Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: GH05847
Pace Project No.: 35832421

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35832421001	GH05847-01	EPA 200.8	956818		
35832421002	GH05847-02	EPA 200.8	956818		
35832421003	GH05847-03	EPA 200.8	956818		
35832421004	GH05847-04	EPA 200.8	956818		
35832421005	GH05847-05	EPA 200.8	956818		
35832421006	GH05847-06	EPA 200.8	956818		
35832421007	GH05847-07	EPA 200.8	956818		
35832421008	GH05847-08	EPA 200.8	956818		
35832421009	GH05847-09	EPA 200.8	956818		
35832421010	GH05847-10	EPA 200.8	956818		
35832421011	GH05847-11	EPA 200.8	956818		
35832421012	GH05847-12	EPA 200.8	956818		

SUBCONTRACT ORDER
Transfer Chain of Custody

Pace Analytical Services, LLC

GH05847

WO# : 35832421

35832421

SENDING LABORATORY

PDC Laboratories, Inc.
2231 W Altorfer Dr
Peoria, IL 61615
(800) 752-6651

RECEIVING LABORATORY

Pace Analytical - Ormond Beach
8 East Tower Circle
Ormond Beach, FL 32174
(386) 676-4842

Sample: GH05847-01
Name: MSWF 1A

Sampled: 08/29/23 06:15
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 06:15	
01-Turb check	09/27/23 16:00	02/25/24 06:15	

Sample: GH05847-02
Name: MSWF 1B

Sampled: 08/29/23 06:15
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 06:15	
01-Turb check	09/27/23 16:00	02/25/24 06:15	

Sample: GH05847-03
Name: HSSK 1A

Sampled: 08/29/23 06:00
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 06:00	
01-Turb check	09/27/23 16:00	02/25/24 06:00	

Sample: GH05847-04
Name: HSSK 1B

Sampled: 08/29/23 06:00
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 06:00	
01-Turb check	09/27/23 16:00	02/25/24 06:00	

SUBCONTRACT ORDER
Transfer Chain of Custody

Pace Analytical Services, LLC

GH05847

SENDING LABORATORY

PDC Laboratories, Inc.
2231 W Altorfer Dr
Peoria, IL 61615
(800) 752-6651

RECEIVING LABORATORY

Pace Analytical - Ormond Beach
8 East Tower Circle
Ormond Beach, FL 32174
(386) 676-4842

Sample: GH05847-05
Name: GHWF 1A

Sampled: 08/29/23 06:50
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 06:50	
01-Turb check	09/27/23 16:00	02/25/24 06:50	

Sample: GH05847-06
Name: GHWF 1B

Sampled: 08/29/23 06:50
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 06:50	
01-Turb check	09/27/23 16:00	02/25/24 06:50	

Sample: GH05847-07
Name: ENHWF 1B

Sampled: 08/29/23 05:15
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 05:15	
01-Turb check	09/27/23 16:00	02/25/24 05:15	

Sample: GH05847-08
Name: ENHWF 1A

Sampled: 08/29/23 05:15
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 05:15	
01-Turb check	09/27/23 16:00	02/25/24 05:15	

SUBCONTRACT ORDER
Transfer Chain of Custody

Pace Analytical Services, LLC

GH05847

WO# : 35832421
PM: BTS Due Date: 10/13/23
CLIENT: PACHAZ

SENDING LABORATORY

PDC Laboratories, Inc.
2231 W Altorfer Dr
Peoria, IL 61615
(800) 752-6651

RECEIVING LABORATORY

Pace Analytical - Ormond Beach
8 East Tower Circle
Ormond Beach, FL 32174
(386) 676-4842

Sample: GH05847-09
Name: PSWF 1A

Sampled: 08/29/23 05:45
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 05:45	
01-Turb check	09/27/23 16:00	02/25/24 05:45	

Sample: GH05847-10
Name: PSWF 1B

Sampled: 08/29/23 05:45
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 05:45	
01-Turb check	09/27/23 16:00	02/25/24 05:45	

Sample: GH05847-11
Name: EKS 1A

Sampled: 08/29/23 05:30
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 05:30	
01-Turb check	09/27/23 16:00	02/25/24 05:30	

Sample: GH05847-12
Name: ESK 1B

Sampled: 08/29/23 05:30
Matrix: Drinking Water
Preservative: HNO3, pH <2

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	09/27/23 16:00	02/25/24 05:30	
01-Turb check	09/27/23 16:00	02/25/24 05:30	

SUBCONTRACT ORDER
Transfer Chain of Custody

Pace Analytical Services, LLC

GH05847

Please email results to Chenise Lambert-Sykes at Chenise.Lambert-Sykes@pacelabs.com

Date Shipped: 10/2/23 Total # of Containers: 12 Sample Origin (State): _____ PO #: _____

Turn-Around Time Requested ☐ NORMAL ☐ RUSH Date Results Needed: _____

Relinquished By	Date/Time	Received By	Date/Time
	10/1/23 1200		10/2/23 0545
	10/2/23 0545	BP Pace	10/5/23 1630

Sample Temperature Upon Receipt	22.5°C
Sample(s) Received on Ice	Y or (N)
Proper Bottles Received in Good Condition	(Y) or N
Bottles Filled with Adequate Volume	(Y) or N
Samples Received Within Hold Time	(Y) or N
Date/Time Taken From Sample Bottle	(Y) or N

Pace

WO#: 35832421
PM: BTS Due Date: 10/13/23
CLIENT: PACHAZ

Project #
Project Manager:
Client:

Date and Initials of person:
Examining contents: _____
Label: _____
Deliver: _____
pH: _____

Thermometer Used: T409 Date: 10-5-23 Time: 1637 Initials: JRS

State of Origin: _____ ☐ For WV projects, all containers verified to ≤6 °C

Cooler #1 Temp.°C	24.3 (Visual)	tor1 (Correction Factor)	24.4 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #2 Temp.°C	25.3 (Visual)	_____ (Correction Factor)	25.4 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #3 Temp.°C	23.2 (Visual)	_____ (Correction Factor)	23.3 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #4 Temp.°C	22.2 (Visual)	_____ (Correction Factor)	22.3 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #5 Temp.°C	24.4 (Visual)	_____ (Correction Factor)	24.5 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #6 Temp.°C	25.3 (Visual)	_____ (Correction Factor)	25.4 (Actual)	☐Samples on ice, cooling process has begun.
Recheck for OOT °C	_____ (Visual)	_____ (Correction Factor)	____ (Actual)	Time: _____ Initials: _____

Courier: ☑Fed Ex ☐UPS ☐USPS ☐Client ☐Commercial ☐Pace ☐Other _____

Shipping Method: ☐Standard Overnight ☐First Overnight ☐Priority Overnight ☑Ground ☐International Priority ☐Other: _____

Billing: ☐Recipient ☑Sender ☐Third Party ☐Credit Card ☐Unknown

Tracking # 7903 7806 2713

Custody Seal Present: ☐Yes ☐No Seal properly placed and intact: ☐Yes ☐No Ice: ☐Wet ☐Blue ☑Dry ☐None ☐Melted

Packing Material: ☑Bubble Wrap ☐Bubble Bags ☐None ☐Other:

Samples shorted to lab: ☐Yes ☐No (If yes, complete the following)
Shorted Date: _____ Shorted Time: _____
Bottle Quantity / Type:

Chain of Custody:	Present: ☑Yes ☐No | Filled Out: ☐Yes ☐No ☐N/A | Relinquished From Pace: ☑Yes ☐No ☐N/A | Sampler Name: ☑Yes ☐No ☐N/A			
	Relinquished To Pace: ☐Yes ☐No ☐N/A | Sampling Date(s): ☑Yes ☐No ☐N/A | Sampling Time(s): ☑Yes ☐No ☐N/A			
Samples Arrived within Hold Time.	☑Yes	☐No	☐N/A	Comments:
Rush Turnaround Requested on COC.	☐Yes	☑No	☐N/A	Comments:
Sufficient Volume.	☑Yes	☐No	☐N/A	Comments:
Correct Containers Used.	☑Yes	☐No	☐N/A	Comments:
Containers Intact.	☑Yes	☐No	☐N/A	Comments:
Sample Labels Match COC (Sample ID, Date/Time of Collection).	☑Yes	☐No	☐N/A	Comments:
All containers needing acid / base preservation have been checked.	☑Yes	☐No	☐N/A	Preservation Information: Preservative: _____ Date: _____
All containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, PFAS	☑Yes	☐No	☐N/A	Lot / Trace: _____ Time: _____ Amount added (mL): _____ Initials: _____
Headspace in Volatile Vials? (>6mm):	☐Yes	☐No	☑N/A	
Trip Blank Present:	☐Yes	☐No	☑N/A	

Comments / Resolutions (use back for additional comments): All Containers arrived in 500mL Co
Cooler #14 23.0, Cooler #15 25.7

Pace

Sample Condition Upon Receipt Form (SCUR)

Project #
Project Manager:
Client:

Date and Initials of person:

Examining contents: _____
Label: _____
Deliver: _____
pH: _____

Thermometer Used: T409 Date: 10-5-23 Time: 1637 Initials: JRS

State of Origin: _____ ☐ For WV projects, all containers verified to ≤6 °C

Cooler #1 Temp.°C 24.3 (Visual)	tor	(Correction Factor)	24.4 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #2 Temp.°C 25.3 (Visual)		(Correction Factor)	25.4 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #3 Temp.°C 23.2 (Visual)		(Correction Factor)	23.3 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #4 Temp.°C 22.2 (Visual)		(Correction Factor)	22.3 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #5 Temp.°C 24.4 (Visual)		(Correction Factor)	24.5 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #6 Temp.°C 25.3 (Visual)		(Correction Factor)	25.4 (Actual)	☐Samples on ice, cooling process has begun.
Recheck for OOT °C _____ (Visual)		(Correction Factor)	_____ (Actual)	**Time:** _____ **Initials:** _____

Courier: ☑Fed Ex ☐UPS ☐USPS ☐Client ☐Commercial ☐Pace ☐Other: _____

Shipping Method: ☐Standard Overnight ☐First Overnight ☐Priority Overnight ☑Ground ☐International Priority ☐Other: _____

Billing: ☐Recipient ☐Sender ☐Third Party ☐Credit Card ☐Unknown

Tracking # _____

Custody Seal Present: ☐Yes ☐No **Seal properly placed and intact:** ☐Yes ☐No **Ice:** ☐Wet ☐Blue ☑Dry ☐None ☐Melted

Packing Material: ☑Bubble Wrap ☐Bubble Bags ☐None ☐Other:

Samples shorted to lab: ☐Yes ☐No (If yes, complete the following)
Shorted Date: _____ **Shorted Time:** _____
Bottle Quantity / Type:

Chain of Custody:	**Present:** ☐Yes ☐No | **Filled Out:** ☐Yes ☐No ☐N/A | **Relinquished From Pace:** ☐Yes ☐No ☐N/A | **Sampler Name:** ☐Yes ☐No ☐N/A			
	Relinquished To Pace: ☐Yes ☐No ☐N/A | **Sampling Date(s):** ☐Yes ☐No ☐N/A | **Sampling Time(s):** ☐Yes ☐No ☐N/A			
Samples Arrived within Hold Time	☐Yes	☐No	☐N/A	Comments:
Rush Turnaround Requested on COC	☐Yes	☐No	☐N/A	Comments:
Sufficient Volume	☐Yes	☐No	☐N/A	Comments:
Correct Containers Used	☐Yes	☐No	☐N/A	Comments:
Containers Intact	☐Yes	☐No	☐N/A	Comments:
Sample Labels Match COC (Sample ID, Date/Time of Collection)	☐Yes	☐No	☐N/A	Comments:
All containers needing acid / base preservation have been checked.	☐Yes	☐No	☐N/A	**Preservation Information**
All containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, PFAS	☐Yes	☐No	☐N/A	**Preservative:** _____ **Date:** _____ **Lot / Trace:** _____ **Time:** _____ **Amount added (mL):** _____ **Initials:** _____
Headspace in Volatile Vials? (>6mm):	☐Yes	☐No	☐N/A	
Trip Blank Present:	☐Yes	☐No	☐N/A	

