575 Broad Hollow Road , Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 NYSDOH ID#10478 www.pacelabs.com	LABORATORY RESULTS Results are only for the samples and analytes req The lab is not directly responsible for the integrity of the sample be receipt at the lab and is responsible only for the tests requested.	Type : Origin: uested.	ple Information: Potable Water Raw Well Routine
Oswego City School District 120 East First Street Oswego, NY 13126 Clier	Lab No. :1606C00-001 ht Sample ID.:SINK		
Attn To : David Chrisafulli Federal ID :	Concession Stand		
Collected : 06/10/2016 1:21 AM Point No Received : 06/11/2016 9:50 AM Location: Collected By :			
Analytical Method: E200.8 : IOC			Analyst: CM

Analytical Method:	E200.8 : IOC							Analyst: CM	
Parameter(s)		Results	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:	
Lead		4.4		1	ug/L	15	06/28/2016 5:14 PM	Container-01 of 01	

<u>Qualifiers:</u> E = Value above quantitation range, Value estimated.

B = Found in Blank

- D.F. = Dilution Factor D = Results for Dilution
- $\ensuremath{\mathsf{c}}$ = 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 : 6/29/2016

Elizabeth Harrison

Project Manager : Elizabeth Harrison

Test results meet the requirements of NELAC unless otherwise noted.

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QC SUMMARY REPORT

WO#: 1606C00

29-Jun-16

Client: Project:	Oswego City School Oswego City School							B	SatchID:	R100798		
Sample ID Call Client ID: PBV	1 31	De: MBLK D: R100798		de: 200.8_DW	/_R Units: ug/L		Prep Da Analysis Da		016	RunNo: 100 SeqNo: 22		
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

i		Website: <u>v</u>	www.pac	<u>celabs.com</u>		
Client Name CITI				Date and	d Time Received:	6/11/2016 9:50:00 AM
Work Order Number: 16	RcptNo:	1		Receive	ed by Edward Dor	naradzki
	rge A. Cappad	ma.	Revie	wed by: E	-	Harrison
Completed Date: 6	/12/2016 11:50:33 AM		Revie	wed Date:	<u>6/17/2016</u>	<u>6 2:03:54 PM</u>
Carrier name: FedEx						
Chain of custody agrees	when relinquished and received? with sample labels? ntified on Chain of custody? were requested? ample bottles? her/bottle? as used and noted? tles: for indicated test?	Yes Yes Yes Yes Yes Yes Yes Yes Yes		No No No No No No Broken No No	Not Present NA Leaking	
All samples received with		Yes	\checkmark	No 🗌		
Was an attempt made to All samples received at a Response when temperat	temp. of > 0° C to 6.0° C?	Yes Yes		No 🗌 No 🗌	NA NA	
Sample Temp. taken and Water - Were bubbles ab Water - Was there Chlorin Water - pH acceptable up Are Samples considered	sent in VOC vials? ne Present? on receipt?	Yes Yes Yes Yes Yes		No 🔽 No 🗌 No 🗌 No 🗌	To No Vials NA No Water	
Custody Seals present? Airbill or Sticker? Airbill No:		Yes Air Bil 7764-9	√ 9503-98	No 🗹 Sticker 🗌 30	Not Present	
Case Number:	SDG:		SA	NS:		

Any No response should be detailed in the comments section below, if applicable.

Client Contacted? Contact Mode:		Person Contacted:	In Person:
Client Instructions: Date Contacted: Regarding: Comments:	Co	ntacted By:	
CorrectiveAction:			



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WorkOrder :

1606C00

Certifications

S TATE	CERTIFICATION #				
NE W YOR K	10478				
NEW JERSEY	NY158				
CONNECTICUT	PH-0435				
MARYLAND	208				
MAS S AC HUS E TTS	M-NY026				
NEW HAMPS HIRE	2987				
RHODE IS LAND	LAO00340				
PENNS YLVANIA	68-00350				

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