHER | ☑Yes | ☐No | | 12. |

**Date and Initials of person checking preservation:** 11/21/26

| | | | | |
|---|---|---|---|---|
| All containers needing preservation have been checked? pH paper Lot # 210526 | ☑Yes | ☐No | ☐N/A | 13. ☐ $HNO_3$ ☐ $H_2SO_4$ ☐ NaOH ☐ HCl Sample # |
| All containers needing preservation are found to be in compliance with method recommendation? ($HNO_3$, $H_2SO_4$, HCl, NaOH>9 Sulfide, NAOH>12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis | ☑Yes | ☐No | ☐N/A | Initial when completed: / Lot # of added preservative: / Date/Time preservative added: |
| Samples checked for dechlorination: KI starch test strips Lot # Residual chlorine strips Lot # | ☐Yes | ☐No | ☑N/A | 14. Positive for Res. Chlorine? Y N |
| SM 4500 CN samples checked for sulfide? Lead Acetate Strips Lot # | ☐Yes | ☐No | ☑N/A | 15. Positive for Sulfide? Y N |
| Headspace in ALK Bottle ( >6mm): | ☐Yes | ☐No | ☑N/A | |
| Headspace in VOA Vials ( >6mm): | ☐Yes | ☐No | ☑N/A | 16. |
| Trip Blank Present: | ☐Yes | ☐No | ☑N/A | 17. |
| Trip Blank Custody Seals Present | ☐Yes | ☐No | ☑N/A | |

**Client Notification/ Resolution:** **Field Data Required? Y / N**
**Person Contacted:** **Date/Time:**
**Comments/ Resolution:**

* PM (Project Manager) review (which includes the SCUR) is documented electronically in LIMS.