STATE OF NEW YORK
DEPARTMENT OF HEALTH

Flanigan Square, 547 River Street, Troy, New York 12180-2216

Antonia C. Novello, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 2, 2005

Mr. Brian McCabe
SUNY New Paltz
Service Building
75 South Manhein Boulevard
New Paltz, NY 12561

RE: PCB Sampling Report

Dear Mr. McCabe:

Enclosed is the final report for the air and surface wipe testing program conducted by the New York State Department of Health (NYSDOH) on March 29 and July 21, 2005. The testing was performed to determine whether PCBs on encapsulated surfaces and in the air remain within the clean-up criteria. Wipe samples from the east wall of the Parker Theater transformer vault slightly exceeded the clean-up criterion and closer visual assessment of all the Parker Theater transformer vault walls identified rough surfaces on the walls that formed surface pockets or voids that were not completely sealed by encapsulant. The wipe sample results and observations of the small voids in the encapsulant on the walls in the Parker Theater transformer vault suggest that the encapsulant is currently not a complete barrier. There is little, if any expected exposure to the public from the Parker Theater transformer vault because the room is not in use, and has restricted access, protected by a locked wooden door.

We recommend that SUNY New Paltz re-apply a similar and compatible encapsulant to all surfaces of the Parker Theater transformer vault walls. Also SUNY New Paltz should implement a formal program to monitor the condition of the encapsulant applied in the former transformer areas and electrical rooms with special attention to the Parker Theater Transformer Vault.

Results from this and previous sampling conducted by NYSDOH suggest that there is little if any PCB exposure to persons on the SUNY New Paltz campus from the encapsulated surfaces in former transformer vault areas and electric rooms.

If you have any questions please feel free to contact me at (518) 402-7810.

Sincerely,

Robert L Rafferty
Research Scientist II
Bureau of Toxic Substance Assessment

Enclosure

cc: Dr. Kim/Dr. Horn, NYSDOH, CEH
Mr. McDonald, NYSDOH, BTSA
Mr. Devine. MARO
Mr. Dumas/Mr. Palen, UCDOH

PCB Sampling Report
State University of New York
New Paltz Campus
November 2, 2005

Summary

On December 29, 1991, an off-campus traffic accident caused a power surge that damaged electrical transformers and spread polychlorinated biphenyl (PCB) containing smoke through five (5) State University of New York (SUNY) New Paltz campus buildings. Ulster County Department of Health (UCDOH), New York State Department of Health (NYSDOH) and Clean Harbors Environmental Services (Clean Harbors) oversaw the extensive clean-up from 1992 to 1995. Part of the overall clean-up included encapsulation of walls and ceilings in former electric and transformer rooms of the affected buildings where PCBs could not be completely cleaned or removed.

To monitor the effectiveness of the encapsulation applied, Clean Harbors developed a Quarterly Sampling Plan in conjunction with state and local agencies that included meeting the re-occupancy clean-up criteria (clean-up criteria) for both surfaces and air established for the occupied portions of the building.

Following the Clean Harbors Quarterly Sampling Plan, NYSDOH conducted four (4) quarterly sampling events from March 1997 to February 1998 and a subsequent sampling event in January 2001. Results for the 4 quarterly sampling events and the subsequent January 2001 sampling event showed that all air and wipe sampling results were below the clean-up criteria.

In January 2005, SUNY New Paltz, UCDOH and NYSDOH discussed the need to resample the former electric rooms and transformer areas of the affected buildings to further evaluate whether the encapsulant continued to be an effective barrier. The sampling event also considered whether there was a potential for exposure to building occupants based on current conditions.

On March 29, 2005, NYSDOH re-sampled the former electric rooms and transformer areas following the Clean Harbors Quarterly Sampling Plan. All air-sampling results were non-detect and below the clean-up criterion. Wipe samples were below the clean-up criterion with one exception. One sample collected from the east wall of the Parker Theater transformer vault slightly exceeded the clean-up criterion.

SUNY New Paltz, UCDOH and NYSDOH decided that there was a need to re-sample the walls in the Parker Theater transformer vault to further assess the integrity of the encapsulant in this area. On July 21, 2005 additional wipe sampling was performed. Wipe sample results were below the clean-up criterion except for two samples from the east wall that slightly exceeded the clean-up criterion. Close inspection of the walls in Parker Theater transformer vault revealed small voids in the encapsulant, exposing the underlying concrete. This may be the reason some of the wipes samples from the east wall were above the clean-up criterion.

The wipe sample results and observations of the small voids in the encapsulant on the walls in the Parker Theater transformer vault suggest that the encapsulant is currently not a complete barrier. There is little, if any expected exposure to the public from the Parker Theater transformer vault or from encapsulated surfaces in the other four (4) buildings because access to the rooms are restricted (doors are locked) and air sampling results are below the clean-up criterion.

Nevertheless, NYSDOH recommends that SUNY New Paltz re-apply a similar and compatible encapsulant to all surfaces of the Parker Theater transformer vault walls. NYSDOH also recommends that formal programs to monitor the future condition of the encapsulant including monitoring access regular inspections, periodic environmental testing and implementing institutional controls to control and prevent disturbance of the encapsulated surfaces.

1.0 Introduction

Based on discussions with SUNY New Paltz and UCDOH, NYSDOH staff collected wipe and air samples for PCBs from vacant transformer and electrical rooms in five (5) buildings (Bliss Hall, Gage Hall, Scudder Hall, Coykendall Science Building, Parker Theater) to evaluate whether the encapsulant continued to be an effective barrier. An additional wipe sample from an electrical room wall in Capen Hall that was not affected during the incident was collected to determine if PCBs were present on the surface of these walls as well.

On March 29, 2005, twenty-three (23) wipe samples and seven (7) air samples were collected. These sampling results were evaluated to determine whether PCBs on encapsulated surfaces and in the air remain within the clean-up criteria.

One wipe sample collected from the east wall of the Parker Theater vault slightly exceeded the clean-up criterion so additional sampling of the Parker Theater transformer vault was performed on July 21, 2005 to further assess the integrity of the encapsulant in this area. This additional sampling included five (5) wipe samples from the vault walls and a careful visual assessment of the encapsulant applied to the transformer vault and electrical room walls in all of the 5 buildings. Results for the March and July 2005, sampling are summarized in Table 1 and Table 2 of Appendix B respectively.

2.0 Background/Previous investigations

On December 29, 1991 an off-campus traffic accident caused a power surge that damaged electrical transformers and spread smoke through five on-campus buildings including Bliss Hall, Gage Hall, Scudder Hall, Coykendall Science Building, and Parker Theater. From 1992-1995, clean-up, removal of many interior building materials, and follow up PCB sampling was performed. Ulster County Department of Health (UCDOH), New York State Department of Health (NYSDOH) and Clean Harbors Environmental Services (Clean Harbors) oversaw the extensive cleanup. The clean-up included the removal of many interior building materials; however some walls in electric rooms and transformer areas of five buildings could not be removed as they were determined to be structural components of the buildings. Despite repeated cleaning attempts, the transformer vault and electric room walls did not meet the clean-up

criterion. Therefore, to reduce the potential for exposure to PCB containing surfaces, an epoxy-based encapsulant was applied to the surfaces.

To monitor the effectiveness of the encapsulation applied, Clean Harbors developed a Quarterly Sampling Plan in conjunction with state and local agencies that included meeting the stringent re-occupancy clean-up criteria (clean-up criteria) for both surfaces and air used for the occupied portions of the building. The sampling plan: Quarterly Sampling Plan, SUNY at New Paltz, dated May 30, 1996 (Clean Harbors, 1996) is attached as Appendix A.

The clean-up criteria for air and surfaces were developed as part of the response to an electrical fire in a basement mechanical room of the Binghamton State Office Building in 1981. The clean-up criteria are provided below:

- Clean-up criterion for surfaces (wipe sample): 1.0 microgram per 100 cubic centimeter surface area (1.0 $\mu g/100\ cm^2$)
- Clean-up criterion for air (air sample): 1.0 microgram per cubic meter of air (1 $\mu g/m^3$)

The wipe sample clean-up criterion is 10 times lower than the 10 $\mu g/100\ cm^2$ used by the EPA for determining PCB contaminated surfaces.

The former electric rooms and transformer areas were tested by NYSDOH on five (5) earlier occasions including Four (4) quarterly events (March 1997, June and July 1997, September 1997 and February 1998) and a subsequent fifth sampling event in January 2001. Sample results from these five (5) events did not exceed either the air or wipe clean-up criteria established for the buildings. Results for these earlier sampling events are summarized in Tables 3-7 of Appendix B.

3.0 Sampling Methods

Sampling methods and locations for all the sampling events performed by NYSDOH consistently followed the sample protocols described in the Clean Harbors 1996 Quarterly Sampling Plan. A SUNY New Paltz PCB Sampling Plan (March 11, 2005) and a PCB sampling location and identification table was developed for this sampling event and is attached as Appendix C.

Wadsworth Center Laboratories in Albany, New York analyzed the samples for PCB Aroclors 1016/1242, 1221, 1248, 1254, and 1260. Details of the analytical methods (PCBs as Aroclors in Wipes, Method 312-3 and PCBs in Ambient Air, Method 311-1) are described in the Wadsworth Center for Laboratories and Research, Laboratory of Organic Analytical Chemistry, Analytical Handbook (WCL&R, 1988). Laboratory reports provide the PCB Aroclor specific mass and indicate the air volume or surface area sampled. Wipe sample results are standardized to mass per 100 cm^2 surface area. Request for Analysis Forms, Chain of Custody Records and Laboratory Reports for the March 2005 sampling is included as Appendix D.

3.1 Wipe Samples

Sample Materials

Wadsworth Center Laboratories provided wipe sample materials including a pre-cleaned 3-inch x 3-inch cotton gauze pad placed in a wide mouth, screw top, glass I-Chem sample jar. Wadsworth wetted the gauze pad with 10 milliliters of hexane. A square 30-centimeter x 30-centimeter (900-cm^2) surface area template was used to provide a consistent and accurate sampling surface area. A tape measure was used where the square template could not cover 900 cm^2 of the sample surface (e.g. narrow beam or column).

Sample Collection

Sampling involved wiping a hexane-wetted gauze pad over the surface area bounded by a 900 cm^2 template. In a few exceptions, the sampling surface did not accommodate the template. Instead, a 900 cm^2 area was measured prior to sampling. The gauze pad was placed in a wide mouth I-Chem sample jar after sample collection.

For each wipe sample:

- The template was placed on the surface area to be sampled,
- The cotton gauze pad was removed from a screw top jar,
- The area inside the template was wiped across the surface horizontally first, then folded and wiped again vertically, using consistent hand pressure and
- The gauze pad was placed back in the wide mouth sample jar after sample collection and the jar was tightly sealed.

A fresh pair of nitrile gloves was worn for each sample. The sampling event was documented using NYSDOH Chain of Custody and Request for Analysis forms. The same square template was used between samples. The template was not decontaminated between samples, however a quality assurance sample of the template was collected following completion of the sampling program.

Sample Analysis

The cotton gauze pad samples were wetted with hexane and a sample was extracted with a hexane/dichloromethane solvent blend, and then concentrated. The extract was analyzed by gas chromatography with an electron capture detector. Results were reported as individual Aroclors in micrograms per wipe with the measured area of the sample reported separately. Minimum detection limits achieved a mass per area of at least 0.1 $\mu g/100\ cm^2$.

3.2 Air Samples

Sample Materials

Wadsworth Center Laboratories provided air sample materials including a high volume vacuum pump, florisil cartridges, calibrated rotameter, sample tubing and sample cartridge manifolds.

Sample Collection

Air samples were collected in duplicate, on side-by-side florisil cartridges connected in parallel, at a height of three feet above the floor. Air was drawn through the cartridges using a vacuum pump at a flow rate of about one liter per minute until approximately two hundred (200) liters of air was collected (approximately 3.3 hours). Sample flow rates were measured using a calibrated rotometer at the beginning and end of sample collection. An average of the two measurements and sample time was used to calculate sample volume. The cartridges were capped and placed in a sealed baggie after collection.

For each air sample:

- A metal ring stand and vacuum pump stand was set up in the room,
- Two Florisil cartridges were connected by manifold to the pump with tygon tubing,
- An electric cord was used to connect a power source (120 Volt AC) to the pump,
- The pumps were turned on and the flow rates for each tube were measured,
- In a few cases, the pumps needed adjustment to yield approximately one (1) liter per minute flow rate,
- Flow rates were measured just before turning off the pump at the end of the sample period,
- Flow rates were used to calculate the duration of time needed to capture 200 liters of air and this information was used to determine when the pump should be turned off, and
- Air samples were collected prior to wipe sampling in the room.

A fresh pair of nitrile gloves were worn for each sample, and the sampling event was documented using NYSDOH Chain of Custody and Request for Analysis forms.

Sample Analysis

Florisil cartridges were eluted with hexane and concentrated by a nitrogen blow-down. Extracts were analyzed by gas chromatography with an electron capture detector. Results were reported as individual Aroclors in micrograms per cubic meter. Minimum detection limits were 0.1 $\mu g /m^3$. Air samples were collected in duplicate and the higher reported concentrations are discussed in this report.

4.0 Findings

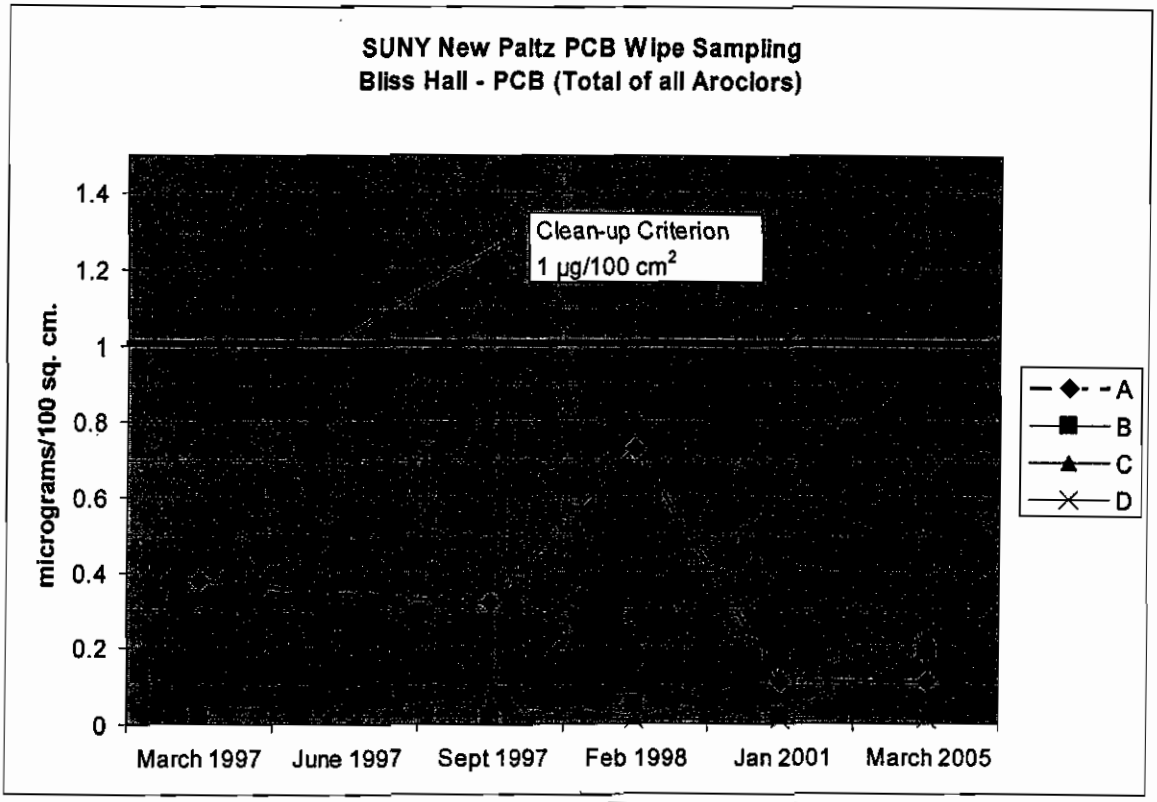
PCB levels in the March 2005 wipe samples remained below the clean-up criterion, except for one (1) wipe sample that slightly exceeded the clean-up criterion. This sample was collected from the east wall of the transformer vault in Parker Theater. PCBs were not detected in any of the March 2005 air samples and air levels remain below the cleanup criterion.

PCB levels in the July 2005 confirmatory samples collected in Parker Theater transformer vault showed two (2) of three (3) wipe samples from the east wall again slightly exceeded the clean-up criterion and one was slightly below. Results for the north and west walls were below the clean-up criterion. Closer visual assessment of all the Parker Theater walls identified rough surfaces on the walls that formed surface pockets or voids that were not completely sealed by encapsulant.

Careful inspection of encapsulated walls in the other former electric rooms and transformer vaults found that their wall surfaces were smooth and completely sealed by the encapsulant. There were no voids such as those observed on the walls of the Parker Theater Transformer Vault.

Specific findings for each individual electric room or transformer area are provided in the following sections and include a discussion, summary table and graph.

4.1 Bliss Hall



Legend	Location	3/10/1997	6/24/1997	9/10/1997	2/4/1998	1/9/2001	3/29/2005
A	Electric room ceiling beam	0.38	NS	0.32	0.73	0.11	0.11
B	Vault, S beam W Column	0.02	NS	0.02	0.05	0.02	0.19
C	Vault, W beam W Column	0.04	NS	0.05	0.02	NS	0.23
D	Exterior grade beam	0.04	NS	0.02	<0.01	0.01[PL]	0.01[PL]

NS = Not Sampled

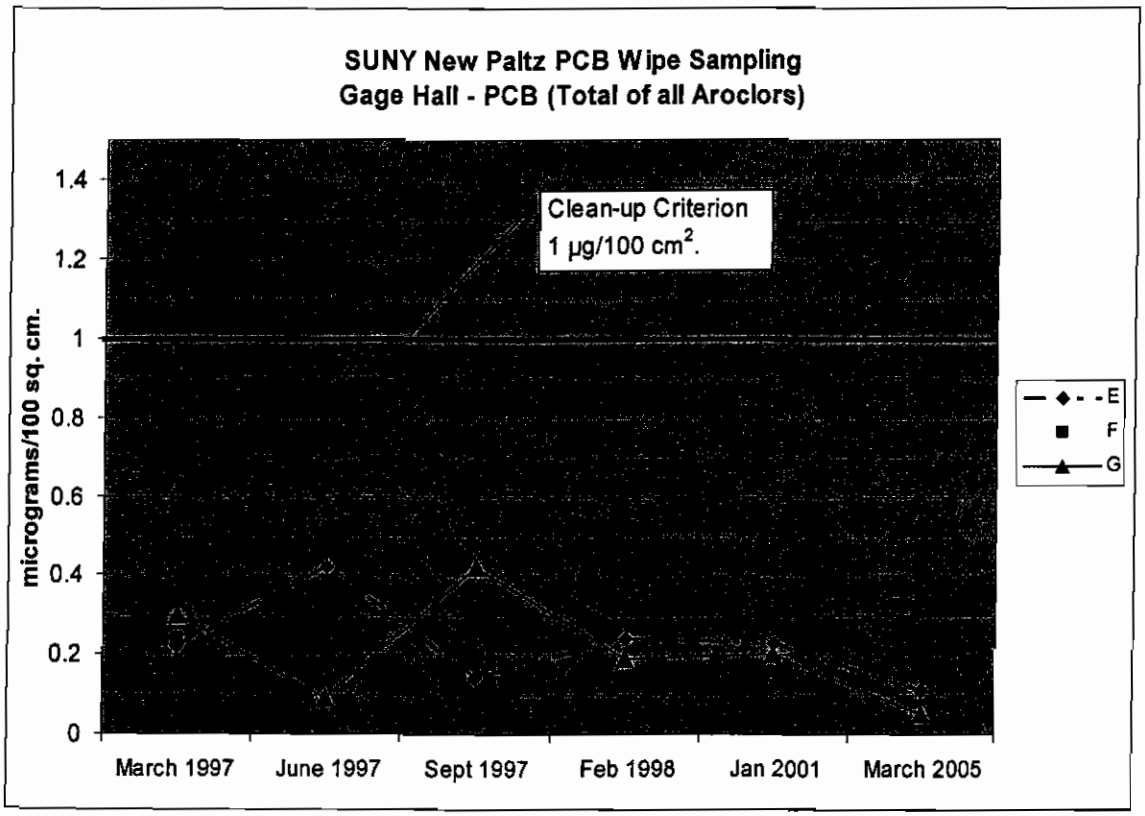
PL = Present but lower than amount indicated

Total Aroclors summed from individual Aroclor data found in the tables in Appendix B or in the original laboratory reports in Appendix D

For all sampling events at Bliss Hall, wipe sample results were below the clean-up criterion. Wipe sample results have not shown a consistent increase from the earlier sampling events (see graph above).

Air sampling was conducted in the Bliss Hall electric room and transformer vault during March and September of 1997, February 1998, January 2001, and March 2005. Results for all Aroclors were below detection limits of 0.02-0.25 $\mu g/m^3$, except for two samples collected in September 1997 (Aroclor 1254 at 0.27 $\mu g/m^3$ in the electric room and Aroclor 1254 at 0.24 $\mu g/m^3$ in the transformer vault) that are below the clean-up criterion.

4.2 Gage Hall



Legend	Location	3/10/1997	6/24/1997	9/10/1997	2/4/1998	1/9/2001	3/29/2005
E	Vault, S door beam	0.22	0.42	0.14	0.24	0.23	0.11
F	Beam above door	0.24	NS	NS	NS	NS	NS
G	Vault, door columns	0.30	0.09	0.42	0.19	0.20	0.05

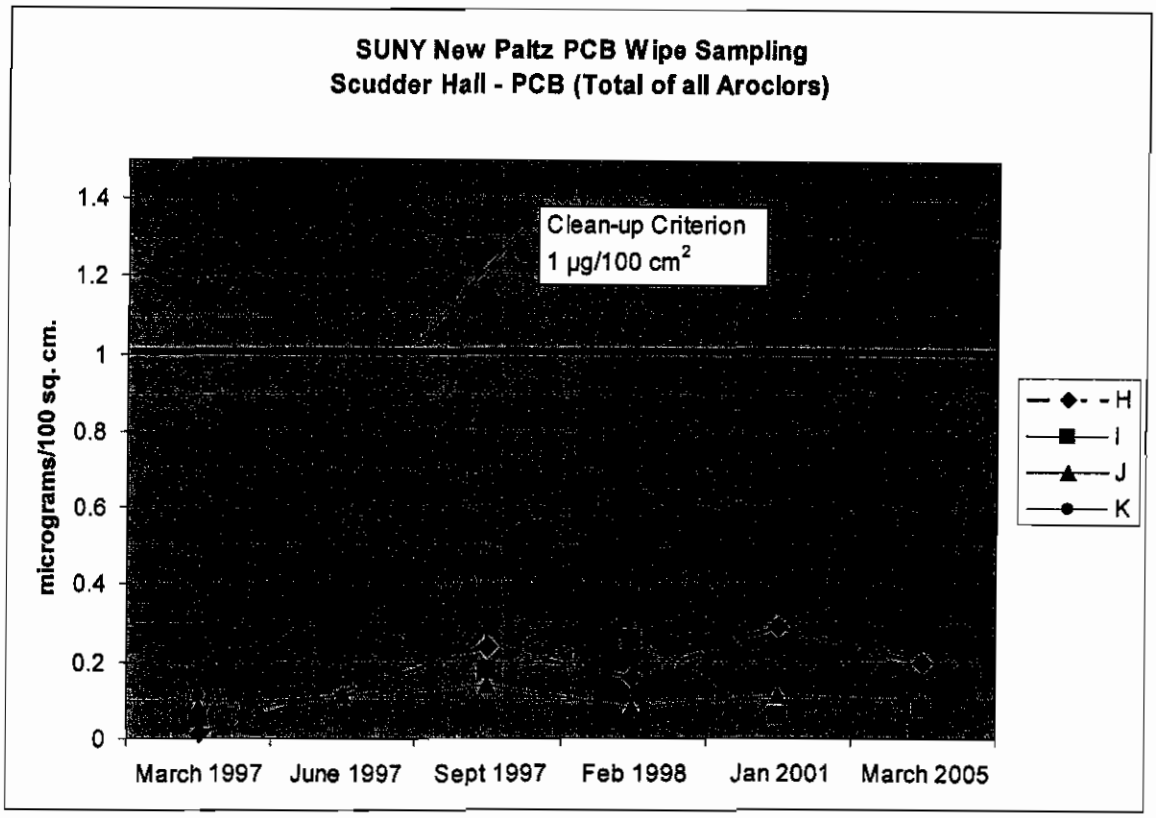
NS = Not Sampled

Total Aroclors summed from individual Aroclor data found in the tables in Appendix B or in the original laboratory reports in Appendix D

For all six (6) sampling events at Gage Hall, wipe samples were below the clean-up criterion. Wipe sample results have not shown a consistent increase from the earlier sampling events (see graph above).

Air sampling was conducted in the Gage Hall transformer vault during March, June, and September of 1997, February 1998, January 2001, and March 2005. Results for all Aroclors were below detection limits of 0.01-0.2 $\mu g/m^3$ except for two samples (Aroclor 1260 at 0.30 $\mu g/m^3$ in June 1997 and Aroclor 1260 at 0.16 $\mu g/m^3$ in September 1997) that are below the clean-up criterion.

4.3 Scudder Hall



Legend	Location	3/10/1997	6/24/1997	9/10/1997	2/4/1998	1/9/2001	3/29/2005
H	Vault, S column	<0.01	NS	0.24	0.16	0.29	0.20
I	Vault, E wall beam	0.05	NS	0.18	0.26	0.06	0.08
J	Vault, W and S beams	0.08	NS	0.14	0.08	0.11	0.10
K	Exterior grade beam	0.11	NS	NS	NS	NS	NS

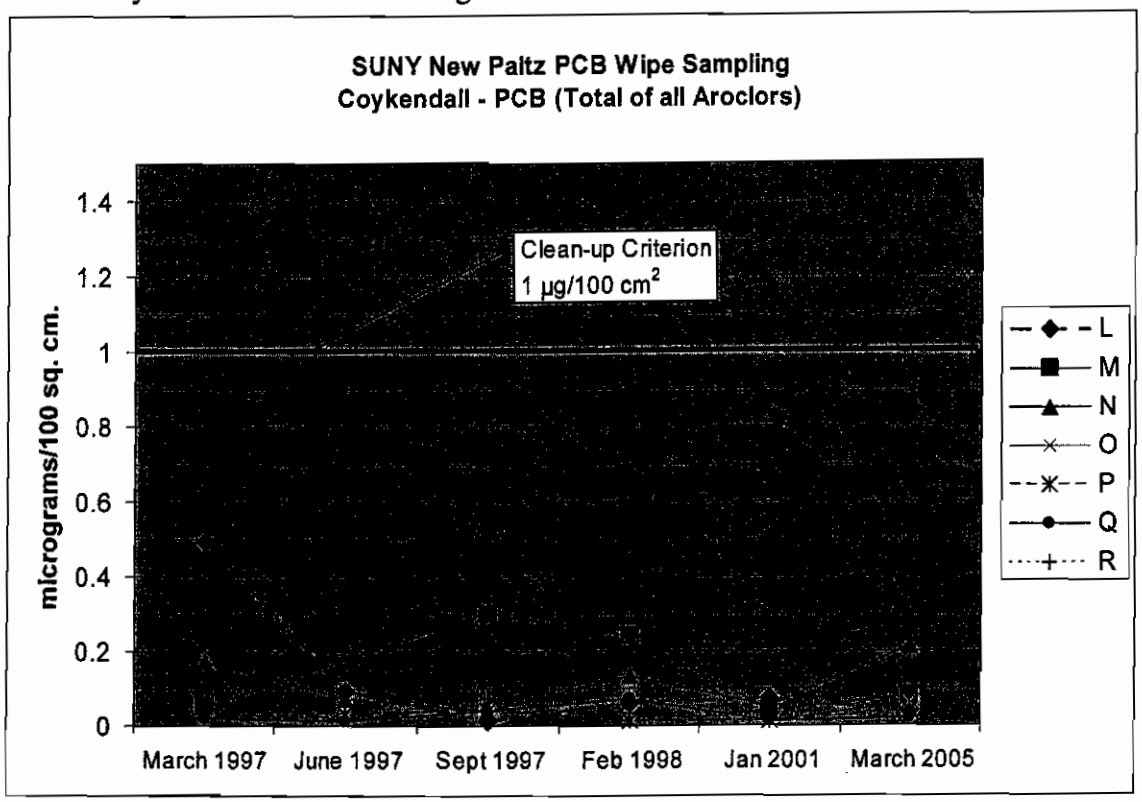
NS = Not Sampled

Total Aroclors summed from individual Aroclor data found in the tables in Appendix B or in the original laboratory reports in Appendix D

For all sampling events at Scudder Hall, wipe samples were below the clean-up criterion. Wipe sample results have not shown a consistent increase from the earlier sampling events (see graph above).

Air sampling was conducted in the Scudder Hall transformer vault during March and September of 1997, February 1998, January 2001, and March 2005. Results for all Aroclors were below detection limits of 0.02-0.20 $\mu g/m^3$, except for two results from September 1997 (Aroclor 1254 at 0.53 $\mu g/m^3$ and Aroclor 1221 at 0.20 $\mu g/m^3$) and these are below the clean-up criterion.

4.4 Coykendall Science Building



Legend	Location	3/10/1997	6/24/1997	9/10/1997	2/4/1998	1/9/2001	3/29/2005
L	Electric room columns #1	0.49	0.09	0.01	0.06	0.07	0.04
M	Electric room columns #2	0.05	SL	0.30	0.24	0.04	0.08
N	Vault, E wall	0.17	0.07	0.04	0.13	0.05	0.21
O	Electric room E wall	0.09	0.01	0.06	0.21	0.01	0.06
P	Electric room ceiling	0.04	0.03	0.04	0.01	0.01	0.04
Q	Vault and elec room ceilings	0.02	0.01	0.04	0.07	0.01	0.02
R	Vault and elec room beams	0.02	0.02	0.07	0.03	0.03	0.04

SL = Sample Leaked

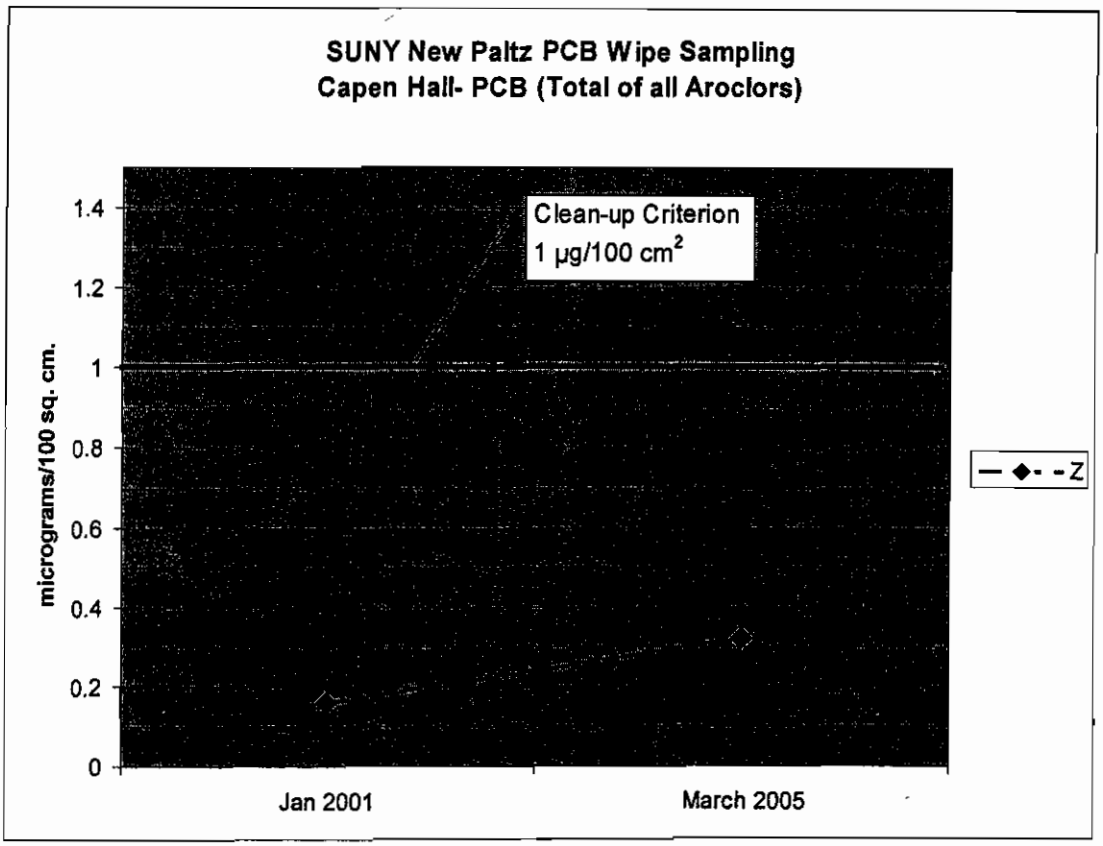
Total Aroclors summed from individual Aroclor data found in the tables in Appendix B or in the original laboratory reports in Appendix D

For all six (6) sampling events at Coykendall, wipe samples were below the clean-up criterion. Wipe sample results have not shown a consistent increase from the earlier sampling events (see graph above).

During the June 1997 event, a sample from the electric room (M) leaked and was therefore not analyzed.

Air sampling was conducted in the Coykendall transformer vault during March, June, and September of 1997, February 1998, January 2001, and March 2005. Sampling results for all Aroclors were below detection limits of 0.01-0.25 $\mu g/m^3$, except for two samples collected in June 1997 (Aroclor 1016/1242 at 0.29 $\mu g/m^3$ and Aroclor 1254 at 0.36 $\mu g/m^3$) and one sample collected in September 1997 (Aroclor 1254 at 0.30 $\mu g/m^3$) and these are below the clean-up criterion.

4.5 Capen Hall



Legend	Location	3/10/1997	6/24/1997	9/10/1997	2/4/1998	1/9/2001	3/29/2005
Z	Vault wall	NS	NS	NS	NS	0.16	0.32

NS = Not Sampled

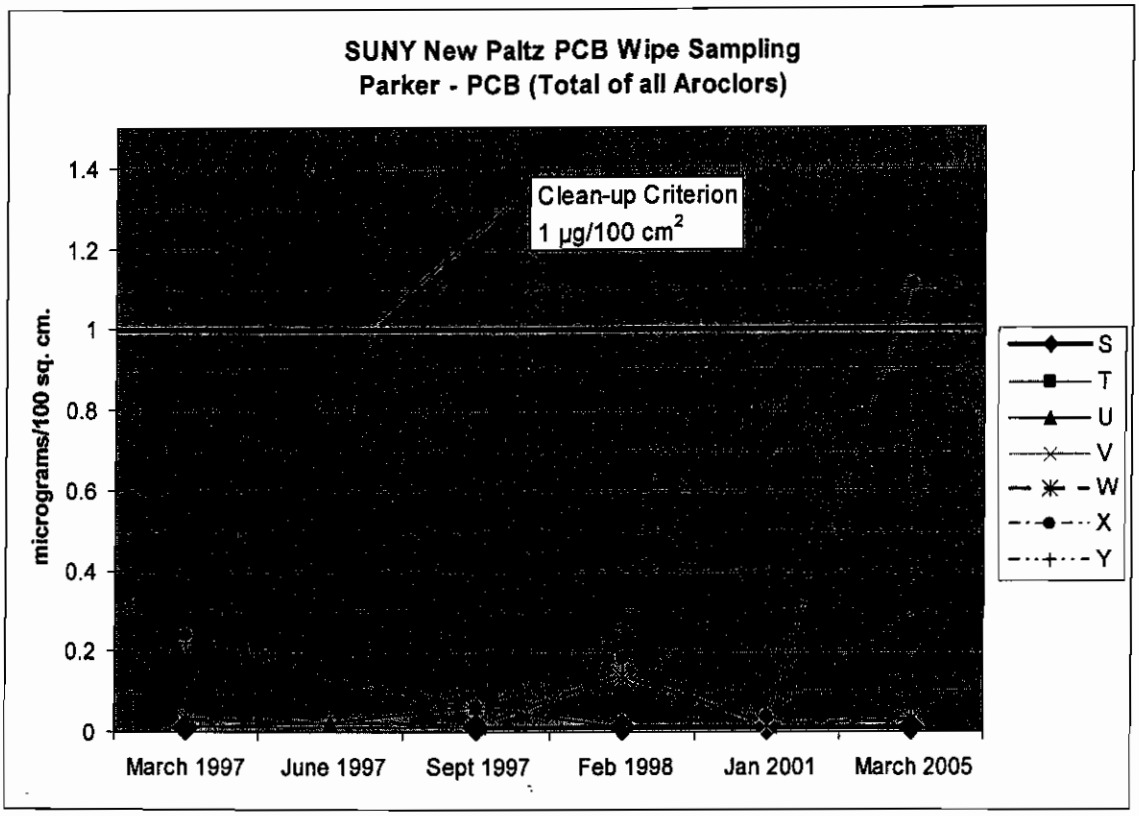
Total Aroclors summed from individual Aroclor data found in the tables in Appendix B or in the original laboratory reports in Appendix D

Wipe samples were collected from the same wall in the electric room of Capen Hall in January 2001 and March 2005. Wipe sampling results indicate surface area concentrations of PCBs were below the clean-up criterion.

The Capen Hall electric room was not known to be affected by the 1991 incident. The walls were not encapsulated during the 1991 incident response. The electric room is still in operation, unlike the other rooms sampled during these sampling events. Wipe samples were collected to assure that PCBs did not impact the walls.

No air sampling has been conducted at Capen Hall.

4.6 Parker Theatre



Legend	Location	3/10/1997	6/24/1997	9/10/1997	2/4/1998	1/9/2001	3/29/2005
S	Loading dock face #1	0.01	NS	0.01	<0.01	0.01[PL]	0.01
T	Loading dock face #2	0.01	NS	0.01	<0.01	NS	NS
U	Exterior vault beam	0.01	NS	0.06	<0.01	NS	0.01
V	Elec. room S and W wall	0.03	NS	0.02	0.21	0.01	0.06
W	Elec. room N and E wall	0.03	NS	0.02	0.14	0.02	0.03
X	Vault E wall	0.24	NS	0.06	0.18	0.04	1.11
Y	Vault S wall	0.22	NS	0.05	0.26	0.04	0.30

NS = Not Sampled

PL = Present but less than amount indicated

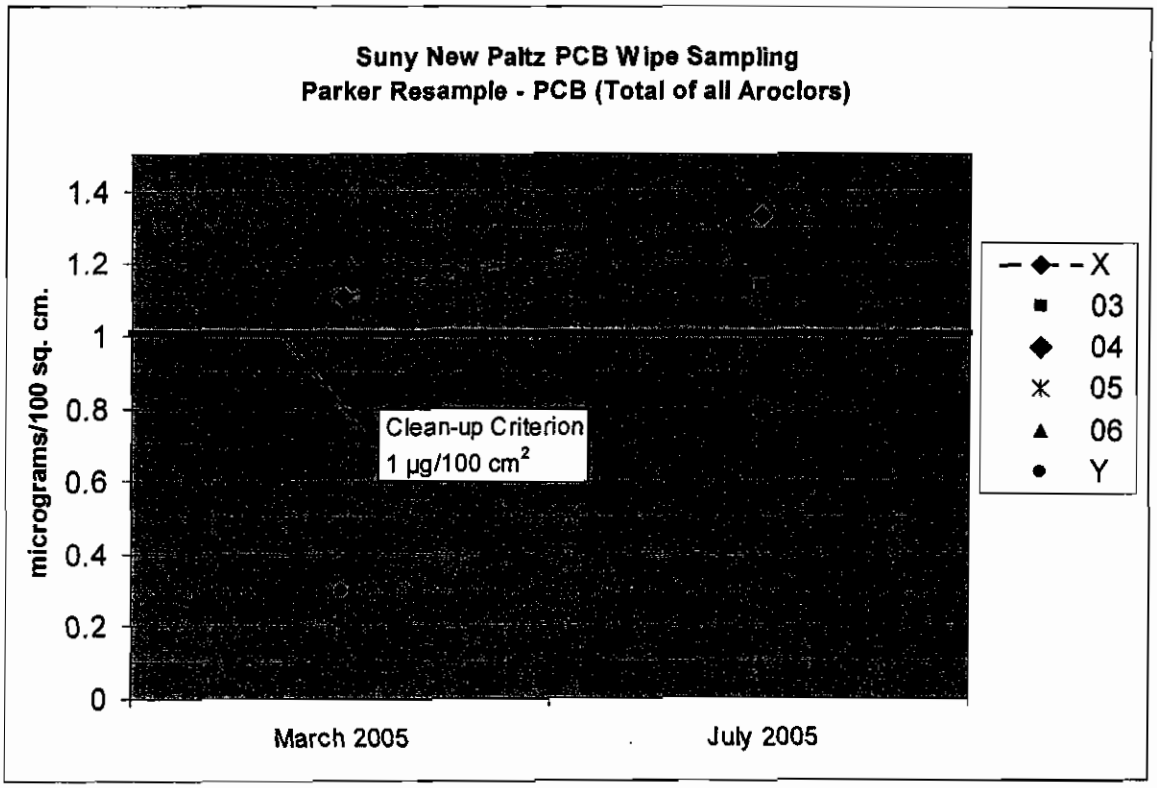
Total Aroclors summed from individual Aroclor data found in the tables in Appendix B or in the original laboratory reports in Appendix D

For all six (6) sampling events at Parker Theater transformer vault, wipe samples were below the clean-up criterion, except for one sample in March 2005 that slightly exceeded the clean-up criterion. This wipe sample was collected from the east wall of the vault, and was comprised of PCB Aroclor 1260, the same PCB Aroclor present in the transformers in 1991. The transformer vault was re-sampled in July 2005 to further evaluate whether the result was anomalous or whether there was an issue with the integrity of the encapsulant. Findings for the re-sampling event are provided in section 4.7.

Air sampling was conducted in the Parker Theatre electric room and transformer vault during March and September of 1997, February 1998, January 2001, and March 2005. Sampling results for all Aroclors were below detection limits of 0.02-0.3 $\mu g/m^3$ except

for two samples collected in September 1997 (Aroclor 1254 at 0.48 $\mu g/m^3$ in the electric room and Aroclor 1254 at 0.40 $\mu g/m^3$ in the transformer vault) and these are below the clean-up criterion.

4.7 Re-Sampling of Parker Theater



Legend	Location	3/29/2005	7/21/2005
X	Vault E Wall/Re-sample	1.11	1.33
Y	Vault S Wall	0.30	NS
03	Vault E Wall Left	NS	1.14
04	Vault E Wall Right	NS	0.8
05	Vault West wall	NS	0.07
06	Vault North Wall	NS	0.1

NS = Not Sampled

Total Aroclors summed from individual Aroclor data found in the tables in Appendix B or in the original laboratory reports in Appendix D

Re-testing of the Parker Theater transformer vault in July 2005 included wipe sampling the original location where the exceedance occurred (see Vault E Wall & Re-sample above) and locations on either side of the original location (see Vault E Wall Left and Vault E Wall Right above). Additional wipe samples were also collected from the west and north walls to further evaluate the integrity of the encapsulant in the transformer vault.

Two of the three wipe samples collected from the east wall slightly exceeded the clean-up criterion. Wipe samples collected from the north and west vault walls showed results below the clean-up criterion.

Closer inspection of the encapsulated vault walls revealed that all four (4) walls had irregular, rough surfaces. What appeared to be raw concrete was visible in the pockets or voids of the surface of all 4 walls.

5.0 Discussion & Conclusions

Air and wipe sample results for all sampling events from the six (6) buildings sampled are below the clean-up criteria with the exception of the east wall of the Parker Theater transformer vault identified in the March and July 2005 sampling event. Close inspection of the walls in Parker Theater transformer vault revealed small voids in the encapsulant, exposing the underlying concrete. This may be the reason some of the wipe samples from the east wall were above the clean-up criterion. The wipe sample results and observations of the small voids in the encapsulant on the walls in the Parker Theater transformer vault suggest that the encapsulant is currently not a complete barrier.

There is little, if any expected exposure to the public from the Parker Theater transformer vault because the room is not in use, and has restricted access, protected by a locked wooden door. PCBs were not detected in the March air samples and it is unlikely that air is moving from the Parker Theater transformer vault into occupied areas of the building.

The Parker Theater transformer vault walls differed in appearance than the encapsulated surfaces in the other 4 buildings, which were smooth and flat. In general, the encapsulant continues to be an effective barrier with the exception of the east wall of the Parker Theater transformer vault.

Results from these and previous sampling events do not suggest that persons on the SUNY New Paltz campus are exposed to PCBs from the encapsulated surfaces.

6.0 Recommendations:

1. SUNY New Paltz re-apply a similar and compatible encapsulant to all surfaces of the Parker Theater transformer vault walls. SUNY can contact Clean Harbors for information on the contractor and materials previously used.
2. SUNY New Paltz implement a formal program to monitor the condition of the encapsulant applied in all the former electrical rooms and transformer areas with special attention to the Parker Theater transformer vault. Items to consider include:
    a) Wipe sampling of the Parker Theater transformer vault walls following the re-application of encapsulant,
    b) Maintaining an entry log for the former electric rooms and transformer vaults. The condition of the encapsulant would be entered into the log whenever the rooms are entered for inspection.
    c) Performing a regular inspection program including environmental testing on a regular basis (e.g. every three years) following the methods described in the Quarterly Sampling Plan. SUNY New Paltz should take responsibility to perform future sampling events. Specific sample plans and results can be reviewed by the UCDOH with the assistance of NYSDOH as requested. SUNY can perform this with SUNY staff or retain a consultant.
    d) Formalizing institutional controls to address potential environmental concerns related to the disturbance of encapsulated building materials during renovation or demolition.

I. INTRODUCTION

Gage Hall, Bliss Hall, Scudder Hall, Parker Theatre, and Coykendall Science Building contain encapsulated surfaces that must be monitored with PCB wipe samples and PCB air samples quarterly. The monitoring must be performed quarterly for at least two (2) years. If all results are below the surface wipe criterion, the sampling interval may be reduced to biannual and to annual after five (5) years. Ground water monitoring wells are located at Bliss Hall, Scudder Hall, Parker Theatre, and Coykendall Science Building. Water samples must be taken quarterly from these wells and analyzed for PCBs, as well. This document will describe the permissible PCB concentrations, the sampling protocol, and the sample locations.

II. PERMISSIBLE PCB CONCENTRATIONS

The EPA criteria for the cleanup of a PCB spill vary according to the mass of PCBs spilled and the location of the spill. For soils, the criteria are ten parts per million (10 ppm) expressed as milligram of PCB per kilogram of soil (mg/kg). These criteria have been adopted by the New York State Department of Environmental Conservation (NYSDEC), as well. The primary concern of the NYSDEC is exposure to the environment (i.e., soil, ground water, outside surfaces).

Cleanup criteria for the interior of the bulding were established by the Ulster County Health Department (UCHD), in consultation with the New York State Department of Health (NYSDOH). It was required by the regulatory agencies that prior to reoccupancy, all PCB levels, as measured by wipe samples on accessible surfaces, must be below 1.0 ug/100 cm2, well below the EPA standard of 10 ug/100 cm2.

Further, UCHD/NYSDOH established a PCB air concentration of less than 1.0 ug/m3 (micrograms per cubic meter) prior to reoccupancy. This is substantially lower than the Permissible Exposure Limit (PEL) of 500 ug/m3 established by the Occupational Health and Safety Administration (OSHA) for occupational exposures. OSHA PEL pertains only to occupational exposures; students' exposure to PCB in the campus buildings is not considered an occupational exposure and thus more stringent standards were established.

At the request of the NYSDEC, ground water samples were analyzed for PCB content using a ground water standard of 0.1 microgram per liter (ug/l). This standard is equivalent to the drinking water standard established by the NYSDOH.

A summary of the various cleanup and reoccupancy criteria is located below.

Type of Sample	Criteria	Agency
PCB Wipe	10 ug/100 cm2	EPA/NYSDEC
PCB Wipe	*1.0 ug/100 cm2*	*UCHD*
PCB Air	*1.0 ug/m3*	*UCHD*
		NYSDOH
PCB Air	500 ug/m3	OSHA
PCB Soil	*10 mg/kg*	*EPA/NYSDEC*
PCB Ground Water	*0.1 ug/l*	*EPA/NYSDEC*
PCB Surface Water	0.01 ug/l	EPA/NYSDEC
PCB Drinking Water	0.1 ug/l	EPA/NYSDOH

Note: The italicized criteria, PCB Wipe, PCB Air, PCB Soil, and PCB Ground Water are the criteria pertinent to the quarterly sampling.

III. ENCAPSULATED SURFACES

The original transformer vault/electrical room areas of Gage Hall, Bliss Hall, Scudder Hall, and Coykendall Science Building now have surfaces encapsulated to protect workers and the public from potential exposure to PCB. In addition to the transformer vault/electrical room area at Parker Theatre, the face of the loading dock was encapsulated, as well. Appendix 2 contains maps depicting the locations of the transformer vaults, electrical rooms, and loading dock. At each of the buildings, a combination of PCB wipe and PCB air samples must be taken.

a. PCB wipe samples

When taking PCB wipe samples, one must follow standard industry protocol with one exception: the total wipe area must be nine hundred square cm (900 cm2). As discussed above, the Ulster County Health Department required a reoccupancy cleanup criteria of 1.0 ug/100 cm2. This reoccupancy criteria necessitates a minimum detection limit of 0.1 ug/100 cm2. In order to achieve this limit, the sampling area is increased from the standard EPA protocol of one hundred square centimeters (100 cm2) to nine hundred square centimeters (900 cm2). To maintain the precident set in the remediation, the total wipe area of all quarterly monitoring wipe samples must be nine hundred square centimeters (900 cm2).

The areas encapsulated at Gage Hall are comprised of the two columns on either side of the transformer vault south door and the beam over the door.

Bliss Hall encapsulated surfaces are as follows: the west and south grade beams, the top beams on the west and south walls, the vault room columns, and the external grade beams.

Scudder Hall encapsulated surfaces consist of one column, three beams, and the grade beam in and immediately outside the vault area.

The Parker Theatre encapsulated surfaces include the south wall of the loading dock abutting the primary vault, the lower portion of the exterior west wall of the vault, the loading dock grade beam, and the walls, floors, and ceilings of both the electrical room and the transformer vault.

All remaining surfaces of the Mechanical/Electrical Room (MER) at Coykendall Science Building are encapsulated.

See Appendix 3 for the table outlining the number and location of wipe samples required in each building.

b. PCB Air Samples

One (1) air sample must be taken in the transformer vault/electrical room areas of Gage Hall, Scudder Hall, and Coykendall Science Building. Two (2) air

samples must be taken in Parker Theatre and Bliss Hall, one in each of the transformer vaults and electrical rooms. The minimum detection limit for the air samples must be at least 0.1 ug/m3. One must follow standard industry protocol in obtaining all PCB air samples.

c. Ground Water Monitoring Well Samples

Ground water monitoring wells are located at Bliss Hall, Scudder Hall, Parker Theatre, and Coykendall Science Building. Water samples must be drawn quarterly from each well and analyzed for PCB content. When taking these samples, one must follow standard industry protocol. Prior to sampling, each well must be purged of three volumes of water. Maps in Appendix 4 depict the well locations.

Two samples must be drawn and analyzed from Parker Theatre well PB-3. One sample must be analyzed as is. The second sample must be filtered and then analyzed.

IV. ANALYSIS REPORTS

Forward all analysis reports to:

John Pollard
State University of New York
State University Plaza
353 Boradway
Albany, NY 12201

Allan Dumas
Ulster County Health Department
300 Flatbush Ave.
Kingston, NY 12401 (845) 340-3307

Keith Brown
New York State Department of Environmental Conservation
Region 3 Headquarters
21 S. Putt Corners Rd

SUNY AT NEW PALTZ PCB REMEDIATION: ENCAPSULATION AND GROUND WATER MONITORING

TABLE OF CONTENTS

APPENDIX A

APPENDIX A

Clean Harbors Quarterly Sampling Plan (1996)

file SUNY New Paltz

QUARTERLY SAMPLING

SUNY AT NEW PALTZ

Prepared For:

State University of New York
New Paltz Campus
Route 32
New Paltz, NY 12561

Prepared by:

Clean Harbors Environmental Services, Inc.
Albany Service Center
32 Bask Road
Glenmont, NY 12077

May 30, 1996

b. Wipe sampling

Representative PCB wipe samples were taken of the encapsulated areas and the exhaust duct. The reoccupancy criteria necessitated a minimum detection limit of 0.1 ug/100 cm2. In order to achieve this limit, the sampling area was increased from the standard EPA protocol of one hundred (100) cm2 to nine hundred (900) cm2.

Two (2) quality assurance measures were implemented throughout the wipe sampling program. For ten percent of the samples an additional sample was taken from an immediately adjacent location. This procedure is similar to a duplicate sample quality assurance procedure. These samples were sent to the the New York State Department of Health laboratory in Albany. Additionally, field blanks were obtained and analyzed for PCB's at the NYSDOH laboratory. This quality assurance procedure was conducted to further verify sample result integrity.

c. Air sampling

PCB air samples were and are taken on a scheduled basis in the transformer room. Similarly, throughout the exhaust duct remediation process, ten PCB air samples were taken. Air samples were taken in both the immediate cleaning area and in remote locations throughout the building. In all instances, a level of less than 1.0 ug/m3 was set for re-occupancy per New York State Department of Health (NYSDOH).

