

Pace Analytical Services, LLC 2231 W. Altorfer Drive Peoria, IL 61615 (800)752-6651

August 13, 2024

Michael Baird Immaculate Conception Catholic Church 3555 S. Fremont Ave. Springfield, MO 65804

RE: Drinking Water Lead

Dear Michael Baird:

Please find enclosed the analytical results for the **28** sample(s) the laboratory received on **8/1/24 10:00 am** and logged in under work order **HH00429**. All testing is performed according to our current TNI accreditations unless otherwise noted. This report cannot be reproduced, except in full, without the written permission of Pace Analytical Services, LLC.

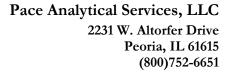
If you have any questions regarding your report, please contact your project manager. Quality and timely data is of the utmost importance to us.

Pace Analytical Services appreciates the opportunity to provide you with analytical expertise. We are always trying to improve our customer service and we welcome you to contact the General Manager, Lisa Grant, with any feedback you have about your experience with our laboratory at 309-683-1764 or lisa.grant@pacelabs.com.

Chenise Lambert-Sykes Project Manager

(314)432-0550

Chenise.Lambert-Sykes@pacelabs.com





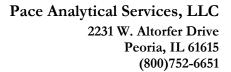
SAMPLE RECEIPT CHECK LIST

Items not applicable will be marked as in compliance

Work Order

HH00429

YES	Samples received within temperature compliance when applicable
YES	COC present upon sample receipt
YES	COC completed & legible
YES	Sampler name & signature present
YES	Unique sample IDs assigned
YES	Sample collection location recorded
YES	Date & time collected recorded on COC
YES	Relinquished by client signature on COC
YES	COC & labels match
YES	Sample labels are legible
YES	Appropriate bottle(s) received
YES	Sufficient sample volume received
YES	Sample containers received undamaged
NO	Zero headspace, <6 mm present in VOA vials
NO	Trip blank(s) received
YES	All non-field analyses received within holding times
YES	Short hold time analysis
YES	Current PDC COC submitted
NO	Case narrative provided





Sample: HH00429-01

Name: Music Hall Fountain 1

Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:20

Received: 08/01/24 10:00

Parameter	Result	Unit	Qualifier Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA								
Lead	< 1.00	ug/L	08/12/24 07:48	1	1.00	08/12/24 12:05	BRS	EPA 200.8 REV 5.4
Sample: HH0042						Sampled: 07/30/2		

Name: Music Hall Fountain 2

Matrix: Drinking Water - Grab

Parameter

Analyst

Method

<u>Total Metals - PIA</u>								
Lead	< 1.00	ua/l	08/12/24 07:48	1	1 00	08/12/24 12:07	BRS	FPA 200 8 REV 5 4

Dilution

MRL

Prepared

Sample: HH00429-03
Name: Jr High Water Fountain 1

Result

Unit

Qualifier

Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:30

Analyzed

Received: 08/01/24 10:00

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L	(08/12/24 07:48	1	1.00	08/12/24 12:08	BRS	EPA 200.8 REV 5.4

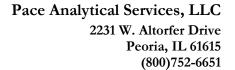
Sample: HH00429-04

Name: Jr High Water Fountain 2

Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:30

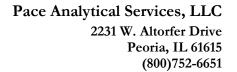
Parameter	Result	Unit	Qualifier Prepared	Dilution	MRL	Analyzed	Analyst	Method
<u>Total Metals - PIA</u>								
Lead	< 1.00	ug/L	08/12/24 07:	48 1	1.00	08/12/24 12:10	BRS	EPA 200.8 REV 5.4





Sample: HH00429-05 Name: Hall 3 Left Fountain 1 **Sampled:** 07/30/24 09:35

	Water - Grab						Neceived. 00/01/2	24 10.00	
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	13.6	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:14	BRS	EPA 200.8 REV 5.4
Sample: HH00429 Name: Hall 3 Lef Matrix: Drinking							Sampled: 07/30/2 Received: 08/01/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	15.4	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:15	BRS	EPA 200.8 REV 5.4
Sample: HH00429 Name: Hall 3 Ce Matrix: Drinking							Sampled: 07/30/2 Received: 08/01/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	15.9	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:17	BRS	EPA 200.8 REV 5.4
Sample: HH00429 Name: Hall 3 Ce Matrix: Drinking							Sampled: 07/30/24 09:35 Received: 08/01/24 10:00		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	14.5	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:21	BRS	EPA 200.8 REV 5.4





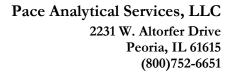
Sample: HH00429-09

Name: Hall 3 Right Fountain 1

Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:35

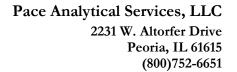
Matrix: Drinkin	ig Water - Grab						Neceived. 00/01/2	24 10.00	
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	16.0	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:22	BRS	EPA 200.8 REV 5.4
Sample: HH0042 Name: Hall 3 Ri Matrix: Drinkin							Sampled: 07/30/2 Received: 08/01/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	13.9	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:24	BRS	EPA 200.8 REV 5.4
Sample: HH0042 Name: Pre K A I Matrix: Drinkin							Sampled: 07/30/2 Received: 08/01/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:25	BRS	EPA 200.8 REV 5.4
Sample: HH0042 Name: Pre K A I Matrix: Drinkin							Sampled: 07/30/2 Received: 08/01/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:26	BRS	EPA 200.8 REV 5.4





Sample: HH00429-13 Name: Pre K B Basin 1 **Sampled:** 07/30/24 10:00

Matrix: Drinking \	Water - Grab								
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
<u>Total Metals - PIA</u>									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:31	BRS	EPA 200.8 REV 5.4
Sample: HH00429- Name: Pre K B Ba Matrix: Drinking V							Sampled: 07/30/2 Received: 08/01/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:32	BRS	EPA 200.8 REV 5.4
Sample: HH00429- Name: Kindergarte Matrix: Drinking V							Sampled: 07/30/2 Received: 08/01/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:33	BRS	EPA 200.8 REV 5.4
Sample: HH00429- Name: Kindergarte Matrix: Drinking \							Sampled: 07/30/2 Received: 08/01/2		
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:35	BRS	EPA 200.8 REV 5.4





Sample: HH00429-17

Name: Kindergarten B Basin 1

Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:10

Received: 08/01/24 10:00

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
<u>Total Metals - PIA</u>									
Lead	< 1.00	ug/L	(08/12/24 07:48	1	1.00	08/12/24 12:36	BRS	EPA 200.8 REV 5.4
Sample: HH0042 Name: Kinderga Matrix: Drinkir							Sampled: 07/30/2 Received: 08/01/2		

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:40	BRS	EPA 200.8 REV 5.4

Sample: HH00429-19

Name: Cafeteria Water Fountain 1

Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:15

Received: 08/01/24 10:00

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
<u>Total Metals - PIA</u>									
Lead	3.19	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:42	BRS	EPA 200.8 REV 5.4

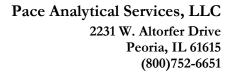
Sample: HH00429-20

Name: Cafeteria Water Fountain 2

Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:15

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	5.18	ug/L	(08/12/24 07:48	1	1.00	08/12/24 12:43	BRS	EPA 200.8 REV 5.4





Sample: HH00429-21

Name: School Office Hall Fountain 1

Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:20

Received: 08/01/24 10:00

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									_
Lead	3.70	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:47	BRS	EPA 200.8 REV 5.4
Sample: HH00429-22 Name: School Office Hall Fountain 2							Sampled: 07/30/2 Received: 08/01/2		_

Matrix: Drinking Water - Grab

Parameter Result Unit Qualifier Prepared Dilution MRL Analyzed Analyst

Parameter	Result	Unit	Qualifier Prepa	ared Dilutio	n MRL	Analyzed	Analyst	Method
Total Metals - PIA								
Lead	< 1.00	ug/L	08/12/24	1 07:48 1	1.00	08/12/24 12:49	BRS	EPA 200.8 REV 5.4

 Sample: HH00429-23
 Sampled: 07/30/24 10:25

 Name: Gathering Area Left Fountain 1
 Received: 08/01/24 10:00

Matrix: Drinking Water - Grab

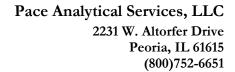
Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L	(08/12/24 07:48	1	1.00	08/12/24 12:50	BRS	EPA 200.8 REV 5.4

