



## **LEAD IN POTABLE WATER SCREENING REPORT**

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**INVESTIGATION FOR:** Kenneth Stromsland  
Board of Education Township of Edison  
312 Pierson Avenue  
Edison, NJ 07642

**SITE INVESTIGATED:** Herbert Hoover Middle  
174 Jackson Avenue  
Edison, NJ 08837

**ASSESSMENT BY:** Kyle Brown  
Omega Environmental Services, Inc.  
280 Huyler Street  
South Hackensack, NJ 07606

**INVESTIGATION  
CONDUCTED:** 8/12/16

**DATE OF REPORT:** 9/16/16

(Omega Project # 16-27002L)

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## **EXECUTIVE SUMMARY:**

The Board of Education Township of Edison requested lead in water testing of potable water outlets at Herbert Hoover Middle, 174 Jackson Avenue, Edison, NJ 08837.

### *Previous Testing*

No information related to previous testing was available.

### *Recent Testing (8/12/16)*

In order to assess the building water outlets a full testing of all potable outlets was performed on August 12, 2016.

Reportedly the outlets were not flushed or used on the day of testing.

First draw and flush samples (30 second) were collected of 31 water fountains and sinks.

All results were below the Lead and Copper action level of 15 ppb.

See Section 3 Discussion of Results

# 1 RESULTS TABLE:

Outlet #	Sample #	Location	1 <sup>st</sup> draw (FD) or flush (FL)	Results (ppb)	LCR Action Level <sup>(1)</sup> (ppb)
01	1A	Custodian Sink (for sports coolers)	FD	<1.0	15
01	1B	Custodian Sink (for sports coolers)	FL	<1.0	15
02	2A	Water Fountain across Custodian Room	FD	<1.0	15
02	2B	Water Fountain across Custodian Room	FL	<1.0	15
03	3A	Boys Locker Room Water Fountain	FD	1.8	15
03	3B	Boys Locker Room Water Fountain	FL	<1.0	15
16	4A	Water Fountain near Kitchen and Room 107A	FD	<1.0	15
16	4B	Water Fountain near Kitchen and Room 107A	FL	<1.0	15
20	5A	Kitchen Sink near walk-in freezer	FD	<1.0	15
20	5B	Kitchen Sink near walk-in freezer	FL	<1.0	15
21	6A	Kitchen Sink near stove	FD	2.2	15
21	6B	Kitchen Sink near stove	FL	<1.0	15
22	7A	Hand-washing Sink (Kitchen)	FD	1.3	15
22	7B	Hand-washing Sink (Kitchen)	FL	<1.0	15
23	8A	Kitchen Sink Dishwashing Area (R)	FD	<1.0	15
23	8B	Kitchen Sink Dishwashing Area (R)	FL	<1.0	15
25	9A	Water Fountain Cafeteria by Emergency Exit and Pick-up Window	FD	<1.0	15
25	9B	Water Fountain Cafeteria by Emergency Exit and Pick-up Window	FL	3.0	15
26	10A	Water Fountain Cafeteria by "Dasani" vending machine	FD	<1.0	15
26	10B	Water Fountain Cafeteria by "Dasani" vending machine	FL	<1.0	15
12	11A	Water Fountain near Kitchen and Room 108	FD	1.5	15
12	11B	Water Fountain near Kitchen and Room 108	FL	<1.0	15
10	12A	Water Fountain Girls Locker Room	FD	<1.0	15
10	12B	Water Fountain Girls Locker Room	FL	<1.0	15
11	13A	Water Fountain Next to Girls Locker Room	FD	1.7	15
11	13B	Water Fountain Next to Girls Locker Room	FL	<1.0	15
36	14A	Water Fountain across Room 105	FD	<1.0	15
36	14B	Water Fountain across Room 105	FL	<1.0	15
31	15A	Room 105 Left Wall Left Sink	FD	2.2	15
31	15B	Room 105 Left Wall Left Sink	FL	<1.0	15
32	16A	Room 105 Left Wall Center Sink	FD	5.5	15
32	16B	Room 105 Left Wall Center Sink	FL	<1.0	15
33	17A	Room 105 Left Wall Right Sink	FD	6.0	15
33	17B	Room 105 Left Wall Right Sink	FL	<1.0	15
34	18A	Room 105 Right Wall Back Sink	FD	7.7	15

34	18B	Room 105 Right Wall Back Sink	FL	<1.0	15
35	19A	Room 105 Right Wall Front Sink	FD	1.9	15
35	19B	Room 105 Right Wall Front Sink	FL	<1.0	15
40	20A	Nurse's Office Sink	FD	1.5	15
40	20B	Nurse's Office Sink	FL	<1.0	15
41	21A	Main Office Sink	FD	1.6	15
41	21B	Main Office Sink	FL	<1.0	15
43	22A	Water Fountain near 121	FD	<1.0	15
43	22B	Water Fountain near 121	FL	<1.0	15
28	23A	Water Fountain across 15 A-B	FD	1.2	15
28	23B	Water Fountain across 15 A-B	FL	<1.0	15
27	24A	Water Fountain across 113	FD	<1.0	15
27	24B	Water Fountain across 113	FL	<1.0	15
53	25A	Water Fountain across 211	FD	1.3	15
53	25B	Water Fountain across 211	FL	<1.0	15
64	26A	Sink in Faculty Lounge (2 <sup>nd</sup> Floor)	FD	1.7	15
64	26B	Sink in Faculty Lounge (2 <sup>nd</sup> Floor)	FL	<1.0	15
65	27A	Water Fountain across 215	FD	<1.0	15
65	27B	Water Fountain across 215	FL	<1.0	15
75	28A	Water Fountain near Room 228	FD	1.3	15
75	28B	Water Fountain near Room 228	FL	<1.0	15
74	29A	Water Fountain next to Room 230	FD	3.2	15
74	29B	Water Fountain next to Room 230	FL	<1.0	15
24	30A	Kitchen Sink Dishwashing Area (L)	FD	<1.0	15
24	30B	Kitchen Sink Dishwashing Area (L)	FL	<1.0	15
37	31A	Water Fountain across 104	FD	<1.0	15
37	31B	Water Fountain across 104	FL	<1.0	15

<sup>(1)</sup> EPA Lead in Copper Rule (1991) Action Level for water suppliers (municipalities and private wells) and March 2016 Newark Public Schools Lead Water Testing Sampling Plan.

FD – First Draw Sample

FL – Flush Sample (30 sec)

NA – Not Analyzed

## **2 SAMPLING METHODOLOGY:**

First Draw Samples - Without allowing any water to spill until sample collection, samples were collected with a relatively slow flow rate in 250 mL bottles prepared with Nitric Acid (HNO<sub>3</sub>) as a preservative.

