
Pace Analytical Services, LLC-Fairfield
1275 Bloomfield Ave, Ste 37D, Fairfield, NJ 07004
(P) (973) 227-0422 - www.pacelabs.com

CERTIFICATE OF ANALYSIS

One-Time Account FDNJ
Paterson Day Care 100
363 Broadway
Paterson, NJ 07501

Project Name and Number: **Paterson Day Care 100 - Lead & Copper Water Test**
Workorder: **26B1819**
Purchase Order:

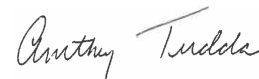
March 10, 2026

This report relates only to the sample(s) as received by the laboratory on February 26, 2026. Laboratory reports may not be reproduced, except in full, without the written approval of the laboratory.

The issuance of the final Certificate of Analysis takes precedence over any previous Preliminary Report. Caution is advised for the utilization of preliminary data included in reports labeled as "Preliminary Report" and should not be used for regulatory purposes. A laboratory signature is provided on final reports only.

If you have any questions in reference to this laboratory report, please contact your Pace Analytical Services, LLC-Fairfield project coordinator.

Note: This cover page is included as part of the Analytical Report and must be retained as a permanent record thereof.



Tony Tudda, Client Services Manager

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Lab ID: 26B1819-03
Sample ID: Kitchen

Matrix: Drinking Water

Date Collected: 02/26/2026 07:25

Date Received: 02/26/2026 11:27

Total Metals - PAS - Fairfield, NJ

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Copper	0.0434		mg/L	0.00220	0.00600	EPA 200.8	02/27/2026 15:19	02/27/2026 15:19	1
Lead	0.00262		mg/L	0.000492	0.00200	EPA 200.8	02/27/2026 15:19	02/27/2026 15:19	1

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Qualifiers

U Compound not detected

Abbreviations

DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the Reporting Detection Limit (RDL)
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
<	Less than reporting limit
≤	Less than or equal to reporting limit
>	Greater than reporting limit
≥	Greater than or equal to reporting limit
MDL	Method Detection Limit
RDL	Reporting Detection Limit
MCL/AL	Maximum Contaminant Level/Action Level
mg/kg wet	Results reported as wet weight
TTLC	Total Threshold Limit Concentration
STLC	Soluble Threshold Limit Concentration
TCLP	Toxicity Characteristic Leachate Procedure

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Laboratory Certification List for this report.

Laboratory	Certification			CT
	NJ	NY	PA	
Pace Analytical Services, LLC Ewing 812 Silvia Street Ewing, NJ 08628	11005	12046	68-05417	
Pace Analytical Services, LLC-Fairfield 1275 Bloomfield Ave, Ste 37D Fairfield, NJ 07004	07010	11634	68-02903	



Pace® Location Requested (City/State):

CHAIN-OF-CUSTODY Analytical Request Document

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

LA



26B1819

One-Time Account FDNJ Paterson Day Care 100 - Lead & Copper Wa



Company Name: Paterson Day Care 100
 Street Address:
 363 Broadway Paterson NJ 07501

Customer Project #: 363-369
 Project Name: Lead & Copper Water Test

Site Collection Info/Facility ID (as applicable):
Restrooms and kitchen

Contact/Report To: Zig McCoy
 Phone #: 9739555930
 E-Mail: zig@pdc100.org
 Cc E-Mail:

Invoice To: Zig McCoy
 Invoice E-Mail: Zig@pdc100.org
 Purchase Order # (if applicable):
 Quote #:

County / State origin of sample(s): Passaic / New Jersey

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: Reportable [] Yes No

Rush (Pre-approval required): [] Same Day [] 1 Day [] 2 Day [] 3 Day [] Other _____

Date Results Requested: _____

Field Filtered (if applicable): [] Yes No

Analysis: _____

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

Specify Container Size **

Identify Container Preservative Type ***

Analysis Requested

**Container Size: (1) 1L, (2) 500mL, (3) 250mL, (4) 125mL, (5) 100mL, (6) 40mL vial, (7) EnCore, (8) TerraCore, (9) 90mL, (10) Other

*** Preservative Types: (1) None, (2) HNO3, (3) H2SO4, (4) HCl, (5) NaOH, (6) Zn Acetate, (7) NaHSO4, (8) Sod. Thiosulfate, (9) Ascorbic Acid, (10) MeOH, (11) Other

Lead & Copper

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

Preservation non-conformance identified for sample.

Customer Sample ID	Matrix *	Comp / Grab	Composite Start		Collected or Composite End		# Cont.	Res. Chlorine		X																																										
			Date	Time	Date	Time		Results	Units																																											
1499 Boys Toilet Bldg #1 1st Floor	GW		2/26/2026	7:19 AM						X																																										
Girls Toilet Bldg #1 2nd Floor	GW		2/26/2026	7:23 AM						X																																										
Kitchen	GW		2/26/2026	7:25 AM						X																																										
Girls Toilet Bldg # 2 2nd Floor	GW		2/26/2026	7:28 AM						X																																										
Boys Toilet Bldg #2 1st Floor	GW		2/26/2026	7:31 AM						X																																										

Additional Instructions from Pace®:

Collected By: (Printed Name) Zig McCoy
 Signature: Zig McCoy

Customer Remarks / Special Conditions / Possible Hazards:

Coolers: 70262 TWC Thermometer ID: Correction Factor (°C): Obs. Temp. (°C) 19.1 Corrected Temp. (°C) 19.7 On Ice:

Relinquished by/Company: (Signature) <i>[Signature]</i>	Date/Time: 2-26-2026 11:27 AM	Received by/Company: (Signature) _____	Date/Time: 2/26/2026 11:27	Tracking Number:
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	Delivered by: [] In-Person [] Courier
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	[] FedEx [] UPS [] Other
Relinquished by/Company: (Signature)	Date/Time:	Received by/Company: (Signature)	Date/Time:	Page: of

26B1819



Sample Condition Upon Receipt Form (SCUR)

Affix Sample Label Here

Date and Initials of person:
 Examining contents: ms
 Label: ms
 Deliver to location: _____
 pH: ms

Thermometer Used: 20mm2 Date: 2/26/20 Time: 1127 Initials: ms

State of Origin: ms

Cooler #1 Temp.:C 19.1 (Misal) 10.0 (Correction Factor) 19.7 (Actual) Samples on ice, cooling process has begun

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____
 Shipping Method: First Overnight Priority Overnight Standard Overnight Ground

Tracking # _____

Custody Seal on Cooler/Box Present: Yes No Seals intact: Yes No Ice: Wet Blue Melted None

Packing Material: Bubble Wrap Bubble Bags None Other _____
 Samples were collected by Pace employee Yes No N/A

Comments:

Chain of Custody Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Chain of Custody Filled Out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Relinquished Signature on COC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sampler Name and Signature on COC	<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	
Rush TAT requested on COC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Sufficient Volume	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sample Labels match COC (sample IDs & date/time of collection)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
All containers needing acid/base preservation have been checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preservation Information: Preservative: _____ Lot #/Trace #: _____ Date: _____ Time: _____ Initials: _____
All Containers needing preservation are found to be in compliance with EPA recommendation: Exceptions: Vials, Microbiology, O&G, Metals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Headspace in VOA Vials? (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

Additional Login Comments:

Client notification/ Resolution _____ Date/Time: _____
 Person Contacted: _____
 Comments/Resolution: _____