



**PARADIGM**  
ENVIRONMENTAL SERVICES, INC.

*Analytical Report For*  
**Monroe 1 BOCES**

*For Lab Project ID*  
**226113**

*Referencing*

**Foreman Center**

*Prepared*

**Thursday, January 5, 2023**

Any noncompliant QC parameters or other notes impacting data interpretation are flagged or documented on the final report or are noted below.

A handwritten signature in blue ink, appearing to read "K. Hansen", is written over a horizontal line.

Certifies that this report has been approved by the Technical Director or Designee

179 Lake Avenue • Rochester, NY 14608 • (585) 647-2530 • Fax (585) 647-3311 • ELAP ID# 10958

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** B-02 Nail Tech South Wall Sink

**Lab Sample ID:** 226113-01

**Date Sampled:** 12/29/2022 11:52

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

***Metals***

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** B-04 Sm Cos West Wall Sink

**Lab Sample ID:** 226113-02

**Date Sampled:** 12/29/2022 11:53

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** B-04 Sm Cos South Wall Sink

**Lab Sample ID:** 226113-03

**Date Sampled:** 12/29/2022 11:55

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<b>0.00110</b>	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** B-05A Spa Sink East Wall

**Lab Sample ID:** 226113-04

**Date Sampled:** 12/29/2022 11:57

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<b>0.00180</b>	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** B-01 Lg Cos South Wall Sink

**Lab Sample ID:** 226113-05

**Date Sampled:** 12/29/2022 11:49

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<b>0.00160</b>	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** Lg Cos A-05 West Wall Sink

**Lab Sample ID:** 226113-06

**Date Sampled:** 12/29/2022 11:44

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** A-07 Three Seasons Hand Sink

**Lab Sample ID:** 226113-07

**Date Sampled:** 12/29/2022 11:40

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-07 Training Kitchen 1 Hand Sink

**Lab Sample ID:** 226113-08

**Date Sampled:** 12/29/2022 11:04

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-07 Training Kitchen 1 3 Bay Sink Faucet 1

**Lab Sample ID:** 226113-09

**Date Sampled:** 12/29/2022 11:07

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023

**Method Reference(s):** EPA 200.8 Rev 5.4

**Subcontractor ELAP ID:** 10709



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-07 Training Kitchen 1 3 Bay Sink Faucet 2

**Lab Sample ID:** 226113-10

**Date Sampled:** 12/29/2022 11:08

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-07 Training Kitchen 1 Island Hand Sink

**Lab Sample ID:** 226113-11

**Date Sampled:** 12/29/2022 11:05

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-07 Training Kitchen 1 Pot Filler 1

**Lab Sample ID:** 226113-12

**Date Sampled:** 12/29/2022 11:09

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** Kitchen 1 - Pot Filler 2 North Middle

**Lab Sample ID:** 226113-13

**Date Sampled:** 12/29/2022 11:14

**Matrix:** Drinking Water

**Date Received** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<b>0.00110</b>	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** Kitchen 1 - Pot Filler 3 North West

**Lab Sample ID:** 226113-14

**Date Sampled:** 12/29/2022 11:15

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** Kitchen 1 - Pot Filler 4 South East

**Lab Sample ID:** 226113-15

**Date Sampled:** 12/29/2022 11:16

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<b>0.00160</b>	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** Kitchen 1 - Pot Filler 5 South West

**Lab Sample ID:** 226113-16

**Date Sampled:** 12/29/2022 11:17

**Matrix:** Drinking Water

**Date Received** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-08 Training Kitchen 2 Pot Filler 1

**Lab Sample ID:** 226113-17

**Date Sampled:** 12/29/2022 11:21

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-08 Training Kitchen 2 Pot Filler 2

**Lab Sample ID:** 226113-18

**Date Sampled:** 12/29/2022 11:22

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

***Metals***

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-08 Training Kitchen 2 Island Hand Sink

**Lab Sample ID:** 226113-19

**Date Sampled:** 12/29/2022 11:36

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-08 Training Kitchen 2 Island 3 Bay - 1 Faucet

**Lab Sample ID:** 226113-20

**Date Sampled:** 12/29/2022 11:37

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-08 Training Kitchen 2 3 Bay Sink Faucet 1

**Lab Sample ID:** 226113-21

**Date Sampled:** 12/29/2022 11:38

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

***Metals***

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-08 Training Kitchen 2 3 Bay Sink Faucet 2

**Lab Sample ID:** 226113-22

**Date Sampled:** 12/29/2022 11:38

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<0.0010	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** D-08 Training Kitchen 2 Pot Filler 4

**Lab Sample ID:** 226113-23

**Date Sampled:** 12/29/2022 11:33

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<b>0.00100</b>	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



**Client:** Monroe 1 BOCES

**Project Reference:** Foreman Center

**Sample Identifier:** Kitchen 2 - Pot Filler 5

**Lab Sample ID:** 226113-24

**Date Sampled:** 12/29/2022 11:25

**Matrix:** Drinking Water

**Date Received:** 12/29/2022

**Metals**

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Qualifier</u>	<u>Date Analyzed</u>
Lead	<b>0.00210</b>	mg/L		1/4/2023
<b>Method Reference(s):</b>	EPA 200.8 Rev 5.4			
<b>Subcontractor ELAP ID:</b>	10709			



## Analytical Report Appendix

The reported results relate only to the samples as they have been received by the laboratory.

Each page of this document is part of a multipage report. This document may not be reproduced except in its entirety, without the prior consent of Paradigm Environmental Services, Inc.

All soil/sludge samples have been reported on a dry weight basis, unless qualified "reported as received". Other solids are reported as received.

Low level Volatiles blank reports for soil/solid matrix are based on a nominal 5 gram weight. Sample results and reporting limits are based on actual weight, which may be more or less than 5 grams.

The Chain of Custody provides additional information, including compliance with sample condition requirements upon receipt. Sample condition requirements are defined under the 2003 NELAC Standard, sections 5.5.8.3.1 and 5.5.8.3.2.

NYSDOH ELAP does not certify for all parameters. Paradigm Environmental Services or the indicated subcontracted laboratory does hold certification for all analytes where certification is offered by ELAP unless otherwise specified. Aliquots separated for certain tests, such as TCLP, are indicated on the Chain of Custody and final reports with an "A" suffix.

Data qualifiers are used, when necessary, to provide additional information about the data. This information may be communicated as a flag or as text at the bottom of the report. Please refer to the following list of analyte-specific, frequently used data flags and their meaning:

*"<" = Analyzed for but not detected at or above the quantitation limit.*

*"E" = Result has been estimated, calibration limit exceeded.*

*"H" = Denotes a parameter analyzed outside of holding time.*

*"Z" = See case narrative.*

*"D" = Sample, Laboratory Control Sample, or Matrix Spike Duplicate results above Relative Percent Difference limit.*

*"M" = Matrix spike recoveries outside QC limits. Matrix bias indicated.*

*"B" = Method blank contained trace levels of analyte. Refer to included method blank report.*

*"J" = Result estimated between the quantitation limit and half the quantitation limit.*

*"L" = Laboratory Control Sample recovery outside accepted QC limits.*

*"P" = Concentration differs by more than 40% between the primary and secondary analytical columns.*

*"NC" = Not calculable. Applicable to RPD if sample or duplicate result is non-detect or estimated (see primary report for data flags). Applicable to MS if sample is greater or equal to ten times the spike added. Applicable to sample surrogates or MS if sample dilution is 10x or higher.*

*"\*" = Indicates any recoveries outside associated acceptance windows. Surrogate outliers in samples are presumed matrix effects. LCS demonstrates method compliance unless otherwise noted.*

*"(1)" = Indicates data from primary column used for QC calculation.*

*"A" = denotes a parameter for which ELAP does not offer approval as part of their laboratory certification program.*

*"F" = denotes a parameter for which Paradigm does not carry certification, the results for which should therefore only be used where ELAP certification is not required, such as personal exposure assessment.*

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# GENERAL TERMS AND CONDITIONS

## LABORATORY SERVICES

These Terms and Conditions embody the whole agreement of the parties in the absence of a signed and executed contract between the Laboratory (LAB) and Client. They shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties. The LAB specifically rejects all additional, inconsistent, or conflicting terms, whether printed or otherwise set forth in any purchase order or other communication from the Client to the LAB. The invalidity or unenforceability in whole or in part of any provision, term or condition hereof shall not affect in any way the validity or enforceability of the remainder of the Terms and Conditions. No waiver by LAB of any provision, term, or condition hereof or of any breach by or obligation of the Client hereunder shall constitute a waiver of such provision, term, or condition on any other occasion or a waiver of any other breach by or obligation of the Client. This agreement shall be administered and interpreted under the laws of the state which services are procured.

