

July 11, 2023

Jesse Bell  
NB-Tri-Valley Central School District  
34 Moore Hill Rd  
Grahamsville, NY 12740

Project Location: Various Sample Points  
Project Number: Trivalley Central School District  
Laboratory Work Order Number: 23F3613  
PWSID# 5202956

Enclosed are results of analyses for samples received by the laboratory on June 27, 2023. 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-Tri-Valley Central School District  
34 Moore Hill Rd  
Grahamsville, NY 12740  
ATTN: Jesse Bell

REPORT DATE: 7/11/2023

PURCHASE ORDER NUMBER: 23-00130

PROJECT NUMBER: Trivalley Central School District

#### ANALYTICAL SUMMARY

WORK ORDER NUMBER: 23F3613

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

PROJECT LOCATION: Various Sample Points

FIELD SAMPLE #	LAB ID:	MATRIX	SAMPLE DESCRIPTION	TEST	SUB LAB
Rm 252 Sink	23F3613-01	Drinking Water		EPA 200.8 Rev 5.4	
Rm 253 Sink	23F3613-02	Drinking Water		EPA 200.8 Rev 5.4	
Rm 253 Fountain	23F3613-03	Drinking Water		EPA 200.8 Rev 5.4	
Rm 254 Sink	23F3613-04	Drinking Water		EPA 200.8 Rev 5.4	
Rm 254 Fountain	23F3613-05	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: Various Sample Points

Sample Description:

Work Order: 23F3613

Date Received: 6/27/2023

Field Sample #: Rm 252 Sink

Sampled: 6/27/2023 06:04

Sample ID: 23F3613-01

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Copper	470	100	1300	µg/L	10		EPA 200.8 Rev 5.4	7/5/23	7/7/23 15:26	EMC
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	7/5/23	7/7/23 12:05	EMC



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Project Location: Various Sample Points

Sample Description:

Work Order: 23F3613

Date Received: 6/27/2023

Field Sample #: Rm 253 Sink

Sampled: 6/27/2023 06:06

Sample ID: 23F3613-02

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Copper	130	10	1300	µg/L	1		EPA 200.8 Rev 5.4	7/5/23	7/7/23 12:07	EMC
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	7/5/23	7/7/23 12:07	EMC



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Project Location: Various Sample Points

Sample Description:

Work Order: 23F3613

Date Received: 6/27/2023

Field Sample #: Rm 253 Fountain

Sampled: 6/27/2023 06:06

Sample ID: 23F3613-03

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Copper	190	10	1300	µg/L	1		EPA 200.8 Rev 5.4	7/5/23	7/7/23 12:09	EMC
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	7/5/23	7/7/23 12:09	EMC



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Project Location: Various Sample Points

Sample Description:

Work Order: 23F3613

Date Received: 6/27/2023

Field Sample #: Rm 254 Sink

Sampled: 6/27/2023 06:08

Sample ID: 23F3613-04

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Copper	150	40	1300	µg/L	4		EPA 200.8 Rev 5.4	7/5/23	7/7/23 16:09	EMC
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	7/5/23	7/7/23 12:12	EMC



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

Project Location: Various Sample Points

Sample Description:

Work Order: 23F3613

Date Received: 6/27/2023

Field Sample #: Rm 254 Fountain

Sampled: 6/27/2023 06:08

Sample ID: 23F3613-05

Sample Matrix: Drinking Water

Metals Analyses (Total)

Analyte	Results	RL	MCL/SMCL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Copper	78	50	1300	µg/L	5		EPA 200.8 Rev 5.4	7/10/23	7/10/23 13:03	EMC
Lead	ND	1.0	15	µg/L	1		EPA 200.8 Rev 5.4	7/10/23	7/10/23 12:56	EMC



#### 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.

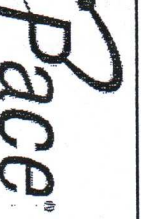
**CERTIFICATIONS**

**Certified Analyses included in this Report**

Analyte	Certifications
<i>EPA 200.8 Rev 5.4 in Drinking Water</i>	
Copper	NB-CT,NB-NJ,NB-NY
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



ANALYTICAL SERVICES

CHAIN OF CUSTODY

Lab Name PAS - Newburgh  
Lab Address 315 Fullerton Avenue, Newburgh, NY 12550 Phone (845) 562-0890  
Field Office Address 312 Titusville Rd, Poughkeepsie, NY 12603  
Field Office Phone (845) 229-8336  
Field Office Address 38 Goshen Turnpike, Bloomingburg, NY 12721  
Field Office Phone (845) 733-1557



23F3613

CLIENT NAME	PWS NUMBER	MATRIX TYPE	REQUIRED CONTAINERS										PAGE 1 of 1									
CLIENT ADDRESS	5808956		Total # of Containers	40mL Vials HCl	Liter Amber HCl	250 Amber Sulfuric	Liter Amber Glass	250 mL Plastic Nitric Acid	250mL Plastic Sulfuric Acid	Liter Plastic	250mL Plastic	250mL Plastic NaOH	40mL Vials Sulfuric	40 mL Glass Plain	125 mL Sterile Na2S2O3	125mL Sterile	Other	TURNAROUND TIME (Biz Days)	NON-TESTING CHARGES			
CLIENT PHONE1	845-985-2096	CLIENT (SITE) CONTACT																	NORMAL	P/U	SAMP	
EMAIL (TO SEND REPORT)	Jesse Bels	P.O. NUMBER/ PROJECT NUMBER																	RUSH (Y/N)	GRAB	COMP	
PROJECT LOCATION	Jesse Bels																		RUSH (# Biz Days)	REPORTING		
																			#OF COOLERS	OTHER		
																			Analysis Requested			
SAMPLE DATE	SAMPLE TIME	SAMPLE IDENTIFICATION	NUMBER OF CONTAINERS SUBMITTED																Analysis Requested			
6/27/23	6:04	Rm 252 Sink	1																			
	6:06	Rm 253 Sink	1																			
	6:06	Rm 253 Fountain	1																			
	6:08	Rm 254 Sink	1																			
	6:08	Rm 254 Fountain	1																			
NOTES:																						
SAMPLED BY: (SIGNATURE)	COMPANY	DATE	TIME	RECEIVED BY: (SIGNATURE)																DATE	TIME	
J. J. ROSS	PACE	JUN 27 2023	5:45	J. J. ROSS																6-27-23	10:45	
RECEIVED FOR PAS NEWBURGH BY: (SIGNATURE)	DATE	TIME	COOLERS TEMP	PAS NEWBURGH REMARKS: ICE (Y/N) pH/Preservation Check																		
J. J. ROSS	6/27/23	1545	3.3	no adv. Payment																		



Sample Condition Upon Receipt Form (SCUR)

Project # 23 F 3613  
Client: Tri Valley CSD

Date and Initials of person:  
Examining contents: JE  
Label: Blommingburg  
Deliver to location: Blommingburg  
pH: JE

Thermometer Used: NA Date: 6/27/23 Time: 10:45 Initials: JE

State of Origin: NY  
Cooler #1 Temp:        (Visual)        (Correction Factor)        (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 CDC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sampler Name and Signature on CDC	<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 CDC	<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 CDC (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
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 checked="" type="checkbox"/> No <input 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:

Comments/Resolution:

Date/Time: