

CERTIFICATE OF ANALYSIS

Smith Environmental Laboratory 4 Scenic Drive Hyde Park, NY 12538 845-229-6536

Lab No:

PO:

Matrix:

Reported:

S042646

09/30/19

Drinking Water

John Willobay

NY ELAP ID: 10924 / NJ: NY032/ CT: PH-0140

Report To: **Poughkeepsie CSD**

18 S. Perry St.

Poughkeepsie, NY 12601

Attention: John Willobay

Project: **Warring School**

Date Collected: 09/11/19 07:44 Lab ID: S042646-01 **Date Received: Collected By:** Sample ID: Art Room 17 09/11/19 10:55

Field Chlorine (mg/L):

Total Metals

Analyte Results <u>Flag</u> **Units** <u>RDL</u> **MCL** <u>MDL</u> **Method Analyzed Analyst** 0.0001 Lead 0.0005 0.015 EPA 200.8 09/27/19 16:45 MF1 mg/L 0.0042

Smith Environmental Laboratory

Briana Rypetti

Smith Environmental Laboratory is approved as an environmental testing laboratory in $conformance\ with\ the\ National\ Environmental\ Laboratory\ Accreditation\ Conference$ (NELAC) Standards. This test report pertains only to the above items analyzed on this sample as received by the laboratory. Information supplied by the client is assumed to be correct. This report must be reproduced in its entirety, with signed approval of Smith Environmental Laboratory.



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Lead analysis performed by ELAP #12046.

Notes and Definitions

NJ Analysis Performed by NYSDOH ELAP #12046

 \geq Greater than or equal to reporting limit

> Greater than reporting limit

RDL Reporting Detection Limit

MCL/AL Maxium Contaminant Level/Action Level

< Less than reporting limit

 \leq Less than or equal to reporting limit

mg/L Milligrams per Liter
ug/L Micrograms per Liter
NTU Nephelometric Units

T.O.N. Threshold Odor Number at 60 degrees C.

umho/cm Micromhs per centimeter
MPN Most Probable Number
CFU Colony Forming Units

E1 Estimated, the result presented is greater than, ">" the number shown.

SUB Analysis performed by a subcontract laboratory

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4 Scenic Drive Hyde Park, NY Phone: 845-22 Fax: 845-22	9-6536	D Clie	ent Phone Pall or Fax I	No: 8			Project/Finellity Keepsieschools Location: PW8 Fed ID No. 1	Login Revie Amt Due: Amt Paid: Pmt Method Receipt No: Name: Lead Org	:	rest	
LAB USE ONLY			MPLE INF	ORMA'	TION IN T	HE SPACE	PROVIDED BELOW	LAH USE	ONLY		
Order ID No: 5042646 Sample No:	Sample Identification		(Check O		Treatment Type & Residual	Date & Time Sampled	Annlysis Requested	Container & Preservative	Sample Temp.	Moeta Therm Pres Y/N/NA	Musta Chem Pres Y/N/NA
-01	Art Room 17	DW		/		9.11.19 7:44 Am	Lead	250ml	22.5	NA	N
					-				-		
				-							
I acknowledge that perform the analyselinquished By: Sample(s) received In Correct Bottle: On Ice: Yes No	Yes No	Date Date	II) 19 Tin	t testing to (SEL. 1a	Receiv	I am responsible	affirm that the information above to the which holds required eretification payment at time of receipt, under the company of t	Date	had pane	Ligger	1055
considered to mee	on is met when samples are received ≤6°C. If temperature is t thermal preservation if received in sufficient ice within 8 hou chemical preservation which are received unpreserved will be	us of collection.		Samples	are subject to		anditions found at http://www.smith				