



**SCI ENGINEERING, INC.**

**EARTH • SCIENCE • SOLUTIONS**

GEOTECHNICAL  
ENVIRONMENTAL  
NATURAL RESOURCES  
CULTURAL RESOURCES  
CONSTRUCTION SERVICES

April 2, 2024

Michael Gegg  
Mehlville School District  
3120 Lemay Ferry Road  
St. Louis, Missouri 63125

RE: Lead in Drinking Water Report  
Pool Building  
3120 Lemay Ferry Road  
St. Louis, Missouri  
SCI No. 2016-0860.2T

Dear Michael Gegg:

## **INTRODUCTION**

SCI Engineering, Inc. (SCI) is pleased to submit this report summarizing lead in drinking water sampling activities performed on December 22, 2023. The purpose of the sampling activities was to screen for elevated levels of lead in the drinking water at potable water sources throughout the above-referenced structure.

The drinking water survey is intended to satisfy the requirements for the “Get the Lead Out of School Drinking Water Act” (GTLOSDWA), Section 160.077 administered by the Missouri Department of Health and Senior Services. Potable water sources to be tested were identified by the school district prior to SCI’s field activities.

## **LIMITATIONS**

SCI’s sampling activities were limited to locations identified by the school district. If any additional potable water sources need testing, please contact SCI, and we will make arrangements for sampling these fixtures. Potable water sources that were not sampled will need a sign placed near each fixture informing students and faculty it is not to be used as a drinking water source.

During the course of performing the drinking water sampling of the structure, the outdoor water fountains near the track were non-operational. If these fixtures are made operational, they should be sampled or labeled non-potable. SCI was able to sample all other locations identified by the school district.

## **DRINKING WATER SURVEY**

SCI collected “first draw” samples which consisted of collecting a water sample from each fixture or sample location after it remained stagnant for at least eight hours. Prior to sampling, SCI first mobilized to the site to flush the identified potable water fixtures throughout the structure. Once each fixture was flushed, a sign was placed on the fixture indicating it should not be used. SCI then revisited the site, after a minimum of eight hours, to collect water samples from the fixtures.

SCI collected 3 drinking water samples (POOL-1 through POOL-3) from various water fixtures located throughout the structure and submitted them for analytical testing. The drinking water samples were analyzed for total lead by U.S. EPA Method 200.8. SCI collected a minimum of 250 milliliters of water from each location. Sampled water was containerized in laboratory-provided sample containers and shipped to the lab using standard chain-of-custody procedures. A figure depicting the locations of the sampled water fixtures is enclosed.

The drinking water samples were analyzed for lead in accordance with the GTLOSDWA, Section 160.077, which establishes an action level (AL) of 5 parts per billion (ppb). The drinking water samples which exceeded the AL are identified in Table 1, below. A copy of the analytical test results and chain-of-custody for all samples is enclosed.

**Table 1 – Lead in Drinking Water Results**

Sample Number	Sample Location	Sample Description	Result (ppb)
POOL-1	Outside, South Side of Building	Water Spigot	7.7
POOL-2	Outside, East Side of Building	Water Spigot	44.1

## CONCLUSION AND RECOMMENDATIONS

As can be seen in Table 1, above, two drinking water samples exceeded the AL. SCI recommends any fixture which exceeds the AL be taken out of service until remediated and follow up testing indicates results less than the AL. Alternatively, if a water fixture is determined not to be a potable drinking water source, signage may be installed indicating the purpose and/or restrictions of the fixture.

According to GTLOSDWA, any water fixtures which exceed the AL shall be remediated prior to August 1, 2024, or the first day on which students will be present in the building, whichever is later. Any replacement fixture shall be lead free, as defined in 40 CFR 143.12.

## REPORTING

Within seven business days after receiving this report, the school district shall contact parents and staff via written notification which shall include the following:

- The test results and a summary that explains such results;
- A description of any remedial steps taken;
- A description of general health effects of lead contamination and community specific resources; and
- If there is not enough water to meet the drinking water needs of the students, teachers and staff, bottled water shall be provided.

Additionally, within two weeks of receiving this report, the results and any lead remediation plans must be made available on the school's website.

This report, and subsequent annual testing reports, must be submitted to the Missouri Department of Health and Senior Services, Healthy Drinking Water Unit, PO Box 570, Jefferson City, MO 65102-0570.

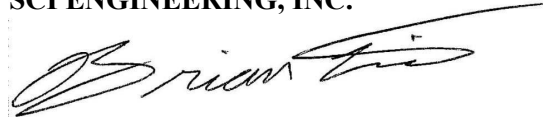
### **FUTURE TESTING**

After the fixtures identified in Table 1, above, have been remediated, at least 25 percent of the remediated fixtures must be sampled annually until all remediated sources have been tested. However, SCI recommends all fixtures be tested once they have been remediated. Once all fixtures have been tested and are below the action level, the school shall test the potable drinking water fixtures once every five years.

SCI appreciates the opportunity to be of service to you on this project, and we look forward to working with you in the future. Please contact us if you have any questions or comments regarding the information provided.

Respectfully,

**SCI ENGINEERING, INC.**



Brian L. Lieb  
Project Scientist



Jessica B. Keeven, CHMM  
Senior Scientist

BLL/JBK/rah

Enclosure

Lead Drinking Water Sampling Plan  
Lead Testing Results



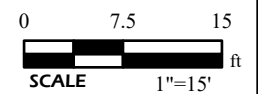
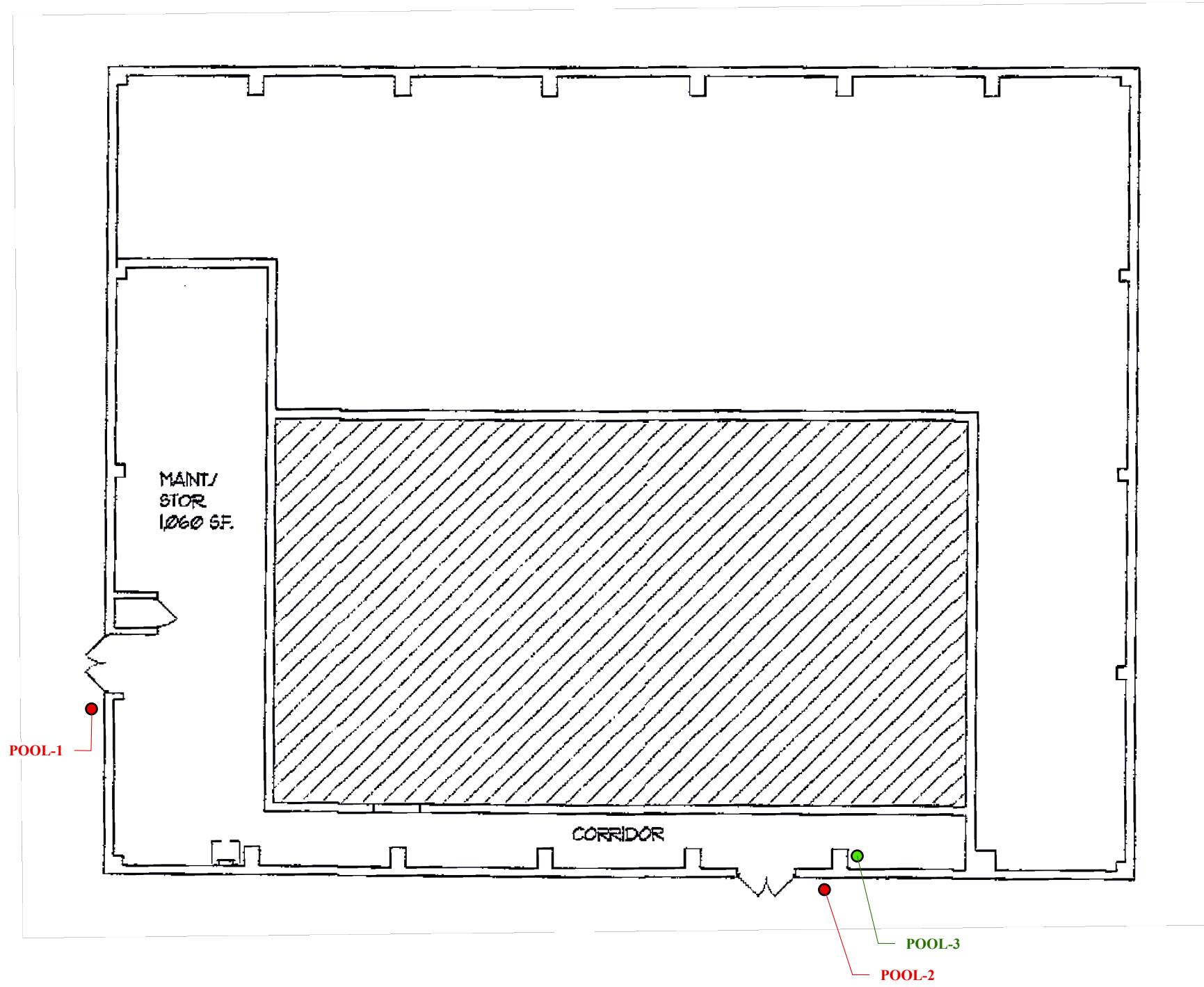
**GENERAL NOTES/LEGEND**  
● RESULTS GREATER THAN THE ACTION LEVEL OF 5 PARTS PER BILLION  
● RESULTS LESS THAN THE ACTION LEVEL OF 5 PARTS PER BILLION  
FLOOR PLANS PROVIDED BY MEHLVILLE SCHOOL DISTRICT. DIMENSIONS AND LOCATIONS ARE APPROXIMATE; ACTUAL MAY VARY. DRAWING SHALL NOT BE USED OUTSIDE THE CONTEXT OF THE REPORT FOR WHICH IT WAS GENERATED.

