

Pace Analytical Services,LLC Ewing  
812 Silvia Street, Ewing, NJ 08628  
(P) (609) 737-3477 - [www.pacelabs.com](http://www.pacelabs.com)

## CERTIFICATE OF ANALYSIS

**Pace Charter School Of Hamilton**  
**EW-New Jersey Walk In Testing**  
**52 Lafayette Ave**  
**Hamilton, NJ 08610**

Project Name and Number: **52 Lafayette Ave**  
Workorder: **24D0839**  
Purchase Order: **P202400331**

April 18, 2024

This report relates only to the sample(s) as received by the laboratory on April 10, 2024. 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 Ewing project coordinator.

Note: This cover page is included as part of the Analytical Report and must be retained as a permanent record thereof.



Vincent Dombay, Project Coordinator

**Pace Analytical Services,LLC Ewing**  
**812 Silvia Street, Ewing, NJ 08628**  
**(P) (609) 737-3477 - www.pacelabs.com**

**EW-New Jersey Walk In Testing**  
**812 Silvia St**  
**Ewing, NJ 08628**

*Project:* 52 Lafayette Ave  
*Client Project Manager:* Pace Charter School Of Hamilton

PAS-Ewing received the samples associated with this batch in compliance with NJDEP guidelines. The requested analysis methods and results are detailed in the following data summary report. Any exception to method procedures are listed in the comments section below or noted with qualification on the results summary pages.

Sample collection performed by the individual indicated on the chain of custody, if not collected by a PAS-Ewing technician, then PAS-Ewing is not responsible for sample integrity prior to receipt at the lab as indicated on the chain of custody.

**Comments by Project Manager:**

Received: 04/10/2024 16:14 by Vincent Dombay

<u>Cooler</u>	<u>Temp C°</u>
Default Cooler	26.4

<u>Laboratory ID</u>	<u>Sample Name</u>	<u>Sample Date</u>	<u>Sampled By</u>
24D0839-01	Middle FL1	04/10/2024 15:15	Client
24D0839-02	Middle FL2	04/10/2024 15:00	Client

**Additional Comments:**

The analyses for Lead & Copper were performed by Pace Analytical Services, LLC-Melville, NY, NJ# NY158, as indicated in the included analytical results report.

**Pace Analytical Services, LLC Ewing**  
**812 Silvia Street, Ewing, NJ 08628**  
**(P) (609) 737-3477 - www.pacelabs.com**

### Qualifiers

No Qualifiers Reported

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### 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 Ewing**  
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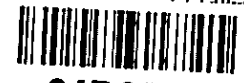
**Laboratory Certification List for this report.**

Laboratory	Certification			
	NJ	NY	PA	CT
Pace Analytical Services,LLC Ewing 812 Silvia Street Ewing, NJ 08628	11005	12046	68-05417	PH-0813
Pace Analytical Services, LLC Melville, NY 575 Broadhollow Rd Melville, NY 11747	NY158	10478	68-00350	PH-0435
Pace Analytical Services, LLC-Fairfield 1275 Bloomfield Ave, Ste 37D Fairfield, NJ 07004	07010	11634	68-02903	

**Pace** Pace® Location Requested (City/State): **CHAIN-OF-CUSTODY Analytical Request Document**  
 Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Company Name: **Pace Charter School of Hamilton**  
 Street Address: **52 Lafayette Ave  
 Hamilton, NJ 08610**  
 Customer Project #: **Debbie Pontoriero**  
 Project Name: **609-599-1212**  
 Site Collection Info/Facility ID (as applicable):

Contact/Report To: **Debbie Pontoriero**  
 Phone #: **609-599-1212**  
 E-Mail: **payables@pacecharter.k12.nj.us**  
 Cc E-Mail: **d.pontoriero@pacecharter.k12.nj.us**  
 Invoice to: **See above**  
 Invoice E-mail:  
 Purchase Order # (if applicable):  
 Quote #:



**24D0839**  
 EW-New Jersey Walk In Testing  
 52 Lafayette Ave

Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [ ] ET  
 Data Deliverables:  
 [ ] Level II [ ] Level III [ ] Level IV  
 [ ] EQUIS  
 [ ] Other