Comments / Resolutions (use back for additional comments): All Samples arrived in 500ml Containers
Scurr Continued

Pace

Sample Condition Upon Receipt Form (SCUR)

Project #
Project Manager:
Client:

Date and Initials of person:

Examining contents: _____
Label: _____
Deliver: _____
pH: _____

Thermometer Used: T409 Date: 10-5-23 Time: 16:36 Initials: JRS

State of Origin: _____ ☐ For WV projects, all containers verified to ≤6 °C

Cooler #1 Temp.°C	22.3 (Visual)	+0.1 (Correction Factor)	22.4 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #2 Temp.°C	23.8 (Visual)	_____ (Correction Factor)	23.9 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #3 Temp.°C	24.4 (Visual)	_____ (Correction Factor)	24.5 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #4 Temp.°C	22.3 (Visual)	_____ (Correction Factor)	22.4 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #5 Temp.°C	25.8 (Visual)	_____ (Correction Factor)	25.9 (Actual)	☐Samples on ice, cooling process has begun.
Cooler #6 Temp.°C	21.2 (Visual)	_____ (Correction Factor)	21.3 (Actual)	☐Samples on ice, cooling process has begun.
Recheck for OOT °C	_____ (Visual)	_____ (Correction Factor)	_____ (Actual)	Time: _____ Initials: _____

Courier: ☑Fed Ex ☐UPS ☐USPS ☐Client ☐Commercial ☐Pace ☐Other: _____

Shipping Method: ☐Standard Overnight ☐First Overnight ☐Priority Overnight ☑Ground ☐International Priority ☐Other: _____

Billing: ☐Recipient ☐Sender ☐Third Party ☐Credit Card ☐Unknown

Tracking # _____

Custody Seal Present: ☐Yes ☐No **Seal properly placed and intact:** ☐Yes ☐No **Ice:** ☐Wet ☐Blue ☑Dry ☐None ☐Melted

Packing Material: ☑Bubble Wrap ☐Bubble Bags ☐None ☐Other:

Samples shorted to lab: ☐Yes ☐No (If yes, complete the following)
Shorted Date: _____ **Shorted Time:** _____
Bottle Quantity / Type:

Chain of Custody:	**Present:** ☐Yes ☐No | **Filled Out:** ☐Yes ☐No ☐N/A | **Relinquished From Pace:** ☐Yes ☐No ☐N/A | **Sampler Name:** ☐Yes ☐No ☐N/A			
	Relinquished To Pace: ☐Yes ☐No ☐N/A | **Sampling Date(s):** ☐Yes ☐No ☐N/A | **Sampling Time(s):** ☐Yes ☐No ☐N/A			
Samples Arrived within Hold Time	☐Yes	☐No	☐N/A	Comments:
Rush Turnaround Requested on COC	☐Yes	☐No	☐N/A	Comments:
Sufficient Volume	☐Yes	☐No	☐N/A	Comments:
Correct Containers Used	☐Yes	☐No	☐N/A	Comments:
Containers Intact	☐Yes	☐No	☐N/A	Comments:
Sample Labels Match COC (Sample ID, Date/Time of Collection)	☐Yes	☐No	☐N/A	Comments:
All containers needing acid / base preservation have been checked	☐Yes	☐No	☐N/A	Preservation Information: Preservative: _____ Date: _____
All containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, PFAS	☐Yes	☐No	☐N/A	Lot / Trace: _____ Time: _____ Amount added (mL): _____ Initials: _____
Headspace in Volatile Vials? (>6mm):	☐Yes	☐No	☐N/A	
Trip Blank Present:	☐Yes	☐No	☐N/A	

Comments / Resolutions (use back for additional comments): All Samples arrived in 500mL containers.
Cooler #7 23.4 +0.1 23.5 SCURF Continued

Pace Analytical Services
WWW.PACELABS.COM
Pace Springfield 417-864-8924

REGULATORY PROGRAM (CIRCLE):	NPDES
MORBCA	RCRA
CCDD	TACO: RES OR IND/COMM

CHAIN OF CUSTODY RECORD

STATE WHERE SAMPLE COLLECTED_____

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

(1) CLIENT: Fordland Schools R3
ADDRESS: 1230 School Street
CITY STATE ZIP: Fordland, MO 65652
CONTACT PERSON: Billy Thomason

PROJECT NUMBER:
PROJECT LOCATION:
PURCHASE ORDER #:
PHONE NUMBER: 417-300-5414
E-MAIL:
DATE SHIPPED:
SAMPLER (PLEASE PRINT): Billy Thomason
SAMPLER'S SIGNATURE: Billy Thomason

MATRIX TYPES: WW- WASTEWATER; DW- DRINKING WATER; GW- GROUND WATER; WWSL- SLUDGE; NAS- NON AQUEOUS SOLID; LCHT-LEACHATE; OIL-OIL; SO-SOIL; SOL-SOLID

(3) ANALYSIS REQUESTED: DW Lead (Pb); Turb Check

(4) (FOR LAB USE ONLY)
LOGIN # GH05847
LOGGED BY:
CLIENT: Fordland Schools R3
PROJECT: Drinking Water Lead
PROJ. MGR.: Chenise Lambert-Sykes
CUSTODY SEAL #:

(2) SAMPLE DESCRIPTION (UNIQUE DESCRIPTION AS IT WILL APPEAR ON THE ANALYTICAL REPORT)	DATE COLLECTED	TIME COLLECTED	SAMPLE TYPE GRAB	SAMPLE TYPE COMP	MATRIX TYPE	BOTTLE COUNT	PRES CODE CLIENT PROVIDED	DW Lead (Pb)	Turb Check	REMARKS
MSWF1A	8/29/23	6:15	X		DW	1				# of Containers Requested: 12
MSWF1B	8/29/23	6:15	X		DW	2				
HSSK1A	8/29/23	6:00	X		DW	3				
HSSK1B	8/29/23	6:00	X		DW	4				
GHWF1A	8/29/23	6:50	X		DW	5				
GHWF1B	8/29/23	6:50	X		DW	6				
ENHWF1B	8/29/23	5:15	X		DW	7				
ENHWF1A	8/29/23	5:15	X		DW	8				
PSWF1A	8/29/23	5:45	X		DW	9				
PSWF1B	8/29/23	5:45	X		DW	10				

CHEMICAL PRESERVATION CODES: 1 – HCL | 2 – H2SO4 | 3 – HNO3 | 4 – NAOH | 5 – NA2S2O3 | 6 – UNPRESERVED | 7 – OTHER

(5) TURNAROUND TIME REQUESTED (PLEASE CIRCLE) NORMAL RUSH
(RUSH TAT IS SUBJECT TO PACE LABS APPROVAL AND SURCHARGE)
RUSH RESULTS VIA (PLEASE CIRCLE) EMAIL PHONE
EMAIL IF DIFFERENT FROM ABOVE:
PHONE # IF DIFFERENT FROM ABOVE:
DATE RESULTS NEEDED:

(6) *I understand that by initialing this box I give the lab permission to proceed with analysis, even though it may not meet all sample conformance requirements as defined in the receiving facility's Sample Acceptance Policy and the data will be qualified. Qualified data may NOT be acceptable to report to all regulatory authorities.*
PROCEED WITH ANALYSIS AND QUALIFY RESULTS: (INITIALS) BT

(7) RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
Billy Thomason	08/29/23	11:58			
RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
RELINQUISHED BY: (SIGNATURE)	DATE	TIME	RECEIVED BY: (SIGNATURE)	DATE	TIME
				8/30/23	1540

(8) COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT: — °C
CHILL PROCESS STARTED PRIOR TO RECEIPT: Y OR N
SAMPLE(S) RECEIVED ON ICE: Y OR N
SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED: Y OR N
DATE AND TIME TAKEN FROM SAMPLE