### **Warranty.**

Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings, and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

### **Scope and Compensation.**

LAB agrees to perform the services described in the chain of custody to which these terms and conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described. LAB will use LAB default method for all tests unless specified otherwise on the Work Order.

Payment terms are net 30 days from the date of invoice. All overdue payments are subject to an interest charge of one and one-half percent (1-1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sale, use or other taxes. Such taxes will be added to invoice prices when required.

### **Prices.**

Compensation for services performed will be based on the current Lab Analytical Fee Schedule or on quotations agreed to in writing by the parties. Turnaround time based charges are determined from the time of resolution of all work order questions. Testimony, court appearances or data compilation for legal action will be charged separately. Evaluation and reporting of initial screening runs may incur additional fees.

### **Limitations of Liability.**

In the event of any error, omission, or other professional negligence, the sole and exclusive responsibility of LAB shall be to re-perform the deficient work at its own expense and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation, or responsibility of any kind for losses, costs, expenses, or other damages (including but not limited to any special, direct, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients and LAB is in no way responsible for the use of such results by clients or third parties. All reports should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of these reports. Client may not assign the lab report without the written consent of the LAB.

Client covenants and agrees, at its/his/her sole expense, to indemnify, protect, defend, and save harmless the LAB from and against any and all damages, losses, liabilities, obligations, penalties, claims, litigation, demands, defenses, judgments, suits, actions, proceedings, costs, disbursements and/or expenses (including, without limitation attorneys' and experts' fees and disbursements) of any kind whatsoever which may at any time be imposed upon, incurred by or asserted or awarded against client relating to, resulting from or arising out of (a) the breach of this agreement by this client, (b) the negligence of the client in handling, delivering or disclosing any hazardous substance, (c) the violation of the Client of any applicable law, (d) non-compliance by the Client with any environmental permit or (e) a material misrepresentation in disclosing the materials to be tested.

### **Hazard Disclosure.**

Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client further warrants that any sample containing any hazardous substance that is to be delivered to LAB will be packaged, labeled, transported, and delivered properly and in accordance with applicable laws.

### **Sample Handling.**

Prior to LAB's acceptance of any sample (or after any revocation of acceptance), the entire risk of loss or of damage to such sample remains with Client. Samples are accepted when receipt is acknowledged on chain of custody documentation. In no event will LAB have any responsibility for the action or inaction of any carrier shipping or delivering any sample to or from LAB premises.

Client authorizes LAB to proceed with the analysis of samples as received by the laboratory, recognizing that any samples not in compliance with all current DOH-ELAP-NELAP requirements for containers, preservation or holding time will be noted as such on the final report.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis unless modified by applicable state or federal laws. Client will be required to give the LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept, or revoke acceptance of any sample, which, in the sole judgment of LAB (a) is of unsuitable volume, (b) may be or become unsuitable for or may pose a risk in handling, transport, or processing for any health, safety, environmental or other reason whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) if the condition or sample date make the sample unsuitable for analysis.

### **Legal Responsibility.**

LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort including negligence.

### **Assignment.**

LAB may assign its performance obligations under this contract to other parties, as it deems necessary. LAB shall disclose to Client any assignee (subcontractor) by ELAP ID # on the submitted final report.

### **Force Majeure.**

LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB, which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not limited to, acts of God, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.

### **Law.**

This contract shall be continued under the laws of the State of New York without regard to its conflicts of laws provision.

This report is part of a multipage document and should only be evaluated in its entirety. The Chain of Custody provides additional sample information, including compliance with the sample condition requirements upon receipt.



# CHAIN OF CUSTODY

1 of 4

REPORT TO:			INVOICE TO:		
CLIENT: <b>Monroe BOCES #1</b>	ADDRESS: <b>41 O'Connor Rd</b>		CLIENT: <b>PO# 23-01063</b>	LAB PROJECT ID <b>226113</b>	
CITY: <b>Fairport</b> STATE: <b>NY</b> ZIP: <b>14450</b>	PHONE: <b>(585) 387-3840</b>		CITY: _____ STATE: _____ ZIP: _____	Quotation #: <b>MS 221219A</b>	
ATTN: <b>Barbara Carlson</b>			ATTN: _____		
<b>Matrix Codes:</b> AQ - Aqueous Liquid      WA - Water      DW - Drinking Water      SO - Soil      SD - Solid      WP - Wipe      OL - Oil NQ - Non-Aqueous Liquid      WG - Groundwater      WW - Wastewater      SL - Sludge      PT - Paint      CK - Caulk      AR - Air			Email: <b>bcarlson.facilities@gmail.com</b>		

