

Environmental and Laboratory Services

90 ½ West Blackwell St., Dover, New Jersey 07801 (973) 989-0010 P, (973) 989-0156 F

Analytical Results

Date:

May 26, 2017

Address:

Montville Township School District

86 River Road Montville, NJ 07045

Project:

Cedar Hill School

Sample description:

Drinking Water / 1st Draw / DWS5390-1

Sample location:

FIELD BLANK

Sampled by: Sample date:

D. Mitchell 05/06/17

Time: Analyst:

08:20 M. Furrey

		Sample	NJDEP	Date	Time	Dilution	Reporting
Parameter	Method	Result	Limit	Analyzed	Analyzed	Factor	Limit
Lead	SM3113B	<2.00 μg/L	15 μg/L	05/19/17	20:22	1	2.00 μg/L

Sample description:

Drinking Water / 1st Draw / DWS5390-2

Sample location:

CH-MO-NURSE

Sampled by:

D. Mitchell

Sample date:

05/06/17

Time:

08:23

Analyst:

M. Furrey

Parameter	Method	Sample Result	NJDEP Date Limit Analyzed		Time Analyzed	Dilution Factor	Reporting Limit	
Lead	SM3113B	<2.00 μg/L	15 μg/L	05/19/17	20:27	1	2.00 μg/L	

Sample description:

Drinking Water / 1st Draw / DWS5390-3

Sample location:

CH-FB-BY 12

Sampled by:

D. Mitchell 05/06/17

Sample date: Time:

08:24

Analyst:

M. Furrey

Parameter	Method	Sample Result	NJDEP Limit	Date Analyzed	Time Analyzed	Dilution Factor	Reporting Limit
Lead	SM3113B	<2.00 μg/L	15 μg/L	05/19/17	20:33	1	2.00 µg/L

Sample description:

Drinking Water / 1st Draw / DWS5390-4

Sample location:

CH-TL-TEACHER LOUNGE

Sampled by: Sample date:

D. Mitchell 05/06/17

Time:

Analyst:

08:25 M. Furrey

Parameter	Method	Sample Result	NJDEP Limit	Date Analyzed	Time Analyzed	Dilution Factor	Reporting Limit
Lead	SM3113B	2.00 μg/L	15 μg/L	05/19/17	20:38	1	2.00 μg/L

Sample description:

Drinking Water / 1st Draw / DWS5390-5

Sample location:

CH-FC-BY MULTIPURPOSE RM

Sampled by:

D. Mitchell

Sample date:

05/06/17 08:26

Time: Analyst: M. Furrey

		Sample	NJDEP	Date	Time	Dilution	Reporting
Parameter	Method	Result	Limit	Analyzed	Analyzed	Factor	Limit
Lead	SM3113B	<2.00 μg/L	15 μg/L	05/19/17	20:44	1	2.00 μg/L

 $\mu g/L = micrograms per liter$

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.

Susan Van Veen, Lab Manager

NJ Laboratory Certification ID # 14013

	CHAIN OF C	JSTODY	/ SAM	PLE	ΞA	NAL	.YS	IS RE	QUEST			# #	HCI Via		рн: оН: Cl₂:		
Customer Name:	CEDAR HILL				repor	rt to:				Agra Envir	onmental Services		5 HNO ₃		pH:		
	46 PINE BROOK R	D			i oportion					90½ West Blackwell Street # H ₂ 50 ₄							
Addicss.	MONTVILLE NJ				Nicole Mangili					Dover, NJ		#	NaOH	,	oH:		
County/Municipality:								@Montvil	le.net	Phone: (9	73) 989-0010	#	unpres				
	Richard Medwin				· ·					Fax: (97	3) 989-0156	-	# other				
Work:												#	other		-		
Matrix Abbreviations: D - Drinking Water G- Groundwater V			-		astew	ater	S- Soil	SL- Sluc	dge P-Pool L-Lake								
Project:		Collec	ction	PW	SID	# NJ					for laboratory use of	only	Field	Analy	sis		
	Lab ID: 12553910			Grab	Сотр	Matrix	Bottles	Preservative									
Field ID	VI C C.COM	Date	Time	ß	ပိ	Ma	# of E	Prese	ANALYSIS	REQUES							
Field Blank	-4	5/6/17	0820	х			1	NHO3	1ST DRAV	N PB <2	Mall 5/19/17		2022 B	M			
CH-MO-NURSE	- 2	5/6/17	0823	х			1	NHO3	1ST DRAV	N PB ZZ	ugl		2017				
CH-FB-BY 12	-3	5/6/17	0824	х			1	ИНОЗ	1ST DRAV	N PB 42	eigh		2033				
CH-TL-TEACHER LOUNGE 4 5/6		5/6/17	0825	х			1	NНО3	1ST DRAV	N PB 2.0	rall +		2038				
CH-FC-BY MULTIPURPOSE RM.5 5.		5/6/17	0826	х			1	NHO3	1ST DRAV	N PB 42	unic		2044	1			
		5/6/17		х			1	NHO3	1ST DRAV		0						
		5/6/17		х			1	NHO3	1ST DRAV	N PB							
		5/6/17		х			1	NHO3	1ST DRAV	N PB							
		5/6/17		х			1	NHO3	1ST DRAV	N PB							
		5/6/17		х			1	NHO3	1ST DRAV	N PB							
Sampled By (name/c	ompany):	State Forms Needed (circle one): Yes or No							indicate laboratory location where analysis requested was performed								
151			NJDEP Laboratory Certification (Dover, NJ) #14013								NAME OF THE PARTY OF THE						
D. Mitel	·//								NJ) #13033								
1	quirements (Check Box):	Standard		N Redi	NJ			Other (Specify)			Cooler Tempe	erature	Upon Recei	pt at lab			
rioporting rio	quiromonio (oncon Denyi																
Sample Custody	Exchanges (Ple	ase use fi	ull legal	sig	nati	ure)					Scanned						
Relinquished By // Date:		Date: 5/6/17				By:	M	1	Date: 5/8//7	Time:							
		Date:	Time:	Rece	eived	Ву:			Date:	Time:							
Relinquished By:		Date:	Time:	Rece	eived	Ву:			Date:	Time:	Date Faxed Invoice Number						
Relinquished By:		Date:	Time:	Rece	eived	Ву:			Date:	Time:	Is sample known		e hazardoı or No	us? (cird	cle one)		

Asc./HCl Vials pH: