

CERTIFICATE OF ANALYSIS

Maryland Water Quality Lab #262W

Chain of Custody: 651538 Job Name:

Job Location:

Job Number:

Harpers Choice Middle

Date Submitted:

09/26/2023

Client:

Howard County Public School System

School 5450 Beaverkill Road,

Date Analyzed:

09/29/2023

Address:

10910 Route 108 Ellicott City

Columbia, MD, 21044

10/02/2023

Maryland 21042

13.003

Report Date:

Christopher Madden Attention:

Analysis Method: ICP: EPA 200.8 (Rev. 5.4)

Not Provided P.O. Number:

Date Sampled: **Person Submitting:** 09/12/2023 John Farmer

Summary of Drinking Water Analysis for Metals

					0					
AMA Sample	Client Sample	Date/Time	Location			Analysis	Sample	Reporting	Final	Comments
Number	Number					Туре	Analyte	Limit	Result	
651538-1	1: HCMS 18 First- Draw	9/12/2023 6:23:00 AM		es (= Consumptio oom, Sink, Main	n), Nurse's Building, 1st Floor	ICP	Lead	0.5 ug/L	2.5 ug/L	

Sample Collector: Christopher Madden

Certification:

Preparation Method: None

mg/L = Parts Per Million (ppm), N/A = Not Applicable, μg/L = Parts Per Billion, N/P = Not Provided

All results are to be considered preliminary and subject to change unless signed by the Technical Director

or Deputy.

Analyst(s): Paul Littleton

Technical Director

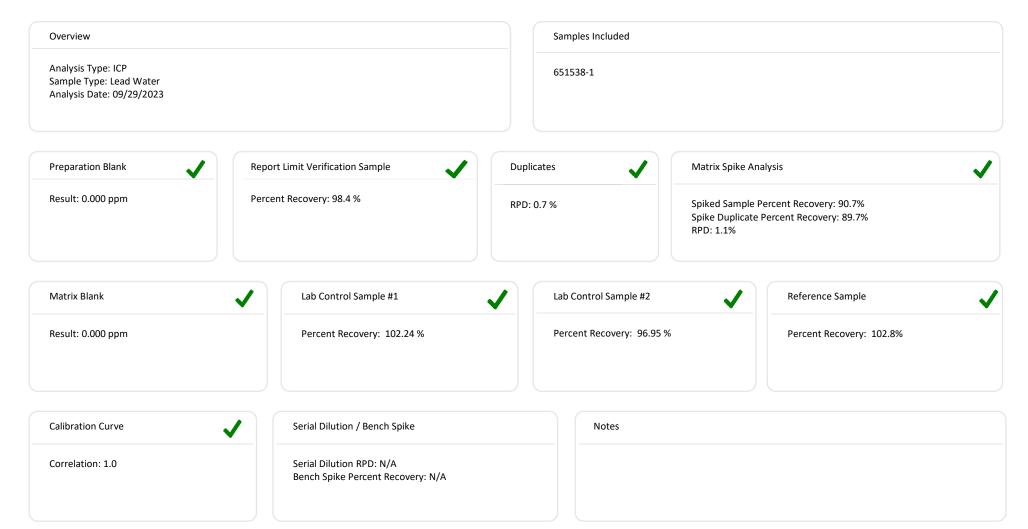
George Land

George Smil

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QC Summary for SDG #77315



E-COC Pb H2O at MD Schools

Howard County Public School System

10910 Clarksville Pike Ellicott City, MD 21042 (410) 313-6600

School Name: Harpers Choice Middle School Address: 5450 Beaverkill Road, Columbia, MD 21044 Project Manager: Christopher Madden

Samples Collected by: Christopher Madden

Turn-Around-Time:

Start Date & Time: 09/12/2023 6:23 AM 5-Day

PM Cell Phone No.: 410-313-8874

Sampler's Phone Number: 410-313-6699

Due Date & Time: 10/3/2023 5:00 PM Enter as M/D/YY HH:MM

Stop Date & Time: 09/12/2023 6:23 AM

County: Howard County MSDE ID #: 13.003

Email Results To: christopher_madden@hcpss.org Email Invoice To: christopher_madden@hcpss.org Sampler's Affiliation: Howard County Public School System

Sample Collection Data

AMA ID	submitt	tle ID # abel bottle tted to lab w/ nls ID #)	Code	Draw Type (First Draw or Flush)	Sample ID for AMA LIMS	Outlet Type (Select from the Drop-Down Options)		Outlet Area Type (Selct from Drop-Down Options)	Outlet Location Description (Be as detailed as possible: ie, between Room 123 & 125)	Outlet Description (Be as detailed as possible: ie, Left Bubbler)	Building ID (Only required if school has multiple buildings: ie, Main Bldg, Trailer 1)	Building Floor (Use "1" if Bidg is single story)	Sample Location for AMA LIMS	Date Collected (MDYYYY)	Time Collected (HH:MM)	Collection Date/Time for AMA LIMS	Date of Last Use (MDYYY)	Time of Last Use (HH:MM)	Sample Purpose (Select from Drop-Down Options)
	-1	1	HCMS 18	First-Draw	1: HCMS 18 First-Draw	Faucet, Cold	Yes (= Consumption)	Nurse's Office/Health Room		Sink	Main Building	1st Floor	Faucet, Cold, Yes (= Consumption), Nurse's Office/Health Room, , Sink, Main Building, 1st Floor	9/12/2023	06:23	9/12/2023 6:23 AM	9/11/2023	17:00	Follow-Up (Post-Remediation)

(NOTE: Please delete unused rows prior to emailing this E-COC to info@amalab.com & kmaxwell@amalab.com)
Sign Name
Enter As M/D/YYYY HH:MM Print Name i.e., In-Person, FedEx, UPS, Courier, etc. Relinquished by John Farmer John Farmer Date & Time 9/12/2023 10:00AM Via: AMA Courier Via: Kolby Maxwell Kolby Maxwell Date & Time 9/26/2023 3:00 PM Courier