Flush Samples – After collection of first draw samples the water was allowed to flow at a relatively slow rate for thirty second to flush the fixture and close piping. The flush samples are intended to test the plumbing further upstream from the fixture (behind walls).

The samples were packaged in a cooler and shipped to Pace Analytical, Melville, NY for total lead in potable water analysis (method E200.8 IOC).

## **3 DISCUSSION OF RESULTS:**

All lead in water results were below the EPA Lead and Copper action level of 15 ppb. No analysis was performed for copper in water.

## **4 RECOMMENDATIONS:**

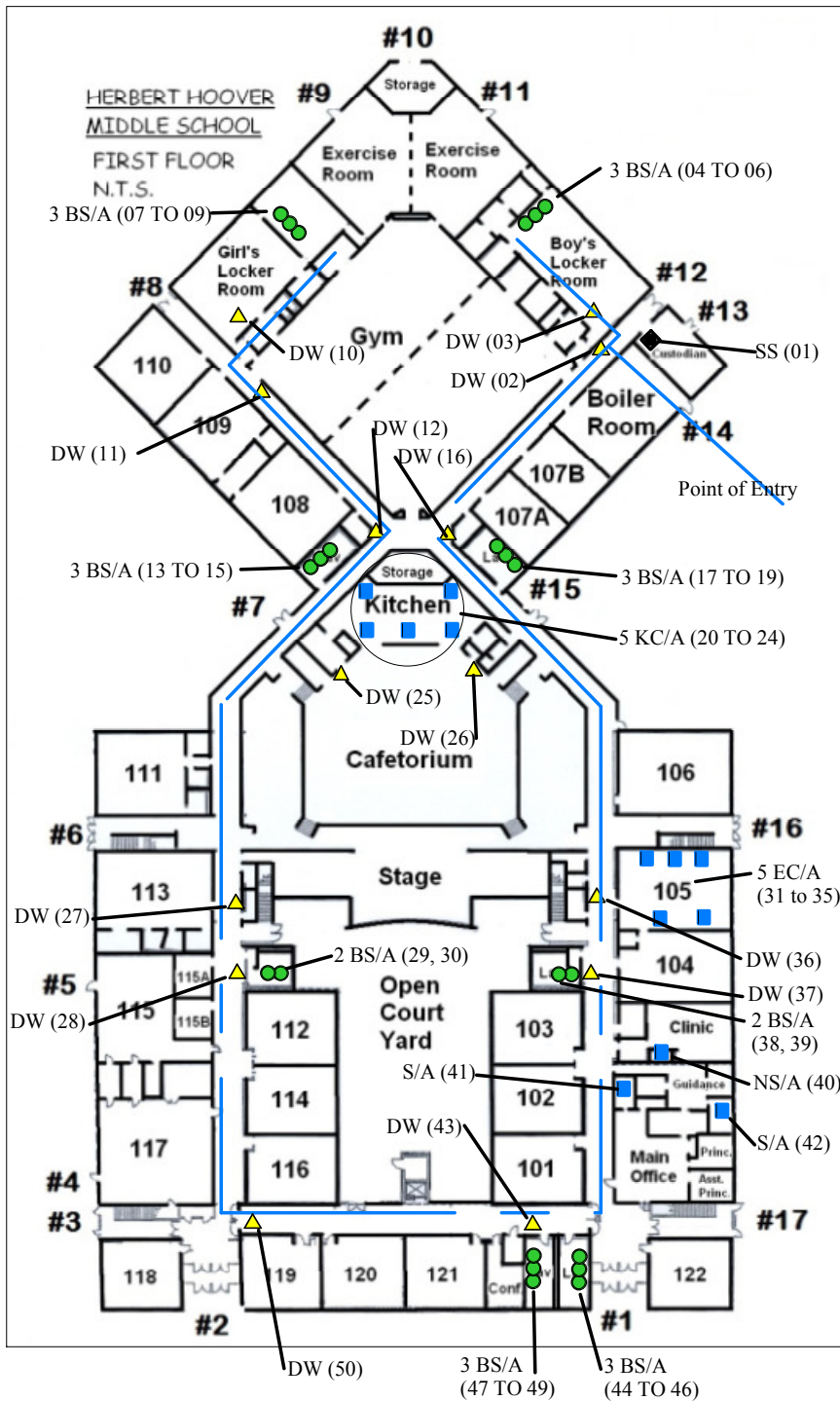
*Short term:*

- No further action at this time.

*Long Term:*

- Repeat full building testing on an annual basis. Generally this should be performed in August prior to the start of the school season.
- Develop a Lead in Water Management Plan in accordance with the 2006 EPA 3Ts for Reducing Lead in Drinking Water in Schools.

## A.Outlet Location Plan/Outlet Inventory



**NOTE:**

- Sinks have been assumed to have aerators
- Fountains are assumed not to be chilled.

**KEY**

- KC = Kitchen Outlet, Cold
- ▲ WC = Water Cooler (Chilled Bubbler Unit)
- TL = Teacher Lounge Sink
- FP = Food Preparation Sink
- ▲ DW = Drinking Water Bubbler (non-chilled)
- SDW = Combination Sink Water Bubbler
- ▲ DDW = Double Drinking Water Bubbler
- EC = Home Economics Outlet, Cold
- IM = Ice Machine
- BS = Bathroom Sink
- NS = Nurse's Office Sink
- SS = Janitors Slop Sink
- /A = outlet has an aerator
- /F = outlet has a filter
- (01) = Outlet Number

Dwg. Title: 1st Floor Plumbing Schematic

Location: Herbert Hoover, Edison, NJ

Client: Edison Board of Education

**OMEGA**  
ENVIRONMENTAL  
SERVICES, INC.

280 Huyler Street  
S. Hackensack, NJ 07606  
Tel: (201) 489-8700  
Fax: (201) 342-5412

Date: 9/8/16

Proj. # 16-27002L

Dwn. By: DSE

Dwg. # 27002L-01P



HERBERT HOOVER  
MIDDLE SCHOOL  
SECOND FLOOR  
N.T.S.

**NOTE:**

- Sinks have been assumed to have aerators
- Fountains are assumed not to be chilled.

