



### CERTIFICATE OF ANALYSIS

**Customer :** Strategic Environmental  
25 Butternut Lane  
Bayville, NJ 08721

**Project ID :** MCVTS - Keyport Ctr., Atlantic Ave., Keyport  
**PAS Project ID :** P22-03327

**Matrix :** Drinking Water  
**Report Date :** 5/2/2022

PAS Sample ID	Client ID	Analysis	Results	Units	DF	PQL	MDL	MCL	Method	Date Sampled	Date Analyzed
P22-03327-01	Field Blank Keyport	Lead	ND	ug/L	1	2.00	0.900	15.0 *	SM 3113 B	4/21/22 09:15	4/25/22 15:51
P22-03327-02	KC #1 DW	Lead	ND	ug/L	1	2.00	0.900	15.0 *	SM 3113 B	4/21/22 09:15	4/25/22 15:55
P22-03327-03	KC #2 DW	Lead	ND	ug/L	1	2.00	0.900	15.0 *	SM 3113 B	4/21/22 09:15	4/25/22 15:58

Except for the parameters tested, PAS makes no representation as to the fitness or quality of the water sample taken.

PQL = Practical Quantitation Limit  
MDL = Minimum Detection Limit  
MCL = Maximum Contaminant Level  
DF = Dilution Factor  
ND = Analyzed for but not detected  
J = Estimated result  
\* Federal Action Level

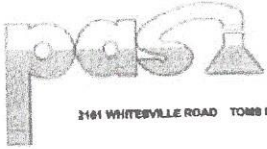
All samples are analyzed in accordance with  
New Jersey Department of Environmental  
Protection Protocol

Mark D. Feitelson, Lab. Director

**Appendix D**  
**Excel Template for Lead Results**

Client : Strategic Environmental  
 Project ID : MCVTS - Keyport Ctr., Atlantic Ave., Keyport

Field ID	Flushed (Y/N)	Lab. Sample ID	Lab. Name	Lab. ID	Date Sampled	Time Sampled	Analytical Method	Date of Analysis	Time of Analysis	Conc. (ug/L)	Rpt. Limit (ug/L)	DF	Digested (Y/N)	Qfr.
Field Blank Keyport	N	P22-03327-01	PAS	NJDEP 15001	4/21/2022	9:15	SM 3113 B	4/25/2022	15:51	0.500	2.00	1	N	ND
KC #1 DW	N	P22-03327-02	PAS	NJDEP 15001	4/21/2022	9:15	SM 3113 B	4/25/2022	15:55	0.570	2.00	1	N	ND
KC #2 DW	N	P22-03327-03	PAS	NJDEP 15001	4/21/2022	9:15	SM 3113 B	4/25/2022	15:58	0.570	2.00	1	N	ND



Specialists in Drinking Water Testing Technologies • Residential • Industrial • Municipal

PRECISION ANALYTICAL SERVICES, INC.

2461 WHITEVILLE ROAD TOMBS RIVER, NJ 08786 PHONE 732-814-1515 FAX 732-814-1516

### CHAIN OF CUSTODY

Customer: Strategic Environmental  
Address: 25 Butternut Lane  
Bayville, NJ 08701  
Phone: (732) 539-7342

School Name: *Marys Keponit CTR*  
School Address: *Atlantic Ave. Keponit*  
Sampled By: *[Signature]*  
Print Name: *S. Bonanno*  
RESULTS TO: *bonses@aol.com*

Sample ID Location	Date / Time Sampled	Matrix Code	Grab or Comp	Flush Sample	Filter Present	# Containers	Glass or Plastic	Analysis	LAB ID	
<i>Field Blank Keponit KC#1 DW KC#2 DW</i>	<i>9:15 am</i>	DW	Grab			1	250 ml Plastic	Lead	<i>P22-03327-01</i> <i>-02</i> <i>P22-03327-03</i>	
	<i>9:15 am</i>	DW	Grab			1	250 ml Plastic	Lead		
	<i>9:15 am</i>	DW	Grab			1	250 ml Plastic	Lead		
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
			DW	Grab			1	250 ml Plastic		Lead
		DW	Grab			1	250 ml Plastic	Lead		