County / State origin of sample(s):  
 Regulatory Program (DW, RCRA, etc.) as applicable: Reportable [ ] Yes [ ] No  
 Rush [Pre-approval required]:  
 [ ] Same Day [ ] 1 Day [ ] 2 Day [ ] 3 Day Other \_\_\_\_\_  
 Date Results Requested:  
 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) 30mL, (10) Other  
 \*\*\* Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaHSO4, (8) Sod. Thiosulfate, (9) Ascorbic Acid, (10) MeOH, (11) Other

\* Matrix Codes (insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Biossary (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Caulk (CK), Leachate (LL), Biosolid (BS), Other (OT)

Customer Sample ID	Matrix *	Comp / Grab	Composite Start		Collected or Composite End		# Cont.	Residual Chlorine	
			Date	Time	Date	Time		Result	Units
Middle FL 1	DW	Grab	4/10/24	15:15			1		
Middle FL 2	DW	Grab	4/10/24	15:00			1		

Lead, Copper

Proj. Mgr:  
 AcctNum / Client ID:  
 Table #:  
 Profile / Template:  
 Pregl / Bottle Ord. ID:  
 Sample Comment

Additional Instructions from Pace\*:

Collected By:  
 Printed Name  
 Signature

Customer Remarks / Special Conditions / Possible Hazards:  
 # Coolers: 0 Thermometer ID: IR Front Correction Factor (°C): 0 Obs. Temp. (°C): 26.4 Corrected Temp. (°C): 26.4 [ ] On Ice No  
 Relinquished by Company (Signature):  
 Date/Time: 4/10/24 16:14  
 Received by Company (Signature):  
 Date/Time: 4/10/24 16:14  
 Tracking Number:  
 Delivered by: [ ] In-Person [ ] Courier  
 [ ] FedEx [ ] UPS [ ] Other  
 Page: of

Sample Condition Upon Receipt Form (SCUR)



Affix Sample Label Here



Date and Initials of person: 4/10/24  
 Examining contents: VI  
 Label: SM  
 Deliver to location: EW  
 pH: SM

Thermometer ID: JR Front Date: 4/10/24 Time: 16:14 Initials: VI

State of Origin: NJ

Cooler #1 Temp: °C 26.4 (Visual) 0 (Correction Factor) 26.4 (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

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sampler Name and Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: <u>HNO3</u>
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	Lot #/Trace #: <u>2400111</u> Date: <u>4-10-24</u> Time: <u>16:50</u> Initials: <u>SM</u>
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: \_\_\_\_\_



April 17, 2024

Susan McGrady  
Pace Analytical Services, LLC  
812 Silvia Street  
Trenton, NJ 08628

RE: Project: 24D0839  
Pace Project No.: 70294016

Dear Susan McGrady:

Enclosed are the analytical results for sample(s) received by the laboratory on April 12, 2024. 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.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Melville

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Matthew T. Nemeth  
matthew.nemeth@pacelabs.com  
516-370-6042  
Project Manager

Enclosures

cc: Nicole Carr, Pace Analytical Services, LLC Ewing  
Vincent Dombay, Pace Analytical Services, LLC Ewing  
Abby Hauptert, New Jersey Analytical Labs  
George Latham, Pace Analytical, LLC  
Cheryl Richter, Pace Analytical Labs, LLC  
Steve Witkowski, Pace Analytical Services, LLC Ewing



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 24D0839

Pace Project No.: 70294016

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### **Pace Analytical Services Long Island**

575 Broad Hollow Rd, Melville, NY 11747

Connecticut Certification #: PH-0435

Delaware Certification # NY 10478

Maryland Certification #: 208

Massachusetts Certification #: M-NY026

New Hampshire Certification #: 2987

New Jersey Certification #: NY158

New York Certification #: 10478 Primary Accrediting Body

Pennsylvania Certification #: 68-00350

Rhode Island Certification #: LAO00340

Virginia Certification # 460302

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## REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 24D0839

Pace Project No.: 70294016

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>Sample: 24D0839-01</b>								
<b>Lab ID: 70294016001</b>								
Collected: 04/10/24 15:15 Received: 04/12/24 08:00 Matrix: Drinking Water								
<b>200.8 MET ICPMS Drinking Water</b>								
Analytical Method: EPA 200.8								
Pace Analytical Services - Melville								
Copper	<2.0	ug/L	2.0	1		04/16/24 16:04	7440-50-8	
Lead	<1.0	ug/L	1.0	1		04/16/24 16:04	7439-92-1	

### REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 24D0839

Pace Project No.: 70294016

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>Sample: 24D0839-02</b>								
<b>Lab ID: 70294016002</b>								
Collected: 04/10/24 15:00 Received: 04/12/24 08:00 Matrix: Drinking Water								
<b>200.8 MET ICPMS Drinking Water</b>								
Analytical Method: EPA 200.8								
Pace Analytical Services - Melville								
Copper	<2.0	ug/L	2.0	1		04/16/24 16:05	7440-50-8	
Lead	<1.0	ug/L	1.0	1		04/16/24 16:05	7439-92-1	

### REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 24D0839
Pace Project No.: 70294016

QC Batch: 344443 Analysis Method: EPA 200.8
QC Batch Method: EPA 200.8 Analysis Description: 200.8 MET No Prep Drinking Water
Laboratory: Pace Analytical Services - Melville

Associated Lab Samples: 70294016001, 70294016002

METHOD BLANK: 1777525 Matrix: Water

Associated Lab Samples: 70294016001, 70294016002

Table with 6 columns: Parameter, Units, Blank Result, Reporting Limit, Analyzed, Qualifiers. Rows for Copper and Lead.

LABORATORY CONTROL SAMPLE: 1777526

Table with 7 columns: Parameter, Units, Spike Conc., LCS Result, LCS % Rec, % Rec Limits, Qualifiers. Rows for Copper and Lead.

MATRIX SPIKE SAMPLE: 1777528

Table with 8 columns: Parameter, Units, 70293878010 Result, Spike Conc., MS Result, MS % Rec, % Rec Limits, Qualifiers. Rows for Copper and Lead.

MATRIX SPIKE SAMPLE: 1777530

Table with 8 columns: Parameter, Units, 70293878011 Result, Spike Conc., MS Result, MS % Rec, % Rec Limits, Qualifiers. Rows for Copper and Lead.

SAMPLE DUPLICATE: 1777527

Table with 6 columns: Parameter, Units, 70293878010 Result, Dup Result, RPD, Qualifiers. Rows for Copper and Lead.

SAMPLE DUPLICATE: 1777529

Table with 6 columns: Parameter, Units, 70293878011 Result, Dup Result, RPD, Qualifiers. Rows for Copper and Lead.

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

REPORT OF LABORATORY ANALYSIS

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## QUALIFIERS

Project: 24D0839

Pace Project No.: 70294016

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### DEFINITIONS

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

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

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

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

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

S - Surrogate

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

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

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

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

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

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

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

TNI - The NELAC Institute.

## REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 24D0839

Pace Project No.: 70294016

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Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
70294016001	24D0839-01	EPA 200.8	344443		
70294016002	24D0839-02	EPA 200.8	344443		

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Pace Analytical Services, LLC Ewing NJ  
812 Silvia Street, Ewing, NJ 08628 (609) 737-3477



**SUBCONTRACT ORDER**

**MO# : 70294016**  
70294015

**SENDING LABORATORY:**

Pace Analytical Services, LLC-Ewing  
812 Silvia Street  
Ewing, NJ 08628  
Phone: 609-737-3052  
Fax: 609-737-3052

**RECEIVING LABORATORY:**

Pace Analytical Services, LLC Melville, NY  
575 Broadhollow Rd  
Melville, NY 11747  
Phone: (516) 370-6000  
Fax:

Project Mgr: Vincent Dombay  
Email: vincent.dombay@pacelabs.com

Send Invoice to: FAIR.AP@pacelabs.com

Send Report to: FAIR.Reporting@pacelabs.com

Turn Around Time

Standard 2 Weeks

Rush (Choose One Below) \*\*

24 Hr.  72 Hr.

48 Hr.  1 Week

Other (provide Date/Time)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*\* May Need Lab Approval

Report / Electronic Format

Results Only/Lvl 2

NJ DEP Reduced

NJ DEP Full

State Forms/E2

PWSID # \_\_\_\_\_

Email Delivery

HazSite EDD

EQUIS EDD

Excel

SRP # \_\_\_\_\_

**Order ID: 24D0839**

Sub Lab ID	Sending Lab ID	Sampled	SampleType	Matrix	Analysis Requested	[Comments]
------------	----------------	---------	------------	--------	--------------------	------------

24D0839-01		04/10/2024 15:15	Grab	DW	EPA 200.8, Copper EPA 200.8, Lead	
------------	--	------------------	------	----	--------------------------------------	--

Sample Name/Location: Middle Fl1

Comments:

Containers Supplied:

