



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: Linden Ave School

Sample description: Drinking Water / 1st Draw / DWSC1322-1
 Sample location: Principal Bathroom
 Sampled by: Client
 Sample date: 03/29/16
 Time: 04:15
 Analyst: B. Moraga

Parameter	Method	Sample Result	NJDEP Limit	Date Analyzed	Time Analyzed	Reporting Limit
Lead	SM3113B	2.02 ug/L	15 ug/L	04/06/16	20:46	2 ug/L

Sample description: Drinking Water / 1st Draw / DWSC1322-2
 Sample location: Water Fountain by Entrance (Filter)
 Sampled by: Client
 Sample date: 03/29/16
 Time: 04:15
 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	20:52	2 ug/L

Sample description: Drinking Water / 1st Draw / DWSC1322-3
 Sample location: Water Fountain by Boiler Room (No Filter)
 Sampled by: Client
 Sample date: 03/29/16
 Time: 04:15
 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	20:57	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>Linden Ave School</u>		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
DWSC1322											
1	PRINCIPAL BATHROOM	3/25/16	4:15	X		D	1		Pb 2.02 mg/L 4/6	2046 BM	
2	W.F. BY ENTRANCE (FILTER)	3/25/16	4:15	X		D	1		Pb <2 mg/L	2052	
3	W.F. BY BOILER ROOM	3/25/16	4:15	X		D	1		Pb <2 mg/L	2057	

Sampled By: (Name/Company)	State Forms Needed Y or N			NJDEP Laboratory Certification #14013		
Reporting Requirements (Check Box):	Standard	NJ Reduced	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:	
<i>Tony Ren</i>	3-29-16	8:35	<i>[Signature]</i>	3/29/16	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 _____
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