



Customer: Labella Associates (1126)
Address: 300 State Street
Rochester, NY 14614-1098

Order #: 422284


Matrix Drinking Water
Received 06/02/21
Reported 06/09/21

Attn:
Project: Brockport CSD Lead In Water
Location: Bus Garage
Number: 2211782

PO Number:

Sample ID	Cust. Sample ID	Location	Result	RL*	Units	Analysis Date	Analyst
Parameter		Method					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	06/04/21	JL
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	06/04/21	JL
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	06/04/21	JL
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Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	06/04/21	JL
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	06/04/21	JL
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	06/04/21	JL

422284-06/09/21 04:57 PM


Reviewed By: _____
Analyst

EPA Regulatory Limits

Parameter	Reg. Limit	Unit
Lead	15.0	µg/L

All internal QC parameters were met. Unusual sample conditions, if any, are described. Surrogate Spike results designated with "D" indicate that the analyte was diluted out. "MI" indicates matrix interference. Concentration and *Reporting Limit (RL) based on areas provided by client. Values are reported to three significant figures. Solid PPM = mg/kg | PPB = µg/kg and Water PPM = mg/L | PPB = µg/L. The test results reported relate only to the samples submitted.



Analysis Report

Schneider Laboratories Global, Inc

2512 W. Cary Street • Richmond, Virginia • 23220-5117
804-353-6778 • 800-785-LABS (5227) • Fax 804-359-1475

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State Certifications

Method	Parameter	New York	Virginia
EPA 200.9 Rev 2.2	Lead	ELAP Certified	VELAP Certified

State	Certificate Number
New York	ELAP 63556
Virginia	VELAP 11259

All internal QC parameters were met. Unusual sample conditions, if any, are described. Surrogate Spike results designated with "D" indicate that the analyte was diluted out. "MI" indicates matrix interference. Concentration and *Reporting Limit (RL) based on areas provided by client. Values are reported to three significant figures. Solid PPM = mg/kg | PPB = µg/kg and Water PPM = mg/L | PPB = µg/L. The test results reported relate only to the samples submitted.



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Submitting Co.	LaBella Associates, D.P.C.	Lab WO#		Phone	(607) 591-7516
300 State Street		Acct #	1126	Fax / Email	cstamp@labellapc.com
Rochester, New York 14614		**State of Collection	NY	**Cert. Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Name:	Brockport CSD Lead in Water Testing		Special Instructions [include requests for special reporting or data packages]		
Project Location:	Bus Garage		See attached spreadsheet		
Project Number:	2211782				
PO Number:					