**KEY**

- KC = Kitchen Outlet, Cold
- ▲ WC = Water Cooler (Chilled Bubbler Unit)
- TL = Teacher Lounge Sink
- FP = Food Preparation Sink
- ▲ DW = Drinking Water Bubbler (non-chilled)
- ▲ SDW = Combination Sink Water Bubbler
- ▲ DDW = Double Drinking Water Bubbler
- EC = Home Economics Outlet, Cold
- IM = Ice Machine
- BS = Bathroom Sink
- NS = Nurse's Office Sink
- SS = Janitors Slop Sink
- /A = outlet has an aerator
- /F = outlet has a filter
- (01) = Outlet Number

Dwg. Title: 2nd Floor Plumbing Schematic

Location: Herbert Hoover, Edison, NJ

Client: Edison Board of Education

**OMEGA**  
 ENVIRONMENTAL  
 SERVICES, INC.

280 Huyler Street  
 S. Hackensack, NJ 07606  
 Tel: (201) 489-8700  
 Fax: (201) 342-5412

Date: 9/8/16

Proj. # 16-27002L

Dwn. By: DSE

Dwg. # 27002L-01P

## Drinking Water Outlet Inventory

**Name of School:** Herbert Hoover Middle School

**Address:** 174 Jackson Avenue, Edison, NJ 08837

**Grade Levels:**

**Year School Constructed:**

**Renovations/Additions:**

**Individual school project  
officer Name/Signature:**

**Date Completed:** 9/2016

Sample Location Codes

DW= Drinking Water Bubbler (unchilled)

DDW=Double Drinking Water Bubbler (unchilled)

WC = Water Cooler (Chilled Bubbler Unit)

DWC = Double Water Cooler (Chilled Bubbler Unit)

SWC= Combination Sink Chilled Water Cooler (chilled Bubbler Unit)

SDW= Combination Sink Water Bubbler

S= Misc. Sink; possible potable use

/A Aerator Present

/F= Outlet has a filter

KC = Kitchen Outlet, Cold

TL= Teacher Lounge Sink

CT= Cafeteria Outlet

EC = Home Economics Outlet, Cold

NS = Nurse's Office Sink

FP= Food Preparation Sink (not otherwise specified)

IM = Ice Machine

BS = Bathroom Sink

Outlet # <sup>1</sup>	Type	Location	Code	Op. <sup>2</sup> (Y/N)	Cor. <sup>3</sup> (Y/N)	Filter <sup>4</sup> (Y/N)	Brass Fittings, Faucets or valves? (Y/N)	Aerator/Screen (Y/N)	Motion Activated (Y/N)	Chiller (Y/N)	Water Cooler		Comments
											Make	Model	
01	Slop Sink	Custodian Room next to Boiler Room	SS					Y	N	N			
02	Unchilled Bubbler Fountain	Outside Boiler Room	DW					N	N	N			

<sup>1</sup> Number outlets starting at the closest outlet to the Point of Entry (POE).

<sup>2</sup> **Operational?** Document if permanently or temporarily out of service on the Plumbing Profile.

<sup>3</sup> **Signs of Corrosion?** Signs of corrosion detected, such as but not limited to frequent leaks, rust-colored water, or stained fixtures, dishes, or laundry.

<sup>4</sup> Document on Filter Inventory.

N.V. – Not Verified

## Herbert Hoover Middle School

Outlet	Type	Location	Code	Op. <sup>2</sup>	Cor. <sup>3</sup>	Filter <sup>4</sup>	Brass	Aerator/	Motion	Chiller	Water Cooler		Comments
03	Unchilled Bubbler Fountain	Boy's Locker Room	DW					N	N	N			
04	Bathroom Sink	Boy's Locker Room	BS/A					Y	N	N			
05	Bathroom Sink	Boy's Locker Room	BS/A					Y	N	N			
06	Bathroom Sink	Boy's Locker Room	BS/A					Y	N	N			
07	Bathroom Sink	Girl's Locker Room	BS/A					Y	N	N			
08	Bathroom Sink	Girl's Locker Room	BS/A					Y	N	N			
09	Bathroom Sink	Girl's Locker Room	BS/A					Y	N	N			
10	Unchilled Bubbler Fountain	Girl/s Locker Room	DW					Y	N	N			
11	Unchilled Bubbler Fountain	Across From Room 109	DW					Y	N	N			
12	Unchilled Bubbler Fountain	Left of Room 108	DW					Y	N	N			
13	Bathroom Sink	Left of Room 108	BS/A					Y	N	N			
14	Bathroom Sink	Left of Room 108	BS/A					Y	N	N			
15	Bathroom Sink	Left of Room 108	BS/A					Y	N	N			
16	Unchilled Bubbler Fountain	Right of Room 107A	DW					N	N	Y			
17	Bathroom Sink	Right of Room 107A	BS/A					N	N	N			
18	Bathroom Sink	Right of Room 107A	BS/A					Y	N	N			
19	Bathroom Sink	Right of Room 107A	BS/A					Y	N	N			
20	Kitchen Sink	Kitchen	KC/A					Y	N	N			
21	Kitchen Sink	Kitchen	KC/A					Y	N	N			
22	Kitchen Sink	Kitchen	KC/A					N	N	Y			
23	Kitchen Sink	Kitchen	KC/A					N	N	N			
24	Kitchen Sink	Kitchen	KC/A					Y	N	N			
25	Unchilled Bubbler Fountain	Cafetorium	DW					Y	N	N			
26	Unchilled Bubbler Fountain	Cafetorium	DW					Y	N	N			
27	Unchilled Bubbler Fountain	Across From Room 113	DW					Y	N	N			
28	Unchilled Bubbler Fountain	Across From Room 115A	DW					Y	N	N			
29	Bathroom Sink	Lavatory Left of Room 112	BS/A					N	N	N			
30	Bathroom Sink	Lavatory Left of Room 112	BS/A					Y	N	N			

## Herbert Hoover Middle School

Outlet	Type	Location	Code	Op. <sup>2</sup>	Cor. <sup>3</sup>	Filter <sup>4</sup>	Brass	Aerator/	Motion	Chiller	Water Cooler		Comments
31	Home Economics Sink	Room 105	EC/A					N	N	Y			
32	Home Economics Sink	Room 105	EC/A					Y	N	N			
33	Home Economics Sink	Room 105	EC/A					Y	N	N			
34	Home Economics Sink	Room 105	EC/A					Y	N	N			
35	Home Economics Sink	Room 105	EC/A					Y	N	N			
36	Unchilled Bubbler Fountain	Across From Room 105	DW					Y	N	N			
37	Unchilled Bubbler Fountain	Across From Room 104	DW					Y	N	N			
38	Bathroom Sink	Across From Room 104	BS/A					Y	N	N			
39	Bathroom Sink	Across From Room 104	BS/A					Y	N	N			
40	Nurse's Sink	Clinic	NS/A					N	N	Y			
41	Sink	Main office	S/A					N	N	Y			
42	Sink	Guidance office	S/A					Y	N	N			
43	Unchilled Bubbler Fountain	Left of Room 121	DW					Y	N	N			
44	Bathroom Sink	Lavatory Left of Room 121	BS/A					Y	N	N			
45	Bathroom Sink	Lavatory Left of Room 121	BS/A					Y	N	N			
46	Bathroom Sink	Lavatory Left of Room 121	BS/A					Y	N	N			
47	Bathroom Sink	Lavatory Left of Room 121	BS/A					Y	N	N			
48	Bathroom Sink	Lavatory Left of Room 121	BS/A					Y	N	N			
49	Bathroom Sink	Lavatory Left of Room 121	BS/A					Y	N	N			
50	Unchilled Bubbler Fountain	Outside Room 119	DW					Y	N	N			
51	Sink	Between Rooms 211 and 210	S/A					Y	N	N			
52	Sink	Between Rooms 215 and 216	S/A					Y	N	N			
53	Unchilled Bubbler Fountain	Across From Room 211	DW					Y	N	N			
54	Bathroom Sink	Lavatory Across From Room 209	BS/A					Y	N	N			

