

April 9, 2024

Maureen Doherty  
NB-Orange-Ulster BOCES  
53 Gibson Road  
Goshen, NY 10924

Project Location: NFA West  
Project Number: Newburgh ESCD  
Laboratory Work Order Number: 24C3329

Enclosed are results of analyses for samples received by the laboratory on March 28, 2024. If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Project Manager



315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

NB-Orange-Ulster BOCES  
53 Gibson Road  
Goshen, NY 10924  
ATTN: Maureen Doherty

REPORT DATE: 4/9/2024

PURCHASE ORDER NUMBER: A24-00300

PROJECT NUMBER: Newburgh ESCD

**ANALYTICAL SUMMARY**

WORK ORDER NUMBER: 24C3329

The results of analyses performed on the following samples submitted to Pace Analytical Services, LLC - Newburgh are found in this report.

PROJECT LOCATION: NFA West

FIELD SAMPLE #	LAB ID:	MATRIX	SAMPLE DESCRIPTION	TEST	SUB LAB
Next to elevator - 1st fl BF	24C3329-01	Drinking Water		EPA 200.8 Rev 5.4	
Next to elevator - 1st fl DF	24C3329-02	Drinking Water		EPA 200.8 Rev 5.4	
Health office NS Rm 101	24C3329-03	Drinking Water		EPA 200.8 Rev 5.4	
Next to Rm 108 -1st Floor BF	24C3329-04	Drinking Water		EPA 200.8 Rev 5.4	
Next to Rm 108 -1st Floor DF	24C3329-05	Drinking Water		EPA 200.8 Rev 5.4	
Kitchen -2 bay -1 faucet KS	24C3329-06	Drinking Water		EPA 200.8 Rev 5.4	
Next to Rm 117 -1st FL DF	24C3329-07	Drinking Water		EPA 200.8 Rev 5.4	
Next to Rm 215 -2nd FL BF	24C3329-08	Drinking Water		EPA 200.8 Rev 5.4	
Next to Rm 215 -2nd FL DF	24C3329-09	Drinking Water		EPA 200.8 Rev 5.4	

**CASE NARRATIVE SUMMARY**

All reported results are within defined laboratory quality control objectives unless listed below or otherwise qualified in this report.

The results of analyses reported only relate to samples submitted to the Pace Analytical Services, LLC - Newburgh for testing.  
I certify that the analyses listed above, unless specifically listed as subcontracted, if any, were performed under my direction according to the approved methodologies listed in this document, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.



Felicia Morgan-Nichols  
Project Manager



315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Next to elevator - 1st fl BF

Sampled: 3/28/2024 07:44

Sample ID: 24C3329-01

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:06	JC



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Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Next to elevator - 1st fl DF

Sampled: 3/28/2024 07:44

Sample ID: 24C3329-02

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:08	JC



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Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Health office NS Rm 101

Sampled: 3/28/2024 07:48

Sample ID: 24C3329-03

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:10	JC



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Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Next to Rm 108 -1st Floor BF

Sampled: 3/28/2024 07:43

Sample ID: 24C3329-04

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:16	JC



315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Next to Rm 108 -1st Floor DF

Sampled: 3/28/2024 07:43

Sample ID: 24C3329-05

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:18	JC





315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Kitchen -2 bay -1 faucet KS

Sampled: 3/28/2024 07:42

Sample ID: 24C3329-06

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:20	JC



315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Next to Rm 117 -1st FL DF

Sampled: 3/28/2024 07:40

Sample ID: 24C3329-07

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:22	JC



315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Next to Rm 215 -2nd FL BF

Sampled: 3/28/2024 07:46

Sample ID: 24C3329-08

Sample Matrix: Drinking Water

**Metals Analyses (Total)**

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:24	JC



315 Fullerton Avenue \* Newburgh, NY 12550 \* TEL. (845) 562-0890

Project Location: NFA West

Sample Description:

Work Order: 24C3329

Date Received: 3/28/2024

Field Sample #: Next to Rm 215 -2nd FL DF

Sampled: 3/28/2024 07:46

Sample ID: 24C3329-09

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	4/3/24	4/5/24 18:26	JC

**FLAG/QUALIFIER SUMMARY**

*	QC result is outside of established limits.
†	Wide recovery limits established for difficult compound.
‡	Wide RPD limits established for difficult compound.
#	Data exceeded client recommended or regulatory level
ND	Not Detected
RL	Reporting Limit is at the level of quantitation (LOQ)
DL	Detection Limit is the lower limit of detection determined by the MDL study
MCL	Maximum Contaminant Level

Percent recoveries and relative percent differences (RPDs) are determined by the software using values in the calculation which have not been rounded.

No results have been blank subtracted unless specified in the case narrative section.