1 **CLIENT:** Client's company name
ADDRESS: Client's mailing address
CITY, STATE, ZIP: Client's city, state and zip code for mailing
CONTACT PERSON: Person to receive results
PROJECT NUMBER: Client's reference to the project or work involved with thesesamples.
PROJECT LOCATION: Client's location of project
PURCHASE ORDER NUMBER: Client's invoicing information
PHONE NUMBER: Client's contact phone number
E-MAIL: Client's e-mail for correspondence and final report
DATE SHIPPED: Month, date and year samples were shipped or delivered to the lab
SAMPLER: Printed name of sample collector
SAMPLER'S SIGNATURE: Signature of sample collector
REGULATORY PROGRAM: Circle regulatory program if applicable.
STATE WHERE SAMPLES COLLECTED: Enter the state if different from client address

2 **SAMPLE DESCRIPTION:** The unique sample description you want to appear on the analytical report
DATE COLLECTED: Date sample was collected. For composite samples, this is typically the date when the last aliquot was added.
TIME COLLECTED: Time sample was collected. For composite samples, this is typically the time when the last aliquot was added.
SAMPLE TYPE: Place a check mark in the box marked "GRAB" if the sample was collected at one time from one specific location. Place a check mark in the box marked "COMP" if the sample is a composite of samples collected at one or more times or locations and combined to make one sample.
MATRIX TYPE: From field above. If "OTHER" please identify
BOTLE COUNT: Total number of containers submitted for the samples
PRESERVATION CODE: Indicate bottle preservative using the codes on the front of the COC for non-PACE bottles, provided by the client.

3 **ANALYSIS REQUESTED:** Write the analysis name (or an abbreviation), the name of a group of tests, or the method number you would like us to perform. Examples are BOD, TCLP Metals, PCBs, Method 624, etc. Place a check mark in the small boxes that correspond to the sample(s) on which you want these tests performed.

REMARKS: List special instructions about the sample here. This space can also be used for listing additional analyses, or to request an extra copy of the report to be sent to an alternate person/address.

4 To be completed by laboratory personnel.

5 **TURNAROUND TIME REQUESTED:** Circle "NORMAL" if you want routine 10 working day TAT. If faster results are needed circle "RUSH", indicated the due date requested, and, if possible, call the lab in advance to schedule this work. Surcharges may apply for non-routine turnaround times.
RUSH RESULTS VIA: Choose method by which you would like to receive the RUSH results by circling either "PHONE" or E-MAIL". List the appropriate number/e-mail if different from that listed in section 1.

6 Place your initials on the line to give the lab permission to proceed with analysis <u>without</u> calling you regarding a sample nonconformance. If the sample does not meet the Sample Acceptance Policy requirements then the appropriate case narrative and/or data qualifiers will be added to the corresponding analysis and may <u>not</u> be acceptable to use for regulatory purposes. Contact your project manager for further information or to obtain a copy of the Sample Acceptance Policy.

Summarized Sample Acceptance Policy Requirements:

- Proper, full and completed chain-of-custody documentation
- Readable unique sample container identification written in indelible ink
- Appropriate sample container
- Sufficient sample volume to perform requested tests
- Received within required holding time
- Received within temperature preservation requirements
- Sample containers received in good condition (not leaking or broken)
- Any custody seal intact
- Properly preserved, and
- No headspace in volatile water samples

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met.
BOX 6 CANNOT BE USED FOR DRINKING WATER COMPLIANCE SAMPLES.

7 **RELINQUISHED BY/RECEIVED BY:** This form **<u>must be signed</u>** each time the sample(s) changes hands. Chain-of-Custody seals are available upon request if needed.

8 To be completed by laboratory personnel.

Sample Acceptance Policy – Receiving facility's specific policy available from your project manager.

SERVING YOU IN THE FOLLOWING LOCATIONS

2231 W Altorfer Dr
Peoria, IL 61615
309-692-9688

944 Anglum Road
Hazelwood, MO 63042
314-432-0550

1805 W Sunset St.
Springfield, MO 65807
417-864-8924

4314-A Crystal Lake Rd
McHenry, IL 60050
815-344-4044

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Pace Analytical Services
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REGULATORY PROGRAM (CIRCLE):	NPDES
MORBCA	RCRA
CCDD	TACO: RES OR IND/COMM