Herbert Hoover Middle School

Outlet	Type	Location	Code	Op. <sup>2</sup>	Cor. <sup>3</sup>	Filter <sup>4</sup>	Brass	Aerator/	Motion	Chiller	Water Cooler		Comments
55	Bathroom Sink	Lavatory Across From Room 209	BS/A					Y	N	N			
56	Bathroom Sink	Lavatory Across From Room 209	BS/A					Y	N	N			
57	Bathroom Sink	Lavatory Across From Room 209	BS/A					Y	N	N			
58	Bathroom Sink	Lavatory Across From Room 209	BS/A					Y	N	N			
59	Bathroom Sink	Lavatory Across From Room 209	BS/A					Y	N	N			
60	Bathroom Sink	Lavatory Across From Room 209	BS/A					Y	N	N			
61	Bathroom Sink	Lavatory Across From Room 209	BS/A					Y	N	N			
62	Bathroom Sink	Faculty Bathroom	BS/A					Y	N	N			
63	Bathroom Sink	Faculty Bathroom	BS/A					Y	N	N			
64	Teacher's Sink	Faculty Lounge	TL/A					Y	N	N			
65	Unchilled Bubbler Fountain	Across From Room 215	DW					Y	N	N			
66	Bathroom Sink	Lavatory Across From Room 217	BS/A					Y	N	N			
67	Bathroom Sink	Lavatory Across From Room 217	BS/A					Y	N	N			
68	Bathroom Sink	Lavatory Across From Room 217	BS/A					Y	N	N			
69	Bathroom Sink	Lavatory Across From Room 217	BS/A					N	N	Y			
70	Bathroom Sink	Lavatory Across From Room 217	BS/A					Y	N	N			
71	Bathroom Sink	Lavatory Across From Room 217	BS/A					Y	N	N			
72	Bathroom Sink	Lavatory Across From Room 217	BS/A					Y	N	N			
73	Bathroom Sink	Lavatory Across From Room 217	BS/A					Y	N	N			
74	Unchilled Bubbler Fountain	Outside Room 230	DW					Y	N	N			

Herbert Hoover Middle School

Outlet	Type	Location	Code	Op. <sup>2</sup>	Cor. <sup>3</sup>	Filter <sup>4</sup>	Brass	Aerator/	Motion	Chiller	Water Cooler		Comments
75	Unchilled Bubbler Fountain	Outside Room 228	DW					Y	N	N			

DRAFT

## B. Lead in Water Laboratory Reports



CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Section A  
Required Client Information:

Company: Omega Environmental  
Address: 280 Huyler Street  
S. Hackensack, NJ 07606  
Email To: Lab@Omega-env.com  
Phone: 201-489-8700 Fax:  
Requested Due Date/TAT: 5 day

Section B  
Required Project Information:

Report To: Lab@omega-env.com  
Copy To: mikel@omega-env.com, davide@omega-env.com  
emmam@omega-env.com  
Purchase Order No.:  
Project Name: Heibert Huyler Middle  
Project Number: 16-27002-L

Section C  
Invoice Information:

Attention: Acc'ts Payable  
Company Name: Omega Environmental  
Address: 280 Huyler St, S Hackensack, NJ  
Pace Quote Reference:  
Pace Project Manager:  
Pace Profile #:

REGULATORY AGENCY

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

Site Location  
STATE: NJ

ITEM #	Section D Required Client Information	Valid Matrix Codes MATRIX CODE DRINKING WATER WASTE WATER PRODUCT SOLID OIL WIPE AIR OTHER TISSUE	MATRIX CODE (see valid codes to left)	COLLECTED				SAMPLE TYPE (G=GRAB C=COMP)	SAMPLE TEMP AT COLLECTION		# OF CONTAINERS	Preservatives										Analysis Test Y/N	Lead in drink water 200.8	Residual Chlorine (Y/N)	Pace Project No./ Lab I.D.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
				COMPOSITE START	COMPOSITE END/GRAB	DATE	TIME		Unpreserved	H <sub>2</sub> SO <sub>4</sub>		HNO <sub>3</sub>	HCl	NaOH	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Methanol	Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
1	01A - Custodian Sink (for start coolers)		DW			8/16/16	9:00	G																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										</

RELINQUISHED BY / AFFILIATION

DATE

TIME

ACCEPTED BY / AFFILIATION

DATE

TIME

SAMPLE CONDITIONS

ADDITIONAL COMMENTS

A = FD

B = FL

FD - First Draw Sample

FL - Flush Sample

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Kyle Bown

SIGNATURE of SAMPLER: [Signature]

DATE Signed (MM/DD/YY): 08/12/16

Temp in °C

Received on

Ice (Y/N)

Custody

Sealed Cooler (Y/N)

Samples Intact (Y/N)

\*Important Note: By signing this form you are accepting Pace's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within 30 days.

