

November 03, 2016

Michael Anania
NYS School for the Deaf
401 Turin St
Rome, NY 13440

RE: Project: NYSD - SUPT. Residence
Pace Project No.: 10366538

Dear Michael Anania:

Enclosed are the analytical results for sample(s) received by the laboratory on October 14, 2016. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

Samples, in the electronic data deliverable (EDD) that accompanied this report, were flagged yellow if they exceeded the NYSDOH 15 ppb action level.

The space designated for the sampler on the chain of custody (COC) indicates if these samples were collected by Pace Analytical or were collected by the school district and just relinquished to Pace Analytical.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Amanda Albrecht
amanda.albrecht@pacelabs.com
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
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CERTIFICATIONS

Project: NYSD - SUPT. Residence

Pace Project No.: 10366538

Minnesota Certification IDs

1700 Elm Street SE Suite 200, Minneapolis, MN 55414

Alaska Certification UST-107

525 N 8th Street, Salina, KS 67401

A2LA Certification #: 2926.01

Alaska Certification #: UST-078

Alaska Certification #MN00064

Alabama Certification #40770

Arizona Certification #: AZ-0014

Arkansas Certification #: 88-0680

California Certification #: 01155CA

Colorado Certification #Pace

Connecticut Certification #: PH-0256

EPA Region 8 Certification #: 8TMS-L

Florida/NELAP Certification #: E87605

Guam Certification #:14-008r

Georgia Certification #: 959

Georgia EPD #: Pace

Idaho Certification #: MN00064

Hawaii Certification #MN00064

Illinois Certification #: 200011

Indiana Certification#C-MN-01

Iowa Certification #: 368

Kansas Certification #: E-10167

Kentucky Dept of Envi. Protection - DW #90062

Kentucky Dept of Envi. Protection - WW #:90062

Louisiana DEQ Certification #: 3086

Louisiana DHH #: LA140001

Maine Certification #: 2013011

Maryland Certification #: 322

Michigan DEPH Certification #: 9909

Minnesota Certification #: 027-053-137

Mississippi Certification #: Pace

Montana Certification #: MT0092

Nevada Certification #: MN_00064

Nebraska Certification #: Pace

New Jersey Certification #: MN-002

New York Certification #: 11647

North Carolina Certification #: 530

North Carolina State Public Health #: 27700

North Dakota Certification #: R-036

Ohio EPA #: 4150

Ohio VAP Certification #: CL101

Oklahoma Certification #: 9507

Oregon Certification #: MN200001

Oregon Certification #: MN300001

Pennsylvania Certification #: 68-00563

Puerto Rico Certification

Saipan (CNMI) #:MP0003

South Carolina #:74003001

Texas Certification #: T104704192

Tennessee Certification #: 02818

Utah Certification #: MN000642013-4

Virginia DGS Certification #: 251

Virginia/VELAP Certification #: Pace

Washington Certification #: C486

West Virginia Certification #: 382

West Virginia DHHR #:9952C

Wisconsin Certification #: 999407970

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SAMPLE SUMMARY

Project: NYSD - SUPT. Residence

Pace Project No.: 10366538

Lab ID	Sample ID	Matrix	Date Collected	Date Received
10366538001	Laundry Room Sink	Water	10/07/16 23:05	10/14/16 09:45
10366538002	Main Level/Kitchen Sink	Water	10/07/16 23:05	10/14/16 09:45
10366538003	Lower Level/Bathroom Sink	Water	10/07/16 23:07	10/14/16 09:45
10366538004	Upper Level 2 /Bathroom Sink	Water	10/07/16 23:09	10/14/16 09:45
10366538005	Upper Level 1 /Bathroom Sink	Water	10/07/16 23:11	10/14/16 09:45

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SAMPLE ANALYTE COUNT

Project: NYSD - SUPT. Residence

Pace Project No.: 10366538

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
10366538001	Laundry Room Sink	EPA 200.8	WBS	1	PASI-M
10366538002	Main Level/Kitchen Sink	EPA 200.8	WBS	1	PASI-M
10366538003	Lower Level/Bathroom Sink	EPA 200.8	WBS	1	PASI-M
10366538004	Upper Level 2 /Bathroom Sink	EPA 200.8	WBS	1	PASI-M
10366538005	Upper Level 1 /Bathroom Sink	EPA 200.8	WBS	1	PASI-M

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ANALYTICAL RESULTS

Project: NYSD - SUPT. Residence

Pace Project No.: 10366538

Sample: Laundry Room Sink		Lab ID: 10366538001	Collected: 10/07/16 23:05	Received: 10/14/16 09:45	Matrix: Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual

200.8 MET ICPMS, DW Analytical Method: EPA 200.8

Lead	1.8	ug/L	0.10	1		10/21/16 18:08	7439-92-1	
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Sample: Main Level/Kitchen Sink		Lab ID: 10366538002	Collected: 10/07/16 23:05	Received: 10/14/16 09:45	Matrix: Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual

200.8 MET ICPMS, DW Analytical Method: EPA 200.8

Lead	5.3	ug/L	0.10	1		10/21/16 18:10	7439-92-1	
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Sample: Lower Level/Bathroom Sink		Lab ID: 10366538003	Collected: 10/07/16 23:07	Received: 10/14/16 09:45	Matrix: Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual

200.8 MET ICPMS, DW Analytical Method: EPA 200.8

Lead	36.5	ug/L	0.10	1		10/21/16 18:11	7439-92-1	
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Sample: Upper Level 2 /Bathroom Sink		Lab ID: 10366538004	Collected: 10/07/16 23:09	Received: 10/14/16 09:45	Matrix: Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual

200.8 MET ICPMS, DW Analytical Method: EPA 200.8

Lead	3.1	ug/L	0.10	1		10/21/16 18:12	7439-92-1	
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Sample: Upper Level 1 /Bathroom Sink		Lab ID: 10366538005	Collected: 10/07/16 23:11	Received: 10/14/16 09:45	Matrix: Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual

200.8 MET ICPMS, DW Analytical Method: EPA 200.8

Lead	5.1	ug/L	0.10	1		10/21/16 18:16	7439-92-1	
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REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: NYSD - SUPT. Residence

Pace Project No.: 10366538

QC Batch: 442010 Analysis Method: EPA 200.8
QC Batch Method: EPA 200.8 Analysis Description: ICPMS Metals, Drinking Water
Associated Lab Samples: 10366538001, 10366538002, 10366538003, 10366538004, 10366538005

METHOD BLANK: 2407294 Matrix: Water
Associated Lab Samples: 10366538001, 10366538002, 10366538003, 10366538004, 10366538005

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Lead	ug/L	ND	0.10	10/21/16 17:48	

LABORATORY CONTROL SAMPLE: 2407295

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Lead	ug/L	100	98.9	99	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2411863 2411864

Parameter	Units	10366535001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Lead	ug/L	333	100	100	446	428	114	96	70-130	4	20	

MATRIX SPIKE SAMPLE: 2411865

Parameter	Units	10366538001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Lead	ug/L	1.8	100	108	107	70-130	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALIFIERS

Project: NYSD - SUPT. Residence

Pace Project No.: 10366538

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-M Pace Analytical Services - Minneapolis

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: NYSD - SUPT. Residence

Pace Project No.: 10366538

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
10366538001	Laundry Room Sink	EPA 200.8	442010		
10366538002	Main Level/Kitchen Sink	EPA 200.8	442010		
10366538003	Lower Level/Bathroom Sink	EPA 200.8	442010		
10366538004	Upper Level 2 /Bathroom Sink	EPA 200.8	442010		
10366538005	Upper Level 1 /Bathroom Sink	EPA 200.8	442010		

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Section C

Invoice Information:

Company: NYS School for the Deaf		Report To:	Attention:
Address: 401 Turin Rd		Copy To:	Company Name:
Rome, NY			Address:
Email To: michael.ananiano@nysed.gov		Purchase Order No.:	Pace Quote Reference:
Phone:	Fax:	Project Name: BLDG. 142nd FLOOR SUPT. RESIDENCE	Pace Project Manager:
Requested Due Date/TAT:		Project Number:	Pace Profile #:

☐ NPDES ☐ GROUND WATER ☒ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER _____

☐ GA ☐ IL ☐ IN ☐ MI ☐ NC

☐ OH ☐ SC ☐ WI ☐ OTHER ☐ NY

Filtered {Y/N}

Requested

Aras

Pace Project No. _____
Lab I.D. _____

[illegible]

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
	<i>Jimmy RACE</i>	<i>10/13/16</i>	<i>18:30</i>	<i>[Signature] RACE</i>	<i>10/14/16</i>	<i>945</i>	<i>13.8</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
								<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
								<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>
								<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

James Murphy - PACE Analytical

SIGNATURE of SAMPLER:

DATE Signed
(MM / DD / YY)

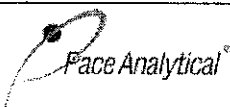
10/8/10

Temp in °C

Received on	ice
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Emergency Sealed Cooler

Samples Intact

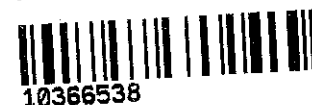
	Document Name: Sample Condition Upon Receipt Form	Document Revised: 02Aug2016 Page 1 of 2
	Document No.: F-MN-L-213-rev.17	Issuing Authority: Pace Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name:

Project #:

WO# : 10366538



Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client
☐ Commercial ☐ Pace ☐ Speedee ☐ Other: _____
 Tracking Number: 7774 6734 7854

Custody Seal on Cooler/Box Present? ☒ Yes ☐ No Seals Intact? ☒ Yes ☐ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____ Temp Blank? ☐ Yes ☐ No

Thermometer ☒ 151401163 ☐ B88A912167504 Type of Ice: ☐ Wet ☐ Blue ☒ None ☐ Samples on ice, cooling process has begun
 Used: ☐ 151401164 ☐ B88A0143310098

Cooler Temp Read (°C): 18.8 Cooler Temp Corrected (°C): 19.0 Biological Tissue Frozen? ☐ Yes ☒ No ☐ N/A

Temp should be above freezing to 6°C Correction Factor: 10.2 Date and Initials of Person Examining Contents: SNB 10/13/16

USDA Regulated Soil (☒ N/A, water sample)

Did samples originate in a quarantine zone within the United States: AL, AR, AZ, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX or VA (check maps)? ☐ Yes ☐ No Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☐ No

If Yes to either question, fill out a Regulated Soil Checklist (F-MN-Q-338) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and/or Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace 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	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>water</u>		
All containers needing acid/base preservation have been checked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13. <input checked="" type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl<2; NaOH >9 Sulfide, NaOH>12 Cyanide)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sample # <u>1/1 1-5</u>
Exceptions: VOA, Coliform, TOC, Oil and Grease, DRO/8015 (water) DOC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Initial when completed: Lot # of added preservative:
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____
 Comments/Resolution: Temp OK

Project Manager Review: Amanda J. Albrecht

Date: 10/19/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers).