



Environmental and Laboratory Services  
 90 1/2 West Blackwell Street, Dover, New Jersey 07801  
 (973) 989-0010 P, (973) 989-0156 F

## Analytical Results

Report Issued: April 8, 2016  
 Client: Montclair Water Bureau  
 Address: 54 Watchung Ave.  
 Montclair, NJ 07043

PWSID#: NJ0713001

**Project: Forest Ave School**

Sample description: Drinking Water / 1<sup>st</sup> Draw / DWSC1323-1  
 Sample location: Water Fountain Hallway 1<sup>st</sup> (Filter)  
 Sampled by: Client  
 Sample date: 03/29/16  
 Time: 04:50  
 Analyst: B. Moraga

| Parameter | Method  | Sample Result | NJDEP Limit | Date Analyzed | Time Analyzed | Reporting Limit |
|-----------|---------|---------------|-------------|---------------|---------------|-----------------|
| Lead      | SM3113B | <2 ug/L       | 15 ug/L     | 04/07/16      | 01:21         | 2 ug/L          |

Sample description: Drinking Water / 1<sup>st</sup> Draw / DWSC1323-2  
 Sample location: Principal Bath  
 Sampled by: Client  
 Sample date: 03/29/16  
 Time: 04:50  
 Analyst: B. Moraga

| Parameter | Method  | Sample Result | NJDEP Limit | Date Analyzed | Time Analyzed | Reporting Limit |
|-----------|---------|---------------|-------------|---------------|---------------|-----------------|
| Lead      | SM3113B | <2 ug/L       | 15 ug/L     | 04/07/16      | 01:27         | 2 ug/L          |

Sample description: Drinking Water / 1<sup>st</sup> Draw / DWSC1323-3  
 Sample location: Water Fountain T-1 Room Basement (No Filter)  
 Sampled by: Client  
 Sample date: 03/29/16  
 Time: 04:50  
 Analyst: B. Moraga

| Parameter | Method  | Sample Result | NJDEP Limit | Date Analyzed | Time Analyzed | Reporting Limit |
|-----------|---------|---------------|-------------|---------------|---------------|-----------------|
| Lead      | SM3113B | <2 ug/L       | 15 ug/L     | 04/07/16      | 01:32         | 2 ug/L          |

ug/L = micrograms per liter

All testing was done within the required holding time.

I certify that these samples were analyzed in accordance with procedures approved by the New Jersey Department of Environmental Protection.

Laurette Young (For SV)  
Susan VanVeen, Laboratory Manager  
NJ Laboratory Certification ID # 14013

April 11, 2016  
Date

# CHAIN OF CUSTODY / SAMPLE ANALYSIS REQUEST



|  |                          |  |
|--|--------------------------|--|
| Customer Name: Montclair Water Bureau            | Report To: Gary Obszarny | Agra Environmental Services                  |
| Address: 54 Watchung Ave.<br>Montclair, NJ 07043 |                          | 90½ West Blackwell Street<br>Dover, NJ 07801 |
| County/Municipality:                             |                          | Phone: (973) 989-0010                        |
| Phone: 973-744-4600 ext. 3013                    |                          | Fax: (973) 989-0156                          |
| Fax: 973-233-1826                                |                          |  |

Matrix Abbreviations: D - Drinking Water G- Groundwater W- Wastewater S- Soil SL- Sludge P-Pool L-Lake

| Project: Forest Ave School |                                  | Collection |      | PWSID# NJ0713001 |      |        |              |              | Page ____ of ____  |                             |  |
|----------------------------|----------------------------------|------------|------|------------------|------|--------|--------------|--------------|--------------------|-----------------------------|--|
| Field ID                   | TP#                              | Date       | Time | Grab             | Comp | Matrix | # of Bottles | Preservative | ANALYSIS REQUESTED | Indicate pH received at Lab | Field pH, Temp (C or F), DO, Cl2, S. Cond. Etc |
| DWSC1323                   |                                  |            |      |                  |      |        |              |              |                    |                             |  |
| 1                          | W.F. HALLWAY 1ST (FILTERED)      | 3/25/16    | 4:50 | X                |      | D      | 1            |              | Lead <2 +2.4 ug/L  | 4/16 0036 BM                | 0121   |
| 2                          | PRINCIPAL BATH                   | 3/29/16    | 4:50 | X                |      | D      | 1            |              | Lead <2 +2.2 ug/L  | 0042                        | 0127   |
| 3                          | W.F T-1 ROOM-BASEMENT (FILTERED) | 3/25/16    | 4:50 | X                |      | D      | 1            |              | Lead <2 3.82 ug/L  | 0053                        | 0132   |

|                                     |   |   |
|-------------------------------------|---|---|
| Sampled By: (Name/Company)          | State Forms Needed Y or N   | NJDEP Laboratory Certification #14013   |
| Reporting Requirements (Check Box): | <input type="checkbox"/> Standard<br><input type="checkbox"/> NJ Reduced<br><input type="checkbox"/> Other (Specify ) | Cooler Temperature Upon Receipt at lab: |

|  |               |             |                                 |               |            |                      |  |
|--|---------------|-------------|---------------------------------|---------------|------------|----------------------|--|
| Sample Custody Exchanges (Please use full legal signature) |               |             |                                 |               |            | Scanned _____        |  |
| Relinquished By: <i>[Signature]</i>                        | Date: 3-29-16 | Time: 8:30A | Received By: <i>[Signature]</i> | Date: 3/29/16 | Time: 0835 |                      |  |
| Relinquished By:   | Date:         | Time:       | Received By:                    | Date:         | Time:      |                      |  |
| Relinquished By:   | Date:         | Time:       | Received By:                    | Date:         | Time:      |                      |  |
| Relinquished By:   | Date:         | Time:       | Received By:                    | Date:         | Time:      |                      |  |
| Date Faxed _____   |               |             |                                 |               |            | Invoice Number _____ |  |
| Is sample known to be hazardous?                           |               |             |                                 |               |            | Yes or No            |  |