



April 22, 2024

Mr. Matt Thorpe
NB-Village of Maybrook
Village Hall
Maybrook, NY 12543

Project Location: Prospect Line
Project Number: Village of Maybrook Drinking Water
Laboratory Work Order Number: 24D2408
PWSID# 3503533

Enclosed are results of analyses for samples received by the laboratory on April 19, 2024. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Ryan".

Project Manager



315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

NB-Village of Maybrook
Village Hall
Maybrook, NY 12543
ATTN: Mr. Matt Thorpe

REPORT DATE: 4/22/2024

PURCHASE ORDER NUMBER:

PROJECT NUMBER: Village of Maybrook Drinking Water

ANALYTICAL SUMMARY

WORK ORDER NUMBER: 24D2408

The results of analyses performed on the following samples submitted to Pace Analytical Services, LLC - Newburgh are found in this report.

PROJECT LOCATION: Prospect Line

FIELD SAMPLE #	LAB ID:	MATRIX	SAMPLE DESCRIPTION	TEST	SUB LAB
Prospect Line	24D2408-01	Drinking Water		SM 20,21-23 9223B (-04) (Colilert)	

CASE NARRATIVE SUMMARY

All reported results are within defined laboratory quality control objectives unless listed below or otherwise qualified in this report.

The results of analyses reported only relate to samples submitted to the Pace Analytical Services, LLC - Newburgh for testing.
I certify that the analyses listed above, unless specifically listed as subcontracted, if any, were performed under my direction according to the approved methodologies listed in this document, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.



Felicia Morgan-Nichols
Project Manager



315 Fullerton Avenue * Newburgh, NY 12550 * TEL. (845) 562-0890

Project Location: Prospect Line

Sample Description:

Work Order: 24D2408

Date Received: 4/19/2024

Field Sample #: Prospect Line

Sampled: 4/19/2024 08:32

Sample ID: 24D2408-01

Sample Matrix: Drinking Water

Conventional Chemistry Parameters by EPA/APHA/SW-846 Methods (Total)

Analyte	Results	MCL/SMCL		Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
		RL						Prepared	Analyzed	
Coliform, Total	Absent	1.0	1	present/absent	1		SM 20,21-23 9223B (-04) (Colilert)	4/19/24	4/19/24 11:53	VMA
Escherichia Coli	Absent	1.0	1	present/absent	1		SM 20,21-23 9223B (-04) (Colilert)	4/19/24	4/19/24 11:53	VMA

FLAG/QUALIFIER SUMMARY

*	QC result is outside of established limits.
†	Wide recovery limits established for difficult compound.
‡	Wide RPD limits established for difficult compound.
#	Data exceeded client recommended or regulatory level
ND	Not Detected
RL	Reporting Limit is at the level of quantitation (LOQ)
DL	Detection Limit is the lower limit of detection determined by the MDL study
MCL	Maximum Contaminant Level

Percent recoveries and relative percent differences (RPDs) are determined by the software using values in the calculation which have not been rounded.

No results have been blank subtracted unless specified in the case narrative section.

CERTIFICATIONS

Certified Analyses included in this Report

Analyte	Certifications
<i>SM 20,21-23 9223B (-04) (Colilert) in Drinking Water</i>	
Coliform, Total	NB-CT,NB-NJ,NB-NY
Escherichia Coli	NB-CT,NB-NJ,NB-NY

Pace Analytical Services, LCC operates under the following certifications and accreditations:

Code	Description	Number	Expires
NB-CT	Connecticut Department of Public Health	PH-0823	09/30/2024
NB-NJ	New Jersey DEP	NY015 NELAP	06/30/2024
NB-NY	New York State Department of Health	10142 NELAP	03/31/2025

Sample Condition Upon Receipt Form (SCUR)

Project # 2402408
 Client: v/o maybrook

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

Thermometer Used: IRG4 Date: 4/19 Time: 0854 Initials: _____

State of Origin: NY

Cooler #1 Temp. °C 9.3 (Visual) 0.2 @ 0.0°C, -0.5 @ 20.0°C (Correction Factor) _____ (Actual) Samples on ice, cooling process has begun

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____

Shipping Method: First Overnight Priority Overnight Standard Overnight Ground
 Other _____

Tracking # _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Ice: Blue Melted None

Packing Material: Bubble Wrap Bubble Bags None Other _____

Samples were collected by Pace employee Yes No N/A

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sampler Name and Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Samples Arrived within Hold Time	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, Metals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Additional Login Comments:

Client notification/ Resolution
 Person Contacted: _____ Date/Time: _____
 Comments/Resolution: _____