

July 16, 2024

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

Project Location: Temple Hill
Project Number: Newburgh ECSD
Laboratory Work Order Number: 24G0374

Enclosed are results of analyses for samples received by the laboratory on July 2, 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: 7/16/2024

PURCHASE ORDER NUMBER: A25-00001

PROJECT NUMBER: Newburgh ECSD

ANALYTICAL SUMMARY

WORK ORDER NUMBER: 24G0374

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

PROJECT LOCATION: Temple Hill

FIELD SAMPLE #	LAB ID:	MATRIX	SAMPLE DESCRIPTION	TEST	SUB LAB
Kitchen Kettle	24G0374-01	Drinking Water		EPA 200.8 Rev 5.4	
Room 237 CS #1	24G0374-02	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: Temple Hill

Sample Description:

Work Order: 24G0374

Date Received: 7/2/2024

Field Sample #: Kitchen Kettle

Sampled: 7/2/2024 05:49

Sample ID: 24G0374-01

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	7/10/24	7/11/24 16:54	JC



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

Project Location: Temple Hill

Sample Description:

Work Order: 24G0374

Date Received: 7/2/2024

Field Sample #: Room 237 CS #1

Sampled: 7/2/2024 05:52

Sample ID: 24G0374-02

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
									Prepared	Analyzed	
Lead	1.0	1.0	15		µg/L	1		EPA 200.8 Rev 5.4	7/10/24	7/11/24 16:56	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	06/30/2024
NB-NY	New York State Department of Health	10142 NELAP	03/31/2025

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.reidner@oubooces.org

Customer Project #: Temple Hill
 Project Name: Newburgh ESSS
 Site Collection Info/Facility ID (as applicable):
 Invoice to: Halina Reidner
 Invoice E-mail: halina.reidner@oubooces.org
 Purchase Order # (if applicable): ~~A24-000000~~ A25-00001
 Quote #:

Time Zone Collected: AK PT MT CT ET
 County/State origin of sample(s): Orange County / New York
 Reportable Yes No

Data Deliverables:
 Level II Level III Level IV
 EQUUS Same Day 1 Day 2 Day 3 Day Other _____
 Other _____
 Regulatory Program (DW, RCRB, etc.) as applicable: DOH
 Rush (Pre-approval required): Same Day 1 Day 2 Day 3 Day Other _____
 Date Results Requested: _____
 DW PWSID # or WW Permit # as applicable: _____
 Field filtered (if applicable): Yes No
 Analysis: _____
 * 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), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (SL), Cank (CK), Leadrate (LL), Biosolid (BS), Other (OT)

Customer Sample ID	Matrix *	Comp / Grab	Composite Start		Collected or Composite End		# Cont.	Residual Chlorine Result	Units
			Date	Time	Date	Time			
Kitchen Kettle	DW	G			7-2-24	0549			
Room 237 CS #1	DW	G			7-2-24	0552			

Additional Instructions from Page: _____
 Collected By: Maureen Doherty
 Signature: _____
 Printed Name: _____
 Date/Time: 7/2/24 1400
 Received by/Company (Signature): _____
 Received by/Company (Print Name): _____
 Date/Time: 7/2/24 1545
 Relinquished by/Company (Signature): _____
 Relinquished by/Company (Print Name): _____
 Date/Time: _____
 Received by/Company (Signature): _____
 Received by/Company (Print Name): _____
 Date/Time: _____



Specify Container Size:
 3 (4) 125mL, (5) 200mL, (6) 40mL vial, (7) Encore, (8) Irradiate, (9) 30mL, (10) Other

Identify Container Preservation Type***
 2
 Analysis Requested

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

Profil. Mgr.: _____

Act/turn / Client ID: _____

Table #: _____

Profile / Template: _____

Pkg/ / Bottle Ord. ID: _____

Sample Comment

Lead Testing

Preservation non-conformance identified for sample.

Customer Remarks / Special Conditions / Possible Hazards:			
# Coolers:	Thermometer ID:	Correction Factor (CF):	Obs. Temp. (C):

Corrected Temp. (C): 3.4
 Tracking Number: _____

Date/Time: 7/2/24 1400
 Delivered by: In-Person Courier

Date/Time: 7/2/24 1630
 FedEx UPS Other

Date/Time: _____
 Page: _____ of _____

Sample Condition Upon Receipt Form (SCUR)

Project # 24G0374
 Client: OnBores

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

Thermometer Used: _____ Date: 7/2/24 Time: 1400 Initials: JE

State of Origin: NY
 Cooler #1 Temp. °C _____ (Visual) _____ (Correction Factor) _____ (Actual) Samples on ice, cooling process has begun
 Other _____
 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 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 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: _____ 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

Additional Login Comments:

Client notification/ Resolution
 Person Contacted: _____ Date/Time: _____
 Comments/Resolution: _____