<b>Section A</b> Required Client Information:		<b>Section B</b> Required Project Information:		<b>Section C</b> Invoice Information:	
Company:	Omega Environmental	Report To:	Lab@omega-env.com	Attention:	Accts Payable
Address:	280 Huyler Street	Copy To:	mikel@omega-env.com, davide@omega-env.com	Company Name:	Omega Environmental
	S. Hackensack, NJ 07606		emmam@omega-env.com	Address:	280 Huyler St, S Hackensack, NJ
Email To:	Lab@Omega-env.com	Purchase Order No.:		Pace Quote Reference:	
Phone:	201-489-8700	Project Name:	Harbert Hoover Middle	Pace Project Manager:	
Fax:		Project Number:	16-27026	Pace Profile #:	
Requested Due Date/TAT:				5 day	

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<b>REGULATORY AGENCY</b>	
<input type="checkbox"/> NPDES	<input type="checkbox"/> GROUND WATER
<input type="checkbox"/> UST	<input type="checkbox"/> RCRA
<input type="checkbox"/> OTHER	

<b>Site Location</b>	NJ
<b>STATE:</b>	

ITEM #	Section D Required Client Information	Valid Matrix Codes		COLLECTED				# OF CONTAINERS	Preservatives								Y/N ↓	Lead in drink water 200.8	Residual Chlorine (Y/N)	Pace Project No./ Lab I.D.	
		MATRIX	CODE	COMPOSITE START	DATE	TIME	DATE		TIME	COMPOSITE END/GHAB	Unpreserved	$H_2SO_4$	$HNO_3$	HCl	$Na_2S_2O_3$	Methanol					Other
SAMPLE ID (A-Z, 0-9 / . - ) Sample IDs MUST BE UNIQUE																					
MATRIX CODE (see valid codes to left)		SAMPLE TYPE (G=GRAB C=COMP)		DATE		DATE		TIME		TIME											
1	07A - Hand washing Sink (Kitchen) ↓	DW	G								X						X				
2	07B - ↓	DW	G								X						X				
3	08A - Dishwashing Sink (Kitchen) ↓	DW	G								X						X				
4	08B - ↓	DW	G								X						X				
5	09A - V.F. Cafeteria by Emergency Exit ↓	DW	G								X						X				
6	09B - ↓ (Pickup window)	DW	G								X						X				
7	10A - V.F. Cafeteria by "Disnai" ↓	DW	G								X						X				
8	10B - ↓	DW	G								X						X				
9	11A - V.F. near kitchen and 108 ↓	DW	G								X						X				
10	11B - ↓	DW	G								X						X				
11	12A - W.F. Girl's locker room ↓	DW	G								X						X				
12	12B - ↓	DW	G								X						X				

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
							Tamp in °C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
	<i>Tom Hall</i>	8/19/16	11:45	<i>efes</i>	8/19/16	1145				
FD - First Draw Sample										
FL - Flush Sample										

SAMPLER NAME AND SIGNATURE	
PRINT Name of SAMPLER:	<i>Kyle Brown</i>
SIGNATURE of SAMPLER:	<i>Kyle Brown</i>
DATE Signed (MM/DD/YY):	08/12/16

# CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

<b>Section A</b> Required Client Information:		<b>Section B</b> Required Project Information:		<b>Section C</b> Invoice Information:	
Company: Omega Environmental		Report To: Lab@omega-env.com		Attention: Accts Payable	
Address: 280 Huyler Street		Copy To: mike@omega-env.com, davide@omega-env.com		Company Name: Omega Environmental	
S. Hackensack, NJ 07606		emman@omega-env.com		Address: 280 Huyler St, S Hackensack, NJ	
Email To: Lab@Omega-env.com		Purchase Order No.:		Pace Quote Reference:	
Phone: 201-489-8700		Project Name: <i>Meribet Flower Middle</i>		Pace Project Manager:	
Fax: 5 day		Project Number: <i>16-270026</i>		Pace Profile #:	
Requested Due Date/TAT:				Site Location: NJ	

**REGULATORY AGENCY**

☐ NPDES ☐ GROUND WATER ☒ DRINKING WATER

☐ UST ☐ RCRA ☐ OTHER

**Site Location**

**STATE:** NJ

ITEM #	Section D Required Client Information	Valid Matrix Codes MATRIX CODE DRINKING WATER DW WASTE WATER WW PRODUCT P SOIL/SOLID SL OIL OL WIPE WIP AIR AR OTHER OT TISSUE TS	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED		SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives Unpreserved H <sub>2</sub> SO <sub>4</sub> HNO <sub>3</sub> HCl NaOH Na <sub>2</sub> SO <sub>3</sub> Methanol Other	Analysis Test Lead in drink water 200.8	Requested Analysis Filtered (Y/N)	Pace Project No./ Lab I.D.
					COMPOSITE START	COMPOSITE END/GRAB						
1	13A-WF sent to Girls locker Rm		DW	G			4/12/16 9:00					
2	13B-WF		DW	G								
3	14A-WF across Rm 105		DW	G								
4	14B-WF		DW	G								
5	15A-Rm 105 left wall left sink		DW	G								
6	15B-Rm 105 left wall center sink		DW	G								
7	16A-Rm 105 left wall center sink		DW	G								
8	16B-Rm 105 left wall right sink		DW	G								
9	17A-Rm 105 left wall right sink		DW	G								
10	17B-Rm 105 right wall back sink		DW	G								
11	18A-Rm 105 right wall back sink		DW	G								
12	18B-Rm 105 right wall back sink		DW	G								

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
	<i>Tom Hall</i>	8/19/16	11:45	<i>en/16</i>	8/19/16	11:45	
FD - First Draw Sample							
FL - Flush Sample							

<b>SAMPLER NAME AND SIGNATURE</b>		Temp in °C	Received on	Custody	Sealed Cooler	Samples Intact
PRINT Name of SAMPLER: <i>Kyle Brown</i>						
SIGNATURE of SAMPLER: <i>Kyle Brown</i>						
DATE Signed (MM/DD/YY): <i>08/17/16</i>						



CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Section A  
Required Client Information:

Company: Omega Environmental  
Address: 280 Huyler Street  
S. Hackensack, NJ 07606  
Email To: Lab@Omega-env.com  
Phone: 201-489-8700 Fax:  
Requested Due Date/TAT: 5 day

Section B  
Required Project Information:

Report To: Lab@omega-env.com  
Copy To: mikel@omega-env.com, david@omega-env.com  
emmam@omega-env.com  
Purchase Order No.:  
Project Name: *Mercury House Middle*  
Project Number: *16-276026*

Section C  
Invoice Information:

Attention: Accts Payable  
Company Name: Omega Environmental  
Address: 280 Huyler St, S Hackensack, NJ  
Pace Quote Reference:  
Pace Project Manager:  
Pace Profile #:

REGULATORY AGENCY

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

Site Location: NJ  
STATE:

ITEM #	Section D Required Client Information		Valid Matrix Codes MATRIX CODE DRINKING WATER DW WATER WT WASTE WATER VW PRODUCT P SOIL/SOLID SL OIL OL WIPE WIP AIR AR OTHER OT TISSUE TS		MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED			SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives										Analysis Test ↓	Y/N ↑	Lead in drink water 200.8	Residual Chlorine (Y/N)	Pace Project No./ Lab I.D.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	Required Client Information		Valid Matrix Codes				COMPOSITE START	COMPOSITE END/GRAB	DATE			TIME	DATE	TIME	Unpreserved	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	Methanol						Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
1	19A - Rem LPS Nixtall Port 304		↓		DW	G				8/12/16	9:00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				

ADDITIONAL COMMENTS

*Access to WF across 101*

RELINQUISHED BY / AFFILIATION

*Ann Paul*

DATE

*8/19/16*

TIME

*11:45*

ACCEPTED BY / AFFILIATION

*af/BS*

DATE

*8/19/16*

TIME

*11:45*

SAMPLE CONDITIONS

Temp in °C

Received on

Sealed Cooler

Custody

Samples Intact

SAMPLER NAME AND SIGNATURE

*Wyle Boun*

PRINT Name of SAMPLER:

*Wyle Boun*

SIGNATURE of SAMPLER:

*Wyle Boun*

DATE Signed (MM/DD/YY):

*08/12/16*

\*Important Note: By signing this form you are accepting Pace's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within 30 days.

# CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

<b>Section A</b> Required Client Information:		<b>Section B</b> Required Project Information:		<b>Section C</b> Invoice Information:	
Company: Omega Environmental		Report To: Lab@omega-env.com		Attention: Accts Payable	
Address: 280 Huyler Street		Copy To: mikel@omega-env.com, davide@omega-env.com		Company Name: Omega Environmental	
S. Hackensack, NJ 07606		emmam@omega-env.com		Address: 280 Huyler St, S. Hackensack, NJ	
Email To: Lab@Omega-env.com		Purchase Order No.:		Pace Quote Reference:	
Phone: 201-489-8700		Project Name: <i>Hubert Hallett Middle</i>		Pace Project Manager:	
Fax:		Project Number: <i>16-2002L</i>		Pace Profile #:	
Requested Due Date/TAT: 5 day					

ITEM #	Section D Required Client Information	Valid Matrix Codes MATRIX CODE DW DRINKING WATER WT WASTE WATER WW PRODUCT P SOIL/SOLID SL OIL OL WIPE WP AIR OT OTHER TS Tissue	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED				SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives								Analysis Test ↓ Y/N ↑	Lead in drink water 200.8	Y/N	Requested Analysis Filtered (Y/N)	Pace Project No./ Lab I.D.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
					COMPOSITE START	COMPOSITE END/GRAB	DATE	TIME			DATE	TIME	Unpreserved	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NaOH	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>						Methanol	Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
1	25A-WF across 214		DW	G																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	

<b>ADDITIONAL COMMENTS</b>		<b>RELINQUISHED BY / AFFILIATION</b>	<b>DATE</b>	<b>TIME</b>	<b>ACCEPTED BY / AFFILIATION</b>	<b>DATE</b>	<b>TIME</b>	<b>SAMPLE CONDITIONS</b>
		<i>Anna Grant</i>	8/19/16	1:45	<i>[Signature]</i>	8/19/16	1:45	
FD - First Draw Sample								
FL - Flush Sample								
<b>SAMPLER NAME AND SIGNATURE</b>		<b>Temp in °C</b>						
PRINT Name of SAMPLER: <i>Kyle Brown</i>		Received on (Y/N)						
SIGNATURE OF SAMPLER: <i>[Signature]</i>		Sealed Cooler (Y/N)						
		Samples Intact (Y/N)						

\*Important Note: By signing this form you are accepting Pace's NET 30 day payment terms and agreeing to late charges of 1.5% per month for any invoices not paid within 30 days.





## LABORATORY RESULTS

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

### Omega Environmental Services

280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/19/16 11:45 AM

Collected By : KB99

Sample Type : Potable Water

CC

Date Reported : 9/15/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
1608189-001A	1A- CUSTODIAN SINK (F	8/12/2016 9:00:00 AM	ug/L	E200.8 : IOC
			15	
			Analysis	< 1.0
			Time	8/24/2016 10:43:50 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-002A	2A- WF ACROSS CUSTO	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	8/24/2016 10:46:46 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-003A	3A- BOYS LOCKER RM W	8/12/2016 9:00:00 AM	Analysis	1.8
			Time	8/24/2016 10:49:41 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-004A	4A- WF NEAR KITCHEN (	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	8/24/2016 10:52:36 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-005A	5A- KS NEAR WALK IN F	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	8/24/2016 10:55:30 PM
Distribution				HERBERT HOOVER MIDDLE

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit noted.

+ = ELAP / NELAC does not offer certification for this analyte

#### Treatments

A = Air Stripper Tower G = Granular Activated Carbon  
 FM = Iron/Manganese Removal  
 N = Nitrate Removal O = Other

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

*Elizabeth Harrison*

Project Manager



## LABORATORY RESULTS

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

### Omega Environmental Services

280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/19/16 11:45 AM

Collected By : KB99

Sample Type : Potable Water

CC

Date Reported : 9/15/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
			ug/L	
			E200.8 : IOC	
			15	
<b>1608189-006A</b>	6A- KS NEAR STOVE	8/12/2016 9:00:00 AM	Analysis	<b>2.2</b>
			Time	<b>8/24/2016 11:10:10 PM</b>
Distribution				HERBERT HOOVER MIDDLE
<b>1608189-007A</b>	7A- HAND WASHING SIN	8/12/2016 9:00:00 AM	Analysis	<b>1.3</b>
			Time	<b>8/24/2016 11:13:06 PM</b>
Distribution				HERBERT HOOVER MIDDLE
<b>1608189-008A</b>	8A- DISHWASHING SINK	8/12/2016 9:00:00 AM	Analysis	<b>&lt; 1.0</b>
			Time	<b>8/24/2016 11:16:02 PM</b>
Distribution				HERBERT HOOVER MIDDLE
<b>1608189-009A</b>	9A- WF CAFETERIA BY E	8/12/2016 9:00:00 AM	Analysis	<b>&lt; 1.0</b>
			Time	<b>8/24/2016 11:18:56 PM</b>
Distribution				HERBERT HOOVER MIDDLE
<b>1608189-010A</b>	10A- WF CAFETERIA BY *	8/12/2016 9:00:00 AM	Analysis	<b>&lt; 1.0</b>
			Time	<b>8/24/2016 11:21:51 PM</b>
Distribution				HERBERT HOOVER MIDDLE

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit noted.

+ = ELAP / NELAC does not offer certification for this analyte

#### Treatments

A = Air Stripper Tower      G = Granular Activated Carbon  
 FM = Iron/Manganese Removal  
 N = Nitrate Removal      O = Other

Test results meet the requirements of NELAC unless otherwise noted.