**PROJECT REFERENCE**  
**Foreman Center**

REQUESTED ANALYSIS												
DATE COLLECTED	TIME COLLECTED	COMPOSITE	GRAB	SAMPLE IDENTIFIER	MATRIX	CONTAINER OF	Total Lead				REMARKS	PARADIGM LAB SAMPLE NUMBER
12/29/22	1152		X	B-02 Nail Tech South Wall Sink	DW	1	X					-01
12/29/22	1153		X	B-04 Sm Cos West Wall Sink	DW	1	X					-02
12/29/22	1155		X	B-04 Sm Cos South Wall Sink	DW	1	X					-03
12/29/22	1157		X	B-05A Spa Sink East Wall	DW	1	X					-04
12/29/22	1149		X	B-01 Lg Cos South Wall Sink	DW	1	X					-05
12/29/22	1144		X	Lg Cos A-05 West Wall Sink	DW	1	X					-06
12/29/22	1140		X	A-07 Three Seasons Hand Sink	DW	1	X					-07
12/29/22	1104		X	D-07 Training Kitchen1 Hand Sink	DW	1	X					-08
12/29/22	1107		X	D-07 Training Kitchen1 3 Bay Sink Faucet 1	DW	1	X					-09

Turnaround Time	Report Supplements	
Availability contingent upon lab approval; additional fees may apply.		
Standard 5 day <input type="checkbox"/>	None Required <input type="checkbox"/>	None Required <input type="checkbox"/>
10 day <input checked="" type="checkbox"/>	Batch QC <input type="checkbox"/>	Basic EDD <input type="checkbox"/>
Rush 3 day <input type="checkbox"/>	Category A <input type="checkbox"/>	NYSDEC EDD <input type="checkbox"/>
Rush 2 day <input type="checkbox"/>	Category B <input type="checkbox"/>	
Rush 1 day <input type="checkbox"/>		
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other EDD <input type="checkbox"/>
<small>please indicate date needed:</small>	<small>please indicate package needed:</small>	<small>please indicate EDD needed:</small>

Sampled By Quintin McCoy Date/Time 12/29/2022 1505  
 Relinquished By Quintin McCoy Date/Time 12/29/2022  
 Received By [Signature] Date/Time 1508 12/29/22  
 Received @ Lab By [Signature] Date/Time 12/29 22

Total Cost:

P.I.F.

**By signing this form, client agrees to Paradigm Terms and Conditions (reverse).**

See additional page for sample conditions.

2014



# CHAIN OF CUSTODY

REPORT TO:		INVOICE TO:	
CLIENT: <b>Monroe BOCES #1</b>	CLIENT: <b>PO# 23-01063</b>	LAB PROJECT ID <b>226113</b>	
ADDRESS: <b>41 O'Connor Rd</b>	ADDRESS:	Quotation #: <b>MS 221219A</b>	
CITY: <b>Fairport</b> STATE: <b>NY</b> ZIP: <b>14450</b>	CITY: STATE: ZIP:		
PHONE: <b>(585) 387-3840</b>	PHONE:	Email: <b>bcarlson.facilities@gmail.com</b>	
ATTN: <b>Barbara Carlson</b>		ATTN:	
<b>Matrix Codes:</b> AQ - Aqueous Liquid      WA - Water      DW - Drinking Water      SO - Soil      SD - Solid      WP - Wipe      OL - Oil NQ - Non-Aqueous Liquid      WG - Groundwater      WW - Wastewater      SL - Sludge      PT - Paint      CK - Caulk      AR - Air			

