



Pace Analytical Services, LLC-Fairfield

1275 Bloomfield Avenue, Fairfield, NJ 07004 (973) 227-0422



ANALYTICAL RESULTS

STANDARD DELIVERABLES FORMAT

WORK ORDER NUMBER: 24H2643

Windsor + Shepard Prep

Project: Shepard Prep

A handwritten signature in black ink, appearing to read "S. Pradhan", with a horizontal line underneath.

Sudip Pradhan
Laboratory Director

All Results meet the requirements of the National Environmental Laboratory Accreditation Conference and/or State specific certifications as applicable.

Report Date: Sep 17, 2024



Pace Analytical Services, LLC-Fairfield

Client: _One Time Client Agra
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Order ID Number: 24H2643
Received: 08/27/2024 12:05

Project: Shepard Prep
Report Date: 09/17/2024 15:15

Contact: _One Time Client Agra
Customer Service Rep: Victor G. Cervantes

Analytical Results Summary

Sample Number	Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units	Reg Limit
24H2643-01	Drinking Water		1) Boys Room Fountain						Collected : 08/27/2024 11:22	
Total Metals										
Lead		EPA 200.8	08/29/24 21:32	08/29/24 21:32	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-02	Drinking Water		2) Boys Room Fountain Bottle Filter						Collected : 08/27/2024 11:20	
Total Metals										
Lead		EPA 200.8	08/29/24 21:49	08/29/24 21:49	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-03	Drinking Water		3) Girls Room Fountain						Collected : 08/27/2024 11:16	
Total Metals										
Lead		EPA 200.8	08/29/24 22:27	08/29/24 22:27	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-04	Drinking Water		4) Girls Room Fountain Bottle Filter						Collected : 08/27/2024 11:14	
Total Metals										
Lead		EPA 200.8	08/29/24 22:31	08/29/24 22:31	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-05	Drinking Water		5) Gym Fountain						Collected : 08/27/2024 11:12	
Total Metals										
Lead		EPA 200.8	09/03/24 17:13	09/03/24 17:13	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-06	Drinking Water		6) Gym Fountain Bottle Filter						Collected : 08/27/2024 11:11	
Total Metals										
Lead		EPA 200.8	08/29/24 22:35	08/29/24 22:35	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-07	Drinking Water		7) Teacher's Lounge						Collected : 08/27/2024 11:00	
Total Metals										
Lead		EPA 200.8	08/29/24 22:40	08/29/24 22:40	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-08	Drinking Water		8) Kitchen Sink						Collected : 08/27/2024 11:07	
Total Metals										
Lead		EPA 200.8	08/29/24 22:44	08/29/24 22:44	<0.00200	U		0.00200	mg/L	0.015 (5)

Report Date: Sep 17, 2024

See FootNotes on Last Page of Sample Results



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Received: 08/27/2024 12:05

Project: Shepard Prep
Report Date: 09/17/2024 15:15

Contact: _One Time Client Agra
Customer Service Rep: Victor G. Cervantes

Analytical Results Summary

Sample Number	Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units	Reg Limit
24H2643-09	Drinking Water		9) Kitchen Sink						Collected : 08/27/2024 11:09	
Total Metals										
Lead		EPA 200.8	08/29/24 22:48	08/29/24 22:48	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-10	Drinking Water		10) Nurse Office						Collected : 08/27/2024 11:01	
Total Metals										
Lead		EPA 200.8	08/29/24 22:52	08/29/24 22:52	0.00271			0.00200	mg/L	0.015 (5)
24H2643-11	Drinking Water		11) Kitchen Sink Church Hall						Collected : 08/27/2024 11:26	
Total Metals										
Lead		EPA 200.8	08/29/24 22:56	08/29/24 22:56	<0.00200	U		0.00200	mg/L	0.015 (5)
24H2643-12	Drinking Water		12) Kitchen Sink Church Hall						Collected : 08/27/2024 11:24	
Total Metals										
Lead		EPA 200.8	08/29/24 23:01	08/29/24 23:01	<0.00200	U		0.00200	mg/L	0.015 (5)

(5) Reg - Federal and NJ State Primary and Secondary Drinking Water Standards
X: 07010: NJ DEP


FootNotes

RL - Reporting limit
MDL - Minimum detection limit
ND, U - Indicates compound analyzed for but not detected
J - Indicates estimated value

B - Indicates compound found in associated blank
E - Concentration exceeds highest calibration standard
D - Indicates result is based on a dilution
P - Greater than 25% diff. between 2 GC columns.
H - Indicates a Hold Time violation
D1 - Sample was Decanted (Dissolved)

Report Date: Sep 17, 2024

8/27 9:30 AM




Pace® Location Requested (City/State):
Pace® Analytical Services LLC - Fairfield
1275 Bloomfield Ave Bldg 6
Fairfield, NJ 07004


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



\$ 80 PER SAMPLE



24H2643

(3) 250mL, (4) EnCore, (8)

One Time Client Agra

Homeowner / Windsor + Shepard Schools

(3) HNO3, (3) etate, (7)

NaHSO4, (8) Sod. Thiosulfate, (9) Ascorbic Acid, (10) MeOH, (11) Other

Company Name: WINDSOR + SHEPARD SCHOOLS
Street Address: 10 COLUMBIA ST.
MORRISTOWN, NJ 07960

Customer Project #: SHEPARD PREP H.S.