IV. TRANFORMER ROOM ENCAPSULATED SURFACES

a. Post Encapsulation Analysis Results: Dudick Inc., Protecto-Coat 800

In a meeting on August 7, 1992, representatives from the EPA, the New York DEC, and the UCHD agreed that all concrete surfaces exhibiting levels of PCB contamination above the UCHD criterion of 1.0 ug/100 cm2 would be encapsulated with Dudick Inc. coating Protecto-Coat 800. Information regarding the encapsulant was forwarded to all parties for their review and comment.

The south concrete block wall of the vault and adjacent columns and beam were encapsulated. To assure that the encapsulant prevented any migration of PCB to the surface, monthly PCB wipe samples were obtained and analyzed. Wipe samples taken on August 18, 1992, returned results above the established ciriterion; all encapsulation PCB wipe and air results can be found in Appendix A-3. It was believed that the origin of the contamination was the bare threshold. The threshold was covered with a polyethylene barrier as a precautionary measure. Remediation was scheduled for the 1992/1993 winter break.

b. Threshold encapsulation: Dudick

The concrete surface of the threshold to the primary electrical room at Gage Hall was encapsulated with Dudick Protecto-Coat 800. Appendix A-4 contains the Work Plan for Gage Threshold Encapsulation.

Wipe samples taken of the vault encapsulated surfaces indicated levels of PCB above the UCHD reoccupancy criterion in January and May, 1993. The surfaces were covered with polyethylene sheeting to prevent contact.

c. First Horseyset re-encapsulation

In May and June, 1993, the remediation of the Gage Hall surfaces coated with Protecto-Coat 800 took place. It was decided to cover the Dudick brand encapsulant with Horseyset brand encapsulant. The wall, columns, beams and threshold, previously encapsulated, were re-encapsulated with Horseyset. (See Appendix A-20, Gage Hall-Additional Work Scope and Appendix A-19, Horseyset Brand Encapsulant Specifications.). The encapsulant never cured properly; the surfaces remained sticky. Even though plans were made to correct the situation, the project protocol of monthly encapsulant sampling continued. Analysis of samples taken in August, 1993, September, 1993, and March, 1994 once again recorded that PCBs had migrated to the surface of the encapsulant. The encapsulated surfaces were isolated with polyethylene sheeting.

d. Second Horseyset re-encapsulation

Because the Horseyset brand encapsulant had proved successful at Bliss Hall and Parker Theatre, NYSOGS, UCHD, and Clean Harbors decided to use Horseyset again. The encapsulant was removed and, as a precautionary measure, the south block wall demolished. All waste was disposed of according to EPA regulations. Prior to re-encapsulation, the columns, beam, and threshold were washed. Once the surfaces were encapsulated, the monthly wipe sample encapsulant monitoring continued. A wipe sample taken of the threshold on August 25, 1994 indicated a surface concentration of PCB equal to 11 ug/100 cm2, in excess of the UCHD reoccupancy criterion. Two sets of samples taken in September, 1994 confirmed the failure of the threshold encapsulant. The threshold was covered with polyethylene sheeting to prevent unnecessary exposure.

e. Threshold Demolition

In December, 1994, the threshold at the base of the transformer room south wall was removed. A new concrete threshold was poured.

e. Subsequent Sampling

PCB wipe and air sampling taken have indicated results within the acceptable established criteria (See Appendix A-3, Encapsulation Wipe and Air Sample Results).

V. EXHAUST DUCT PRE-CLEAN ANALYTICAL RESULTS

To assuage concern over the status of the Gage Hall exhaust system, the UCHD requested PCB wipe samples be taken of the duct work at the system inlets.

Results of exhaust duct inlet PCB wipe samples showed concentrations equal to or greater than the EPA cleanup criteria in the basement Employee Women's Room, the basement west laundry, and the third floor bathroom SRN09. The results were 11 ug/100 cm2, 14 ug/100 cm2, and 10 ug/100 cm2, respectively, (Appendix A-5, Pre-Clean Analysis).

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One advantage of Wabo HorseySet WDE is its zero VOC's, a feature eliminating emission of volatile organic compounds during and/or after application. This product results in a tough, durable,high-gloss finish and is available in five standard colors as well as custom colors.

Note: Every effort has been made to ensure the accuracy of this product information. However, Marbri does not make any claim on the accuracy of the information provided. For up to date specifications and product information, please visit this supplier's website.

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Wabo®HorseySet WDE

Protective Coating/Sealer for Concrete

DESCRIPTION:

Wabo®HorseySet WDE is a two-component, water-based epoxy for use as a protective coating and sealer. The protection of Wabo®HorseySet WDE is equally effective on existing concrete surfaces, as well as on new surfaces. One advantage of Wabo®HorseySet WDE is its zero VOC's, a feature eliminating emission of volatile organic compounds during and/or after application. This product results in a tough, durable, high-gloss finish and is available in five standard colors as well as custom colors.

FEATURES/BENEFITS:

- Wabo®HorseySet WDE is water dispersed, posing little threat to the environment and the applicator
- Cures and protects in one step
- Easy to apply with conventional equipment on new or existing concrete
- Non-flammable
- Available in clear and in colors: Standard Gray, Cliff Gray, Concrete Gray, Charcoal Gray, and White

RECOMMENDED FOR:

- Protecting concrete from *spalling, scaling,* and potential rebar damage
- Sealing out water, chlorides, and other chemicals from concrete surfaces on parking decks, bridge abutments and jersey walls.
- New construction requiring an effective cure and protection system and repairing, restoring, or maintaining concrete requiring a functional coating.

  Primer coat for Wabo®Novol traffic deck coating systems.

RELATED DOCUMENTS:

Wabo®HorseySet WDE
- Specification
- Installation Procedure
- MSDS

SURFACE PREPARATION:

It is essential all surfaces be clean before application of Wabo®HorseySet WDE. Oil, grease, rust, asphalt, loose aggregate, frost, form release agents, and special coatings can impair adhesion. These, and all other contaminants, are best removed with abrasive blasting or chemical cleaning. For new concrete, substrate must be clean and dry.

INSTALLATION SUMMARY:

- Premix Parts A and B separately.
- Add Parts A and B together. Mix thoroughly.
- Apply using brush, roller, or squeegee.
- Airless spray equipment is required on new concrete.

LIMITATIONS:

- Surface and air temperature must be above 50°F (10°C) during and after application until product is fully cured.
- DO NOT apply if precipitation is expected within 24 hours of application.

STORAGE:

- Store out of direct sunlight in dry location, protect from construction activities.

PHYSICAL PROPERTIES:

Resin Type	Modified Polyamide converted Epoxy
Solvent	Water
Weight Solids	35-36%
Volume Solids	32-33%
Recommended Dry Film Thickness (DFT)	3-4 mils
Wet Film Thickness (to achieve DFT)	9-12 mils
Practical Coverage (at recommended DFT)	150 sq. ft./gallon
Dry Time @ 70-80°F (21-27°C), 50% RH	Tack Free – 4-6 hours Open to Traffic –16-24 hours
Pot Life	1½ hours
Packaging	Short-filled one-gallon containers with quart activators, and short-filled 5-gallon containers with one-gallon activators, for a total of 4 ½ gallons.
Shelf Life:	One year from date of manufacture

PACKAGING/COVERAGE:

Packaging

- Shortfilled 5 gallon pail-3.5 gallon Part B (base)
- 1.0 gallon Part A (activator)-clear or transparent amber
- 4.5 gallon total/unit

Coverage

Practical coverage at recommended DFT:
200-300 sq. ft./gallon

- **Deicer Scaling:**
  ASTM C 672
  Rating- 0+ after 150 cycles
- **Bond Strength of Epoxy Resin:**
  ASTM C 882-87
  Passes Type II & V
- **NCHRP 244, 2 coats:**
  Applied to 1 hour, 24 hour, or to 28 day cured concrete
  Water Absorption (21 days): 90%
  Chloride Screening: 94%
  NCHRP 244 Series IV Southern Exposure Chloride Screening: 96%
- **Rapid Determination of the Chloride Permeability of Concrete:**
  FHWA/RD-81/119. Test method AASHTO T-227 reduces chloride penetration of latex concrete by 87%.
  Reduces Chloride penetration of latex concrete by 77%.
- **AASHTO 3% NaCl 90-Day Ponding Test T-259**
  Wabo®HorseySet WDE applied to 4000 lb. concrete. The top 1/16th inch is blasted off before the 90-day Pond is started.
  Wabo®HorseySet WDE tested 27% (top 1/2") and 32% (next 1/2") below chloride ion allowed
- **Abrasion Resistance (Taber)**
  (1000 cycles, 1000mg weight, CS-10 wheels) - 8 mg loss

ADDITIONAL REQUIREMENTS/EQUIPMENT:

- Brush - use synthetic bristle
- Roller - use natural or good synthetic covers, 1/4" to 1/2" nap.
- Airless Spray-45:1 pump, 3,000 psi, .019-.027 reversible tip with 10-12 fan; 50 feet of high pressure fluid hose between 3/8-1/2" diameter.

SPECIFICATIONS:

LIMITED WARRANTY:

Watson Bowman Acme Corp. warrants that this product conforms to its current applicable specifications. WATSON BOWMAN ACME CORP. MAKES NO OTHER WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE. The sole and exclusive remedy of Purchaser for any claim concerning this product, including, but not limited to, claims alleging breach of warranty, negligence, strict liability or otherwise, is the replacement of product or refund of the purchase price, at the sole option of Watson Bowman Acme Corp. Any claims concerning this product shall be submitted in writing within one year of the delivery date of this product to Purchaser and any claims not presented within that period are waived by Purchaser. IN NO EVENT SHALL WATSON BOWMAN ACME CORP. BE LIABLE FOR ANY SPECIAL, INCIDENTAL, CONSEQUENTIAL (INCLUDES LOSS OF PROFITS) OR PUNITIVE DAMAGES.
Other warranties may be available when the product is installed by a Wabo-certified installer. Contact your local Wabo representative for details.
The data expressed herein is true and accurate to the best of our knowledge at the time published; it is, however, subject to change without notice.

Contact
Watson Bowman Acme Corp. 95 Pineview Drive, Amherst, NY 14228
phone:716-691-7566 / fax: 716-691-9239 / email: info@wbacorp.com / web site: http://www.wbacorp.com

QUARTERLY ENCAPSULATION WIPE SAMPLES

Note: See Appendix A-2 for room locations.

Building	# Samples	Locations
Bliss Hall	four (4)*	◦ two (2) of various encapsulated surfaces in the transformer vault ◦ one (1) of various encapsulated surfaces in the electrical room ◦ one (1) of the transformer vault exterior grade beam
Coykendall Science	seven (7)*	◦ two (2) of various encapsulated wall surfaces in MER ◦ two (2) of various encapsulated ceiling surfaces in MER ◦ three (3) of various encapsulated column and beam surfaces in MER
Gage Hall	two (2)*	◦ two (2) of encapsulted surfaces in the transformer vault/electrical room
Parker Theatre	seven (7)*	◦ two (2) of various encapsulated surfaces in the transformer vault ◦ two (2) of various encapsulated surfaces in the electrical room ◦ two (2) of loading dock face ◦ one (1) of the transformer vault external grade beam
Scudder Hall	three (3)*	◦ three (3) of various encapsulated surfaces in the transformer vault.