24D0839-02		04/10/2024 15:00	Grab	DW	EPA 200.8, Copper EPA 200.8, Lead	
------------	--	------------------	------	----	--------------------------------------	--

Sample Name/Location: Middle Fl12

Comments:

Containers Supplied:

Released By: *[Signature]* Date / Time: 4-11-24 Received By: *[Signature]* Date / Time: 4/11/24 16:00

Released By: *[Signature]* Date / Time: 4/11/24 19:40 Received By: *[Signature]* Date / Time: 4/12/24, 8:00

Client: **Pace Ewing**  
 Work ID: **2450839**

Profile #: **9503**  
 COC Page \_\_\_\_\_ of \_\_\_\_\_

Use Point Num  
 Add SCLQDFD to first sample for field charge

**MO#: 70294016**  
**PM: MN2** Due Date: **04/23/24**  
**CLIENT: Pace-Ewing**

Code	Material	Quantity	Unit	Notes
VG9U	40ml unpres clear vial			
VG9C	40ml unpres clear vial			
VG9H	40ml unpres clear vial			
VG9S	40ml unpres clear vial			
DG9T	40ml Citrate-Na Thiosulfate vial			
DG9Y	40ml Citrate-Na Thiosulfate vial			
DG9P	40ml Citrate-Na Thiosulfate vial			
DG9A	40ml Citrate-Na Thiosulfate vial			
DG6T	40ml Citrate-Na Thiosulfate vial			
DG9S	40ml Citrate-Na Thiosulfate vial			
AG4U	40ml unpres clear vial			
AG3U	40ml unpres clear vial			
AG2U	40ml unpres clear vial			
AG1U	40ml unpres clear vial			
AG34	40ml unpres clear vial			
AG3S	40ml unpres clear vial			
AG4E	40ml unpres clear vial			
AG3T	40ml unpres clear vial			
AG2R	40ml unpres clear vial			
AG1T	40ml unpres clear vial			
AG1H	40ml unpres clear vial			
AG1A	40ml unpres clear vial			
CG1U	40ml unpres clear vial			
BP4U	1L unpres clear glass			
BP3U	1L unpres clear glass			
BP2U	1L unpres clear glass			
BP1U	1L unpres clear glass			
BP3S	1L unpres clear glass			
BP2S	1L unpres clear glass			
BP4N	1L unpres clear glass			
BP3N	1L unpres clear glass			
BP2N	1L unpres clear glass			
BP3C	1L unpres clear glass			
BP3T	1L unpres clear glass			
BP3S	1L unpres clear glass			
BP3R	1L unpres clear glass			
BP1Z	1L unpres clear glass			
BP1N	1L unpres clear glass			
BP1B	1L unpres clear glass			
SP5T	1L unpres clear glass			
R	1L unpres clear glass			
WG2U	1L unpres clear glass			
WGFU	1L unpres clear glass			
WGKU	1L unpres clear glass			
WGPU	1L unpres clear glass			
ZPLC	1L unpres clear glass			
GN	1L unpres clear glass			
WP	1L unpres clear glass			
LOC	1L unpres clear glass			
SOC	1L unpres clear glass			

Code	Material	Quantity	Unit	Notes
VG9U	40ml unpres clear vial			
VG9C	40ml unpres clear vial			
VG9H	40ml unpres clear vial			
VG9S	40ml unpres clear vial			
DG9T	40ml Citrate-Na Thiosulfate vial			
DG9Y	40ml Citrate-Na Thiosulfate vial			
DG9P	40ml Citrate-Na Thiosulfate vial			
DG9A	40ml Citrate-Na Thiosulfate vial			
DG6T	40ml Citrate-Na Thiosulfate vial			
DG9S	40ml Citrate-Na Thiosulfate vial			
AG4U	40ml unpres clear vial			
AG3U	40ml unpres clear vial			
AG2U	40ml unpres clear vial			
AG1U	40ml unpres clear vial			
AG34	40ml unpres clear vial			
AG3S	40ml unpres clear vial			
AG4E	40ml unpres clear vial			
AG3T	40ml unpres clear vial			
AG2R	40ml unpres clear vial			
AG1T	40ml unpres clear vial			
AG1H	40ml unpres clear vial			
AG1A	40ml unpres clear vial			
CG1U	40ml unpres clear vial			
BP4U	1L unpres clear glass			
BP3U	1L unpres clear glass			
BP2U	1L unpres clear glass			
BP1U	1L unpres clear glass			
BP3S	1L unpres clear glass			
BP2S	1L unpres clear glass			
BP4N	1L unpres clear glass			
BP3N	1L unpres clear glass			
BP2N	1L unpres clear glass			
BP3C	1L unpres clear glass			
BP3T	1L unpres clear glass			
BP3S	1L unpres clear glass			
BP3R	1L unpres clear glass			
BP1Z	1L unpres clear glass			
BP1N	1L unpres clear glass			
BP1B	1L unpres clear glass			
SP5T	1L unpres clear glass			
R	1L unpres clear glass			
WG2U	1L unpres clear glass			
WGFU	1L unpres clear glass			
WGKU	1L unpres clear glass			
WGPU	1L unpres clear glass			
ZPLC	1L unpres clear glass			
GN	1L unpres clear glass			
WP	1L unpres clear glass			
LOC	1L unpres clear glass			
SOC	1L unpres clear glass			