Project Name: SHEPARD PREP H.S.

Site Collection Info/Facility ID (as applicable):

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

Data Deliverables:
[] Level II [] Level III [] Level IV
[] EQUIS
[] Other

Contact/Report To: AUN MARIE SCORZO
Phone #: 973-714-9908
E-Mail: ASCORZO@WINDSOR SCHOOLS.COM
Cc E-Mail:

Invoice To: WINDSOR + SHEPARD SCHOOLS
Invoice E-Mail:
Purchase Order # (if applicable):
Quote #:

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: _____ Field Filtered (if applicable): [] Yes [] No Analysis: _____

* 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), 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.	Res. Chlorine		Sample Comment
			Date	Time	Date	Time		Results	Units	
1) Boys Room FOUNTAIN	DW	G			8/27/24	1122				X
2 Boys Room FOUNTAIN BOTTLE FILLER					8/27/24	1120				X
3 GIRLS ROOM FOUNTAIN					8/27/24	1110				X
4 GIRLS ROOM FOUNTAIN BOTTLE FILLER					8/27/24	1141				X
5 GYM FOUNTAIN					8/27/24	1112				X
6 GYM FOUNTAIN BOTTLE FILLER					8/27/24	1111				X
7 TEACHER'S LOUNGE					8/27/24	1100				X
8) KITCHEN SINK					8/27/24	1107				X
9 KITCHEN SINK					8/27/24	1109				X
10 NURSE OFFICE	W	W			8/27/24	1108				X

LEAD FIRST DRAW

Additional Instructions from Pace*:

Collected By: (Printed Name) ANGEL ROSAS
Signature: _____

Customer Remarks / Special Conditions / Possible Hazards:

Coolers: _____ Thermometer ID: _____ Correction Factor (°C): -1.0
On Temp. (°C): 5.1 Corrected Temp. (°C): 4.1 On Ice: y

Relinquished by/Company: (Signature) _____
Date/Time: 8/27/24 1205

Relinquished by/Company: (Signature) _____
Date/Time: _____

Relinquished by/Company: (Signature) _____
Date/Time: _____

Relinquished by/Company: (Signature) _____
Date/Time: _____

Received by/Company: (Signature) _____
Date/Time: 8/27/24 1205

Received by/Company: (Signature) _____
Date/Time: _____

Received by/Company: (Signature) _____
Date/Time: _____

Received by/Company: (Signature) _____
Date/Time: _____

Tracking Number: _____

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

Page: of



Pace® Location Requested (City/State):
 Pace® Analytical Services LLC - Fairfield
 1275 Bloomfield Ave Bldg 6
 Fairfield, NJ 07004

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



\$ 80 per Sample

Scan QR Code for instructions

Company Name:	Contact/Report To:
Street Address: <i>SAME AS PREVIOUS PAGE</i>	Phone #:
	E-Mail:
	Cc E-Mail:
Customer Project #:	Invoice To:
Project Name:	Invoice E-Mail:
Site Collection Info/Facility ID (as applicable):	Purchase Order # (if applicable):
	Quote #:
Time Zone Collected: [] AK [] PT [] MT [] CT [] ET	County / State origin of sample(s):

Specify Container Size **	**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) 90mL, (10) 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:	Regulatory Program (DW, RCRA, etc.) as applicable: Reportable [] Yes [] No
[] Level II [] Level III [] Level IV	
[] EQUIS	Rush (Pre-approval required): [] Same Day [] 1 Day [] 2 Day [] 3 Day [] Other _____
[] Other	DW PWSID# or WW Permit # as applicable:
	Date Results Requested:
	Field Filtered (if applicable): [] Yes [] No

* 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), 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.	Res. Chlorine		X	Sample Comment
			Date	Time	Date	Time		Results	Units		
<i>11 KIRKWOOD SIVIC CHURCH HALL</i>	<i>DW</i>	<i>G</i>			<i>8/29/21</i>	<i>1124</i>				<i>X</i>	
<i>12 KIRKWOOD SIVIC CHURCH HALL</i>	<i>↓</i>	<i>↓</i>			<i>8/29/21</i>	<i>1124</i>				<i>X</i>	

Lab Use Only	Proj. Mgr:	Preservation non-conformance identified for sample.
	AcctNum / Client ID:	
	Table #:	
	Profile / Template:	
	Prelog / Bottle Ord. ID:	

Additional Instructions from Pace®:	Collected By: (Printed Name)	Customer Remarks / Special Conditions / Possible Hazards:
	Signature:	# Coolers: Thermometer ID: Correction Factor (°C): Obs. Temp. (°C) Corrected Temp. (°C) On Ice:

Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	Tracking Number:
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	Delivered by: [] In-Person [] Courier
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	[] FedEx [] UPS [] Other
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	Page: of

24H2643

Sample Condition Upon Receipt Form (SCUR)



Affix Sample Label Here

Date and Initials of person:

Examining contents: mf

Label: _____

Deliver to location: _____

pH: 6.2

Thermometer Used: 71TR03 Date: 8/27/24 Time: 12:05 Initials: mf

State of Origin: _____

Cooler #1 Temp.°C 5.1 (Visual) 7.0 (Correction Factor) 4.1 (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 N/A

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: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
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	
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: _____