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*Elizabeth Harrison*

Project Manager



## LABORATORY RESULTS

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

### Omega Environmental Services

280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/19/16 11:45 AM

Collected By : KB99

Sample Type : Potable Water

CC

Date Reported : 9/15/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
			ug/L	
			E200.8 : IOC	
			15	
1608189-011A	11A- WF NEAR KITCHEN	8/12/2016 9:00:00 AM	Analysis	1.5
			Time	8/24/2016 11:24:46 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-012A	12A- WF GIRLS LOCKER	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	8/24/2016 11:27:41 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-013A	13A- WF NEXT TO GIRLS	8/12/2016 9:00:00 AM	Analysis	1.7
			Time	8/24/2016 11:30:36 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-014A	14A- WF ACROSS RM 10	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	8/24/2016 11:45:17 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-015A	15A- RM 105 LEFT WALL	8/12/2016 9:00:00 AM	Analysis	2.2
			Time	8/24/2016 11:48:13 PM
Distribution				HERBERT HOOVER MIDDLE

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit noted.

+ = ELAP / NELAC does not offer certification for this analyte

#### Treatments

A = Air Stripper Tower G = Granular Activated Carbon  
 FM = Iron/Manganese Removal  
 N = Nitrate Removal O = Other

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

*Elizabeth Harrison*

Project Manager



## LABORATORY RESULTS

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

### Omega Environmental Services

280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/19/16 11:45 AM

Collected By : KB99

Sample Type : Potable Water

CC

Date Reported : 9/15/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	ug/L
			<u>Method</u>	E200.8 : IOC
			<u>Limits</u>	15
1608189-016A	16A- RM 105 LEFT WALL	8/12/2016 9:00:00 AM	Analysis	5.5
			Time	8/24/2016 11:51:09 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-017A	17A- RM 105 LEFT WALL	8/12/2016 9:00:00 AM	Analysis	6.0
			Time	8/24/2016 11:54:03 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-018A	18A- RM 105 RIGHT WAL	8/12/2016 9:00:00 AM	Analysis	7.7
			Time	8/24/2016 11:56:58 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-019A	19A- RM 105 RIGHT WAL	8/12/2016 9:00:00 AM	Analysis	1.9
			Time	8/24/2016 11:59:52 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-020A	20A- NURSE OFFICE SIN	8/12/2016 9:00:00 AM	Analysis	1.5
			Time	8/25/2016 12:02:48 AM
Distribution				HERBERT HOOVER MIDDLE

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit noted.

+ = ELAP / NELAC does not offer certification for this analyte

#### Treatments

A = Air Stripper Tower      G = Granular Activated Carbon  
 FM = Iron/Manganese Removal  
 N = Nitrate Removal      O = Other

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

*Elizabeth Harrison*

Project Manager



## LABORATORY RESULTS

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

### Omega Environmental Services

280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/19/16 11:45 AM

Collected By : KB99

Sample Type : Potable Water

CC

Date Reported : 9/15/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
1608189-021A	21A- MAN OFFICE SINK	8/12/2016 9:00:00 AM	ug/L	E200.8 : IOC
			15	
			1.6	
			8/25/2016 12:05:43 AM	
Distribution			HERBERT HOOVER MIDDLE	
1608189-022A	22A- WF NEAR 121	8/12/2016 9:00:00 AM	< 1.0	
			8/25/2016 12:20:26 AM	
Distribution			HERBERT HOOVER MIDDLE	
1608189-023A	23A- WF ACROSS 15 A-B	8/12/2016 9:00:00 AM	1.2	
			8/25/2016 12:23:22 AM	
Distribution			HERBERT HOOVER MIDDLE	
1608189-024A	24A- WF ACROSS 113	8/12/2016 9:00:00 AM	< 1.0	
			8/25/2016 12:26:18 AM	
Distribution			HERBERT HOOVER MIDDLE	
1608189-025A	25A- WF ACROSS 211	8/12/2016 9:00:00 AM	1.3	
			8/25/2016 12:29:12 AM	
Distribution			HERBERT HOOVER MIDDLE	

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit noted.

+ = ELAP / NELAC does not offer certification for this analyte

#### Treatments

A = Air Stripper Tower G = Granular Activated Carbon  
 FM = Iron/Manganese Removal  
 N = Nitrate Removal O = Other

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

*Elizabeth Harrison*

Project Manager



## LABORATORY RESULTS

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

### Omega Environmental Services

280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/19/16 11:45 AM

Collected By : KB99

Sample Type : Potable Water

CC

Date Reported : 9/15/2016

Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
1608189-026A	26A- SINK IN FACULTY L	8/12/2016 9:00:00 AM	ug/L	E200.8 : IOC
			15	
			1.7	
			8/25/2016 12:32:08 AM	
Distribution			HERBERT HOOVER MIDDLE	
1608189-027A	27A- WF ACROSS 215	8/12/2016 9:00:00 AM	< 1.0	
			8/25/2016 12:35:03 AM	
Distribution			HERBERT HOOVER MIDDLE	
1608189-028A	28A- WF NEAR RM 228	8/12/2016 9:00:00 AM	1.3	
			8/25/2016 12:37:58 AM	
Distribution			HERBERT HOOVER MIDDLE	
1608189-029A	29A- WF NEXT TO RM 23	8/12/2016 9:00:00 AM	3.2	
			8/25/2016 12:40:53 AM	
Distribution			HERBERT HOOVER MIDDLE	
1608189-030A	30A- KS DISHWASHING A	8/12/2016 9:00:00 AM	< 1.0	
			8/25/2016 12:55:30 AM	
Distribution			HERBERT HOOVER MIDDLE	

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit noted.

+ = ELAP / NELAC does not offer certification for this analyte

#### Treatments

A = Air Stripper Tower G = Granular Activated Carbon  
 FM = Iron/Manganese Removal  
 N = Nitrate Removal O = Other

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.

*Elizabeth Harrison*

Project Manager



## LABORATORY RESULTS

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests requested.

### Omega Environmental Services

280 Huyler Street

South Hackensack, NJ 07606

Attn To : Michael Levay

Federal ID :

Copies To :

Received : 08/19/16 11:45 AM

Collected By : KB99

Sample Type : Potable Water

CC

Date Reported : 9/15/2016

Lab Number	Location	Collected	Lead	
			Units	ug/L
			Method	E200.8 : IOC
			Limits	15
1608189-031A	31A- WF ACROSS 104	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	8/25/2016 12:58:26 AM
	Distribution			HERBERT HOOVER MIDDLE
1608189-032A	1B- CUSTODIAN SINK (F	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 6:26:29 PM
	Distribution			HERBERT HOOVER MIDDLE
1608189-033A	2B- WF ACROSS CUSTO	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 6:29:25 PM
	Distribution			HERBERT HOOVER MIDDLE
1608189-034A	3B- BOYS LOCKER RM W	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 6:32:22 PM
	Distribution			HERBERT HOOVER MIDDLE
1608189-035A	4B- WF NEAR KITCHEN (	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 6:35:17 PM
	Distribution			HERBERT HOOVER MIDDLE

Result(s) reported meet(s) NYS Regulatory Limit(s).

