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

WO# : 70459062

70459062

Company Name:	OHM BOCES Clinton CSD
Street Address:	75 Chenango Ave Clinton , NY 13323 P: (315) 368-4585
Customer Project #:	
Project Name:	Clinton CSD
Site Collection Info/Facility ID (as applicable):	Elementary School
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 #:	

Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET

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:

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

* 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
CES 1	DW	G	10/16/2026	1646				1		X	
CES 4				1633							
CES 5				1633							
CES 9				1634							
CES 10			10/20/2026	1630							
CES 14			10/16/2026	1636							
CES 15				1630							
CES 19				1629							
CES 20				1629							
CES 23				1627							

Customer Remarks / Special Conditions / Possible Hazards:
Lead

Collected By:
Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:

# Coolers:	Thermometer ID:	Correction Factor (°C):	Cooler Temp. (°C):	Corrected Temp. (°C):
1	THC1	0	20.8	20.8

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29/26 1315	PACE	10/29/26 1315
			10/29/26 2305
	10/30/26 0145		10/30 2330
	10/30 6??		

Tracking Number:

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

Page: 1 of 9

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UMD PLI 10/30/26 6a

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

CHAIN-OF-CUSTODY Analytical Request Document

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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): Elementary 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:

* 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
CES 24	DW	G	10/16/2026	627				1		X		
CES 28				625								
CES 29				626								
CES 37				244								
CES 38			10/20/2026	629								
CES 42			10/16/2026	622								
CES 43				622								
CES 47				618								
CES 48				618								
CES 52				619								

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): 25.8 Corrected Temp (°C): 25.8

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 0945		10/30 2330
	10/30 1620		Date/Time:

Tracking Number:

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

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CMD 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

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LAB USE ONLY- Affix Workorder/Login Label Here

Scan QR Code for instructions

Company Name:	OHM BOCES Clinton CSD
Street Address:	75 Chenango Ave Clinton , NY 13323 P: (315) 368-4585
Customer Project #:	
Project Name:	Clinton CSD
Site Collection Info/Facility ID (as applicable):	Elementary 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 **

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

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: 200.8 Drinking Water (Pb only)

Lab Use Only
Proj. Mgr: Alexandria Correa
AcctNum / Client ID:
Table #:
Profile / Template: K
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
CES 53	DW	G	10/16/2026	620				1		X	
CES 57				616							
CES 58				6110							
CES 62				615							
CES 63				2615							
CES 66				613							
CES 67				613							
CES 71				610							
CES 72				610							
CES 76				611							

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)
	THI	1.0	25.8	25.8

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29 1315	DACE	10/29/26 1315
	10/29 1315		10/29/26 2305
	10/30/26 0145		10/30 2230
	10/30 6:30		

Tracking Number:

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

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RMD PM 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
Street Address: 75 Chenango Ave, Clinton , NY 13323, P: (315) 368-4585
Customer Project #:
Project Name: Clinton CSD
Site Collection Info/Facility ID (as applicable): Elementary School

Contact/Report To:
Phone #:
E-Mail:
Cc E-Mail:
Invoice To:
Invoice E-Mail:
Purchase Order # (if applicable):
Quote #:

Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET
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:

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:

* 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.
CES 77	DW	G	10/20/2026	1627				1		X		
CES 81			10/16/2026	1607								
CES 82				1607								
CES 88				1605								
CES 89				1605								
CES 93				1604								
CES 101				1509								
CES 103				1510								
CES 105				1510								
CES 107				1512								

Customer Remarks / Special Conditions / Possible Hazards: Lead

Collected By: Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:

Coolers: Thermometer ID: THI1 Correction Factor (°C): 0 Obs. Temp. (°C): 25.8 Corrected Temp (°C): 25.8

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 2:36
	10/30 6:20		

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

Page: 4 of 9

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ENV-FRM-CORQ-0019_v01_082123 ©

RMS P.CI 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

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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): Elementary School	Purchase Order # (if applicable):
	Quote #:
Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET	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:

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.