Code	Material	Quantity	Unit	Notes
BP1U	1L unpres clear glass			
BP3N	1L unpres clear glass			
BP3C	1L unpres clear glass			
AG2U	500ml unpres amber glass			

Code	Material	Quantity	Unit	Notes
WTF	Water			
SIL	Solid			
NAL	Non-aqueous Liquid			
OL	OIL			
WPF	Wipe			
DW	Drinking Water			

Code	Material	Quantity	Unit	Notes
VG9T	40ml Na Thio amber vial			
DG9A	40ml Ascorbic acid malic acid vial			
DG9Y	Citrate/Na Thiosulfate 40ml			
DG6T	Na Thiosulfate 60ml vial			
DGFM	Monochloro/Na Thio 60ml			
AG3U	1250ml unpres amber glass			
AG3T	Na Thiosulfate 250ml bottle			
BP1B	Na Thiosulfate Amber bottle			
AG1T	Na Thiosulfate 1L Amber			
AG1A	525.3 Chemical Blend			

Additional Comments

Sender initials \_\_\_\_\_

PM (Project Manager) review is documented electronically in LIMS.

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

DATE AND INITIALS OF PERSON COMPLETING SECOND REVIEW: \_\_\_\_\_

17.	Tripp Blank Custody Seals Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
16.	Tripp Blank Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
15.	Headspace in VOA Vials (>5mm)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
14.	Lead Acetate Strips Lot #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
13.	SM 4500 CN samples checked for sul	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
12.	Residual chlorine strips Lot #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
11.	KI starch test strips Lot #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
10.	Samples checked for dechlorination	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
9.	Per Method, VOA pH is checked after analysis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8.	DRO/8015 (water)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
7.	Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, NAOH>12 Cyanide	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
6.	(HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NAOH>9 Sulfide)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
5.	in compliance with method recommendation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
4.	All containers needing preservation are found to be	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
3.	pH paper Lot #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
2.	have been	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
1.	All containers needing preservation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Date and Initials of person checking preservation: *SH 4/12/24*

12.	-Includes date/time/D/Analysis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
11.	Sample Labels match COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
10.	Dissolved tests	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
9.	Filtered volume received for	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8.	Containers intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
7.	-Face Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
6.	Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
5.	provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
4.	Sufficient Volume: (Triple volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
3.	Rush Turn Around Time Requested	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
2.	Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
1.	Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

COMMENTS: \_\_\_\_\_

Date and Initials of person examining contents: *SH 4/12/24*

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

Did samples originate from a foreign source including Hawaii and Puerto Rico?  Yes  No

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

USDA Regulated Soil  N/A, water sample)

Temp should be above freezing to 6.0°C

Cooler Temperature (C): *0.8* Cooler Temperature Corrected (C): *0.4* Date/Time 5035A kits placed in freezer: \_\_\_\_\_

Thermometer Used: *TH 211* Correction Factor: *-0.4*  Samples on ice, cooling process has begun

Packing Material:  Bubble Wrap  Bubble Bags  Ziplo  Non  Other Type of Ice: *Wet Blue None*

Custody Seal on Cooler/Box Present:  Yes  No Seals intact:  Yes  No Temperature Blank Present:  Yes  No

Tracking #: \_\_\_\_\_

Client Name: *FACE-Ewing* Project #: \_\_\_\_\_

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pack  Other

**MO#: 70294016**

PM: MN2 Due Date: 04/23/24

CLIENT: Face-Ewing