



Customer: Labella Associates (1126)
Address: 300 State Street
Rochester, NY 14614-1098

Order #: 393148

Matrix: Drinking Water
Received: 11/06/20
Reported: 11/09/20

Attn:
Project: 2020 Lead In Drinking Water
Location: 8685 Erie Rd Angola, NY 14006
Number: 2203031

PO Number:

Sample ID	Cust. Sample ID	Location	Result	RL*	Units	Analysis Date	Analyst
393148-001	3003-1F-1	101C Sink					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	11/07/20	HI
393148-002	3004-1F-2	101D Sink					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	11/07/20	HI
393148-003	3005-1F-3	101B Sink					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	11/07/20	HI
393148-004	3007-1F-4	404 Sink Left					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	5.65	5.00	µg/L	11/07/20	HI
393148-005	3008-1F-5	404 Sink Right					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	11.1	5.00	µg/L	11/07/20	HI
393148-006	3010-1C-2	Boys Bottle Filler					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	11/07/20	HI
393148-007	3011-1F-6	Boys Lav Left					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	10.3	5.00	µg/L	11/07/20	HI
393148-008	3012-1F-7	Boys Lav Right					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	18.4	5.00	µg/L	11/07/20	HI
393148-009	3013-1F-8	106 Sink					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	8.09	5.00	µg/L	11/07/20	HI
393148-010	3014-1F-9	107 Lav					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	11/07/20	HI
393148-011	3015-1F-10	111A Lav					
Metals Analysis							
Lead		EPA 200.9 Rev 2.2	<5.00	5.00	µg/L	11/07/20	HI

All internal QC parameters were met. Unusual sample conditions, if any, are described. Surrogate Spike results designated with "D" indicate that the analyte was diluted out. "MI" indicates matrix interference. Concentration and *Reporting Limit (RL) based on areas provided by client. Values are reported to three significant figures. Solid PPM = mg/kg | PPB = µg/kg and Water PPM = mg/L | PPB = µg/L. The test results reported relate only to the samples submitted.



Analysis Report

Schneider Laboratories Global, Inc

2512 W. Cary Street • Richmond, Virginia • 23220-5117
804-353-6778 • 800-785-LABS (5227) • Fax 804-359-1475

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Address: 300 State Street
Rochester, NY 14614-1098

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PO Number:

Table with columns: Sample ID, Cust. Sample ID, Location, Parameter, Method, Result, RL*, Units, Analysis Date, Analyst. Rows include various sample IDs (e.g., 393148-012 to 393148-022) and their corresponding lead analysis results.

All internal QC parameters were met. Unusual sample conditions, if any, are described. Surrogate Spike results designated with "D" indicate that the analyte was diluted out. "MI" indicates matrix interference. Concentration and *Reporting Limit (RL) based on areas provided by client. Values are reported to three significant figures. Solid PPM = mg/kg | PPB = µg/kg and Water PPM = mg/L | PPB = µg/L. The test results reported relate only to the samples submitted.



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Attn:
Project: 2020 Lead In Drinking Water
Location: 8685 Erie Rd Angola, NY 14006
Number: 2203031

PO Number:

Table with columns: Sample ID, Cust. Sample ID, Location, Method, Result, RL*, Units, Analysis Date, Analyst. Contains 12 rows of lead analysis data for various sink locations.

393148-11/09/20 03:55 PM

Handwritten signature of Jennifer Lee

Reviewed By: Jennifer Lee
Manager

EPA Regulatory Limits

Table with 3 columns: Parameter, Reg. Limit, Unit. Row: Lead, 15.0, µg/L

All internal QC parameters were met. Unusual sample conditions, if any, are described. Surrogate Spike results designated with "D" indicate that the analyte was diluted out. "MI" indicates matrix interference. Concentration and *Reporting Limit (RL) based on areas provided by client. Values are reported to three significant figures. Solid PPM = mg/kg | PPB = µg/kg and Water PPM = mg/L | PPB = µg/L. The test results reported relate only to the samples submitted.



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Order #:	393148
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Matrix Drinking Water
Received 11/06/20
Reported 11/09/20

Attn:
Project: 2020 Lead In Drinking Water
Location: 8685 Erie Rd Angola, NY 14006
Number: 2203031

PO Number:

Sample ID	Cust. Sample ID	Location	Result	RL*	Units	Analysis Date	Analyst
Parameter		Method					

State Certifications

Method	Parameter	New York	Virginia
EPA 200.9 Rev 2.2	Lead	ELAP Certified	VELAP Certified

State	Certificate Number
New York	ELAP 61370
Virginia	VELAP 10779

All internal QC parameters were met. Unusual sample conditions, if any, are described. Surrogate Spike results designated with "D" indicate that the analyte was diluted out. "MI" indicates matrix interference. Concentration and *Reporting Limit (RL) based on areas provided by client. Values are reported to three significant figures. Solid PPM = mg/kg | PPB = µg/kg and Water PPM = mg/L | PPB = µg/L. The test results reported relate only to the samples submitted.



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www.slabin.com e-mail: info@slabin.com

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UPS

11/6/2020 9:12:06 AM
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Submitting Co. Labella Associates DPL	Lab WO#	Phone
300 Pearl St. Suite 130	Acct #	Fax / Email jtorres@labellapc.com
Buffalo NY 14202	**State of Collection New York	**Cert. Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Name: 2020 Lead in Drinking Water	Special Instructions [include requests for special reporting or data packages]	
Project Location: 8685 Erie Rd, Angola, NY 14006	Please analyze per	
Project Number: 2203031	CPA 200.9 Rev. 2.2.	
PO Number:		

Turn Around Time	Matrix / Sample Type (Select ONE)	Tests / Analytes (Select ALL that Apply)		
<input type="checkbox"/> 2 hours*	<i>All samples on form should be of SAME matrix type. Use additional forms as needed.</i>	Asbestos in Air		Asbestos in Bulk
<input type="checkbox"/> Same day*		<input type="checkbox"/> PCM (NIOSH 7400)	<input type="checkbox"/> PLM	<input checked="" type="checkbox"/> Lead
<input type="checkbox"/> 1 business day*		<input type="checkbox"/> TEM (AHERA)	<input type="checkbox"/> PLM (Point Count)	<input type="checkbox"/> RCRA Metals
<input type="checkbox"/> 2 business day*		<input type="checkbox"/> TEM (EPA Level II)	<input type="checkbox"/> PLM (Qualitative only)	TCLP
<input type="checkbox"/> 3 business days*		<input type="checkbox"/> Bulk	<input type="checkbox"/> NYELAP	<input type="checkbox"/> TCLP / Lead
<input checked="" type="checkbox"/> 5 business days*	<input type="checkbox"/> Hi-Vol Filter (PM10) <input checked="" type="checkbox"/> Water, Drinking	<input type="checkbox"/> Total Dust (NIOSH 0500)	<input type="checkbox"/> CAELAP (Point Count)	<input type="checkbox"/> TCLP / RCRA Metals
	<input type="checkbox"/> Hi-Vol Filter (TSP) <input type="checkbox"/> Compliance	<input type="checkbox"/> Resp. Dust (NIOSH 0600)	<input type="checkbox"/> TEM (Chatfield)	<input type="checkbox"/> TCLP / Full (w/ organics) 10 day
	<input type="checkbox"/> Oil <input type="checkbox"/> Wipe	<input type="checkbox"/> Silica - FTIR (NIOSH 7602)	<input type="checkbox"/>	Microbiology
	<input type="checkbox"/> Paint <input type="checkbox"/> Wipe, Composite	<input type="checkbox"/> Silica - XRD (NIOSH 7500)	FOR ASBESTOS AIR:	<input type="checkbox"/> BACT (MPN & P/A)
<i>* not available for all tests</i>	<input type="checkbox"/> Sludge	Other	TYPE OF RESPIRATOR	<input type="checkbox"/> Mold Direct Exam
<i>Schedule rush organics, multi-metals & weekend tests in advance.</i>	<input type="checkbox"/> Soil	<input type="checkbox"/>	USED:	<input type="checkbox"/>

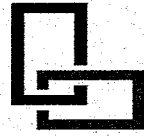
Sample #	Date Sampled	Time Sampled	Sample Identification (Employee, SSN, Bldg, Material, Type ¹)	Wiped Area (ft ²)	pH / Temp *	Time ²		Flow Rate ³		Total ⁴ Air
						Start	Stop	Start	Stop	
			See attached spreadsheet							
			Box 1 of 2							
			(24 samples in Box 1) (6 samples in Box 2)							
			30 total samples							

¹Type: A=area B=blank P=personal E=excursion ²Beginning/End of Sample Period ³Pump Calibration in Liters/Minute ⁴Volume in Liters [time in min * flow in L/min]

Sampled by NAME Julia Torres SIGNATURE <i>Julia Torres</i> DATE/TIME 11/4/20 @ 11:30	Relinquished to lab by NAME _____ SIGNATURE _____ DATE/TIME _____	Sample Disposal If samples over req. weight (Refer to Fee Schedule) <input type="checkbox"/> Return to Sender (Shipping fees) <input type="checkbox"/> Disposal by lab (\$50 fee) Shipping Methods <input type="checkbox"/> FX <input type="checkbox"/> UPS <input type="checkbox"/> USM <input type="checkbox"/> HD <input type="checkbox"/> DB WB: _____
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Sample return requested Ambient temp Ice Cl R S X Receive a physical copy of report.

* Temperature taken with IR Gun A. **Required. Chain-of-Custody documentation continued internally within lab. Terms and conditions page 2.



LaBella

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www.labellapc.com

School	Carrier - 8685 Erie Rd Angola NY 14006					
Date	11/4/2020					
Sample #	Location / Room #	Outlet Type	Time	Manufacturer	Model #	Notes
3003-1F-1	101C Sink	Sink	809			
3004-1F-2	101D Sink	Sink	813			
3005-1F-3	101B Sink	Sink	811			
3007-1F-4	404 Sink Left	Sink	819			
3008-1F-5	404 Sink Right	Sink	818			
3010-1C-2	Boys Bottle Filler	Bottle Fill	805			
3011-1F-6	Boys Lav Left	Sink	800			
3012-1F-7	Boys Lav Right	Sink	801			
3013-1F-8	106 Sink	Sink	759			
3014-1F-9	107 Lav	Sink	802			
3015-1F-10	111A Lav	Sink	720			
3016-1F-11	111 Sink	Sink	721			
3018-1F-12	Girls Lav Far Left	Sink	724			
3019-1F-13	Girls Lav Far Right	Sink	724			
3020-1F-14	Girls Lav Left	Sink	725			
3021-1F-15	Girls Lav Right	Sink	726			
3022-1F-16	201B Lav	Sink	729			
3023-1F-17	203 Sink	Sink	731			
3024-1F-18	207 Sink Left	Sink	738			
3025-1F-19	207 Sink Center	Sink	738			

3026-1F-20	207 Sink Right	Sink	739			
3027-1F-21	207 Utility Sink	Sink	740			
3028-1F-22	205A-Sink	Sink	734			
3029-1F-23	Kit Handwash Sink	Sink	744			
3031-1F-24	Kit Island Deep Sink	Sink	747			
3032-1F-25	Kit Island Pot Filler	Sink	745			
3033-1F-26	Kit Left Deep Sink	Sink	751			
3034-1F-27	Kit Right Deep Sink	Sink	752			
3036-1F-28	Kit Triple Sink	Sink	753			
3037-1F-29	401 Sink	Sink	817			



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804-353-6778 • 800-785-LABS (5227) • Fax 804-359-1475
www.slabinc.com e-mail: info@slabinc.com

WO Label

Submitting Co. LaBella Associates	Lab WO#	Phone 1167103056
300 Pearl St. Suite 130	Acct #	Fax / Email jtorres@labellape.
Buffalo NY 14202	**State of Collection New York	**Cert. Required <input type="checkbox"/> Yes <input type="checkbox"/> No cont
Project Name: 2020 Lead in Drinking Water	Special Instructions [include requests for special reporting or data packages]	
Project Location: 8685 Erie Rd. Angola, NY	Please analyze per EPA	
Project Number: 220 2203031	200.9 Rev. 2.2.	
PO Number:		

Turn Around Time	Matrix / Sample Type (Select ONE)	Tests / Analytes (Select ALL that Apply)			
<input type="checkbox"/> 2 hours*	<i>All samples on form should be of SAME matrix type. Use additional forms as needed.</i> <input type="checkbox"/> Air <input type="checkbox"/> Solid <input type="checkbox"/> Aqueous <input type="checkbox"/> Waste <input type="checkbox"/> Bulk <input type="checkbox"/> Wastewater <input type="checkbox"/> Hi-Vol Filter (PM10) <input checked="" type="checkbox"/> Water, Drinking <input type="checkbox"/> Hi-Vol Filter (TSP) <input type="checkbox"/> Compliance <input type="checkbox"/> Oil <input type="checkbox"/> Wipe <input type="checkbox"/> Paint <input type="checkbox"/> Wipe, Composite <input type="checkbox"/> Sludge <input type="checkbox"/> <input type="checkbox"/> Soil <input type="checkbox"/>	Asbestos in Air		Asbestos in Bulk	Metals-Total
<input type="checkbox"/> Same day*		<input type="checkbox"/> PCM (NIOSH 7400)	<input type="checkbox"/> PLM	<input checked="" type="checkbox"/> Lead	
<input type="checkbox"/> 1 business day*		<input type="checkbox"/> TEM (AHERA)	<input type="checkbox"/> PLM (Point Count)	<input type="checkbox"/> RCRA Metals	
<input type="checkbox"/> 2 business day*		<input type="checkbox"/> TEM (EPA Level II)	<input type="checkbox"/> PLM (Qualitative only)	TCLP	
<input type="checkbox"/> 3 business days*		Miscellaneous Tests	<input type="checkbox"/> NYELAP	<input type="checkbox"/> TCLP / Lead	
<input checked="" type="checkbox"/> 5 business days*	<input type="checkbox"/> Total Dust (NIOSH 0500)	<input type="checkbox"/> CAELAP (Point Count)	<input type="checkbox"/> TCLP / RCRA Metals		
	<input type="checkbox"/> Resp. Dust (NIOSH 0600)	<input type="checkbox"/> TEM (Chatfield)	<input type="checkbox"/> TCLP / Full (w/ organics) 10 day		
	<input type="checkbox"/> Silica - FTIR (NIOSH 7602)	<input type="checkbox"/>	Microbiology		
	<input type="checkbox"/> Silica - XRD (NIOSH 7500)	FOR ASBESTOS AIR:			
* not available for all tests	Other	TYPE OF RESPIRATOR			
Schedule rush organics, multi-metals & weekend tests in advance.	<input type="checkbox"/>	USED:			
		<input type="checkbox"/> BACT (MPN & P/A)			
		<input type="checkbox"/> Mold Direct Exam			
		<input type="checkbox"/>			

Sample #	Date Sampled	Time Sampled	Sample Identification (Employee, SSN, Bldg, Material, Type ¹)	Wiped Area (ft ²)	pH / Temp *	Time ²		Flow Rate ³		Total ⁴ Air
						Start	Stop	Start	Stop	
			See attached spreadsheet							
			Box 2 of 2							
			(24 Samples in Box 1) 6 Samples in Box 2							
			30 Samples total							

¹Type: A=area B=blank P=personal E=excursion ²Beginning/End of Sample Period ³Pump Calibration in Liters/Minute ⁴Volume in Liters [time in min * flow in L/min]

Sampled by NAME <u>Julia Torres</u> SIGNATURE <u>Julia B. Torres</u> DATE/TIME <u>11/4/20 @ 1130</u>	Relinquished to lab by NAME _____ SIGNATURE _____ DATE/TIME _____	Sample Disposal If samples over req. weight (Refer to Fee Schedule) <input type="checkbox"/> Return to Sender (Shipping fees) <input type="checkbox"/> Disposal by lab (\$50 fee)
<input type="checkbox"/> Sample return requested <input type="checkbox"/> Ambient temp <input type="checkbox"/> Ice <input type="checkbox"/> CI <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> X <input type="checkbox"/> Receive a physical copy of report.		Shipping Methods <input type="checkbox"/> FX <input type="checkbox"/> UPS <input type="checkbox"/> USM <input type="checkbox"/> HD <input type="checkbox"/> DB

* Temperature taken with IR Gun A. **Required. Chain-of-Custody documentation continued internally within lab. Terms and conditions page 2.



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3005-1F-3	101B Sink	Sink	811			
3007-1F-4	404 Sink Left	Sink	819			
3008-1F-5	404 Sink Right	Sink	818			
3010-1C-2	Boys Bottle Filler	Bottle Fill	805			
3011-1F-6	Boys Lav Left	Sink	800			
3012-1F-7	Boys Lav Right	Sink	801			
3013-1F-8	106 Sink	Sink	759			
3014-1F-9	107 Lav	Sink	802			
3015-1F-10	111A Lav	Sink	720			
3016-1F-11	111 Sink	Sink	721			
3018-1F-12	Girls Lav Far Left	Sink	724			
3019-1F-13	Girls Lav Far Right	Sink	724			
3020-1F-14	Girls Lav Left	Sink	725			
3021-1F-15	Girls Lav Right	Sink	726			
3022-1F-16	201B Lav	Sink	729			
3023-1F-17	203 Sink	Sink	731			
3024-1F-18	207 Sink Left	Sink	738			
3025-1F-19	207 Sink Center	Sink	738			