**CERTIFICATIONS**

**Certified Analyses included in this Report**

Analyte	Certifications
<i>EPA 200.8 Rev 5.4 in Drinking Water</i>	

Lead NB-CT,NB-NJ,NB-NY

Pace Analytical Services, LCC operates under the following certifications and accreditations:

Code	Description	Number	Expires
NB-CT	Connecticut Department of Public Health	PH-0823	09/30/2024
NB-NJ	New Jersey DEP	NY015 NELAP	06/30/2023
NB-NY	New York State Department of Health	10142 NELAP	04/1/2024

# Pace® Location Requested (City/State):

# CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Company Name: Orange-Ulster BOCES  
 Street Address:  
 53 Gibson Road  
 Goshen, NY 10924

Contact/Report To: Maureen Doherty  
 Phone #: 845-781-4887  
 E-Mail: Maureen.Doherty@oubooces.org  
 CC E-Mail: Halina.redner@oubooces.org

Customer Project #:  
 Project Name:  
 Newburgh ESSD

Invoice to: Halina Redner  
 Invoice E-mail:  
 halina.redner@oubooces.org  
 Purchase Order # (if applicable): A24-00300

Site Collection Info/Facility ID (as applicable):  
**NFA West**

Quote #:

Time Zone Collected: [ ] AK [ ] PT [ ] MT [ ] CT [ ] ET  
 Regulatory Program (DW, RCRA, etc.) as applicable:  DW

County/State origin of sample(s): Orange County / New York  
 Reportable:  Yes [ ] No

Data Deliverables: [ ] Level II [ ] Level III [ ] Level IV  
 [ ] EQUIS  
 [ ] Other: \_\_\_\_\_  
 Rush (Pre-approval required):  
 [ ] Same Day [ ] 1 Day [ ] 2 Day [ ] 3 Day Other: \_\_\_\_\_  
 Date Results Requested: \_\_\_\_\_  
 Analysis: Field Filtered (if applicable): [ ] Yes  No

\* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Biosessy (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (S), Calk (CK), Leachate (LL), Biosolid (BS), Other (O1)

Customer Sample ID	Matrix *	Camp / Grab	Composite Start Date	Time	Collected or Composite End Date	Time	# Cont.	Residual Chlorine Result	Units
1	Next to elevator-1st fl BF	DW	G		3/28	744			
2	Next to elevator-1st fl DF	DW	G		3/28	744			
3	Health office NS Rm 101	DW	G		3/28	749			
4	Next to Rm 108 -1st Floor BF	DW	G		3/28	743			
5	Next to Rm 108 -1st Floor DF	DW	G		3/28	743			
6	Kitchen-2 bay-1 faucet KS	DW	G		3/28	742			
7	Next to Rm 117 -1st E BF	DW	G		3/28	740			
8	Next to Rm 117 -1st F DF	DW	G		3/28	748			
9	Next to Rm 215-2nd fl BF	DW	G		3/28	748			
10	Next to Rm 215-2nd fl DF	DW	G		3/28	746			

Additional Instructions from Pace®:  
 Collected by: *Bryon Walski*  
 Printed Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Received by (Company, Signature)	Date/Time	Received by (Company, Signature)	Date/Time
<i>Maureen Doherty</i>	3/28 11:22	<i>Maureen Doherty</i>	3/28 11:28
<i>Halina Redner</i>	3/28 10:10	<i>Halina Redner</i>	3/28 16:00



24C3329  
 Scan QR Code for instructions



LAB USE ONLY - X-Actix Workorder Login Label Here

Specify Container Size: \*\*  
 (4) 125mL, (5) 100mL, (6) 40mL Vial, (7) Encore,  
 (8) Petriplate, (9) 50mL, (10) Other

Identify Container Preservative Type\*\*\*  
 (1) HCl, (2) NaOH, (3) None, (4) HNO3, (5) H2SO4,  
 (6) Zn Acetate, (7) NH4SO4, (8) Sed. Thiosulfate, (9) Ascorbic Acid, (10) Mech, (11) Other

Analysis Requested: \_\_\_\_\_

Preservation non-conformance identified for sample.

Lab Use Only  
 Proj. Mgr.: \_\_\_\_\_  
 ActNum / Client ID: \_\_\_\_\_  
 Table #: \_\_\_\_\_  
 Profile / Template: \_\_\_\_\_  
 Prelab / Bottle Ord. ID: \_\_\_\_\_

Sample Comment: \_\_\_\_\_

Customer Remarks / Special Conditions / Possible Hazards:  
 # Coolers: \_\_\_\_\_ Thermometer ID: \_\_\_\_\_ Correction Factor (°C): \_\_\_\_\_ Obs. Temp. (°C): \_\_\_\_\_  
 Corrected Temp. (°C): \_\_\_\_\_ [ ] On Ice

Tracking Number: \_\_\_\_\_  
 Delivered by: [ ] In-Person [ ] Courier  
 [ ] FedEx [ ] UPS [ ] Other



Sample Condition Upon Receipt Form (SCUR)

Project # 2403329  
 Client: OW Bores

Date and Initials of person:  
 Examining contents: \_\_\_\_\_  
 Label: \_\_\_\_\_  
 Deliver to location: Bloomington  
 pH: \_\_\_\_\_

Thermometer Used: \_\_\_\_\_ Date: 3/28/24 Time: 11:22 Initials: JE

State of Origin: NY

Cooler #1 Temp. °C \_\_\_\_\_ (Visual) \_\_\_\_\_ (Correction Factor) \_\_\_\_\_ (Actual)

Samples on ice, cooling process has begun

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  
 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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, Metals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
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: \_\_\_\_\_