

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,

Project Manager



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

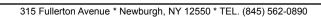
The results of analyses performed on the following samples submitted to Pace Analytical Services, LLC - Newburgh are found in this report.

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 labora	tory quality control objective	cunless listed below or o	therwise qualified in this report
All reported results are writing defined labora	tory quarity control objective	s uniess fisieu delow of c	differ wise 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



Project Location: Prospect Line

Sample Description:

Work Order: 24D2408

Date Received: 4/19/2024

Sampled: 4/19/2024 08:32

Field Sample #: Prospect Line Sample ID: 24D2408-01

Sample Matrix: Drinking Water

Conventional Chemistry Parameters by EPA/APHA/SW-846 Methods (Total)											
MCL/SMCL								Date	Date/Time		
<u> </u>	Analyte	Results	RL		Units	Dilution	Flag/Qual	Method	Prepared	Analyzed	Analyst
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

SM 20,21-23 9223B (-04) (Colilert) in Drinking Water

Coliform, Total NB-CT,NB-NJ,NB-NY Escherichia Coli NB-CT,NB-NJ,NB-NY

Pace Analytic	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		

RELINQUISHED BY: (SIGNATURE) RECEIVED FOR PAS NEWBURGH BY: RELINQUISHED BY: (SIGNATURE) RELINQUISHED BY: (SIGNATURE) SAMPLED BY: (SIGNATURE) EMAIL (TO SEND REPORT) ROJECT LOCATION CLIENT NAME 656-3127 19124 GAC OF 8:32 thos Pect SAMPLE IDENTIFICATION P.O. NUMBER PROJECT NUMBER COMPANY COMPANY Matt PWS NUMBER IENT (SITE) CONTACT 350357 2 Line pose YES / NO DATE DATE TIME COOLER TEMP S I COMPOSITE (C) OR GRAB (G) INDICATE AQUEOUS (WATER) D (Drinking Water) or W (Waste Water) Indicate MATRIX TYPE SOLID OR SEMISOLID Chlorine Residual PAS NEWBURGH REMARKS: RECEIVED BY: (SIGNATURE) RECEIVED BY: (SIGNATURE) RECEIVED BY: (SIGNATURE) COMMENTS Total # of Containers 40mL Vials HCI Liter Amber HCI NUMBER OF CONTAINERS SUBMITTED 250 Amber Sulfuric Liter Amber Glass Field Office Phone (845)733-1557 250 mL Plastic Nitric Acid REQUIRED Containers 250mL Plastic Sulfuric Acid Liter Plastic ICE (Y_N_) pH/Preservation Check 250mL Plastic 250mL Plastic NaOH COMPANY COMPANY 40mL Vials Sulfuric 40 mL Glass Plain 125 mL Sterile Na2S2O3 125mL Sterile DATE DATE DATE Other TURNAROUND TIME (Biz Days) **#OF COOLERS** RUSH (# Biz Days) NORMAL RUSH (BN) TIME TIME PAID (Y N) Payment Method Homes Analysis Requested PAGE **NON-TESTING CHARGES** OTHER REPORTING GRAB P/U 9 COMP SAMP

ANALYTICAL SERVICES

Field Office Address 312 Titusville Rd, Poughkeepsle, NY 12603 Field Office Address 35 Goshen Turnplke, Bloomingburg, NY 12721

Field Office Phone (845) 229-6536

CT DOPH# PH-0554

DC#_Title: ENV-FRM-NEWB-0002 Sample Condition Upon Receipt Form

Effective Date: 7/21/2022

Sample Condition Upon Receipt Form (SCUR)

Project # 0406 Client: V/O N Thermometer Used: IRG4 State of Origin: NY	Day k	orook 4/1	- - 9_	Time: <u>08</u> 3	Examining con Label:	ials of person: tents:
Cooler #1 Temp. C 9/3 (Visual) 0.2 @ 0.0°C, -(0.5 @20.0°C	(Correction	Factor)	(Actu	al) Samples on ic	e. cooling process has begun
Courier: Fed Ex UPS USP Shipping Method: First Overnight Priority USP Other Tracking #	S Overnight	Client 🗆 C	Commercial	Pace		
					01	
Custody Seal on Cooler/Box Present: Yes			intact: Y	'es ☐ No	Ice: (Wet) Blue	Melted None
Packing Material: Bubble Wrap Bubble Ba			Other			
Samples were collected by Pace employee	☐ Ye	es [] No	□ N/	′A	
			Comment	ts:		
Chain of Custody Present	opties .	□ No □ N/A	The second secon			
Chain of Custody Filled Out	Æ Xfes	□ No □ N/A				
Relinquished Signature on COC	The second second	□ No □ N/A				
Sampler Name and Signature on COC		□ No □ N/A				
Samples Arrived within Hold Time		□ No □ N/A				
Rush TAT requested on COC		□ No □ N/A				
Sufficient Volume		□ No □ N/A				
Correct Containers Used		□ No □ N/A				
Containers Intact	98 Yes	□ No □ N/A				
Sample Labels match COC (sample IDs & date/time o	f					
collection) All containers needing acid/base preservation have	Xes	□ No □ N/A		a lafarra - "		
been checked.	□Yes	□ No □ N/A	Preservative	n Information: e:_		
All Containers needing preservation are found to be in compliance with EPA recommendation:			Lot #/Trace	#:		
Exceptions: Vials, Microbiology, O&G, M		□ No □ N/A	Initials:		ime:	-
Headspace in VOA Vials? (>6mm):		□ No □N/A				
Trip Blank Present:		□ No □N/A				
Additional Login Comments:		2				
Client notification/ Resolution						
Person Contacted:			D-1 "	T:		
Comments/Resolution:			Date/	lime:		