



**Pace Analytical Services, LLC-Fairfield**

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



# ANALYTICAL RESULTS

STANDARD DELIVERABLES FORMAT

WORK ORDER NUMBER: 24H2645

Windsor + Shepard School

Project: Shepard School

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: 24H2645  
Received: 08/27/2024 12:05

Project: Shepard School  
Report Date: 09/17/2024 15:18

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
<b>24H2645-01</b>	<b>Drinking Water</b>		<b>1) Kitchen Sink</b>						Collected : 08/27/2024 10:10	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:13	08/29/24 23:13	<0.00200	U		0.00200	mg/L	0.015 (5)
<b>24H2645-02</b>	<b>Drinking Water</b>		<b>2) Kitchen Sink</b>						Collected : 08/27/2024 10:11	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:17	08/29/24 23:17	<0.00200	U		0.00200	mg/L	0.015 (5)
<b>24H2645-03</b>	<b>Drinking Water</b>		<b>3) Kitchen Sink</b>						Collected : 08/27/2024 10:12	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:22	08/29/24 23:22	0.00503			0.00200	mg/L	0.015 (5)
<b>24H2645-04</b>	<b>Drinking Water</b>		<b>4) Nurse Office</b>						Collected : 08/27/2024 10:07	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:26	08/29/24 23:26	<0.00200	U		0.00200	mg/L	0.015 (5)
<b>24H2645-05</b>	<b>Drinking Water</b>		<b>5) Hallway Fountain</b>						Collected : 08/27/2024 10:02	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:30	08/29/24 23:30	<0.00200	U		0.00200	mg/L	0.015 (5)
<b>24H2645-06</b>	<b>Drinking Water</b>		<b>6) Hallway Fountain Bottle Filter</b>						Collected : 08/27/2024 10:05	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:34	08/29/24 23:34	<0.00200	U		0.00200	mg/L	0.015 (5)
<b>24H2645-07</b>	<b>Drinking Water</b>		<b>7) Foyer Fountain</b>						Collected : 08/27/2024 10:13	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:38	08/29/24 23:38	<0.00200	U		0.00200	mg/L	0.015 (5)
<b>24H2645-08</b>	<b>Drinking Water</b>		<b>8) Foyer Fountain Bottle Filter</b>						Collected : 08/27/2024 10:15	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:43	08/29/24 23:43	<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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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
<b>24H2645-09</b>	<b>Drinking Water</b>		<b>9) Teacher's Lounge</b>						Collected : 08/27/2024 9:52	
<b>Total Metals</b>										
Lead		EPA 200.8	08/29/24 23:47	08/29/24 23:47	<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 8AM

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



880 per Sample



24H2645

One Time Client Agra  
Homeowner / Windsor + Shepard Schools

(3) 250mL, (4)  
'1) EnCore, (8)  
(2) HNO3, (3)  
cetate, (7)  
Ascorbic Acid, (10)

Company Name: WINDSOR + SHEPARD SCHOOLS  
Street Address: 10 COLUMBIA ST  
MORRISTOWN, NJ 07960  
Customer Project #: SHEPARD SCHOOL - KUNDELON  
Project Name: SHEPARD SCHOOL - KUNDELON  
Site Collection Info/Facility ID (as applicable):

Contact/Report To: ANN MARIE SCORZO  
Phone #: 993-714-9908  
E-Mail: ASCORZO@WINDSOR.SCHOOLS.COM  
Cc E-Mail:  
Invoice To: WINDSOR + SHEPARD SCHOOLS  
Invoice E-Mail:  
Purchase Order # (if applicable):  
Quote #:

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

County / State origin of sample(s):

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

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	
			Date	Time	Date	Time		Results	Units
1 KITCHEN SINK	DW	6			8/27/24	1010			X
2 KITCHEN SINK					8/27/24	1011			X
3 KITCHEN SINK					8/27/24	1012			X
4 NURSE OFFICE					8/27/24	1007			X
5 HALLWAY FOUNTAIN					8/27/24	1002			X
6 HALLWAY FOUNTAIN BOTTLE FILLER					8/27/24	1005			X
7 FOYER FOUNTAIN					8/27/24	1013			X
8 FOYER FOUNTAIN BOTTLE FILLER					8/27/24	1015			X
9 TEACHER'S LOUNGE					8/27/24	15152			X

Specify

Identify Conta

Analysis Requested

MeOH, (11) Other

LEAD FIRST DRAW

Proj. Mgr:  
AcctNum / Client ID:  
Table #:  
Profile / Template:  
Prelog / Bottle Ord. ID:

Sample Comment

Preservation non-conformance identified for sample.

Additional Instructions from Pace\*:

Collected By: (Printed Name) Angel Resor  
Signature: *Angel Resor*

Customer Remarks / Special Conditions / Possible Hazards:  
# Coolers: Thermometer ID: Correction Factor (°C): Obs. Temp. (°C) Corrected Temp. (°C) On Ice: y  
-1.0 5.1 4.1 y

Relinquished by/Company: (Signature) *[Signature]*  
Date/Time: 8/27/24 1205

Received by/Company: (Signature) *[Signature]*  
Date/Time: 8/27/24 1205

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

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

Tracking Number:  
Delivered by: [ ] In-Person [X] Courier  
[ ] FedEx [ ] UPS [ ] Other  
Page: of



Sample Condition Upon Receipt Form (SCUR)

24H2645



Affix Sample Label Here

Date and Initials of person:  
 Examining contents: mg

Label: \_\_\_\_\_  
 Deliver to Location: 2A  
 pH: \_\_\_\_\_

Initials: mg

Thermometer Used: 711K03 Date: 8/27/24 Time: 12:05

State of Origin: \_\_\_\_\_ Cooler #1 Temp. °C: 5.1 (Visual) 7.0 (Correction Factor) 4.1 (Actual)

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other \_\_\_\_\_  
 Shipping Method:  First Overnight  Priority Overnight  Standard Overnight  Ground

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

	Yes	No	N/A	Comments:
Chain of Custody Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chain of Custody Filled Out	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relinquished Signature on COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sampler Name and Signature on COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rush TAT requested on COC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sufficient Volume	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Correct Containers Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers Intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All containers needing acid/base preservation have been checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preservation Information:
All Containers needing preservation are found to be in compliance with EPA recommendation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preservative: _____
Exceptions: Vials, Microbiology, O&G, Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lot #/Trace #: _____
Headspaces in VOA Vials? (>6mm):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date: _____ Time: _____
Trip Blank Present:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Initials: _____

Additional Login Comments:

Client notification/ Resolution  
 Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Comments/Resolution: \_\_\_\_\_