



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.

A handwritten signature in black ink, appearing to read "Chenise Lambert-Sykes".

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



ANALYTICAL RESULTS

Sample: HH00429-01
Name: Music Hall Fountain 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:20
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method

Total Metals - PIA

Table row for 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: HH00429-02
Name: Music Hall Fountain 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:20
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method

Total Metals - PIA

Table row for Lead: < 1.00 ug/L, 08/12/24 07:48, 1, 1.00, 08/12/24 12:07, BRS, EPA 200.8 REV 5.4

Sample: HH00429-03
Name: Jr High Water Fountain 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:30
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method

Total Metals - PIA

Table row for 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
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method

Total Metals - PIA

Table row for 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



ANALYTICAL RESULTS

Sample: HH00429-05
Name: Hall 3 Left Fountain 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:35
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-06
Name: Hall 3 Left Fountain 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:35
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-07
Name: Hall 3 Center Fountain 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:35
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-08
Name: Hall 3 Center Fountain 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:35
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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



ANALYTICAL RESULTS

Sample: HH00429-09
Name: Hall 3 Right Fountain 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:35
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-10
Name: Hall 3 Right Fountain 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:35
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-11
Name: Pre K A Basin 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:55
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-12
Name: Pre K A Basin 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 09:55
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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



ANALYTICAL RESULTS

Sample: HH00429-13
Name: Pre K B Basin 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:00
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-14
Name: Pre K B Basin 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:00
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-15
Name: Kindergarten A Basin 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:05
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-16
Name: Kindergarten A Basin 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:05
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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



ANALYTICAL RESULTS

Sample: HH00429-17
Name: Kindergarten B Basin 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:10
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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: HH00429-18
Name: Kindergarten B Basin 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:10
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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



ANALYTICAL RESULTS

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

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:20
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: Lead, < 1.00, ug/L, 08/12/24 07:48, 1, 1.00, 08/12/24 12:49, BRS, EPA 200.8 REV 5.4

Sample: HH00429-23
Name: Gathering Area Left Fountain 1
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:25
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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
Name: Gathering Area Left Fountain 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:25
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: Lead, < 1.00, ug/L, 08/12/24 07:48, 1, 1.00, 08/12/24 12:52, BRS, EPA 200.8 REV 5.4



ANALYTICAL RESULTS

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

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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

Sample: HH00429-26
Name: Gathering Area Right Fountain 2
Matrix: Drinking Water - Grab

Sampled: 07/30/24 10:25
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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
Received: 08/01/24 10:00

Table with 10 columns: Parameter, Result, Unit, Qualifier, Prepared, Dilution, MRL, Analyzed, Analyst, Method. Row 1: 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



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

Pace® Location Requested (City/State): CHAIN-OF-CUSTODY Analytical Request Document
Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Company Name: Immaculate Conception Catholic Church
Street Address: 3656 S. Fremont Ave
Springfield, MO 65804

Contact/Report To: Michael Baird
Phone #: 417-887-0600
E-Mail: maintenance@ic-parish.org
Ct E-Mail:
Invoice to: Janet Moenthish
Invoice E-mail: jmoenthish@ic-parish.org
Purchase Order # (if applicable):
Quote #: 00166323

Customer: Project #:
Project Name: Drinking Water Lead
Site Collection Info/Facility ID (as applicable):

Time Zone Collected: [] AK [] PT [] MT [] CT [] ET
Data Deliverables: Regulatory Program (DW, RCRA, etc.) as applicable: Reportable [] Yes [] No
Rush (Pre-approval required): DW PWSID # or WW Permit # as applicable:
[] Same Day [] 1 Day [] 2 Day [] 3 Day Other: _____
Date Results Requested: _____
Analysis: Field Filtered (if applicable): [] Yes [] No


* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Ground Water (GW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (OL), Wipe (WP), Tissue (TS), Bioassay (B), Vapor (V), Surface Water (SW), Sediment (SD), Sludge (SL), Cask (CK), Leachate (LL), Biosolid (BS), Other (OT)