CHAIN OF CUSTODY RECORD

STATE WHERE SAMPLE COLLECTED_____

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

1 CLIENT	PROJECT NUMBER	PROJECT LOCATION	PURCHASE ORDER #
Fordland Schools R3			
ADDRESS: 1230 School Street	PHONE NUMBER: 417-300-5414	E-MAIL	DATE SHIPPED
CITY STATE ZIP: Fordland, MO 65652	SAMPLER (PLEASE PRINT): Billy Thomason		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-NON AQUEOUS SOLID, LCHT-LEACHATE, OIL-OIL, SO-SOIL, SOL-SOLID
CONTACT PERSON: Billy Thomason	SAMPLER'S SIGNATURE: Billy Thomason		

2 SAMPLE DESCRIPTION (UNIQUE DESCRIPTION AS IT WILL APPEAR ON THE ANALYTICAL REPORT)	DATE COLLECTED	TIME COLLECTED	SAMPLE TYPE GRAB	SAMPLE TYPE COMP	MATRIX TYPE	BOTTLE COUNT	PRES CODE (CLIENT PROVIDED)	3 ANALYSIS REQUESTED: DW Lead (Pb)	Turb Check	REMARKS
EKS1A	8/29/23	5:30	X		DW	11				# of Containers Requested: 12
EKS1B	8/29/23	5:30	X		DW	12				

4 (FOR LAB USE ONLY)
LOGIN # _____
LOGGED BY: _____
CLIENT: Fordland Schools R3
PROJECT: Drinking Water Lead
PROJ. MGR.: Chenise Lambert-Sykes
CUSTODY SEAL #: _____

CHEMICAL PRESERVATION CODES: 1 – HCL | 2 – H2SO4 | 3 – HNO3 | 4 – NAOH | 5 – NA2S2O3 | 6 – UNPRESERVED | 7 – OTHER

5 TURNAROUND TIME REQUESTED (PLEASE CIRCLE) NORMAL RUSH
(RUSH TAT IS SUBJECT TO PACE LABS APPROVAL AND SURCHARGE)
RUSH RESULTS VIA (PLEASE CIRCLE) EMAIL PHONE
EMAIL IF DIFFERENT FROM ABOVE: PHONE # IF DIFFERENT FROM ABOVE:
DATE RESULTS NEEDED

6 *I understand that by initialing this box I give the lab permission to proceed with analysis, even though it may not meet all sample conformance requirements as defined in the receiving facility's Sample Acceptance Policy and the data will be qualified. Qualified data may NOT be acceptable to report to all regulatory authorities.*
PROCEED WITH ANALYSIS AND QUALIFY RESULTS: (INITIALS) BT

7 RELINQUISHED BY: (SIGNATURE)	DATE / TIME	RECEIVED BY: (SIGNATURE)	DATE / TIME
RELINQUISHED BY: (SIGNATURE)	DATE / TIME	RECEIVED BY: (SIGNATURE)	DATE / TIME
RELINQUISHED BY: (SIGNATURE)	DATE / TIME	RECEIVED BY: (SIGNATURE)	DATE: 8/30/23 / TIME: 154

8 COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT: ____ °C
CHILL PROCESS STARTED PRIOR TO RECEIPT Y OR N
SAMPLE(S) RECEIVED ON ICE Y OR N
SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED Y OR N
DATE AND TIME TAKEN FROM SAMPLE

1 **CLIENT:** Client's company name
ADDRESS: Client's mailing address
CITY, STATE, ZIP: Client's city, state and zip code for mailing
CONTACT PERSON: Person to receive results
PROJECT NUMBER: Client's reference to the project or work involved with thesesamples.
PROJECT LOCATION: Client's location of project
PURCHASE ORDER NUMBER: Client's invoicing information
PHONE NUMBER: Client's contact phone number
E-MAIL: Client's e-mail for correspondence and final report
DATE SHIPPED: Month, date and year samples were shipped or delivered to the lab
SAMPLER: Printed name of sample collector
SAMPLER'S SIGNATURE: Signature of sample collector
REGULATORY PROGRAM: Circle regulatory program if applicable.
STATE WHERE SAMPLES COLLECTED: Enter the state if different from client address