* One duplicate PCB wipe sample must be taken yearly. Send the result to

Mark Knudsen
Regional Toxics Coordinator
State of New York Department of Health
6 Prince St.
Monticello, NY 12701-1957

Table 1: PCB Wipe Sampling 3/29/05

SUNY New Paltz Wipe Sampling 3/29/05

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Bliss Hall - Electric room ceiling beam	B-Elec Room	<0.01	<0.01	<0.01	<0.11	0.11	0.11
Bliss Hall - Vault, S beam and W column	B-Vault #1	<0.01	<0.01	<0.01	<0.01	0.19	0.19
Bliss Hall - Vault, W beam and W column	B-Vault #2	<0.01	<0.01	<0.01	<0.01	0.23	0.23
Bliss Hall - Exterior grade beam	B-Ext Grade Beam	<0.01	<0.01	<0.01	<0.01	0.01[PL]	0.01[PL]
Gage Hall - Vault, S door beam	G-Beam #1	<0.01	<0.01	<0.01	<0.01	0.11	0.11
Gage Hall - beam above door	G-Beam #2	NS	NS	NS	NS	NS	NS
Gage Hall - Vault, door columns	G-column #1	<0.01	<0.01	<0.01	<0.01	0.05	0.05
Scudder Hall – Vault, S column	S-column	<0.01	<0.01	<0.01	<0.02	0.20	0.2
Scudder Hall –Vault, E wall beam	S-Beam #1	<0.01	<0.01	<0.01	<0.01	0.84	0.84
Scudder Hall –Vault, W and S beams	S-Beam #2	<0.01	<0.01	<0.01	<0.01	0.10	0.1
Scudder Hall – Exterior grade beam	S-Grade Beam	NS	NS	NS	NS	NS	NS
Coykendall – Electric room columns	C-Mer column #1	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Coykendall – Electric room columns	C-Mer column #2	<0.01	<0.01	<0.01	<0.01	0.08	0.08
Coykendall – Vault, E wall	C-Mer wall #1	<0.01	<0.01	<0.01	<0.01	0.21	0.21
Coykendall – Electric room E wall	C-Mer wall #2	<0.01	<0.01	<0.01	<0.01	0.06	0.06
Coykendall – Electric room ceiling	C-Mer ceiling #1	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Coykendall – Vault and elec room ceilings	C-Mer ceiling #2	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Coykendall – Vault and elec room beams	C-Mer beam	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Parker – Loading dock face	P-Loadd 1	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Parker – Loading dock face	P-Loadd 2	NS	NS	NS	NS	NS	NS
Parker – Exterior vault beam	P-Vault beam	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Parker – Elec room S and W wall	P-Elec Rm #1	<0.01	<0.01	<0.01	<0.01	0.06	0.06
Parker – Elec room Nand E wall	P-Elec Rm #2	<0.01	<0.01	<0.01	<0.01	0.03	0.03
Parker – Vault E wall	P-Vault #1	<0.01	<0.01	<0.01	<0.11	1.11	1.11
Parker – Vault S wall	P-Vault #2	<0.01	<0.01	<0.01	<0.02	0.30	0.3

Table 1: PCB Wipe Sampling 3/29/05

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
QA – 100 cm. Sq.metal template	P-Template	<0.01	<0.01	<0.01	<0.01	0.01	0.01
QA –glove	Glove	<0.01	<0.01	<0.01	<0.01	.01[PL]	.01[PL]
QA – Gauze soaked in hexane	Moist wipe blank	ND	ND	ND	ND	ND	ND
QA – Pipe cutter in MER	C-pipecutter	NS	NS	NS	NS	NS	NS
Capen Vault	Vault wall	<0.01	<0.01	<0.01	<0.03	0.32	0.32

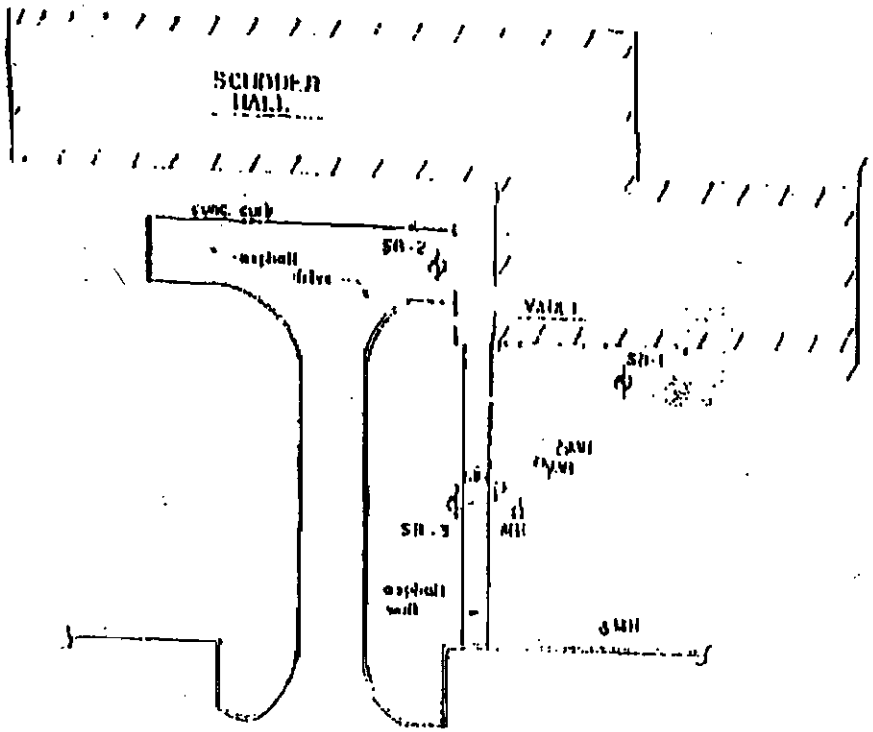
All results are in micrograms per 100 square centimeters

NS = Not Sampled

SL = Sample Leaked

PL = Present but below stated value

APPENDIX B



Clean Harbors
ENVIRONMENTAL CONSTRUCTION, INC.
325 Wood Road
Braintree, Massachusetts 02184
Telephone (617) 849-1240/1800

ISSUE	DESCRIPTION	DRAWN	CHECKED	APPROVED	DATE
A	PRELIMINARY				

SUNY NEW PALTZ
NEW PALTZ, NY

SCUDDER HALL BORING LOCATION PLAN

PROJECT NO. E-3300
SCALE 1" = 30'

Table 2: PCB Wipe Sampling 7/21/05

SUNY New Paltz Wipe Sampling 7/21/05

Location	Sample ID	Aroclor 1221	Aroclor 1232	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Template*	721-01	ND	ND	ND	ND	ND	0.01	0.01
Vault E Wall	721-02	<0.01	<0.01	0.11	<0.11	<0.11	1.22	1.33
Vault E Wall Left	721-03	<0.01	<0.01	0.08	<0.11	<0.11	1.06	1.14
Vault E Wall Right	721-04	<0.01	<0.01	0.09	<0.06	<0.06	0.71	0.8
Vault West Wall	721-05	<.006	<.006	0.01	<.006	<.006	0.06	0.07
Vault North Wall	721-06	<.006	<.006	0.01	<.006	<.006	0.09	0.1
Template #2*	721-07	<.006	<.006	0.008	<.006	<.006	0.04	0.048
Hexane wipe*	721-09	ND	ND	ND	ND	ND	ND	ND

All results are in micrograms per 100 square centimeters
ND = Lab Reported Non detection
* Blanks

Table 3: PCB Wipe Sampling 3/10/97

SUNY New Paltz Wipe Sampling 3/10/97

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Bliss Hall - Electric room ceiling beam	B-Elec Room	<0.01	0.01	<0.01	<0.01	0.37	0.38
Bliss Hall - Vault, S beam and W column	B-Vault #1	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Bliss Hall - Vault, W beam and W column	B-Vault #2	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Bliss Hall - Exterior grade beam	B-Ext Grade Beam	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Gage Hall - Vault, S door beam	G-Beam #1	<0.01	<0.01	<0.01	<0.01	0.22	0.22
Gage Hall - beam above door	G-Beam #2	<0.01	<0.01	<0.01	<0.01	0.24	0.24
Gage Hall - Vault, door columns	G-column #1	<0.01	<0.01	<0.01	<0.01	0.3	0.3
Scudder Hall – Vault, S column	S-column	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Scudder Hall –Vault, E wall beam	S-Beam #1	0.01[PL]	<0.01	<0.01	<0.01	0.05	0.05
Scudder Hall –Vault, W and S beams	S-Beam #2	<0.01	<0.01	<0.01	<0.01	0.08	0.08
Scudder Hall – Exterior grade beam	S-Grade Beam	<0.01	<0.01	<0.01	<0.01	0.11	0.11
Coykendall – Electric room columns	C-Mer column #1	<0.01	0.06	<0.01	<0.01	0.43	0.49
Coykendall – Electric room columns	C-Mer column #2	<0.01	<0.01	<0.01	<0.01	0.05	0.05
Coykendall – Vault, E wall	C-Mer wall #1	<0.01	0.01	<0.01	<0.01	0.16	0.17
Coykendall – Electric room E wall	C-Mer wall #2	<0.01	0.01[PL]	<0.01	<0.01	0.09	0.09
Coykendall – Electric room ceiling	C-Mer ceiling #1	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Coykendall – Vault and elec room ceilings	C-Mer ceiling #2	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Coykendall – Vault and elec room beams	C-Mer beam	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Parker – Loading dock face	P-Loadd 1	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Parker – Loading dock face	P-Loadd 2	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Parker – Exterior vault beam	P-Vault beam	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Parker – Elec room S and W wall	P-Elec Rm #1	<0.01	0.01[PL]	<0.01	<0.01	0.03	0.03
Parker – Elec room Nand E wall	P-Elec Rm #2	<0.01	0.01[PL]	<0.01	<0.01	0.03	0.03
Parker – Vault E wall	P-Vault #1	<0.01	0.02	<0.01	<0.01	0.22	0.24
Parker – Vault S wall	P-Vault #2	<0.01	0.03	<0.01	<0.01	0.19	0.22

Table 3: PCB Wipe Sampling 3/10/97

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
QA – 100 cm. Sq.metal template	P-Template	<0.01	<0.01	<0.01	<0.01	0.01	0.01
QA – Dry gauze pad	Dry wipe blank	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
QA – Gauze soaked in hexane	Moist wipe blank	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
QA – Pipe cutter in MER	C-pipecutter	<0.28	<0.28	<0.28	<0.28	<0.28	<0.28
Capen Vault	Vault wall	NS	NS	NS	NS	NS	NS

All results are in micrograms per 100 square centimeters
NS = Not Sampled
PL = Present but below stated value

Table 4: PCB Wipe Sampling 6/24/97

SUNY New Paltz Wipe Sampling 6/24/97

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Bliss Hall - Electric room ceiling beam	B-Elec Room	NS	NS	NS	NS	NS	NS
Bliss Hall - Vault, S beam and W column	B-Vault #1	NS	NS	NS	NS	NS	NS
Bliss Hall - Vault, W beam and W column	B-Vault #2	NS	NS	NS	NS	NS	NS
Bliss Hall - Exterior grade beam	B-Ext Grade Beam	NS	NS	NS	NS	NS	NS
Gage Hall - Vault, S door beam	G-Beam #1	<0.01	<0.01	<0.01	<0.01	0.42	0.42
Gage Hall - beam above door	G-Beam #2	NS	NS	NS	NS	NS	NS
Gage Hall - Vault, door columns	G-column #1	<0.01	<0.01	<0.01	<0.01	0.09	0.09
Scudder Hall – Vault, S column	S-column	NS	NS	NS	NS	NS	NS
Scudder Hall –Vault, E wall beam	S-Beam #1	NS	NS	NS	NS	NS	NS
Scudder Hall –Vault, W and S beams	S-Beam #2	NS	NS	NS	NS	NS	NS
Scudder Hall – Exterior grade beam	S-Grade Beam	NS	NS	NS	NS	NS	NS
Coykendall – Electric room columns	C-Mer column #1	<0.01	<0.01	<0.01	<0.01	0.09	0.09
Coykendall – Electric room columns	C-Mer column #2	SL	SL	SL	SL	SL	SL
Coykendall – Vault, E wall	C-Mer wall #1	<0.01	0.01	<0.01	<0.01	0.06	0.07
Coykendall – Electric room E wall	C-Mer wall #2	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Coykendall – Electric room ceiling	C-Mer ceiling #1	<0.01	<0.01	<0.01	<0.01	0.03	0.03
Coykendall – Vault and elec room ceilings	C-Mer ceiling #2	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Coykendall – Vault and elec room beams	C-Mer beam	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Parker – Loading dock face	P-Loadd 1	NS	NS	NS	NS	NS	NS
Parker – Loading dock face	P-Loadd 2	NS	NS	NS	NS	NS	NS
Parker – Exterior vault beam	P-Vault beam	NS	NS	NS	NS	NS	NS
Parker – Elec room S and W wall	P-Elec Rm #1	NS	NS	NS	NS	NS	NS
Parker – Elec room Nand E wall	P-Elec Rm #2	NS	NS	NS	NS	NS	NS
Parker – Vault E wall	P-Vault #1	NS	NS	NS	NS	NS	NS
Parker – Vault S wall	P-Vault #2	NS	NS	NS	NS	NS	NS

Table 4: PCB Wipe Sampling 6/24/97

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
QA – 100 cm. Sq.metal template	P-Template	NS	NS	NS	NS	NS	NS
QA – Dry gauze pad	Dry wipe blank	NS	NS	NS	NS	NS	NS
QA – Gauze soaked in hexane	Moist wipe blank	NS	NS	NS	NS	NS	NS
QA – Pipe cutter in MER	C-pipecutter	NS	NS	NS	NS	NS	NS
Capen Vault	Vault wall	NS	NS	NS	NS	NS	NS

All results are in micrograms per 100 square centimeters
NS = Not Sampled
SL = Sample Leaked

Table 5: PCB Wipe Sampling 9/10/97

SUNY New Paltz Wipe Sampling 9/10/97

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Bliss Hall - Electric room ceiling beam	B-Elec Room	<0.03	<0.03	<0.03	<0.03	0.32	0.32
Bliss Hall - Vault, S beam and W column	B-Vault #1	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Bliss Hall - Vault, W beam and W column	B-Vault #2	<0.01	<0.01	<0.01	<0.01	0.05	0.05
Bliss Hall - Exterior grade beam	B-Ext Grade Beam	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Gage Hall - Vault, S door beam	G-Beam #1	<0.01	<0.01	<0.01	<0.01	0.14	0.14
Gage Hall - beam above door	G-Beam #2	NS	NS	NS	NS	NS	NS
Gage Hall - Vault, door columns	G-column #1	<0.03	<0.03	<0.03	<0.03	0.42	0.42
Scudder Hall – Vault, S column	S-column	<0.03	<0.03	<0.03	<0.03	0.24	0.24
Scudder Hall –Vault, E wall beam	S-Beam #1	<0.01	<0.01	<0.01	<0.01	0.18	0.18
Scudder Hall –Vault, W and S beams	S-Beam #2	<0.01	<0.01	<0.01	<0.01	0.14	0.14
Scudder Hall – Exterior grade beam	S-Grade Beam	NS	NS	NS	NS	NS	NS
Coykendall – Electric room columns	C-Mer column #1	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Coykendall – Electric room columns	C-Mer column #2	<0.03	0.04	<0.03	<0.03	0.26	0.3
Coykendall – Vault, E wall	C-Mer wall #1	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Coykendall – Electric room E wall	C-Mer wall #2	<0.01	<0.01	<0.01	<0.01	0.06	0.06
Coykendall – Electric room ceiling	C-Mer ceiling #1	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Coykendall – Vault and elec room ceilings	C-Mer ceiling #2	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Coykendall – Vault and elec room beams	C-Mer beam	<0.01	<0.01	<0.01	<0.01	0.07	0.07
Parker – Loading dock face	P-Loadd 1	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Parker – Loading dock face	P-Loadd 2	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Parker – Exterior vault beam	P-Vault beam	<0.01	0.02	<0.01	<0.01	0.04	0.06
Parker – Elec room S and W wall	P-Elec Rm #1	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Parker – Elec room Nand E wall	P-Elec Rm #2	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Parker – Vault E wall	P-Vault #1	<0.01	<0.01	<0.01	<0.01	0.06	0.06
Parker – Vault S wall	P-Vault #2	<0.01	<0.01	<0.01	<0.01	0.05	0.05