Turn Around Time	Matrix / Sample Type (Select ONE)	Tests / Analytes (Select ALL that Apply)		
<input type="checkbox"/> 2 hours*	<i>All samples on form should be of SAME matrix type. Use additional forms as needed.</i> <input type="checkbox"/> Air <input type="checkbox"/> Solid <input type="checkbox"/> Aqueous <input type="checkbox"/> Waste <input type="checkbox"/> Bulk <input type="checkbox"/> Wastewater <input checked="" type="checkbox"/> 5 business days* <input type="checkbox"/> Hi-Vol Filter (PM10) <input checked="" type="checkbox"/> Water, Drinking <input type="checkbox"/> Full TCLP (10d) <input type="checkbox"/> Hi-Vol Filter (TSP) <input type="checkbox"/> Compliance <input type="checkbox"/> Weekend* <input type="checkbox"/> Oil <input type="checkbox"/> Wipe <input type="checkbox"/> Paint <input type="checkbox"/> Wipe, Composite <input type="checkbox"/> Sludge <input type="checkbox"/> <input type="checkbox"/> Soil <input type="checkbox"/>	Asbestos Air / Fiber Counts	Asbestos Bulk / Asb ID	Metals-Total Conc.
<input type="checkbox"/> Same day*		<input type="checkbox"/> PCM (NIOSH 7400)	<input type="checkbox"/> PLM (EPA 600/R-93/116)	<input checked="" type="checkbox"/> Lead
<input type="checkbox"/> 1 business day*		<input type="checkbox"/> TEM (AHERA)	<input type="checkbox"/> PLM (EPA Point Count)	<input type="checkbox"/> RCRA Metals
<input type="checkbox"/> 2 business day*		<input type="checkbox"/> TEM (EPA Level II)	<input type="checkbox"/> PLM (Qualitative only)	<input type="checkbox"/>
<input type="checkbox"/> 3 business days*		<input type="checkbox"/>	<input type="checkbox"/> NYELAP 198.1/4/6	<input type="checkbox"/>
<input checked="" type="checkbox"/> 5 business days*		Miscellaneous Tests	<input type="checkbox"/> CAELAP (EPA Interim)	Metals-Extract
<input type="checkbox"/> Full TCLP (10d)		<input type="checkbox"/> Total Dust (NIOSH 0500)	<input type="checkbox"/> TEM (Chatfield)	<input type="checkbox"/> TCLP / Lead
<input type="checkbox"/> Weekend*		<input type="checkbox"/> Resp. Dust (NIOSH 0600)	<input type="checkbox"/>	<input type="checkbox"/> TCLP / RCRA Metals
* not available for all tests		<input type="checkbox"/> Silica - FTIR (NIOSH 7602)	FOR ASBESTOS AIR:	
Schedule rush organics, multi-metals & weekend tests in advance.		<input type="checkbox"/> Silica - XRD (NIOSH 7500)	TYPE OF RESPIRATOR USED: _____	
	<input type="checkbox"/> Mold Direct Exam	<input type="checkbox"/> TCLP / Full (w/ organics)		
		Others		
		<input type="checkbox"/>		

Sample #	Date Sampled**	Time Sampled**	Sample Identification (Employee, SSN, Bldg, Material, Type ¹)	Wiped Area (ft ²)	pH / Temp *	Time ²		Flow Rate ³		Total ⁴ Air
						Start	Stop	Start	Stop	
See attached spreadsheet										

¹Type: A=area B=blank P=personal E=excursion ²Beginning/End of Sample Period ³Pump Calibration in Liters/Minute ⁴Volume in Liters [time in min * flow in L/min]

Sampled by NAME Cory Stamp SIGNATURE <i>Cory Stamp</i> DATE/TIME 5/28/2021	Relinquished to lab by NAME Cory Stamp SIGNATURE <i>Cory Stamp</i> DATE/TIME 5/28/2021	Sample Disposal <small>If samples over req. weight (Refer to Fee Schedule)</small> <input type="checkbox"/> Return to Sender (Shipping fees) <input type="checkbox"/> Disposal by lab (\$50 fee)
<input type="checkbox"/> Sample return requested <input type="checkbox"/> Ambient temp <input type="checkbox"/> Ice CI <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> X <input type="checkbox"/> Receive a physical copy of report.		Shipping Methods <input type="checkbox"/> FX <input type="checkbox"/> UPS <input type="checkbox"/> USM <input type="checkbox"/> HD <input type="checkbox"/> DB WB: _____

* Temperature taken with IR Gun A. **Required. Chain-of-Custody documentation continued internally within lab. Terms and conditions page 2.

Bus Garage			
Identification Code	Description	Time Sampled	Comments
BUS-01-LOB-IN-15-DF1	Lobby 15 Drinking Fountain 1	500	
BUS-01-LOB-IN-15-DF2	Lobby 15 Drinking Fountain 2	500	
BUS-01-MPR-IN-19-T	Multi-Purpose Room 19 Sink	501	
BUS-01-MPR-IN-19-CT	Multi-Purpose Room 19 Coffee Line	504	Warm Water Only
BUS-01-MNT-IN-27-DF	Maintenance Bays 27 Drinking Fountain	505	
BUS-01-MEC-IN-23-T	Mechanic's Room 23 Sink	506	