Sample Information:

Type: Potable Water LABORATORY RESULTS Origin:



TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested. The lab is not directly responsible for the integrity of the sample before

receipt at the lab and is responsible only for the tests requested

Oswego City School District 120 East First Street

Attn To: David Chrisafulli

Oswego, NY 13126

Federal ID:

Client Sample ID.: ROOM 136/3 BAY SINK/EAST R

Lab No. : 1608004-001

HIGH SCHOOL

Collected: 07/26/2016 12:00 PM Point No Received: 07/29/2016 10:30 AM Location:

Collected By: JM99

| Analytical Method: | E200.8 : IOC | | | | | | | Analyst: AG |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|---------------------|--------------------|
| Parameter(s) | | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed: | Container: |
| Lead | * | 160 | * | 1 | ua/L | 15 | 08/08/2016 11:54 PM | Container-01 of 01 |

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

Result(s) flagged with * Exceed Regulatory Limit(s). Limit noted.

Date Reported: 8/17/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

Page 1 of 6

Sample Information: Type: Potable Water

Origin:

LABORATORY RESULTS

575 Broad Hollow Road , Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
NYSDOH ID#10478 www.pacelabs.com

Results are only for the samples and analytes requested.

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the tests requested.

Oswego City School District 120 East First Street Oswego, NY 13126

Client Sample ID.: ROOM 136/3 BAY SINK/EAST F

Attn To: David Chrisafulli

HIGH SCHOOL

Federal ID:

Collected : 07/26/2016 12:01 PM Point No Received : 07/29/2016 10:30 AM Location:

Collected By: JM99

| Analytical Method: | E200.8 : IOC | | | | | | | Analyst: CM |
|--------------------|--------------|---------|-----------|-------------|--------------|--------------|--------------------|--------------------|
| Parameter(s) | | Results | Qualifier | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed: | Container: |
| Lead | | < 1.0 | | 1 | ua/L | 15 | 08/14/2016 6:50 PM | Container-01 of 01 |

Lab No. : 1608004-002

Qualifiers: E = Value above quantitation range, Value estimated.

B = Found in Blank

D.F. = Dilution Factor D = Results for Dilution

c = Calibration acceptability criteria exceeded for this analyte. Value estimated

H = Received/analyzed outside of analytical holding time

J = Estimated value - below calibration range

M-, M+ = Matrix Spike recovery below / above control limit

N = Indicates presumptive evidence of compound

P = Duplicate RPD outside of control limit

r = Reporting limit below calibration range. Value estimated.

S = Recovery outside of control limits for this analyte

+ = NYSDOH ELAP does not offer certification for this analyte / matrix / method

Result(s) reported meet(s) Regulatory Limit(s).

 $\mbox{Result(s) flagged with} \quad \bigstar \ \mbox{Exceed Regulatory Limit(s)}. \ \mbox{Limit noted}.$

Date Reported: 8/17/2016

Elizabeth Harrison

Project Manager: Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

QC SUMMARY REPORT

WO#:

1608004

17-Aug-16

Client: Oswego City School District

Project: Oswego City School District BatchID: R103282

| Sample ID CalBlank Client ID: PBW | SampType: MBLK Batch ID: R103282 | TestCode: 200.8_DW_R Units: ug/L TestNo: E200.8 | Prep Date: Analysis Date: 8/8/2016 | RunNo: 103282 SeqNo: 2281144 | |
|-----------------------------------|----------------------------------|---|-------------------------------------|---|--|
| Analyte | Result | PQL SPK value SPK Ref Val | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual | |
| Lead | < 1.0 | 1.0 | | | |

Qualifiers: * Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



Client:

PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436

Website: www.pacelabs.com

QC SUMMARY REPORT

WO#:

1608004

17-Aug-16

Oswego City School District

Project: Oswego City School District BatchID: R103676

| Sample ID CalBlank | SampType: MBLK | TestCode: 200.8_DW_R Units: ug/L | Prep Date: | RunNo: 103676 |
|--------------------|-------------------|----------------------------------|-------------------------------------|-----------------------|
| Client ID: PBW | Batch ID: R103676 | TestNo: E200.8 | Analysis Date: 8/14/2016 | SeqNo: 2290580 |
| Analyte | Result | PQL SPK value SPK Ref Val | %REC LowLimit HighLimit RPD Ref Val | %RPD RPDLimit Qual |
| Lead | < 1.0 | 1.0 | | |

Qualifiers:

Value exceeds Maximum Contaminant Level

H Holding times for preparation or analysis exceeded

O RSD is greater than RSDlimit

S Spike Recovery outside accepted recovery limits

D Dilution was required.