**PROJECT REFERENCE**  
**Foreman Center**

REQUESTED ANALYSIS													
DATE COLLECTED	TIME COLLECTED	COMPOSITE	GRAB	SAMPLE IDENTIFIER	MATRIX	COUNTBAINERS	Total Lead					REMARKS	PARADIGM LAB SAMPLE NUMBER
12/29/22	1108		X	D-07 Training Kitchen1 3 Bay Sink Faucet 2	DW	1	X						-10
12/29/22	1105		X	D-07 Training Kitchen1 Island Hand Sink	DW	1	X						-11
12/29/22	1109		X	D-07 Training Kitchen1 Pot Filler 1	DW	1	X						-12
12/29/22	1114		X	Kitchen 1-Pot Filler 2 North Middle	DW	1	X						-13
12/29/22	1115		X	Kitchen 1-Pot Filler 3 North West	DW	1	X						-14
12/29/22	1116		X	Kitchen 1-Pot Filler 4 South East	DW	1	X						-15
12/29/22	1117		X	Kitchen 1-Pot Filler 5 <sup>South</sup> North West	DW	1	X						-16
12/29/22	1121		X	D-08 Training Kitchen2 Pot Filler 1	DW	1	X						-17
12/29/22	1122		X	D-08 Training Kitchen2 Pot Filler 2	DW	1	X						-18
12/29/22	1136		X	D-08 Training Kitchen2 Island Hand Sink	DW	1	X						-19

Turnaround Time	Report Supplements	
Availability contingent upon lab approval; additional fees may apply.		
Standard 5 day <input type="checkbox"/>	None Required <input type="checkbox"/>	None Required <input type="checkbox"/>
10 day <input checked="" type="checkbox"/>	Batch QC <input type="checkbox"/>	Basic EDD <input type="checkbox"/>
Rush 3 day <input type="checkbox"/>	Category A <input type="checkbox"/>	NYSDEC EDD <input type="checkbox"/>
Rush 2 day <input type="checkbox"/>	Category B <input type="checkbox"/>	
Rush 1 day <input type="checkbox"/>		
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other EDD <input type="checkbox"/>
<small>please indicate date needed:</small>	<small>please indicate package needed:</small>	<small>please indicate EDD needed:</small>

Sampled By: Quinton McLooy Date/Time: 12/29/2022 1505  
 Relinquished By: Quinton McLooy Date/Time: 12/29/2022  
 Received By: [Signature] Date/Time: 12/29/22  
 Received @ Lab By: [Signature] Date/Time: 1508 12/29

Total Cost:

P.I.F.

**By signing this form, client agrees to Paradigm Terms and Conditions (reverse).**

See additional page for sample conditions.

3 of 4



# CHAIN OF CUSTODY

REPORT TO:			INVOICE TO:		
CLIENT: <b>Monroe BOCES #1</b>			CLIENT: <b>PO# 23-01063</b>		
ADDRESS: <b>41 O'Connor Rd</b>			ADDRESS:		
CITY: <b>Fairport</b> STATE: <b>NY</b> ZIP: <b>14450</b>			CITY: STATE: ZIP:	LAB PROJECT ID <b>226113</b>	
PHONE: <b>(585) 387-3840</b>			PHONE:	Quotation #: <b>MS 221219A</b>	
ATTN: <b>Barbara Carlson</b>			ATTN:	Email: <b>bcarlson.facilities@gmail.com</b>	
<b>Matrix Codes:</b>					
AQ - Aqueous Liquid	WA - Water	DW - Drinking Water	SO - Soil	SD - Solid	WP - Wipe
NQ - Non-Aqueous Liquid	WG - Groundwater	WW - Wastewater	SL - Sludge	PT - Paint	CK - Caulk
					OL - Oil
					AR - Air

**PROJECT REFERENCE**

Foreman Center

REQUESTED ANALYSIS															
DATE COLLECTED	TIME COLLECTED	COMPOSITE	GRAB	SAMPLE IDENTIFIER	MATRIX	CONTAINERS	Total Lead							REMARKS	PARADIGM LAB SAMPLE NUMBER
12/29/22	1137		X	D-08 Training Kitchen2 Island 3 Bay - 1 Faucet	DW	1	X								-20
12/29/22	1138		X	D-08 Training Kitchen2 3 Bay Sink Faucet 1	DW	1	X								-21
12/29/22	1138		X	D-08 Training Kitchen2 3 Bay Sink Faucet 2	DW	1	X								-22
12/29/22	1133		X	D-08 Training Kitchen2 Pot Filler 4	DW	1	X								-23
12/29/22	1125		X	Kitchen 2-Pot Filler 5	DW	1	X								-24