**PROJECT NAME**  
MEHLVILLE SCHOOL DISTRICT  
POOL BUILDING  
ST. LOUIS, MISSOURI

**LEAD DRINKING WATER SAMPLING PLAN**



**JOB NUMBER**  
2016-0860.2T  
**FIGURE DATE**  
03/07/2024  
**DRAWN BY**  
JTM  
**CHECKED BY**  
BLL  
**FIGURE**  
1





Pace Analytical Services, LLC

2231 W. Altorfer Drive

Peoria, IL 61615

(800)752-6651

January 29, 2024

Glenn Grissom  
SCI Engineering  
130 Point W. Blvd.  
St. Chariles, MO 63301

RE: 2016-0860.2T - MHS POOL

Dear Glenn Grissom:

Please find enclosed the analytical results for the **3** sample(s) the laboratory received on **1/2/24 3:38 pm** and logged in under work order **HA00092**. 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](mailto: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](mailto:Chenise.Lambert-Sykes@pacelabs.com)



**SAMPLE RECEIPT CHECK LIST**

Items not applicable will be marked as in compliance

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Work Order    HA00092

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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
NO	Short hold time analysis
YES	Current PDC COC submitted
NO	Case narrative provided



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

**Case Narrative**

The drinking water lead analysis was performed at Pace-Ormond Beach, FL. Please refer to the subcontract section of the report for details.

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**ANALYTICAL RESULTS**

**Sample:  
Name:**

**Sampled:  
Received:**

**Reg ID:**

**PO #:**

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Parameter	Result	Unit	Qualifier	Prepared	Dilution	MRL	Analyzed	Analyst	Method
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**QC SAMPLE RESULTS**

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Parameter	Result	Unit	Qual	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit
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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



January 08, 2024

Chenise Lambert-Sykes  
Pace Analytical Services, Inc - IL/MO  
944 Anglum Road  
Hazelwood, MO 63042

RE: Project: HA00092  
Pace Project No.: 35851600

Dear Chenise Lambert-Sykes:

Enclosed are the analytical results for sample(s) received by the laboratory on January 04, 2024. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Ormond Beach

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Brad Smith  
brad.smith@pacelabs.com  
(386) 672-5668  
Project Manager

Enclosures



## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
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### CERTIFICATIONS

Project: HA00092

Pace Project No.: 35851600

#### Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174

Alaska DEC- CS/UST/LUST

Alabama Certification #: 41320

California Certification# 3096

Colorado Certification: FL NELAC Reciprocity

Connecticut Certification #: PH-0216

Delaware Certification: FL NELAC Reciprocity

DoD-ANAB #:ADE-3199

Florida Certification #: E83079

Georgia Certification #: 955

Guam Certification: FL NELAC Reciprocity

Hawaii Certification: FL NELAC Reciprocity

Illinois Certification #: 200068

Indiana Certification: FL NELAC Reciprocity

Kansas Certification #: E-10383

Kentucky Certification #: 90050

Louisiana Certification #: FL NELAC Reciprocity

Louisiana Environmental Certificate #: 05007

Maine Certification #: FL01264

Maryland Certification: #346

Massachusetts Certification #: M-FL1264

Michigan Certification #: 9911

Mississippi Certification: FL NELAC Reciprocity

Missouri Certification #: 236

Montana Certification #: Cert 0074

Nebraska Certification: NE-OS-28-14

New Hampshire Certification #: 2958

New Jersey Certification #: FL022

New York Certification #: 11608

North Carolina Environmental Certificate #: 667

North Carolina Certification #: 12710

North Dakota Certification #: R-216

Ohio DEP 87780

Oklahoma Certification #: D9947

Pennsylvania Certification #: 68-00547

Puerto Rico Certification #: FL01264

South Carolina Certification: #96042001

Tennessee Certification #: TN02974

Texas Certification: FL NELAC Reciprocity

US Virgin Islands Certification: FL NELAC Reciprocity

Virginia Environmental Certification #: 460165

West Virginia Certification #: 9962C

Wisconsin Certification #: 399079670

Wyoming (EPA Region 8): FL NELAC Reciprocity

### REPORT OF LABORATORY ANALYSIS

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### SAMPLE ANALYTE COUNT

Project: HA00092  
Pace Project No.: 35851600

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
35851600001	HA00092-01	EPA 200.8	BSL	1	PASI-O
35851600002	HA00092-02	EPA 200.8	BSL	1	PASI-O
35851600003	HA00092-03	EPA 200.8	BSL	1	PASI-O

PASI-O = Pace Analytical Services - Ormond Beach

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### ANALYTICAL RESULTS

Project: HA00092

Pace Project No.: 35851600

Sample: HA00092-01		Lab ID: 35851600001	Collected: 12/22/23 22:18	Received: 01/04/24 10:25	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>200.8 MET ICPMS Drinking Water</b>		Analytical Method: EPA 200.8 Pace Analytical Services - Ormond Beach						
Lead	7.7	ug/L	1.0	1		01/07/24 19:34	7439-92-1	

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### ANALYTICAL RESULTS

Project: HA00092

Pace Project No.: 35851600

Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>Sample: HA00092-02</b>								
<b>Lab ID: 35851600002</b>								
Collected: 12/22/23 22:21 Received: 01/04/24 10:25 Matrix: Drinking Water								
<b>200.8 MET ICPMS Drinking Water</b>	Analytical Method: EPA 200.8 Pace Analytical Services - Ormond Beach							
Lead	<b>44.1</b>	ug/L	1.0	1		01/07/24 19:44	7439-92-1	

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### ANALYTICAL RESULTS

Project: HA00092

Pace Project No.: 35851600

Sample: HA00092-03		Lab ID: 35851600003	Collected: 12/22/23 22:24	Received: 01/04/24 10:25	Matrix: Drinking Water			
Parameters	Results	Units	Report Limit	DF	Prepared	Analyzed	CAS No.	Qual
<b>200.8 MET ICPMS Drinking Water</b>		Analytical Method: EPA 200.8 Pace Analytical Services - Ormond Beach						
Lead	ND	ug/L	1.0	1		01/07/24 19:48	7439-92-1	

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**QUALITY CONTROL DATA**

Project: HA00092

Pace Project No.: 35851600

QC Batch: 978682

Analysis Method: EPA 200.8

QC Batch Method: EPA 200.8

Analysis Description: 200.8 MET No Prep Drinking Water

Laboratory: Pace Analytical Services - Ormond Beach

Associated Lab Samples: 35851600001

METHOD BLANK: 5384605

Matrix: Water

Associated Lab Samples: 35851600001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Lead	ug/L	ND	1.0	01/07/24 19:41	

LABORATORY CONTROL SAMPLE: 5384606

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Lead	ug/L	50	50.5	101	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 5384601 5384602

Parameter	Units	35851591001		5384602		MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
		MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result					
Lead	ug/L	ND	50	50	49.4	49.0	99	98	70-130	1

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 5384603 5384604

Parameter	Units	35851600001		5384604		MS % Rec	MSD % Rec	% Rec Limits	RPD	Qual
		MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result					
Lead	ug/L	7.7	50	50	57.3	56.6	99	98	70-130	1

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

**REPORT OF LABORATORY ANALYSIS**

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**QUALITY CONTROL DATA**

Project: HA00092

Pace Project No.: 35851600

QC Batch: 978683

Analysis Method: EPA 200.8

QC Batch Method: EPA 200.8

Analysis Description: 200.8 MET No Prep Drinking Water

Laboratory: Pace Analytical Services - Ormond Beach

Associated Lab Samples: 35851600002, 35851600003

METHOD BLANK: 5384611

Matrix: Water

Associated Lab Samples: 35851600002, 35851600003

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Lead	ug/L	ND	1.0	01/07/24 20:24	

LABORATORY CONTROL SAMPLE: 5384612

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Lead	ug/L	50	50.8	102	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 5384607 5384608

Parameter	Units	35851600002		5384607		5384608		% Rec Limits	RPD	Qual
		MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec			
Lead	ug/L	44.1	50	50	92.8	92.9	98	98	70-130	0

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 5384609 5384610

Parameter	Units	35851625018		5384609		5384610		% Rec Limits	RPD	Qual
		MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec			
Lead	ug/L	ND	50	50	51.7	51.0	102	101	70-130	1

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

**REPORT OF LABORATORY ANALYSIS**

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## QUALIFIERS

Project: HA00092

Pace Project No.: 35851600

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Reported results are not rounded until the final step prior to reporting. Therefore, calculated parameters that are typically reported as "Total" may vary slightly from the sum of the reported component parameters.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

## REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: HA00092  
Pace Project No.: 35851600

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35851600001	HA00092-01	EPA 200.8	978682		
35851600002	HA00092-02	EPA 200.8	978683		
35851600003	HA00092-03	EPA 200.8	978683		

### REPORT OF LABORATORY ANALYSIS

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**SUBCONTRACT ORDER**  
**Transfer Chain of Custody**  
**Pace Analytical Services, LLC**  
**HA00092**

**WO# : 35851600**



35851600

**SENDING LABORATORY**

PDC Laboratories, Inc.  
 2231 W Altorfer Dr  
 Peoria, IL 61615  
 (800) 752-6651