Customer Sample ID	Matrix*	Comp / Grab	Composite Start Date	Time	Collected or Composite End Date	Time	# Cont.	Residual Chlorine Result	Units
Immaculate Conception	DW	G	7/30/24	9:20	7/30/24	9:20			
MUSIC Hall Fountain	DW	G	7/30/24	9:30	7/30/24	9:30			
Jr High Water Fountain	DW	G	7/30/24	9:35	7/30/24	9:35			
Hall 3 Left Fountain	DW	G	7/30/24	9:35	7/30/24	9:35			
Hall 3 Center Fountain	DW	G	7/30/24	9:55	7/30/24	9:55			
Pre K A Basin	DW	G	7/30/24	10:00	7/30/24	10:00			
Pre K B Basin	DW	G	7/30/24	10:05	7/30/24	10:05			
Kindergarten A Basin	DW	G	7/30/24	10:10	7/30/24	10:10			
Kindergarten B Basin	DW	G	7/30/24	10:10	7/30/24	10:10			

Additional Instructions from Pace®: _____

Collected By: _____
Printed Name
Signature
Received by/Company: (Signature)
Date/Time:
Received by/Company: (Signature)
Date/Time:
Received by/Company: (Signature)
Date/Time:
Received by/Company: (Signature)
Date/Time:

LAB USE ONLY - Affix Workorder/Login Label Here



HH00429/MK

Scan QR Code for instructions

Specify Container Size **
Identify Container Preservative Type ***
Analysis Requested

Proj. Mgr.	AcctNum / Client ID:	Table #:	Profile / Template:	Presig / Bottle Ord. ID:	Sample Comment
					28 Bottles

Customer Remarks / Special Conditions / Possible Hazards:
Coolers: Thermometer ID: Correction Factor (C): Obs. Temp. (C): Corrected Temp. (C): [] On Ice
Trading Number:
Date/Time:
Delivered by: [] In-Person [] Courier
[] FedEx [] UPS [] Other
Page: 1000 of

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 **must be signed** 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.

LAB USE ONLY. Affix Workorder/Login Label Here

HH00429/MK



Scan QR Code for instructions

CHAIN-OF-CUSTODY Analytical Request Document

Chain-of-Custody is a LEGAL DOCUMENT - Complete all relevant fields

Pace® Location Requested (City/State):

Company Name: Immaculate Conception Catholic Church

Street Address: 3555 S. Fremont Ave, Springfield, MO 65804

Contact/Report To: Michael Baird

Phone #: 417-887-0600

E-Mail: maintenance@ic-parish.org

Cc E-Mail:

Invoice to: Janet Moentrish

Invoice E-mail: jmoentrish@ic-parish.org

Purchase Order # (if applicable):

Quote #: 00166323

County / State origin of sample(s):

Reportable Yes No

DW PWSID # or WW Permit # as applicable:

Field Filtered (if applicable): Yes No

Analysis:

Drinking Water Lead

Turb Check

Preservation non-conformance identified for sample:

Customer Project #:

Project Name: Drinking Water Lead

Site Collection Info/Facility ID (as applicable):

Time Zone Collected: AK PT MT CT ET

Data Deliverables:

Level II Level III Level IV

EQUIS

Other:

Regulatory Program (DW, RCRA, etc.) as applicable:

Rush (Pre-approval required):

Same Day 1 Day 2 Day 3 Day Other: _____

Date Results Requested:

* Matrix Codes (Insert in Matrix box below): Drinking Water (DW), Wastewater (WW), Product (P), Soil/Solid (SS), Oil (O), Wipe (WP), Tissue (TS), Boasay (B), Vapor (V), Surface Water (SW), Sediment (SED), Sludge (S), Caulk (C), Leachate (L), Biosolid (BS), Other (OT)

Customer Sample ID

Matrix*

Comp / Grab

Composite Start

Date

Time

Collected or Composite End

Date

Time

Cont.

Residual Chlorine

Result

Units

Immaculate Conception DW G

Cafeteria Water Fountain DW G

School Office Hall Fountain DW G

Gathering Area Left Fountain DW G

Gathering Area Right Fountain DW G

Community Room A Basin DW G

7/30/24 10:15

7/30/24 10:15

7/30/24 10:20

7/30/24 10:25

7/30/24 10:25

7/30/24 10:30

28 Bottles

Customer Remarks / Special Conditions / Possible Hazards:

Coolers: _____

Thermometer ID: _____

Correction Factor (%): _____

Obs. Temp. (°C): _____

Compared Temp. (°C): _____

[] Ion Ice

Tracking Number:

Date/Time:

Delivered by: [] In-Person [] Courier

[] FedEx [] UPS [] Other

Date: 8/1/24

Page: 1000 of

ENV-FRM-CORQ-0019_V02_11.01.23 ©

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 **must be signed** 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.