Turnaround Time	Report Supplements	
Availability contingent upon lab approval; additional fees may apply.		
Standard 5 day <input type="checkbox"/>	None Required <input type="checkbox"/>	None Required <input type="checkbox"/>
10 day <input checked="" type="checkbox"/>	Batch QC <input type="checkbox"/>	Basic EDD <input type="checkbox"/>
Rush 3 day <input type="checkbox"/>	Category A <input type="checkbox"/>	NYSDEC EDD <input type="checkbox"/>
Rush 2 day <input type="checkbox"/>	Category B <input type="checkbox"/>	
Rush 1 day <input type="checkbox"/>		
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other EDD <input type="checkbox"/>
please indicate date needed:	please indicate package needed:	please indicate EDD needed:

Quinton McLooy      12/29/2022      1505

Sampled By \_\_\_\_\_ Date/Time \_\_\_\_\_

Quinton McLooy      12/29/2022

Relinquished By \_\_\_\_\_ Date/Time \_\_\_\_\_

Zachary ... @ 1545 12/29/22

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

1508.25 12/29

Received @ Lab By \_\_\_\_\_ Date/Time \_\_\_\_\_

Total Cost:

P.I.F.

By signing this form, client agrees to Paradigm Terms and Conditions (reverse).

See additional page for sample conditions.

4072



### Chain of Custody Supplement

Client: Monroe BOCFS #1 Completed by: ZF

Lab Project ID: 226113 Date: 12/29/22

#### Sample Condition Requirements

Per NELAC/ELAP 210/241/242/243/244

Condition	NELAC compliance with the sample condition requirements upon receipt		
	Yes	No	N/A
Container Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Transferred to method-compliant container	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Headspace (<1 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Preservation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	<u>added HNO<sub>3</sub> to a pH of 4.2 @ 1508 12/29/22</u>		
Chlorine Absent (<0.10 ppm per test strip)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Holding Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments			
Compliant Sample Quantity/Type	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			



# CHAIN OF CUSTODY 221230002 13

ELAP ID: 1



REPORT TO:				INVOICE TO:			
COMPANY: <b>Paradigm Environmental</b>		COMPANY: <b>Same</b>		LAB PROJECT #:		CLIENT PROJECT #:	
ADDRESS:				ADDRESS:			
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:	TURNAROUND TIME: (WORKING DAYS)	
PHONE:	FAX:		PHONE:	FAX:		STD	
ATTN: <b>Reporting</b>		ATTN: <b>Accounts Payable</b>		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 5
COMMENTS: <b>Please email results to reporting@paradigmenv.com</b>						Date Due: <b>1/9/23</b>	

PROJECT NAME/SITE NAME:

### REQUESTED ANALYSIS

DATE	TIME	COMPOSITE	GRAB	SAMPLE LOCATION/FIELD ID	MATRIX	CONTAINER	ANALYSIS	REMARKS	PARADIGM LAB SAMPLE NUMBER
12/29/22	1152		Y	B-02 Nail Tech 5 Walls Sink DW		1	X	22 6/13.01	
	1153		Y	B-04 Sim Cos West Wall Sink		1		-02	
	1155		X	B-04 Sim Cos South Wall Sink		1		-03	
	1157		X	B-05A Spa Sink East Wall		1		-04	
	1149		X	B-01 Lg Cos South Wall Sink		1		-05	
	1144		X	Lg Cos A-05 West Wall Sink		1		-06	
	1140		X	A-07 Three Seasons Hand Sink		1		-07	
	1104		X	D-07 Training Kitchen Hand Sink		1		-08	
	1107		X	D-07 Training Kitchen 3 Bay Sink Faucet 1		1		-09	
	1108		X	D-07 Training Kitchen 3 Bay Sink Faucet 2		1	X	-10	

**\*\*LAB USE ONLY BELOW THIS LINE\*\***

Sample Condition: Per NELAC/ELAP 210/241/242/243/244

Receipt Parameter	NELAC Compliance	
Container Type:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments:		
Preservation:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments:		
Holding Time:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments:		
Temperature:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments: <b>4C</b>		

**Client**

Sampled By: Zachary J. [Signature] Date/Time: 0830 12/30/22

Relinquished By: [Signature] Date/Time: 12/30/22 11:30

Received By: [Signature] Date/Time: 12/30/22 14:40

Received @ Lab By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Total Cost:

P.I.F.

