



**Pace Analytical Services, LLC-Fairfield**

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



# ANALYTICAL RESULTS

## STANDARD DELIVERABLES FORMAT

WORK ORDER NUMBER: 24I2057

Holmstead School

Project: Holmstead School - Lead Testing

A handwritten signature in black ink, appearing to read "S. Pradhan".

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: Oct 03, 2024

Client: Holmstead School  
14 Hope Street  
Ridgewood, NJ 07450

Order ID Number: 24I2057  
Received: 09/19/2024 13:25

Project: Holmstead School - Lead Testing  
Report Date: 10/03/2024 11:43

Contact:  
Customer Service Rep: Tony Tudra

## Analytical Results Summary

Sample Number	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units	Reg Limit
Analyte									
<b>24I2057-01</b>	<b>Drinking Water</b>	<b>UL 1</b>							
<b>Total Metals</b>									Collected : 09/19/2024 5:45
Lead	EPA 200.8	10/03/24 0:47	10/03/24 0:47	<0.00200	U		0.00200	mg/L	
<b>24I2057-02</b>	<b>Drinking Water</b>	<b>ML-LR</b>							
<b>Total Metals</b>									Collected : 09/19/2024 5:47
Lead	EPA 200.8	10/03/24 0:51	10/03/24 0:51	<0.00200	U		0.00200	mg/L	
<b>24I2057-03</b>	<b>Drinking Water</b>	<b>LL MR</b>							
<b>Total Metals</b>									Collected : 09/19/2024 5:49
Lead	EPA 200.8	10/03/24 0:55	10/03/24 0:55	<0.00200	U		0.00200	mg/L	
<b>24I2057-04</b>	<b>Drinking Water</b>	<b>LLK- door</b>							
<b>Total Metals</b>									Collected : 09/19/2024 5:51
Lead	EPA 200.8	10/03/24 1:00	10/03/24 1:00	0.00287			0.00200	mg/L	
<b>24I2057-05</b>	<b>Drinking Water</b>	<b>LLK - back</b>							
<b>Total Metals</b>									Collected : 09/19/2024 5:52
Lead	EPA 200.8	10/03/24 1:04	10/03/24 1:04	<0.00200	U		0.00200	mg/L	

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: Oct 03, 2024





24I2057

Sample Condition Upon Receipt Form (SCUR)



Affix Sample Label Here

Date and Initials of person:

Examining contents: 2/1

Label: 2/1

Deliver to location: \_\_\_\_\_

pH: 2/1

Thermometer Used: 717722 Date: 9/19/24 Time: 1925 Initials: 2/1

State of Origin: US

Cooler #1 Temp: °C 2.1 (Visual) -1.0 (Correction Factor) 1.24 (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	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
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 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:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Exceptions: Vials, Microbiology, O&G, Metals		
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:

9/11 226823