**RECEIVING LABORATORY**

Pace Analytical - Ormond Beach  
 8 East Tower Circle  
 Ormond Beach, FL 32174  
 (386) 676-4842

**Sample: HA00092-01**  
**Name: POOL - 1**

**Sampled: 12/22/23 21:18**  
**Matrix: Drinking Water**  
**Preservative: HNO<sub>3</sub>, pH <2**

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	01/15/24 16:00	06/19/24 21:18	
01-Pb 200.8 DW Schools	01/15/24 16:00	06/19/24 21:18	

**Sample: HA00092-02**  
**Name: POOL - 2**

**Sampled: 12/22/23 21:21**  
**Matrix: Drinking Water**  
**Preservative: HNO<sub>3</sub>, pH <2**

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	01/15/24 16:00	06/19/24 21:21	
01-Pb 200.8 DW Schools	01/15/24 16:00	06/19/24 21:21	

**Sample: HA00092-03**  
**Name: POOL - 3**

**Sampled: 12/22/23 21:24**  
**Matrix: Drinking Water**  
**Preservative: HNO<sub>3</sub>, pH <2**

Analysis	Due	Expires	Comments
01-Pb 200.8 DW Schools	01/15/24 16:00	06/19/24 21:24	
01-Pb 200.8 DW Schools	01/15/24 16:00	06/19/24 21:24	

**SUBCONTRACT ORDER**  
**Transfer Chain of Custody**  
**Pace Analytical Services, LLC**  
**HA00092**

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**Please email results to Chenise Lambert-Sykes at [Chenise.Lambert-Sykes@pacelabs.com](mailto:Chenise.Lambert-Sykes@pacelabs.com)**

Date Shipped: 1/3/24      Total # of Containers: 3      Sample Origin (State): \_\_\_\_\_      PO #: \_\_\_\_\_  
Turn-Around Time Requested  NORMAL     RUSH      Date Results Needed: 1/14/24

<u><i>Juliah</i></u>	<u>1/3/24 1438</u>	<u>ZAS/pace</u>	<u>1/14/24/025</u>	Sample Temperature Upon Receipt _____ °C
Relinquished By	Date/Time	Received By	Date/Time	Sample(s) Received on Ice      Y or N
				Proper Bottles Received in Good Condition      Y or N
				Bottles Filled with Adequate Volume      Y or N
				Samples Received Within Hold Time      Y or N
Relinquished By	Date/Time	Received By	Date/Time	Date/Time Taken From Sample Bottle      Y or N

Sample Condition Upon Receipt Form (SCUR)

Pace

Project #  
Project Manager:  
Client:

WO#: 35851600

PM: BTS Due Date: 01/11/24  
CLIENT: PACHAZ

Date and Initials of person:

Examining contents:

Label:

Deliver: NPI/TST

pH:

Initials: ZRB

Thermometer Used: T-409

Date: 1/4/24

Time: 1027

State of Origin:			<input type="checkbox"/> For WV projects, all containers verified to $\pm 0.1^\circ\text{C}$
Cooler #1 Temp. $^\circ\text{C}$	13.7 (Visual)	-0.1 (Correction Factor)	13.6 (Actual)
Cooler #2 Temp. $^\circ\text{C}$	13.5 (Visual)	(Correction Factor)	13.4 (Actual)
Cooler #3 Temp. $^\circ\text{C}$	14.8 (Visual)	(Correction Factor)	14.7 (Actual)
Cooler #4 Temp. $^\circ\text{C}$	15.3 (Visual)	(Correction Factor)	15.2 (Actual)
Cooler #5 Temp. $^\circ\text{C}$	16.0 (Visual)	(Correction Factor)	15.9 (Actual)
Cooler #6 Temp. $^\circ\text{C}$	15.7 (Visual)	(Correction Factor)	15.6 (Actual)
Recheck for OOT $^\circ\text{C}$	14.4 (Visual)	(Correction Factor)	14.3 (Actual)

- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other:  
 Shipping Method:  Standard Overnight  First Overnight  Priority Overnight  Ground  International Priority  
 Billing:  Recipient  Sender  Third Party  Credit Card  Unknown

Tracking # 700378109884

Custody Seal Present:  Yes  No Seal properly placed and intact:  Yes  No

Packing Material:  Bubble Wrap  Bubble Bags  None  Other:

Ice:  Wet  Blue  Dry  None  Melted

Samples shorted to lab:  Yes  No (If yes, complete the following)  
Shorted Date:

Bottle Quantity / Type:

Shorted Time:

Chain of Custody:	Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   Filled Out: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampler Name: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Samples Arrived within Hold Time	Relinquished To Pace: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampling Date(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampling Time(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Rush Turnaround Requested on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:
Sample Labels Match COC (Sample ID, Date/Time of Collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:
Containers needing acid / base preservation have been checked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:
Containers needing preservation are found to be in compliance with recommendation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exceptions: Vials, Microbiology, O&G, PFAS	
Headspace in Volatile Vials? (>6mm):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Blank Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments / Resolutions (use back for additional comments):	

Preservation Information	
Preservative: _____	Date: _____
Lot / Trace: _____	Time: _____
Amount added (mL): _____	Initials: _____



### Sample Condition Upon Receipt Form (SCUR)

**Project #**  
**Project Manager:**  
**Client:**

1025

Date and Initials of person:

Examining contents: \_\_\_\_\_

Label: \_\_\_\_\_

Deliver: NA

pH: \_\_\_\_\_

Initials: ZAB

Thermometer Used: T-409

Date: 1/14/24

Time: 1027

State of Origin: \_\_\_\_\_  For WV projects, all containers verified to ≤6 °C

Cooler #1 Temp. °C	<u>16.4</u> (Visual)	<u>-0.1</u> (Correction Factor)	<u>16.3</u> (Actual)
Cooler #2 Temp. °C	<u>17.2</u> (Visual)		<u>17.1</u> (Actual)
Cooler #3 Temp. °C	<u>15.6</u> (Visual)		<u>15.5</u> (Actual)
Cooler #4 Temp. °C	<u>14.5</u> (Visual)		<u>14.4</u> (Actual)
Cooler #5 Temp. °C	<u>15.8</u> (Visual)		<u>15.7</u> (Actual)
Cooler #6 Temp. °C	<u>16.3</u> (Visual)		<u>16.2</u> (Actual)

- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.

Recheck for OOT °C \_\_\_\_\_ (Visual) \_\_\_\_\_ (Correction Factor) \_\_\_\_\_ (Actual)

Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other:

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

Billing:  Recipient  Sender  Third Party  Credit Card  Unknown

Tracking # \_\_\_\_\_

Custody Seal Present:  Yes  No Seal properly placed and intact:  Yes  No

Ice:  Wet  Blue  Dry  None  Melted

Packing Material:  Bubble Wrap  Bubble Bags  None  Other:

Samples shorted to lab:  Yes  No (if yes, complete the following)

Shorted Date: \_\_\_\_\_

Shorted Time: \_\_\_\_\_

Bottle Quantity / Type: \_\_\_\_\_

Chain of Custody:	Present: <input type="checkbox"/> Yes <input type="checkbox"/> No   Filled Out: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampler Name: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Relinquished To Pace: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampling Date(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampling Time(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Samples Arrived within Hold Time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments: _____
Rush Turnaround Requested on COC.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments: _____
Sufficient Volume.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments: _____
Correct Containers Used.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments: _____
Containers Intact.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments: _____
Sample Labels Match COC (Sample ID, Date/Time of Collection).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments: _____
All containers needing acid / base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
All containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exceptions: Vials, Microbiology, O&G, PFAS	
Headspace in Volatile 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

**Preservation Information**

Preservative: \_\_\_\_\_ Date: \_\_\_\_\_

Lot / Trace: \_\_\_\_\_ Time: \_\_\_\_\_

Amount added (mL): \_\_\_\_\_ Initials: \_\_\_\_\_

Comments / Resolutions (use back for additional comments):



Sample Condition Upon Receipt Form (SCUR)



Project #  
Project Manager:  
Client:

**WO#: 35851600**  
PM: BTS Due Date: 01/11/24  
CLIENT: PACHAZ

Date and Initials of person: \_\_\_\_\_  
Examining contents: \_\_\_\_\_  
Label: \_\_\_\_\_  
Deliver: NDI  
pH: \_\_\_\_\_  
Initials: ZAB

Thermometer Used: J-409

Date: 1/14/24 Time: 1027

State of Origin: \_\_\_\_\_  For WV projects, all containers verified to  $\pm 6^\circ\text{C}$

Cooler #1 Temp. °C	<u>14.9</u> (Visual)	<u>-0.1</u> (Correction Factor)	<u>14.8</u> (Actual)
Cooler #2 Temp. °C	<u>15.9</u> (Visual)		<u>15.8</u> (Actual)
Cooler #3 Temp. °C	<u>13.7</u> (Visual)		<u>13.6</u> (Actual)
Cooler #4 Temp. °C	<u>14.2</u> (Visual)		<u>14.1</u> (Actual)
Cooler #5 Temp. °C	<u>14.8</u> (Visual)		<u>14.7</u> (Actual)
Cooler #6 Temp. °C	<u>15.1</u> (Visual)		<u>15.0</u> (Actual)
Recheck for OOT °C	<u>16.2</u> (Visual)		<u>16.1</u> (Actual)

- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.
- Samples on ice, cooling process has begun.