2013

ELAP ID: 10709



# CHAIN OF CUSTODY

221230662 23

<b>REPORT TO:</b>				<b>INVOICE TO:</b>			
COMPANY: <b>Paradigm Environmental</b>				COMPANY: <b>Same</b>			
ADDRESS:				ADDRESS:			
CITY:		STATE:		CITY:		STATE:	
PHONE:		FAX:		PHONE:		FAX:	
ATTN: <b>Reporting</b>				ATTN: <b>Accounts Payable</b>			
COMMENTS: <b>Please email results to reporting@paradigmenv.com</b>				Date Due: <b>1/9/23</b>			

PROJECT NAME/SITE NAME:

## REQUESTED ANALYSIS

DATE	TIME	COMPOSITE	GRAB	SAMPLE LOCATION/FIELD ID	MATRIX	CONTAINER	REMARKS	PARADIGM LAB SAMPLE NUMBER
12/29/22	1105		X	D-08 Training Kitchen 1 Island Hand Sink	DDW	X	226113-11	
	1109		X	D-08 Training Kitchen 4 Pot Filler 1			-12	
	1114		X	Kitchen 1 - Pot Filler 2 North Middle			-13	
	1115		X	Kitchen 1 - Pot Filler 3 North West			-14	
	1116		X	Kitchen 1 - Pot Filler 4 South East			-15	
	1117		X	Kitchen 1 - Pot Filler 5 South West			-16	
	1121		X	D-08 Training Kitchen 2 Pot Filler 1			-17	
	1122		X	D-08 Training Kitchen 2 Pot Filler 2			-18	
	1136		X	D-08 Training Kitchen 2 Island Hand Sink			-19	
	1137		X	D-08 Training Kitchen 2 Island 3		X	-20	

\*\*LAB USE ONLY BELOW THIS LINE\*\*

Sample Condition: Per NELAC/ELAP 210/241/242/243/244

Receipt Parameter	NELAC Compliance	
Container Type:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments:		
Preservation:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments:		
Holding Time:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments:		
Temperature:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments:	4C	

<b>Client</b>			Total Cost:
Sampled By	Date/Time		
<i>[Signature]</i>	0830 12/30/22		
Relinquished By	Date/Time		
<i>[Signature]</i>	12/30/22 11:30		
Received By	Date/Time	P.I.F.	
<i>[Signature]</i>	12/30/22 14:40		
Received @ Lab By	Date/Time		



3073

# CHAIN OF CUSTODY

221230002 33

ELAP ID: 10709

**REPORT TO:**

**INVOICE TO:**

COMPANY: <b>Paradigm Environmental</b>			COMPANY: <b>Same</b>			LAB PROJECT #:	CLIENT PROJECT #:
ADDRESS:			ADDRESS:			TURNAROUND TIME: (WORKING DAYS)	
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> OTHER	
PHONE: FAX:			PHONE: FAX:			Date Due: <b>1/9/23</b>	
ATTN: <b>Reporting</b>			ATTN: <b>Accounts Payable</b>				
COMMENTS: <b>Please email results to reporting@paradigmenv.com</b>							

PROJECT NAME/SITE NAME:

**REQUESTED ANALYSIS**

DATE	TIME	COMPOSITE	GRAB	SAMPLE LOCATION/FIELD ID	MATRIX	CONTAINER NUMBER	REMARKS	PARADIGM LAB SAMPLE NUMBER
12/29/22	11:38		X	D-08 Training Kitchen 2 3 Bay Sink <i>Faucet 1</i>	DW	1	226113 -21	
	11:38		X	D-08 Training Kitchen 2 3 Bay Sink <i>Faucet 2</i>			-22	
	11:33		X	D-08 Training Kitchen 2 Pot Filter 4			-23	
	11:25		X	Kitchen 2 - Pot Filter S			-24	
5								
6								
7								
8								
9								
10								

**\*\*LAB USE ONLY BELOW THIS LINE\*\***

Sample Condition: Per NELAC/ELAP 210/241/242/243/244

Receipt Parameter	NELAC Compliance	
Container Type:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments: _____		
Preservation:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments: _____		
Holding Time:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments: _____		
Temperature:	Y <input type="checkbox"/>	N <input type="checkbox"/>
Comments: <b>4C</b>		

<b>Client</b>		Total Cost:	<input type="text"/>
Sampled By	Date/Time		
<i>Zachary P.</i>	<i>0830 12/30/22</i>		
Relinquished By	Date/Time		
<i>me</i>	<i>12/30/22 11:30</i>		
Received By	Date/Time	P.I.F.	<input type="text"/>
<i>ek</i>	<i>12/30/22 14:40</i>		
Received @ Lab By	Date/Time		