



AQUA PRO-TECH LABORATORIES
 Certified Environmental Testing

Client: Florham Park BOE
 235 Brooklake Rd
 Florham Park, NJ 07932

APL Order ID Number: 7050764
 Collected : 05/20/2017 7:49
 Received: 05/22/2017

Contact:
 Report Date: 06/05/2017 12:14

Client Project: Florham Park BOE
 Customer Service Rep: Tony Tudda

Analytical Results Summary

Sample Number Analyte	Method	Prepared	Analyzed	Result	Qual	MDL	RL	Units
7050764-01	Drinking Water	Teacher's Lounge						
Total Metals								
Lead	EPA 200.8	6/1/17 11:43	6/1/17 11:43	0.00225			0.00200	mg/L
7050764-02	Drinking Water	Nurse's Office						
Total Metals								
Lead	EPA 200.8	6/1/17 11:47	6/1/17 11:47	< 0.00200			0.00200	mg/L

FootNotes

RL - Reporting limit
 MDL - Minimum detection limit
 U or 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.

Brian Wood
 Laboratory Director





www.aquaprotechlabs.com

1275 BLOOMFIELD AVENUE • BUILDING 6
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 _____

- | | |
|---|---|
| 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# _____ | |

CONTAMINATION LEVEL

HIGH MEDIUM LOW

CLIENT: <u>Brooklake School</u>	SEND REPORT TO: <u>Florham Park</u>
ADDRESS: <u>235 Brooklake 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>Brooklake School</u>	SEND INVOICE TO:
PROJECT MGR: <u>Phillip Infantolino</u>	ADDRESS:
PROJECT or PO #:	SAMPLED BY: <u>J. Gonzalez</u>

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
				GRA B	COMP				
<u>7050764-01</u>	<u>Teachers Lounge</u>	<u>5/20/17</u>	<u>7:49 AM</u>	<u>X</u>		<u>D</u>	<u>1</u>	<u>HP03</u>	<u>LEAD</u>
<u>↓</u>	<u>-02</u>	<u>5/20/17</u>	<u>7:46</u>	<u>X</u>		<u>D</u>	<u>1</u>	<u>HP03</u>	<u>LEAD</u>

RELINQUISHED BY (Print) <u>John Gonzalez</u>	DATE <u>5/20/17</u>	RECEIVED BY (Print) <u>C. Falcone</u>	<u>5/22/2017</u>
Signature <u>John Gonzalez</u>	Time <u>8:30 AM</u>	Signature <u>[Signature]</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>	