



Environmental and Laboratory Services
90 ½ 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: Glen Ridge HS

Sample description: Drinking Water / 1st Draw / DWSC1321-1
Sample location: Cafeteria (Filter)
Sampled by: Client
Sample date: 03/29/16
Time: 04:00
Analyst: B. Moraga

Parameter	Method	Sample Result	NJDEP Limit	Date Analyzed	Time Analyzed	Reporting Limit
Lead	SM3113B	<2 ug/L	15 ug/L	04/06/16	20:24	2 ug/L

Sample description: Drinking Water / 1st Draw / DWSC1321-2
Sample location: Kitchen
Sampled by: Client
Sample date: 03/29/16
Time: 04:00
Analyst: B. Moraga

Parameter	Method	Sample Result	NJDEP Limit	Date Analyzed	Time Analyzed	Reporting Limit
Lead	SM3113B	<2 ug/L	15 ug/L	04/06/16	20:30	2 ug/L

Sample description: Drinking Water / 1st Draw / DWSC1321-3
Sample location: Art Room
Sampled by: Client
Sample date: 03/29/16
Time: 04:00
Analyst: B. Moraga

Parameter	Method	Sample Result	NJDEP Limit	Date Analyzed	Time Analyzed	Reporting Limit
Lead	SM3113B	<2 ug/L	15 ug/L	04/06/16	20:35	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:	Agra Environmental Services
Address: 54 Watchung Ave.	Gary Obszarny	90½ West Blackwell Street
Montclair, NJ 07043		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: <u>Glen Ridge H.S</u>		Collection		PWSID# <u>NJ0713001</u>					Page ____ of ____	
Field ID	TP#	Date	Time	Grab	Comp	Matrix	# of Bottles	Preservative	ANALYSIS REQUESTED	Indicate pH received at Lab
DWSC1321										
<u>1</u>	<u>CAFETERIA (FILTER)</u>	<u>3/29/16</u>	<u>4:00</u>	<u>X</u>		<u>D</u>	<u>1</u>		<u>Lead < 2 ug/L 4/6 2024 BM</u>	
<u>2</u>	<u>KITCHEN</u>	<u>3/29/16</u>	<u>4:00</u>	<u>X</u>		<u>D</u>	<u>1</u>		<u>Lead < 2 ug/L 2/30</u>	
<u>3</u>	<u>ALT ROOM</u>	<u>3/29/16</u>	<u>4:00</u>	<u>X</u>		<u>D</u>	<u>1</u>		<u>Lead < 2 ug/L 2/35</u>	

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

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