M Manual Integration used to determine area response

P Second column confirmation exceeds

W Sample container temperature is out of limit as specified

E Value above quantitation range

ND Not Detected at the Reporting Limit

R RPD outside accepted recovery limits



PACE ANALYTICAL 575 Broad Hollow Road Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436 Website: <u>www.pacelabs.com</u>

Sample Receipt Checklist

Determined Time Description 7/20/2016 40-20-00 A

| Client Name CITI | | | Date a | nd Time Received: | 7/29/2016 10:30:00 AM | |
|--|------------------|--------------|--------------------|-------------------------|-----------------------|--|
| Work Order Number: 1608004 RcptNo: 1 | | | Receiv | ed by Edward Dor | maradzki | |
| Completed by: Marissa Griden | Reviewed by: | | Elegabeth Harrison | | | |
| Completed Date: <u>8/1/2016 9:49:52 AM</u> | Review | ed Date: | 8/2/2016 | 11:34:12 AM | | |
| Carrier name: FedEx | | | | | | |
| Chain of custody present? | Yes | ✓ | No 🗌 | | | |
| Chain of custody signed when relinquished and received? | Yes | \checkmark | No 📙 | | | |
| Chain of custody agrees with sample labels? | Yes | ✓ | No 📙 | | | |
| Are matrices correctly identified on Chain of custody? | Yes | \checkmark | No 🗀 | | | |
| Is it clear what analyses were requested? | Yes | ✓ | No 🗀 | N · B | | |
| Custody seals intact on sample bottles? | Yes | | No 🗌 | Not Present | \checkmark | |
| Samples in proper container/bottle? | Yes | ✓ | No 🗌 | | | |
| Were correct preservatives used and noted? | Yes | ✓ | No 🗀 | NA | | |
| Preservative added to bottles: | | | | | | |
| Sample Condition? | Intact | ✓ | Broken U | Leaking | | |
| Sufficient sample volume for indicated test? | Yes | ✓ | No 🗌 | | | |
| Were container labels complete (ID, Pres, Date)? | Yes | ✓ | No □ No □ | | | |
| All samples received within holding time? | Yes | | | | | |
| Was an attempt made to cool the samples? | Yes | | No 🗌 | NA | | |
| All samples received at a temp. of > 0° C to 6.0° C? | Yes | | No 🗌 | NA | | |
| Response when temperature is outside of range: | Vaa | | No 🗸 | - | • | |
| Sample Temp. taken and recorded upon receipt? | Yes | | No 🗆 | To | ° ✓ | |
| Water - Were bubbles absent in VOC vials? | Yes | | | No Vials | ✓ | |
| Water - Was there Chlorine Present? | Yes | | No 📙 | NA N | | |
| Water - pH acceptable upon receipt? | Yes | V | No 🗆 | No Water | | |
| Are Samples considered acceptable? | Yes | ✓ | No 🗌 | | | |
| Custody Seals present? | Yes | ✓ | No 📙 | | | |
| Airbill or Sticker? | Air Bil | ✓ | Sticker \square | Not Present | | |
| Airbill No: | | | | | | |
| Case Number: SDG: | | SAS | S: | | | |
| | | | | | | |
| Any No response should be detailed in the comments section | n below, if appl | icable. | | - — — — — — — | | |
| Client Contacted? ☐ Yes ☐ No ✔ NA | Person Conta | acted: | | - — — — — — | | |
| Contact Mode: Phone: Fax: | Email: | Г | In Persor | n: | | |
| Client Instructions: | _ | | | | | |
| Date Contacted: Contacted By: | | | | | | |
| Regarding: | | | | | | |
| Comments: | | | | | | |
| CorrectiveAction: | | | | | | |
| | | | | | | |



<u>WorkOrder :</u> 1608004

Certifications

| STATE | CERTIFICATION# |
|------------------|----------------|
| NEW YORK | 10478 |
| NEW JERSEY | NY158 |
| CONNECTICUT | PH-0435 |
| MARYLAND | 208 |
| MAS S ACHUS ETTS | MNY026 |
| NEW HAMPS HIRE | 2987 |
| RHODE IS LAND | LAO00340 |
| PENNS YLVANIA | 68-00350 |