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*Elizabeth Harrison*

Project Manager



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			<u>Method</u>	E200.8 : IOC
			<u>Limits</u>	15
1608189-036A	5B- KS NEAR WALK IN F	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 6:38:13 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-037A	6B- KS NEAR STOVE	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 6:41:10 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-038A	7B- HAND WASHING SIN	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 6:55:52 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-039A	8B- DISHWASHING SINK	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 6:58:47 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-040A	9B- WF CAFETERIA BY E	8/12/2016 9:00:00 AM	Analysis	3.0
			Time	9/13/2016 7:01:43 PM
Distribution				HERBERT HOOVER MIDDLE

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			<u>Units</u>	ug/L
			<u>Method</u>	E200.8 : IOC
			<u>Limits</u>	15
1608189-041A	10B- WF CAFETERIA BY "	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:04:38 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-042A	11B- WF NEAR KITCHEN	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:07:32 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-043A	12B- WF GIRLS LOCKER	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:10:27 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-044A	13B- WF NEXT TO GIRLS	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:13:22 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-045A	14B- WF ACROSS RM 10	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:16:17 PM
Distribution				HERBERT HOOVER MIDDLE

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Sample Type : Potable Water

CC

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Lab Number	Location	Collected	<u>Lead</u>	
			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
1608189-046A	15B- RM 105 LEFT WALL	8/12/2016 9:00:00 AM	ug/L	E200.8 : IOC
			15	
			Analysis	< 1.0
			Time	9/13/2016 7:30:57 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-047A	16B- RM 105 LEFT WALL	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:33:51 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-048A	17B- RM 105 LEFT WALL	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:36:45 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-049A	18B- RM 105 RIGHT WAL	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:39:41 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-050A	19B- RM 105 RIGHT WAL	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:42:38 PM
Distribution				HERBERT HOOVER MIDDLE

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Collected By : KB99

Sample Type : Potable Water

CC

Date Reported : 9/15/2016

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			<u>Units</u>	ug/L
			<u>Method</u>	E200.8 : IOC
			<u>Limits</u>	15
1608189-051A	20B- NURSE OFFICE SIN	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:45:33 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-052A	21B- MAN OFFICE SINK	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:48:27 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-053A	22B- WF NEAR 121	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 7:51:22 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-054A	23B- WF ACROSS 15 A-B	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:06:01 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-055A	24B- WF ACROSS 113	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:08:57 PM
Distribution				HERBERT HOOVER MIDDLE

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			<u>Method</u>	E200.8 : IOC
			<u>Limits</u>	15
1608189-056A	25B- WF ACROSS 211	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:11:54 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-057A	26B- SINK IN FACULTY L	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:14:50 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-058A	27B- WF ACROSS 215	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:17:46 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-059A	28B- WF NEAR RM 228	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:20:41 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-060A	29B- WF NEXT TO RM 23	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:23:37 PM
Distribution				HERBERT HOOVER MIDDLE

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			<u>Units</u>	
			<u>Method</u>	
			<u>Limits</u>	
			ug/L	
			E200.8 : IOC	
			15	
1608189-061A	30B- KS DISHWASHING A	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:26:33 PM
Distribution				HERBERT HOOVER MIDDLE
1608189-062A	31B- WF ACROSS 104	8/12/2016 9:00:00 AM	Analysis	< 1.0
			Time	9/13/2016 8:41:17 PM
Distribution				HERBERT HOOVER MIDDLE

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PACE ANALYTICAL  
575 Broad Hollow Road  
Melville, NY 11747  
TEL: (631) 694-3040 FAX: (631) 420-8436  
Website: [www.pacelabs.com](http://www.pacelabs.com)

## Sample Receipt Checklist

Client Name **OES**

Date and Time Received: **8/19/2016 11:45:00 AM**

Work Order Number: **1608189**

RcptNo: **1**

Received by **Matthew Grasso**

Completed by:

Reviewed by:

Completed Date: 8/19/2016 1:22:53 PM

Reviewed Date:

Carrier name:

Chain of custody present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Chain of custody signed when relinquished and received?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Chain of custody agrees with sample labels?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Are matrices correctly identified on Chain of custody?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Is it clear what analyses were requested?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Custody seals intact on sample bottles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present	<input checked="" type="checkbox"/>
Samples in proper container/bottle?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Were correct preservatives used and noted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA	<input type="checkbox"/>
Preservative added to bottles:				
Sample Condition?	Intact <input checked="" type="checkbox"/>	Broken <input type="checkbox"/>	Leaking	<input type="checkbox"/>
Sufficient sample volume for indicated test?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Were container labels complete (ID, Pres, Date)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
All samples received within holding time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Was an attempt made to cool the samples?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA	<input type="checkbox"/>
All samples received at a temp. of > 0° C to 6.0° C?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA	<input checked="" type="checkbox"/>
Response when temperature is outside of range:				
Sample Temp. taken and recorded upon receipt?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	To	°
Water - Were bubbles absent in VOC vials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No Vials	<input checked="" type="checkbox"/>
Water - Was there Chlorine Present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA	<input checked="" type="checkbox"/>
Water - pH acceptable upon receipt?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	No Water	<input type="checkbox"/>
Are Samples considered acceptable?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Custody Seals present?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Airbill or Sticker?	Air Bil <input checked="" type="checkbox"/>	Sticker <input type="checkbox"/>	Not Present	<input type="checkbox"/>
Airbill No:				

Case Number:

SDG:

SAS:

Any No response should be detailed in the comments section below, if applicable.

Client Contacted? ☐ Yes ☐ No ☒ NA Person Contacted:  
Contact Mode: ☐ Phone: ☐ Fax: ☐ Email: ☐ In Person:  
Client Instructions:  
Date Contacted: Contacted By:  
Regarding:  
Comments:  
CorrectiveAction:

WorkOrder :  
1608I89

## Certifications

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STATE	CERTIFICATION #
NEW YORK	10478
NEW JERSEY	NY158
CONNECTICUT	PH-0435
MARYLAND	208
MASSACHUSETTS	MA-NY026
NEW HAMPSHIRE	2987
RHODE ISLAND	LAO00340
PENNSYLVANIA	68-00350