 Sample: HH00429-24
 Sampled: 07/30/24 10:25

 Name: Gathering Area Left Fountain 2
 Received: 08/01/24 10:00

Matrix: Drinking Water - Grab

Parameter	Result	Unit	Qualifier P	repared D	ilution I	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L	08/1	2/24 07:48	1 1	1.00	08/12/24 12:52	BRS	EPA 200.8 REV 5.4





Sample: HH00429-25

Name: Gathering Area Right Fountain 1

Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:25

Received: 08/01/24 10:00

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:53	BRS	EPA 200.8 REV 5.4
	0429-26 ring Area Right Four king Water - Grab	ntain 2					Sampled: 07/30/2 Received: 08/01/2		

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:55	BRS	EPA 200.8 REV 5.4

Sample: HH00429-27

Name: Community Room A Basin 1

Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:30

Received: 08/01/24 10:00

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
									_
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 12:56	BRS	EPA 200.8 REV 5.4

Sample: HH00429-28

Name: Community Room A Basin 2

Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:30

Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
Total Metals - PIA									
Lead	< 1.00	ug/L		08/12/24 07:48	1	1.00	08/12/24 13:00	BRS	EPA 200.8 REV 5.4



Pace Analytical Services, LLC 2231 W. Altorfer Drive Peoria, IL 61615 (800)752-6651

NOTES

Specifications regarding method revisions, method modifications, and calculations used for analysis are available upon request. Please contact your project manager.

* Not a TNI accredited analyte

Certifications

CHI - McHenry, IL - 4314-A W. Crystal Lake Road, McHenry, IL 60050

TNI Accreditation for Drinking Water and Wastewater Fields of Testing through IL EPA Accreditation No. 100279 Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory Registry No. 17556

PIA - Peoria, IL - 2231 W. Altorfer Drive, Peoria, IL 61615

TNI Accreditation for Drinking Water, Wastewater, Solid and Hazardous Material Fields of Testing through IL EPA Accreditation No. 100230

Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory Registry No. 17553 Drinking Water Certifications/Accreditations: Iowa (240); Kansas (E-10338); Missouri (870) Wastewater Certifications/Accreditations: Arkansas (88-0677); Iowa (240); Kansas (E-10338) Solid and Hazardous Material Certifications/Accreditations: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

SPMO - Springfield, MO - 1805 W Sunset Street, Springfield, MO 65807 USEPA DMR-QA Program

STL - Hazelwood, MO - 944 Anglum Rd, Hazelwood, MO 63042

TNI Accreditation for Wastewater, Solid and Hazardous Material Fields of Testing through KS KDHE Certification No. E-10389 TNI Accreditation for Wastewater, Solid and Hazardous Material Fields of Testing through IL EPA Accreditation No. - 200080 Illinois Department of Public Health Bacterial Analysis in Drinking Water Approved Laboratory, Registry No. 171050 Missouri Department of Natural Resources - Certificate of Approval for Microbiological Laboratory Service - No. 1050

Certified by: Chenise Lambert-Sykes, Project Manager



ation no n-conformance identified --- Preservative Types; (1) None, (2) HNO3, (3) H2SO4, (4) HCJ, (5) NaOH, (6) Zn Aostate, (7) NaHSO4, (8) Sod. Thiosuffate, (9) Asorbic Add, (10) MeOH, (11) Other ENV-FRM-CORQ-0019_v02_110123 @ [] On the "Container Size: (1) 1L. (2) S00mL. (3) 250mL. (4) 125mL. (5) 100mL. (6) 40mL vial. (7) EnCore [] Fed DK [] UPS [] Other Delivered by: [] In- Person [] Courier Sample Comment (8) TerraCore, (9) 90ms, (10) Other elog / Bottle Ord. ID: cctNum/Client ID: 28 Bottles HH00429/MK rofile / Template: Corrected Temp. ("C): noj. Mgr. Page: Obs Temp. (°C): Scan QR Code for instructions 1000 Customer Remarks / Special Conditions / Possible Hazards Identify Container Preservative Type** SEETING Q/1/pm Specify Container Size ** Date/Time: Thermometer ID: Turb Check Drinking Water Lead Residual Chilorine Result Units Field Filtered (if applicable): [] Yes [] No Analysis: Analysis: Analysis: Suite (SM, Brazewerer (WM), Product (P), Soi/Soid (SS), Oi (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Suite (SL), Caulk (CG), Leachare (LL), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Suite (SL), Caulk (CG), Leachare (LL), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Suite (SL), Caulk (CG), Leachare (LL), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SED), Reportable [] Yes [] No CHAIN-OF-CUSTODY Analytical Request Document # Cont. DW PWSiD # or WW Permit # as applicable ibmitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace. Terms and Conditions found at https://www.pacelabs.com/reso chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields 7/30/24 9:30 7/36/24 9:20 7/30/24 10:00 7/30/24/0:05 213014 10:10 2/30/24 9:35 7/30/24 9:35 7/30/24 9:35 7/30/24 9:56 7/30/24 The man 7/30/24 9:35 Collected or Composite End eceived by/Company: (Signature) eceived by/Company: (Signature) eceived by/Company: (Signature belved by/Company: (Signature Date E-Mail: maintenance@ic-parish.org 7/30/24 9,55 00:0/ 7/30/24 9.35 Printed Name 7/30/24 9:20 7/30/24 9.30 7/30rd 10:05 2130124 10:10 Contact/Report To: Michael Baird imoentnish@ic-parish.org County / State origin of sample(s): Involce to: Janet Moenthish Composite Start Phone #: 417-887-0600 Quote #: 00166323 1/30/24 Purchase Order # (if Date Invoice E-mail []Same Day []1 Day []2 Day []3 Day Other Regulatory Program (DW, RCRA, etc.) as applicable: Cc E-Mail: Jate/Time: Date/Time: Date/Time: Date/Time c Matrix * Grab Pace® Location Requested (City/State): O DW G 00 DIM G DW G 2× 0 DW G 30 Rush (Pre-approval required): 30 3 3 Ime Zone Collected: [] AK [] PT [] MT [] CT [] ET Fountain Fountain Fountain Water Fourtain ompany Name: Immaculate Conception Catholic Church Immaculate Conception Tountain Besis Kindergenten 13 Basin [] Level N Conter Right Basin 305.1 Left Customer Sample ID Undergarten A site Collection Info/Facility ID (as applicable): Hall dditional Instructions from Pace* nouished by/Company: (Signature) nguished by/Company: (Signature) Inquished by/Company: (Signature) nguished by/Company: (Signature) Drinking Water Lead Pre 16 13 3 (n) Masic 3555 S. Fremont Ave Springfield, MO 65804 Pace Pre K Customer Project Cata Deliverables: 101 Hall Hall street Address: [] Level || [] Eduis

Chain of Custody Instructions

*Pace Location Requested: City and State of Pace Laboratory testing is to be performed at.

*Company Name: Client's company name

*Street Address: Client's mailing address

*City, State, Zip: Client's city, state and zip code for mailing

*Contact/ Report to: Person to receive results

Customer Project # and Project Name: Client's reference to the project or work involved with these samples.

Site Collection Info/ Facility ID: Client's location of project

Time Zone: Check time zone of sample to ensure proper hold times are met.

Purchase Order #: Client specific number to be listed on project invoice for client billing purposes.

Invoice To: Client contact the project invoice needs to be emailed to.

Invoice Email: Email address that project invoice will need to be emailed to

*Phone #: Client's contact phone number

E-mail: Client's e-mail for correspondence and final report

Regulatory Program: List the program that is guiding the work to ensure proper regulations are followed: DW, RCRA, etc.

Data Deliverable: Please select or enter required deliverables.

*County/State Origin of Samples: Enter the county to ensure proper handling of regulated soils. State required to ensure proper reporting.

Field Filtered: Indicate if samples have been filtered in the field. If samples are required to be field filtered and filtering is not indicated, a qualifier will be added to all associated data.

*Customer Sample ID: The unique sample ID you want to appear on the analytical report

*Collected Date: Date sample was collected. For composite samples, please fill in both beginning and end date.

*Collected Time: Time sample was collected. For composite samples, please fill in both beginning and end time.