* 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
CES 109	DW	G	10/16/2026	573				1		X	
CES 115				516							
CES 116				518							
CES 117				519							
CES 131				638							
CES 132				638							
CES 136				641							
CES 137				1041							
CES 139				637							
CES 151				~~628~~							

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)

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29 1315	DACE	10/29/26 1315
	10/29 1315		10/29/26 2305
	10/30/26 0145		10/30 2:30
	10/30 0:20		

Tracking Number:

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

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VMD PLT 10/30/26 bal

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

CHAIN-OF-CUSTODY Analytical Request Document

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Scan QR Code for instructions

Company Name:	OHM BOCES Clinton CSD
Street Address:	75 Chenango Ave Clinton , NY 13323 P: (315) 368-4585
Customer Project #:	
Project Name:	Clinton CSD
Site Collection Info/Facility ID (as applicable):	Elementary School
Time Zone Collected:	[ ] AK [ ] PT [ ] MT [ ] CT [X] ET
Data Deliverables:	[ ] Level II [ ] Level III [ ] Level IV [ ] EQUIS [ ] Other_____

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
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:

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:

* 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.
CES 168	DW	G	10/16/2020	529	~~10/16/2020~~			1		X		
CES 170				529								
CES 171				531								
CES 172				531								
CES 173				535								
CES 175				535								
CES 176				540								
CES 178				540								
CES 179				538								
CES 180				536								

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)
	THI1	0	23.8	23C

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29 1315	PACE	10/29/20 1315
	1929 135		10/29/20 2305
	10/30/20 0145		10/30 2:38
	10/30 6:38		

Tracking Number:
Delivered by: [ ] In- Person [ ] Courier [ ] FedEX [ ] UPS [ ] Other
Page: 1 of 9

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RMD P.U 10/30/20 GJ

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

CHAIN-OF-CUSTODY Analytical Request Document

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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): Elementary School	Purchase Order # (if applicable):
	Quote #:
Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [X] ET	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:

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:

* 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.
CES 182	DW	G	10/16/2026	536				1		X		
CES 183				543								
CES 185				545								
CES 187			10/20/2026	1035								
CES 188			10/16/2026	549								
CES 189				551								
CES 191				551								
CES 192				554								
CES 194				554								
CES 195				557								

Customer Remarks / Special Conditions / Possible Hazards: Lead

Collected By: Printed Name: Richard Paszkiewicz; Signature:

Additional Instructions from Pace®:

Coolers: Thermometer ID: THC11 Correction Factor (°C): 1.0 Obs. Temp (°C): 23.8 Corrected Temp (°C): 20.8

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29 1315	PACE	10/29/26 1315
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29 1315		10/29/26 2305
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/30/26 0145		10/30 2:30
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/30 6:00		

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/

RMD PZ 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
Street Address:	75 Chenango Ave Clinton , NY 13323 P: (315) 368-4585
Customer Project #:	
Project Name:	Clinton CSD
Site Collection Info/Facility ID (as applicable):	Elementary 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

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:

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:

* 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.
CES 197	DW	G	10/16/2026	557				1		X		
CES 198				552								
CES 200			10/20/2026	636								
CES 201			10/16/2026	555								
CES 202				556								
CES 203				559								
CES 205				559								
CES 217				521								
CES 218				517								
CES 219				527								

Customer Remarks / Special Conditions / Possible Hazards:
Lead

Collected By:
Printed Name: Richard Paszkiewicz
Signature:

Additional Instructions from Pace®:
Coolers: Therm ID: Correction Factor (°C): Obs. 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 2:30
	10/30 6:20		

Tracking Number:

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

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VMD P.U. 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
Street Address:	75 Chenango Ave Clinton , NY 13323 P: (315) 368-4585
Customer Project #:	
Project Name:	Clinton CSD
Site Collection Info/Facility ID (as applicable):	Elementary School
Time Zone Collected:	[ ] AK [ ] PT [ ] MT [ ] CT [X] ET
Data Deliverables:	[ ] Level II [ ] Level III [ ] Level IV [ ] EQUIS [ ] Other_____
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
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:	

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.

* 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
CES 220	DW	G	10/16/2026	524				1		X	
CES 221				533							
CES 222				543							
CES 223				547							
CES 224				547							
CES 226				637							
CES 228				640							
CES 227				525							
CES 143				640							
CES 147				643							

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)
	PM11	0	20.8	20.8

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29 1315	PACE	10/29/26 1315
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/29 1315		10/29/26 2305
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/30/26 0145		10/30 2:30
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:
	10/30 6:50		

Tracking Number:

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

Page: 9 of 9

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RMD Pace 10/30/26 600

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

WO#: 70459062
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: Thrl **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: 10/28/26 PD

				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: 10/28/26 PD

All containers needing preservation have been checked? pH paper Lot # 210520	☑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.**