Courier:  Fed Ex  UPS  USPS  Client  Commercial  Pace  Other:

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

Billing:  Recipient  Sender  Third Party  Credit Card  Unknown

Tracking # \_\_\_\_\_

Custody Seal Present:  Yes  No Seal properly placed and intact:  Yes  No

Ice:  Wet  Blue  Dry  None  Melted

Packing Material:  Bubble Wrap  Bubble Bags  None  Other:

Samples shorted to lab:  Yes  No (If yes, complete the following)

Shorted Date: \_\_\_\_\_

Bottle Quantity / Type: \_\_\_\_\_

Shorted Time: \_\_\_\_\_

Chain of Custody:	Present: <input type="checkbox"/> Yes <input type="checkbox"/> No   Filled Out: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampler Name: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
	Relinquished To Pace: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampling Date(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Sampling Time(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
Samples Arrived within Hold Time.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:								
Rush Turnaround Requested on COC	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:								
Sufficient Volume.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:								
Correct Containers Used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:								
Containers Intact	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:								
Sample Labels Match COC (Sample ID, Date/Time of Collection).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   Comments:								
All containers needing acid / base preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
All containers needing preservation are found to be in compliance with EPA recommendation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A								
Exceptions: Vials, Microbiology, O&G, PFAS									
Headspace in Volatile 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								
<table border="1"> <tr> <th colspan="2">Preservation Information</th> </tr> <tr> <td>Preservative: _____</td> <td>Date: _____</td> </tr> <tr> <td>Lot / Trace: _____</td> <td>Time: _____</td> </tr> <tr> <td>Amount added (mL): _____</td> <td>Initials: _____</td> </tr> </table>		Preservation Information		Preservative: _____	Date: _____	Lot / Trace: _____	Time: _____	Amount added (mL): _____	Initials: _____
Preservation Information									
Preservative: _____	Date: _____								
Lot / Trace: _____	Time: _____								
Amount added (mL): _____	Initials: _____								

Comments / Resolutions (use back for additional comments):



REGULATORY PROGRAM (CIRCLE):	NPDES
MORBCA	RCRA
CCDD	TACO: RES OR IND/COMM

ALL HIGHLIGHTED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

<b>1</b> CLIENT SCI Engineering		PROJECT NUMBER 2016-0860-2T		PROJECT LOCATION MHS-Pool		PURCHASE ORDER #		<b>3</b> ANALYSIS REQUESTED				<b>4</b> (FOR LAB USE ONLY)							
ADDRESS 130 Point West Blvd		PHONE NUMBER (314) 581-7570		E-MAIL ggrissom@sciengineering.com		DATE SHIPPED		<input checked="" type="checkbox"/> DW Pb <input checked="" type="checkbox"/> Turb Check				LOGIN # <u>HA00092</u> LOGGED BY: <u>SM</u> CLIENT: SCI Engineering PROJECT: Drinking Water Lead PROJ. MGR.: Chenise Lambert-Sykes CUSTODY SEAL #:							
CITY STATE ZIP St. Charles, MO 63301		SAMPLER (PLEASE PRINT) Dan Vielweber		SAMPLER'S SIGNATURE <i>[Signature]</i>		MATRIX TYPES: WW-WASTEWATER DW-DRINKING WATER GW-GROUND WATER WWSL-SLUDGE NAS-NON AQUEOUS SOLID LCHT-LEACHATE OIL-OIL SO-SOIL SOL-SOLID						REMARKS							
<b>2</b> SAMPLE DESCRIPTION (UNIQUE DESCRIPTION AS IT WILL APPEAR ON THE ANALYTICAL REPORT)		DATE COLLECTED	TIME COLLECTED	SAMPLE TYPE GRAB COMP	MATRIX TYPE	BOTTLE COUNT	PRES CODE CLIENT PROVIDED												
POOL-1		12-22-23	2118	X	DW	1	6												
POOL-2		1	2121	X	↓	↓	↓												
POOL-3			2124	X	↓	↓	↓												
CHEMICAL PRESERVATION CODES: 1-HCL 2-H2SO4 3-HNO3 4-NAOH 5-NA2S2O3 6-UNPRESERVED 7-OTHER												<b>5</b> TURNAROUND TIME REQUESTED (PLEASE CIRCLE) <u>NORMAL</u> RUSH RUSH RESULTS VIA (PLEASE CIRCLE) EMAIL PHONE EMAIL IF DIFFERENT FROM ABOVE: PHONE # IF DIFFERENT FROM ABOVE:		DATE RESULTS NEEDED		<b>6</b> I understand that by initialing this box I give the lab permission to proceed with analysis, even though it may not meet all sample conformance requirements as defined in the receiving facility's Sample Acceptance Policy and the data will be qualified. Qualified data may NOT be acceptable to report to all regulatory authorities. PROCEED WITH ANALYSIS AND QUALIFY RESULTS: (INITIALS)			
<b>7</b> RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i>		DATE 12-29-23	TIME 1520	RECEIVED BY: (SIGNATURE) <i>[Signature]</i>		DATE 12/29/23	TIME 1640	<b>8</b> COMMENTS: (FOR LAB USE ONLY)											
RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i>		DATE 1/2/24	TIME 8:05	RECEIVED BY: (SIGNATURE) <i>[Signature]</i>		DATE 1-2-24	TIME 1020	SAMPLE TEMPERATURE UPON RECEIPT <u>IR 5</u> <span style="border: 1px solid black; padding: 2px;">22.4</span> °C											
RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i>		DATE 1-2-24	TIME 1535	RECEIVED BY: (SIGNATURE) <i>[Signature]</i>		DATE 1/2/24	TIME 1538	CHILL PROCESS STARTED PRIOR TO RECEIPT Y OR N SAMPLE(S) RECEIVED ON ICE Y OR N SAMPLE ACCEPTANCE NONCONFORMANT REPORT IS NEEDED Y OR N DATE AND TIME TAKEN FROM SAMPLE											