*Comp/Grab: Please denote "GRAB" if the sample was collected at one time from one specific location. Please denote "COMP" if the sample is a composite of samples collected at one or more times or locations and combined to make one sample.

*Matrix: Select from list provided list. If prepopulated chain is provided for you matrix codes may vary.

*Number and Type of Containers: Total number of containers per container type submitted for the samples

*Container Size: Specify container size from list.

*Container Preservation Type: Specify sample preservation from provided list.

*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.

Sample Comment: List any notes or important information about the individual sample here. Please identify in the sample comment if a sample should be used for MS/MSD.

Customer Remarks/Special Conditions/Possible Hazards: List special instructions about the sample here. If the sample is known or suspected to be hazardous indicate that here and attach SDS if possible. 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, etc.

Rush request: If faster than standard turnaround time results are needed. Circle one of the rush options and note the day the results are requested by. All rush requests require preapproval by the laboratory. Surcharges will apply for non-standard turnaround times. Results will be due by the end of business on the date due based on standard turnaround time unless other arrangements have been made with your Project Manager.

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
- No headspace in volatile water samples
- Note: When sample specific Quality Control is required (e.g. MS/MSD) please ensure necessary sample containers and sample volume is provided.

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met.

Location Specific Sample Acceptance Policy available from your Project Manager

*Collected By: Printed name of sample collector

*Collected By Signature: Signature of sample collector

*Relinquished By/Received By: This form <u>must be signed</u> each time the sample(s) changes hands. Custody seals are available upon request if needed.

*Required field: Failure to fill in a required field may result in a sample(s) being put on hold until information can be obtained. This may result in a delay in receiving results.

Preservation no n-conformance Identified *** Preservative Types: (1) None, (2) HNO3, (3) H2SCA, (4) HCI, (5) Na GH, (6) Zh Acetate, (7) Na HSCA, (8) Sod. Thiosuffate, (5) Ascorbic Add, (10) MeOH, (11) Other ENV-FRM-CORQ-0019_v02_110123 @ [] On ice (4) 125ml, (5) 100ml, (6) 40ml vial, (7) EnCore (8) TerraCore, (9) 50ml, (10) Other **Container Size: (1) 1L (2) S00mL (3) 250mL [] FedSX [] UPS [] Other Delivered by: [] In- Person [] Courier Sample Comment #log / Bottle Ord. ID: cctNum / Client ID: 28 Bottles Corrected Temp. (*C): ofile / Template: HH00429/MK Proj. Mgr. Page: Obs. Temp. ("C): Scan QR Code for instructions 0001 Customer Remarks / Special Conditions / Possible Hazards Correction Factor (°C): Identify Container Preservative Type*** Specify Container Size ** 11/18 Date/Time: Thermometer ID: ubmitting a sample via this chain of custody constitutes acknowledgment and acceptance of the Pace® Terms and Conditions found at https://www.pacelabs.com/resource-library/resource/pace-terms-and-conditions/ Turb Check # Coolers: Drinking Water Lead # Cont. Residual Chlorine Result Units Matric Codes (rosert in Matrix box below); Orinhing Water (DW), Ground Water (DW), Wastewrater (WW), Product (P), Soli/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bloassay (B), Napor (W, Surface Water (SW), Sediment (SED), Field Fittered (if applicable): [] Yes [] No Reportable [] Yes [] No CHAIN-OF-CUSTODY Analytical Request Document DW PWSID # or WW Permit # as applicable Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields 7/30/24 16:30 7/30/24/10:25 7/30/24/10:25 7/30/24/0:25 7130/24 10:15 2/30/24 10:30 Collected or Composite End Time tecetived by/Company: (Signature) ceived by/Company: (51gnature) lecelived by/Company: (Signature oelved by/Company: (Signature) Date E-Mail: maintenance@ic-parish.org 7/30/24 10:25 7130124 10:26 Collected By: Printed Name 7130/24 16:15 7/30/24 10:30 Contact/Report To: Michael Baird moentnish@ic-parish.org Time Signature County / State origin of sample(s): nvoice to: Janet Moentnish Composite Start Phone #: 417-887-0600 Quote #: 00166323 urchase Order # (if Date Invoice E-mail: Same Day []1 Day []2 Day []3 Day Other applicable): Cc E-Mail: Regulatory Program (DW, RCRA, etc.) as applicable. Date/Time: Date/Time: Date/Time: Matrix * Grab C Office Hall Fountin DW G C C 0 DW G Rush (Pre-approval required): 3 Let't Foundary DM Area Right Fountain DW 3 Besin Pantain Date Results Requested: 11 Conception Studge (SL), Caulk (CK), Leachate (LL), Biosolid (BS), Other (OT) I IMT [] Level [V Community Room A Customer Sample ID Water Site Collection Info/Facility IO (as applicable) Area 191 Additional Instructions from Pace* linquished by/Company: (Signature) Inquished by/Company: (Signature) quished by/Company: (Signature) iquished by/Company: (Signature) [] Level III I m mode whee Time Zone Collected: [] AK Drinking Water Lead afeteria Sathering Gatherin 3555 S. Fremont Ave. Springfield, MO 65804 School Lustomer Project # Data Deliverables Street Address: [] Level [i [] EQUIS [] Other