Table 5: PCB Wipe Sampling 9/10/97

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
QA – 100 cm. Sq.metal template	P-Template	NS	NS	NS	NS	NS	NS
QA – Dry gauze pad	Dry wipe blank	<0.03	<0.03	<0.03	<0.03	0.24	0.24
QA – Gauze soaked in hexane	Moist wipe blank	NS	NS	NS	NS	NS	NS
QA – Pipe cutter in MER	C-pipecutter	NS	NS	NS	NS	NS	NS
Capen Vault	Vault wall	NS	NS	NS	NS	NS	NS

All results are in micrograms per 100 square centimeters
NS = Not Sampled

Table 6: PCB Wipe Sampling 2/4/98

SUNY New Paltz Wipe Sampling 2/4/98

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Bliss Hall - Electric room ceiling beam	B-Elec Room	<0.08	0.08[PL]	<0.08	<0.08	0.73	0.73
Bliss Hall - Vault, S beam and W column	B-Vault #1	<0.01	<0.01	<0.01	<0.01	0.05	0.05
Bliss Hall - Vault, W beam and W column	B-Vault #2	<0.01	0.01[PL]	<0.01	<0.01	0.02	0.02
Bliss Hall - Exterior grade beam	B-Ext Grade Beam	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Gage Hall - Vault, S door beam	G-Beam #1	<0.03	0.03[PL]	<0.03	<0.03	0.24	0.24
Gage Hall - beam above door	G-Beam #2	NS	NS	NS	NS	NS	NS
Gage Hall - Vault, door columns	G-column #1	<0.02	0.02[PL]	<0.02	<0.02	0.19	0.19
Scudder Hall – Vault, S column	S-column	<0.02	<0.02	<0.02	<0.02	0.16	0.16
Scudder Hall –Vault, E wall beam	S-Beam #1	<0.03	0.03[PL]	<0.03	<0.03	0.26	0.26
Scudder Hall –Vault, W and S beams	S-Beam #2	<0.01	0.01[PL]	<0.01	<0.01	0.08	0.08
Scudder Hall – Exterior grade beam	S-Grade Beam	NS	NS	NS	NS	NS	NS
Coykendall – Electric room columns	C-Mer column #1	<0.01	0.01	<0.01	<0.01	0.05	0.06
Coykendall – Electric room columns	C-Mer column #2	<0.02	0.02	<0.02	<0.02	0.22	0.24
Coykendall – Vault, E wall	C-Mer wall #1	<0.01	0.01[PL]	<0.01	<0.01	0.13	0.13
Coykendall – Electric room E wall	C-Mer wall #2	<0.03	0.03[PL]	<0.03	<0.03	0.21	0.21
Coykendall – Electric room ceiling	C-Mer ceiling #1	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Coykendall – Vault and elec room ceilings	C-Mer ceiling #2	<0.01	0.01	<0.01	<0.01	0.06	0.07
Coykendall – Vault and elec room beams	C-Mer beam	<0.01	0.01[PL]	<0.01	<0.01	0.03	0.03
Parker – Loading dock face	P-Loadd 1	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Parker – Loading dock face	P-Loadd 2	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Parker – Exterior vault beam	P-Vault beam	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Parker – Elec room S and W wall	P-Elec Rm #1	<0.02	0.05	<0.02	<0.02	0.16	0.21
Parker – Elec room Nand E wall	P-Elec Rm #2	<0.01	0.01	<0.01	<0.01	0.13	0.14
Parker – Vault E wall	P-Vault #1	<0.01	0.01[PL]	<0.01	<0.01	0.18	0.18

Table 6: PCB Wipe Sampling 2/4/98

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Parker – Vault S wall	P-Vault #2	<0.01	0.01[PL]	<0.01	<0.01	0.26	0.26
QA – 100 cm. Sq.metal template	P-Template	NS	NS	NS	NS	NS	NS
QA – Dry gauze pad	Dry wipe blank	NS	NS	NS	NS	NS	NS
QA – Gauze soaked in hexane	Moist wipe blank	NS	NS	NS	NS	NS	NS
QA – Pipe cutter in MER	C-pipecutter	NS	NS	NS	NS	NS	NS
Capen Vault	Vault wall	NS	NS	NS	NS	NS	NS

All results are in micrograms per 100 square centimeters
NS = Not Sampled
PL = Present but below stated value

Table 7: PCB Wipe Sampling 1/09/01-1/16/01

SUNY New Paltz Wipe Sampling 1/09/01

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Bliss Hall - Electric room ceiling beam	B-Elec Room	<0.01	<0.01	<0.01	<0.01	0.11	0.11
Bliss Hall - Vault, S beam and W column	B-Vault #1	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Bliss Hall - Vault, W beam and W column	B-Vault #2	NS	NS	NS	NS	NS	NS
Bliss Hall - Exterior grade beam	B-Ext Grade Beam	<0.01	<0.01	<0.01	<0.01	0.01[PL]	0.01[PL]
Gage Hall - Vault, S door beam	G-Beam #1	<0.01	<0.01	<0.01	<0.01	0.23	0.23
Gage Hall - beam above door	G-Beam #2	NS	NS	NS	NS	NS	NS
Gage Hall - Vault, door columns	G-column #1	<0.01	<0.01	<0.01	<0.01	0.20	0.2
Scudder Hall – Vault, S column	S-column	<0.01	<0.01	<0.01	<0.01	0.29	0.29
Scudder Hall –Vault, E wall beam	S-Beam #1	<0.01	<0.01	<0.01	<0.01	0.06	0.06
Scudder Hall –Vault, W and S beams	S-Beam #2	<0.01	<0.01	<0.01	<0.01	0.11	0.11
Scudder Hall – Exterior grade beam	S-Grade Beam	NS	NS	NS	NS	NS	NS
Coykendall – Electric room columns	C-Mer column #1	<0.01	<0.01	<0.01	<0.01	0.07	0.07
Coykendall – Electric room columns	C-Mer column #2	<0.01	<0.01	<0.01	<0.01	0.04	0.04
Coykendall – Vault, E wall	C-Mer wall #1	<0.01	<0.01	<0.01	<0.01	0.05	0.05
Coykendall – Electric room E wall	C-Mer wall #2	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Coykendall – Electric room ceiling	C-Mer ceiling #1	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Coykendall – Vault and elec room ceilings	C-Mer ceiling #2	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Coykendall – Vault and elec room beams	C-Mer beam	<0.01	<0.01	<0.01	<0.01	0.03	0.03
Parker – Loading dock face	P-Loadd 1	<0.01	<0.01	<0.01	<0.01	0.01[PL]	0.01[PL]
Parker – Loading dock face	P-Loadd 2	NS	NS	NS	NS	NS	NS
Parker – Exterior vault beam	P-Vault beam	NS	NS	NS	NS	NS	NS
Parker – Elec room S and W wall	P-Elec Rm #1	<0.01	<0.01	<0.01	<0.01	0.01	0.01
Parker – Elec room Nand E wall	P-Elec Rm #2	<0.01	<0.01	<0.01	<0.01	0.02	0.02
Parker – Vault E wall	P-Vault #1	<0.01	<0.01	<0.01	<0.01	0.04	0.04

Table 7: PCB Wipe Sampling 1/09/01-1/16/01

Location	Sample ID	Aroclor 1221	Aroclor 1016/1242	Aroclor 1248	Aroclor 1254	Aroclor 1260	Total
Parker – Vault S wall	P-Vault #2	<0.01	<0.01	<0.01	<0.01	0.04	0.04
QA – 100 cm. Sq.metal template	P-Template	<0.01	<0.01	<0.01	<0.01	0.01	0.01
QA – Dry gauze pad	Dry wipe blank	ND	ND	ND	ND	ND	ND
QA – Gauze soaked in hexane	Moist wipe blank	ND	ND	ND	ND	ND	ND
QA – Pipe cutter in MER	C-pipecutter	NS	NS	NS	NS	NS	NS
Capen Vault	Vault wall	<0.01	<0.01	<0.01	<0.01	0.16	0.16

All results are in micrograms per 100 square centimeters
NS = Not Sampled
ND = Lab Reported Non-detection
PL = Present but below stated value

APPENDIX C

SUNY New Paltz PCB Sampling Plan (March 11, 2005)
PCB sampling location/identification table

SUNY New Paltz PCB Sampling Plan
March 11, 2005

1.0 Introduction

In December 1991, electrical transformers in several buildings on the SUNY New Paltz Campus overheated and released PCB contaminated smoke. Following the clean up of the SUNY buildings, some surfaces of structural components could not be cleaned to the criteria and were encapsulated with an epoxy-based sealant. Clean Harbors Environmental Services Inc., prepared a Quarterly Sampling Plan dated May 30, 1996 to evaluate whether the encapsulant was an effective barrier to contain the PCBs and effectively minimize human exposure. NYSDOH completed 5 sampling events following the methods and locations described in the Clean Harbors plan.

1. March 1997, SUNY New Paltz Quarterly PCB Sampling Data, dated April 1997.
2. June/July 1997, NYSDOH letters, dated August 11, 1997 and September 15, 1997.
3. September 1997, NYSDOH letter, dated March 20, 1998.
4. February 1998, Draft NYSDOH letter, dated March 19, 1999.
5. January 2001, NYSDOH letter, dated April 4 2001.

Sample results from these five events did not exceed the criteria established for the buildings. The criteria developed and agreed upon by SUNY, NYSDOH, Ulster County DOH and NYSDEC during the clean up of the buildings (Clean Harbors, 1996) include:

PCB Wipe	1.0 microgram per 100 centimeters squared (1.0 $\mu g/100\ cm^2$).
PCB Air	1.0 microgram per cubic meter (1.0 μ/m^3).

NYSDOH prepared this sampling plan for the collection of wipe and air samples from encapsulated surfaces in transformer vaults and electrical equipment rooms from 5 buildings (Bliss Hall, Gage Hall, Scudder Hall, Coykendall Science Building, and Parker Theater) on the SUNY New Paltz campus. Sampling is planned for the week of March 28, 2005.

2.0 Objective

Sampling in the vaults and electrical rooms affected by the PCB incident is intended to evaluate whether PCBs on encapsulated surfaces and in the air remain within the criteria established for the buildings. In order to compare results with previous sampling events, the sampling methods and locations from previous sampling events will be used. The methods are described below and the locations are listed in the attached table.

The results will be tabulated with all previous sampling data and compared to the established criteria. In addition, if concentrations at specific locations increase and exceed the established criteria, further investigation should be performed to determine whether the increase is from failure of the encapsulant or from other source deposition.

3.0 Sample Locations

The 25 wipe sample and 7 air sample locations are summarized below. Specific location descriptions are provided in the attached table. Building floor plans will be available showing the locations of the various rooms.

Bliss Hall:
- Transformer Vault (2 wipe samples, 1 air sample),
- Electric Room (1 wipe sample, 1 air sample),
- Exterior Grade Beam – Transformer Vault (1 wipe sample).

Gage Hall:
- Transformer vault/electrical room (3 wipe samples, 1 air sample)

Scudder Hall:
- Transformer vault (4 wipe samples, 1 air sample)

Coykendall Science Building
- Wall surfaces in MER (2 wipe samples)
- Ceiling surfaces in MER (2 wipe samples)
- Column and beam surfaces in transformer vault (3 wipe samples, 1 air sample)

Parker Theater
- Transformer vault (2 wipe samples, 1 air sample)
- Electric room (2 wipe samples, 1 air sample)
- Loading dock face (2 wipe samples)
- Transformer vault external grade beam (1 wipe sample)

Blanks
- Template blank
- Dry wipe blank
- Hexane moist wipe blank

4.0 Sample Methods

Sample methods are briefly described in the following paragraphs. Sample supplies will be provided by Wadsworth Center. Forms to be completed during the sampling event are provided in Attachment 4 including:

- Field Form
- Request for Analysis Form
- Chain of Custody Form

4.1 Wipe Samples

Wipe samples will be collected as composites and should be distributed across the testing surfaces. Sampling materials include a pre-cleaned 3 inch x 3 inch cotton gauze pad in a container wet with 10 milliliters of hexane. The gauze pad will be placed in a wide mouth I-Chem sample jar after sample collection.

Wipe samples will be collected to comprise a nine hundred square centimeter surface area (900 cm^2). All samples will use a minimum 100-cm^2 template to provide an accurate surface area. Composite samples will involve using one gauze pad over nine equally distributed template areas to comprise the required 900 cm^2 total area. For example, sampling a steel I beam could involve using a 100 cm^2 template over nine areas including three wipes from the vertical surface of the beam, three wipes form the horizontal underside of the beam and three wipes from the horizontal top side of the beam.