*All First Draw*

**SAMPLES REC'D UNPRESERVED. PRESERVED IN LAB.**

PDF Std.  PDF Reduc  PDF Full  EDD  Date/Time Preserved With HNO3: *04/22/22 11:30 am*

Page 1 of 1 Deliverables:

**MATRIX CODES:**  
GW = Ground Water, WW = Waste Water, SW = Surface Water,  
DW = Drinking Water, S = Soil, L = Liquid, SD = Sludge,  
B = Blank, K = Solid (specify):

**PRESERVATIVE CODES:**  
0 = Ice 1 = HCl  
2 = H2SO4 3 = NaOH  
4 = HNO3 5 = Other

Print Name:	Signature:	Company:	Date + Time
<i>S. Bonanno SEC Inc. Lynn Souza</i>	<i>[Signature]</i>	<i>PAS</i>	<i>4/22/22 11:30 am</i>
Relinquished:			
Received:			
Relinquished:			
Received:			
Relinquished:			
Received:			

Keyport CTR  
280 Atlantic Ave  
Keyport NJ 07735

H.iv: Sampling Event Checklist  
Complete on the day of sampling

Before Beginning Sampling:

- Review and Sign QAPP.
- Review School packet prior to sampling- including floor plan with sample locations, outlet inventory including all outlets to be sampled, filter inventory including which water coolers & drinking water fountains have filters, and if applicable pre-sampling event flushing schedule [includes which outlets were flushed, the duration of flushing, and when they were flushed].
- Perform a walk-through of the facility prior to sampling. Identify all outlets to be sampled, and label each outlet with its unique sample location code as it is found in the water outlet inventory.
- Verify that the water has been stagnant for at least 8 hours, but no longer than 48 hours.

Sampling:

- Field Blank.
- Start sampling at the outlet closest to the point of entry.
- For each sampling location record the time that sampling begins.
- Wearing gloves, collect samples into a 250 ml pre-cleaned bottle.
- Record the time all samples are collected.
- AFTER all other samples have been collected, for follow-up flush sampling, collect fifteen minute flushed samples from water coolers.
- Indicate on the Chain of Custody (COC) if the outlet is leaking, the water is discolored, the outlet is turned on, the outlet is not working, or the outlet has a filter.
- Label all Follow-Up Flush Samples with "FLUSH" after their unique sample location code. (e.g. WHS- and WHS - ---FLUSH).

After Sampling:

- Record the time that sampling ends.
- Count sampling bottles to make sure all water outlets on the inventory were sampled.

Project Officer:	<u>Cary Orner</u>	<u>[Signature]</u>	<u>4-21-22</u>
	Print Name	Signature	Date
Sampler:	<u>J. Romano</u>	<u>[Signature]</u>	<u>4/21/22</u>
	Print Name	Signature	Date

# Quality Assurance Project Plan (QAPP) For Drinking Water Sampling of Lead Concentrations in School Drinking Water Outlets

KeyPoint CTR  
280 Atlantic Ave  
Keport NJ 07735

## Approvals

School District Representatives:

Program Manager: Gary Ortner [Signature] 4-21-22  
Print Name Signature Date

Project Manager(s): Gary Ortner [Signature] 4-21-22  
Print Name Signature Date

Individual School Project Officer(s) (See page iii)

Third Party Sampling Firm: SEL Inc.  
(Note N/A if Third Party not involved) Name of Firm

[Signature] [Signature] 4/21/22  
Print Name Signature Date

Laboratory: PAS Labs Inc.  
Name of Laboratory

Laboratory Manager: Mark Feitelson [Signature] 4/22/22  
Print Name Signature Date

Laboratory QA Officer: Kelly Hogan [Signature] 4/22/22  
Print Name Signature Date

For additional laboratories conducting sampling and or analysis use additional sheet for sign-off.