2 **SAMPLE DESCRIPTION:** The unique sample description you want to appear on the analytical report
DATE COLLECTED: Date sample was collected. For composite samples, this is typically the date when the last aliquot was added.
TIME COLLECTED: Time sample was collected. For composite samples, this is typically the time when the last aliquot was added.
SAMPLE TYPE: Place a check mark in the box marked "GRAB" if the sample was collected at one time from one specific location. Place a check mark in the box marked "COMP" if the sample is a composite of samples collected at one or more times or locations and combined to make one sample.
MATRIX TYPE: From field above. If "OTHER" please identify
BOTLE COUNT: Total number of containers submitted for the samples
PRESERVATION CODE: Indicate bottle preservative using the codes on the front of the COC for non-PACE bottles, provided by the client.

3 **ANALYSIS REQUESTED:** Write the analysis name (or an abbreviation), the name of a group of tests, or the method number you would like us to perform. Examples are BOD, TCLP Metals, PCBs, Method 624, etc. Place a check mark in the small boxes that correspond to the sample(s) on which you want these tests performed.

REMARKS: List special instructions about the sample here. This space can also be used for listing additional analyses, or to request an extra copy of the report to be sent to an alternate person/address.

4 To be completed by laboratory personnel.

5 **TURNAROUND TIME REQUESTED:** Circle "NORMAL" if you want routine 10 working day TAT. If faster results are needed circle "RUSH", indicated the due date requested, and, if possible, call the lab in advance to schedule this work. Surcharges may apply for non-routine turnaround times.
RUSH RESULTS VIA: Choose method by which you would like to receive the RUSH results by circling either "PHONE" or E-MAIL". List the appropriate number/e-mail if different from that listed in section 1.

6 Place your initials on the line to give the lab permission to proceed with analysis <u>without</u> calling you regarding a sample nonconformance. If the sample does not meet the Sample Acceptance Policy requirements then the appropriate case narrative and/or data qualifiers will be added to the corresponding analysis and may <u>not</u> be acceptable to use for regulatory purposes. Contact your project manager for further information or to obtain a copy of the Sample Acceptance Policy.

Summarized Sample Acceptance Policy Requirements:

- Proper, full and completed chain-of-custody documentation
- Readable unique sample container identification written in indelible ink
- Appropriate sample container
- Sufficient sample volume to perform requested tests
- Received within required holding time
- Received within temperature preservation requirements
- Sample containers received in good condition (not leaking or broken)
- Any custody seal intact
- Properly preserved, and
- No headspace in volatile water samples

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met.
BOX 6 CANNOT BE USED FOR DRINKING WATER COMPLIANCE SAMPLES.

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CLIENT SAMPLE ID	LAB SAMPLE ID	MATRIX	COLLECTED	ANALYTE	SAMPLE RESULT	REPORTING LIMIT	UNITS
GH05847-01	35832421001	Drinking Water	08/29/2023	Lead		1.0	ug/L
GH05847-02	35832421002	Drinking Water	08/29/2023	Lead		1.0	ug/L
GH05847-03	35832421003	Drinking Water	08/29/2023	Lead	1.4	1.0	ug/L
GH05847-04	35832421004	Drinking Water	08/29/2023	Lead	1.3	1.0	ug/L
GH05847-05	35832421005	Drinking Water	08/29/2023	Lead		1.0	ug/L
GH05847-06	35832421006	Drinking Water	08/29/2023	Lead		1.0	ug/L
GH05847-07	35832421007	Drinking Water	08/29/2023	Lead	3.4	1.0	ug/L
GH05847-08	35832421008	Drinking Water	08/29/2023	Lead	3.5	1.0	ug/L
GH05847-09	35832421009	Drinking Water	08/29/2023	Lead		1.0	ug/L
GH05847-10	35832421010	Drinking Water	08/29/2023	Lead		1.0	ug/L
GH05847-11	35832421011	Drinking Water	08/29/2023	Lead	3.4	1.0	ug/L
GH05847-12	35832421012	Drinking Water	08/29/2023	Lead	6.1	1.0	ug/L

METHOD	DILUTION	ANALYZED	PREPARED
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023
200.8 MET ICPMS	1	10/11/2023	10/11/2023