1 **CLIENT:** Client's company name  
**ADDRESS:** Client's mailing address  
**CITY, STATE, ZIP:** Client's city, state and zip code for mailing  
**CONTACT PERSON:** Person to receive results  
**PROJECT NUMBER:** Client's reference to the project or work involved with these samples.  
**PROJECT LOCATION:** Client's location of project  
**PURCHASE ORDER NUMBER:** Client's invoicing information  
**PHONE NUMBER:** Client's contact phone number  
**E-MAIL:** Client's e-mail for correspondence and final report  
**DATE SHIPPED:** Month, date and year samples were shipped or delivered to the lab  
**SAMPLER:** Printed name of sample collector  
**SAMPLER'S SIGNATURE:** Signature of sample collector  
**REGULATORY PROGRAM:** Circle regulatory program if applicable.  
**STATE WHERE SAMPLES COLLECTED:** Enter the state if different from client address

2 **SAMPLE DESCRIPTION:** The unique sample description you want to appear on the analytical report  
**DATE COLLECTED:** Date sample was collected. For composite samples, this is typically the date when the last aliquot was added.  
**TIME COLLECTED:** Time sample was collected. For composite samples, this is typically the time when the last aliquot was added.  
**SAMPLE TYPE:** Place a check mark in the box marked "GRAB" if the sample was collected at one time from one specific location. Place a check mark in the box marked "COMP" if the sample is a composite of samples collected at one or more times or locations and combined to make one sample.  
**MATRIX TYPE:** From field above. If "OTHER" please identify  
**BOTLE COUNT:** Total number of containers submitted for the samples  
**PRESERVATION CODE:** Indicate bottle preservative using the codes on the front of the COC for non-PACE bottles, provided by the client.

3 **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.  
**REMARKS:** List special instructions about the sample here. 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.

4 To be completed by laboratory personnel.

5 **TURNAROUND TIME REQUESTED:** Circle "NORMAL" if you want routine 10 working day TAT. If faster results are needed circle "RUSH", indicated the due date requested, and, if possible, call the lab in advance to schedule this work. Surcharges may apply for non-routine turnaround times.  
**RUSH RESULTS VIA:** Choose method by which you would like to receive the RUSH results by circling either "PHONE" or E-MAIL". List the appropriate number/e-mail if different from that listed in section 1.

6 Place your initials on the line to give the lab permission to proceed with analysis without calling you regarding a sample nonconformance. If the sample does not meet the Sample Acceptance Policy requirements then the appropriate case narrative and/or data qualifiers will be added to the corresponding analysis and may not be acceptable to use for regulatory purposes. Contact your project manager for further information or to obtain a copy of the Sample Acceptance Policy.

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, and
- No headspace in volatile water samples

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

**BOX 6 CANNOT BE USED FOR DRINKING WATER COMPLIANCE SAMPLES.**

7 **RELINQUISHED BY/RECEIVED BY:** This form must be signed each time the sample(s) changes hands. Chain-of-Custody seals are available upon request if needed.

8 To be completed by laboratory personnel.

**Sample Acceptance Policy – Receiving facility's specific policy available from your project manager.**

**SERVING YOU IN THE FOLLOWING LOCATIONS**

2231 W Altorfer Dr  
 Peoria, IL 61615  
 309-692-9688

944 Anglum Road  
 Hazelwood, MO 63042  
 314-432-0550

1805 W Sunset St.  
 Springfield, MO 65807  
 417-964-8924

4314-A Crystal Lake Rd  
 McHenry, IL 60050  
 815-344-4044

Thank you for using Pace Analytical Services, LLC  
 Please call 800-752-6651 if you have any questions about completing this form.