Chain of Custody Instructions

*Pace Location Requested: City and State of Pace Laboratory testing is to be performed at.

*Company Name: Client's company name

*Street Address: Client's mailing address

*City, State, Zip: Client's city, state and zip code for mailing

*Contact/ Report to: Person to receive results

Customer Project # and Project Name: Client's reference to the project or work involved with these samples

Site Collection Info/ Facility ID: Client's location of project

Time Zone: Check time zone of sample to ensure proper hold times are met.

Purchase Order #: Client specific number to be listed on project invoice for client billing purposes.

Invoice To: Client contact the project invoice needs to be emailed to.

Invoice Email: Email address that project invoice will need to be emailed to

*Phone #: Client's contact phone number

E-mail: Client's e-mail for correspondence and final report

Regulatory Program: List the program that is guiding the work to ensure proper regulations are followed: DW, RCRA, etc.

Data Deliverable: Please select or enter required deliverables.

*County/State Origin of Samples: Enter the county to ensure proper handling of regulated soils. State required to ensure proper reporting.

Field Filtered: Indicate if samples have been filtered in the field. If samples are required to be field filtered and filtering is not indicated, a qualifier will be added to all associated data.

*Customer Sample ID: The unique sample ID you want to appear on the analytical report

*Collected Date: Date sample was collected. For composite samples, please fill in both beginning and end date.

*Collected Time: Time sample was collected. For composite samples, please fill in both beginning and end time.

*Comp/Grab: Please denote "GRAB" if the sample was collected at one time from one specific location. Please denote "COMP" if the sample is a composite of samples collected at one or more times or locations and combined to make one sample.

*Matrix: Select from list provided list. If prepopulated chain is provided for you matrix codes may vary.

*Number and Type of Containers: Total number of containers per container type submitted for the samples

*Container Size: Specify container size from list.

*Container Preservation Type: Specify sample preservation from provided list.

*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.

Sample Comment: List any notes or important information about the individual sample here. Please identify in the sample comment if a sample should be used for MS/MSD.

Customer Remarks/Special Conditions/Possible Hazards: List special instructions about the sample here. If the sample is known or suspected to be hazardous indicate that here and attach SDS if possible. 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, etc.

Rush request: If faster than standard turnaround time results are needed. Circle one of the rush options and note the day the results are requested by. All rush requests require preapproval by the laboratory. Surcharges will apply for non-standard turnaround times. Results will be due by the end of business on the date due based on standard turnaround time unless other arrangements have been made with your Project Manager.

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
- · No headspace in volatile water samples
- Note: When sample specific Quality Control is required (e.g. MS/MSD) please ensure necessary sample containers and sample volume is provided.

A data qualifier and/or case narrative will be added to the final test report when the above sample acceptance requirements are not met.

Location Specific Sample Acceptance Policy available from your Project Manager

*Collected By: Printed name of sample collector

*Collected By Signature: Signature of sample collector

*Relinquished By/Received By: This form <u>must be signed</u> each time the sample(s) changes hands. Custody seals are available upon request if needed.

*Required field: Failure to fill in a required field may result in a sample(s) being put on hold until information can be obtained. This may result in a delay in receiving results.