

ANALYTICAL RESULTS

STANDARD DELIVERABLES FORMAT

APL WORK ORDER NUMBER: 7050763

Florham Park BOE

Project: Florham Park BOE

A handwritten signature in black ink that reads "Brian Wood".

Brian Wood
Laboratory Director

All Results meet the requirements of the National Environmental Laboratory Accreditation Conference and/or State specific certifications as applicable.



AQUA PRO-TECH LABORATORIES
 Certified Environmental Testing

Analytical Results Summary

Florham Park BOE

Client: Florham Park BOE
APL Order ID: 7050763

Contact:
Received: 05/22/17 11:00

Sample ID/Analysis	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units
7050763-01 (Drinking Water)		Teacher's Lounge		Collected: 05/20/17 07:55				
Total Metals								
Lead	EPA 200.8	06/01/17 09:16	06/01/17 09:16	ND			0.00200	mg/L
7050763-02 (Drinking Water)		Nurse's Office		Collected: 05/20/17 08:00				
Total Metals								
Lead	EPA 200.8	06/01/17 09:20	06/01/17 09:20	0.00730			0.00200	mg/L

FootNotes

RL - Reporting limit
 MDL - Minimum detection limit
 ND - Indicates compound analyzed for but not detected
 J - Indicates estimated value

B - Indicates compound found in associated blank
 E - Concentration exceeds highest calibration standard
 D - Indicates result is based on a dilution
 P - Greater than 25% diff. between 2 GC columns.
 H - Indicates a Hold Time violation



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FAIRFIELD, NEW JERSEY 07004

TEL: 973.227.0422
FAX: 973.227.2813

CHAIN OF CUSTODY

TURN-AROUND TIME

- APL STANDARD 2 weeks
- RUSH (choose one below)
 - 24 hr. date & time required _____
 - 48 hr. date & time required _____
 - 72 hr. date & time required _____
 - 1 week _____

CONTAMINATION LEVEL

HIGH MEDIUM LOW

CLIENT: <u>Briarwood School</u>	SEND REPORT TO: <u>Florham Park</u>
ADDRESS: <u>151 Briarwood Rd</u>	ADDRESS: <u>P.O. Box 39</u>
<u>Florham Park NJ 07932</u>	<u>Florham Park, NJ 07932</u>
PHONE:	PHONE:
E-MAIL:	FAX:
PROJECT NAME: <u>Briarwood School</u>	SEND INVOICE TO:
PROJECT MGR:	ADDRESS:
PROJECT or PO #:	SAMPLED BY: <u>J. Gonzalez</u>

- | | |
|---|---|
| REPORT FORMAT | ELECTRONIC FORMAT |
| <input type="checkbox"/> RESULTS ONLY | <input type="checkbox"/> EMAIL DELIVERY |
| <input type="checkbox"/> NJ DEP REDUCED | <input type="checkbox"/> HAZSITE EDD |
| <input type="checkbox"/> NJ DEP FULL | <input type="checkbox"/> EXCEL |
| <input type="checkbox"/> STATE FORMS/E2 REPORTING | SRP# _____ |
| PWSID# _____ | |

MATRIX ABBREVIATIONS: D - DRINKING WATER G - GROUNDWATER W - WASTEWATER S - SOIL SL - SLUDGE C - CONCRETE L - LAKE

APL Lab ID#	Sample Source: Field ID	Date	Time	Sample Type		MATRIX	No. of Bottles	Preservative	Analysis Requested
				G R A B	C O M P				
<u>7050763-01</u>	<u>Teachers Lounge</u>	<u>5/20/17</u>	<u>7:55 AM</u>	<u>X</u>		<u>P</u>	<u>1</u>	<u>HNO3</u>	<u>LEAD</u>
<u>-02</u>	<u>Nurses office</u>	<u>5/20/17</u>	<u>8:00 AM</u>	<u>X</u>		<u>D</u>	<u>1</u>	<u>HNO3</u>	<u>Lead</u>

RELINQUISHED BY (Print) <u>John Gonzalez</u>	DATE <u>5/20/17</u>	RECEIVED BY (Print) <u>CFulcone</u>	<u>5/22/17</u>
Signature <u>John Gonzalez</u>	Time <u>8:30 AM</u>	Signature <u>CFulcone</u>	<u>11:00</u>
RELINQUISHED BY (Print)	DATE	RECEIVED BY (Print)	
Signature	Time	Signature	
RELINQUISHED BY (Print)	DATE	RECEIVED BY (Print)	
Signature	Time	Signature	
COMMENTS/SPECIAL INSTRUCTIONS		Cooler Temp. upon receipt at lab <u>3.6</u>	