



Sample Information:

Type : Potable Water
Origin:

LABORATORY RESULTS

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

Lab No. : 1608005-001

Client Sample ID. : ROOM 120A/SINK W/ EYEWASH/R

Attn To : David Chrisafulli

FREDRICK LEIGHTON ELEMENTARY

Federal ID :

Collected : 07/26/2016 12:07 PM Point No:

Received : 07/29/2016 10:30 AM Location:

Collected By : JM99

Analytical Method: E200.8 : IOC

Analyst: AG

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Lead	12		1	ug/L	15	08/08/2016 11:57 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 : 8/10/2016

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.



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

Lab No. : 1608005-003
Client Sample ID. : ROOM 151B/SINK/R

FREDRICK LEIGHTON ELEMENTARY

Attn To : David Chrisafulli
 Federal ID :
 Collected : 07/26/2016 12:11 PM Point No:
 Received : 07/29/2016 10:30 AM Location:
 Collected By : JM99

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Lead	10		1	ug/L	15	08/09/2016 12:11 AM	Container-01 of 01

Qualifiers: E = Value above quantitation range, Value estimated.
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 c = Calibration acceptability criteria exceeded for this analyte. Value estimated
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Oswego City School District
120 East First Street
Oswego, NY 13126

Lab No. : 1608005-005
Client Sample ID. : ROOM 152/SINK/R

Attn To : David Chrisafulli

FREDRICK LEIGHTON ELEMENTARY

Federal ID :
 Collected : 07/26/2016 12:14 PM Point No:
 Received : 07/29/2016 10:30 AM Location:
 Collected By : JM99

<u>Parameter(s)</u>	<u>Results</u>	<u>Qualifier</u>	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	<u>Analyzed:</u>	<u>Container:</u>
Lead	< 1.0		1	ug/L	15	08/09/2016 12:14 AM	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
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 Date Reported : 8/10/2016

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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#: 1608005

10-Aug-16

Client: Oswego City School District

Project: Oswego City School District

BatchID: R103282

Sample ID: CalBlank	SampType: MBLK	TestCode: 200.8_DW_R	Units: ug/L	Prep Date:	RunNo: 103282						
Client ID: PBW	Batch ID: R103282	TestNo: E200.8		Analysis Date: 8/8/2016	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



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Sample Receipt Checklist

Client Name **CITI** Date and Time Received: **7/29/2016 10:30:00 AM**

Work Order Number: **1608005** RcptNo: **1** Received by: **Edward Domaradzki**

Completed by: *Maressa Rubin* Reviewed by: *Elizabeth Harrison*
 Completed Date: 8/1/2016 9:51:14 AM Reviewed Date: 8/2/2016 11:35:56 AM

Carrier name: FedEx

- Chain of custody present? Yes No
- Chain of custody signed when relinquished and received? Yes No
- Chain of custody agrees with sample labels? Yes No
- Are matrices correctly identified on Chain of custody? Yes No
- Is it clear what analyses were requested? Yes No
- Custody seals intact on sample bottles? Yes No Not Present
- Samples in proper container/bottle? Yes No
- Were correct preservatives used and noted? Yes No NA
- Preservative added to bottles:
- Sample Condition? Intact Broken Leaking
- Sufficient sample volume for indicated test? Yes No
- Were container labels complete (ID, Pres, Date)? Yes No
- All samples received within holding time? Yes No
- 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:
- Sample Temp. taken and recorded upon receipt? Yes No To °
- Water - Were bubbles absent in VOC vials? Yes No No Vials
- Water - Was there Chlorine Present? Yes No NA
- Water - pH acceptable upon receipt? Yes No No Water
- Are Samples considered acceptable? Yes No
- Custody Seals present? Yes No
- Airbill or Sticker? Air Bill Sticker Not Present

Case Number: _____ SDG: _____ SAS: _____

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

Client Contacted? Yes No NA Person Contacted:
 Contact Mode: Phone: Fax: Email: In Person:
 Client Instructions:
 Date Contacted: _____ Contacted By: _____
 Regarding:
 Comments:
 CorrectiveAction:

WorkOrder :
1608005

Certifications

STATE	CERTIFICATION #
NEW YORK	10478
NEW JERSEY	NY158
CONNECTICUT	PH-0435
MARYLAND	208
MAS S ACHUS E TTS	M-NY026
NE W HAMP S HIRE	2987
RHODE IS LAND	LAO00340
PE NNS YLVANIA	68-00350