4.2 Air Samples

Air samples will be collected on side-by-side florisil cartridges connected in parallel, at a height of three feet above the floor. Air is drawn through the cartridges using a vacuum pump at about one liter per minute until approximately 200 liters of air is collected (approximately 3.3 hours). Sample flow rates will be measured using a calibrated rotometer at the beginning and end of sample collection. Average flow rate and sample time will be used to calculate sample volume.

5.0 Laboratory Analysis

Wadsworth Center Laboratories in Albany New York will analyze samples for PCBs as Aroclors including 1016/1242, 1221, 1248, 1254, and 1260.

5.1 PCBs as Aroclors in Wipes (Method 312).

The pre-cleaned cotton gauze pads wet with hexane is extracted with a hexane/dichloromethane solvent blend, then concentrated. The extract is analyzed by gas chromatography with an electron capture detector. Results are reported as individual Aroclors in micrograms per wipe with the measured area of the sample reported separately. Minimum detection limits shall achieve mass per area at least 0.1 µg/100 cm^2.

5.2 PCBs in Ambient Air (Method 311).

Florisil cartridges are eluted with hexane and concentrated by a nitrogen blow-down. Extracts are analyzed by gas chromatography with an electron capture detector. Results are reported as individual Aroclors in micrograms per cubic meter. Minimum detection limits are 0.1µg /m^3.

6.0 Results Reporting

A report will be prepared summarizing the results of the sampling event. The report will include a summary of the field observations, sampling results, interpretation of the results, laboratory analysis reports and recommendations for future sampling activities. Laboratory reports will provide the quantity

and identity of the Aroclors and indicate the volume or surface area sampled. Wipe sample results will be standardized to mass per 100 cm^2 surface area. A summary of all six of the NYSDOH sampling events performed to date will also be provided in the report.

The need for future sampling events will be developed by the involved agencies and will be based in part on the findings of the upcoming sampling and on the data trends seen over the past 8 years. At a minimum, controls should be in place to address potential environmental concerns related to the disturbance of encapsulated building materials during renovation or demolition. It is recommended that a consultant retained by SUNY New Paltz perform future sampling events, under the oversight of Ulster County DOH with the assistance of NYSDOH as requested.

APPENDIX
A-1

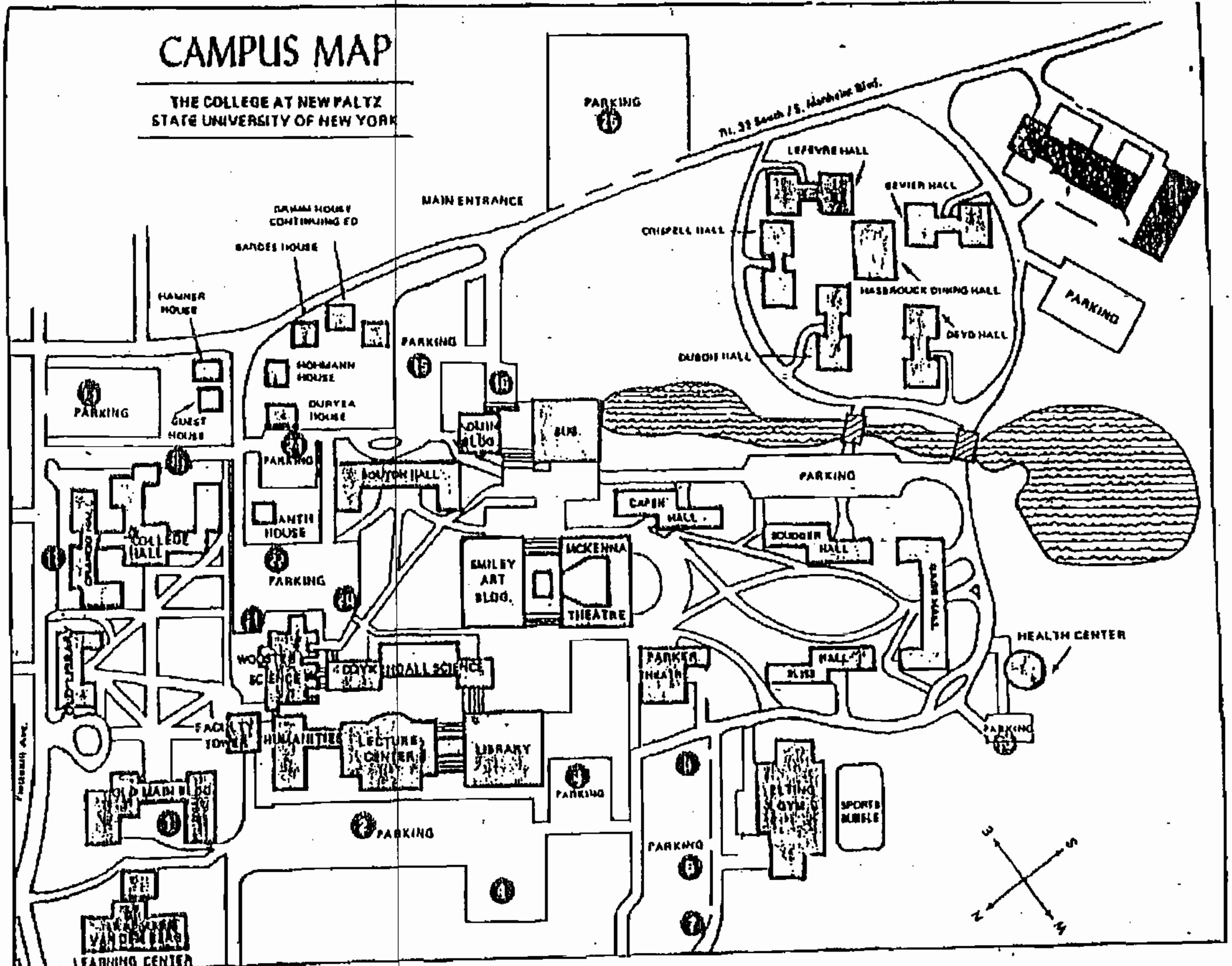
Site Map

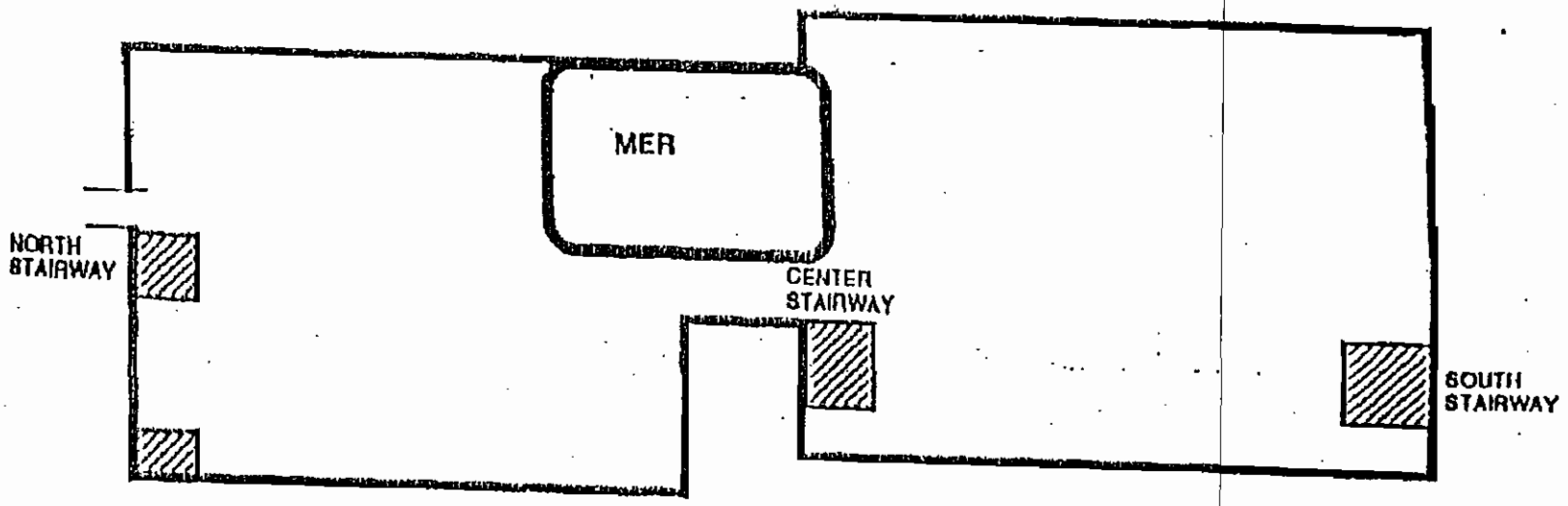
New Paltz, NY 12561

John Hawley
Research Director
Division of Environmental Health Assessment
State of New York Department of Health
2 University Place
Albany, NY 12203-3399

APPENDIX
A-2

Building Maps


CAMPUS MAP
THE COLLEGE AT NEW PALTZ
STATE UNIVERSITY OF NEW YORK
PARKING
MAIN ENTRANCE
LEFEVRE HALL
BEVIER HALL
CRISPELL HALL
HASBROUCK DINING HALL
DEYO HALL
DUBOIS HALL
PARKING
HAMNER HOUSE
GUEST HOUSE
BARDES HOUSE
HOHMANN HOUSE
DURYEA HOUSE
PARKING
BOUTON HALL
CAPEN HALL
PARKING
COLLEGE HALL
SMILEY ART BLDG.
McKENNA THEATRE
HEALTH CENTER
WOOSTER SCIENCE
HUMANITIES
LECTURE CENTER
LIBRARY
FACULTY TOWER
OLD MAIN BLDG
PARKING
SPORTS BUBBLE
LEARNING CENTER



N

NOTE: ALL LOAD-BEARING WALLS HAVE BEEN REMOVED AS OF THE PREPARATION OF THIS DOCUMENT.

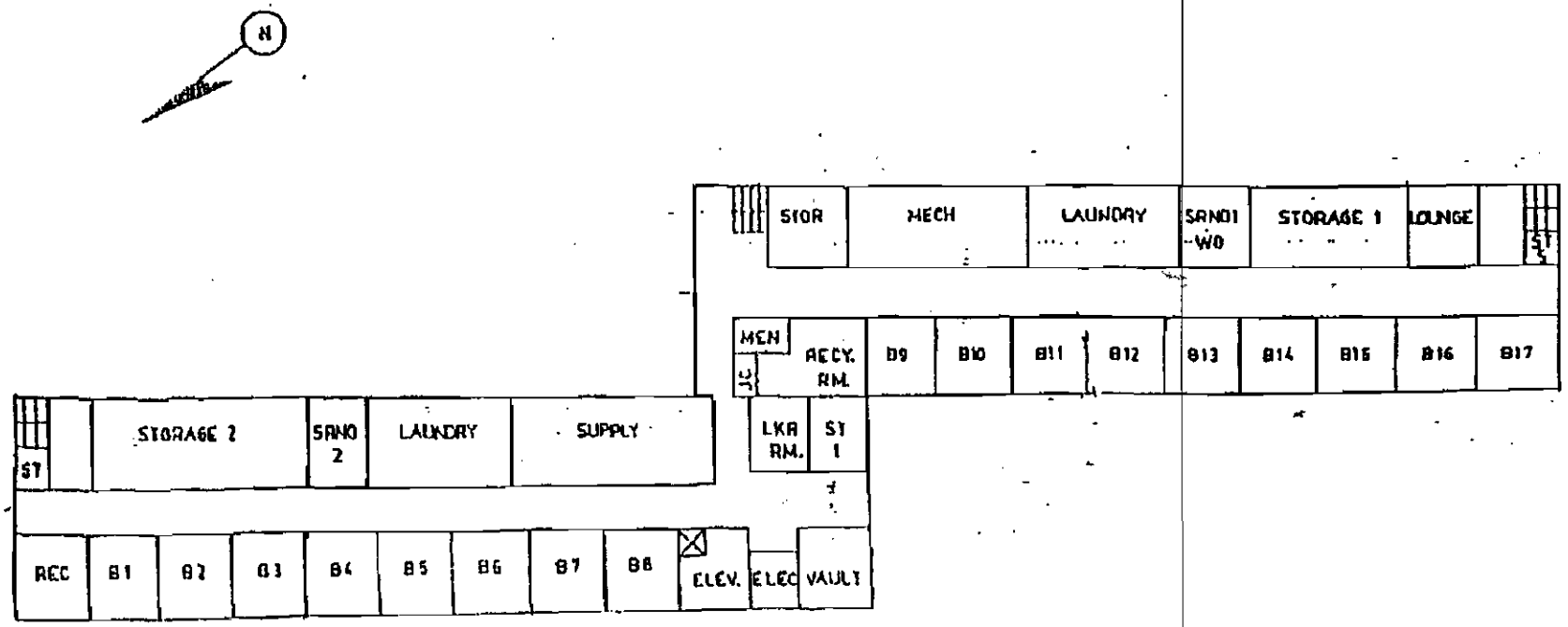
KEY: ▨ = STAIRWAY

ISSUE	DESCRIPTION	DRWN	CHKD	APPR	DATE
1	SUNY - COYKENDALL	AS			

CleanHarbors
Environmental Services, Inc.
325 WOOD ROAD
BRAINTREE, MASSACHUSETTS 02184
(617) 849-1200

COYKENDALL SCIENCE BUILDING

JOB # NY6785
SCALE: N.T.S.
DWG. NO.

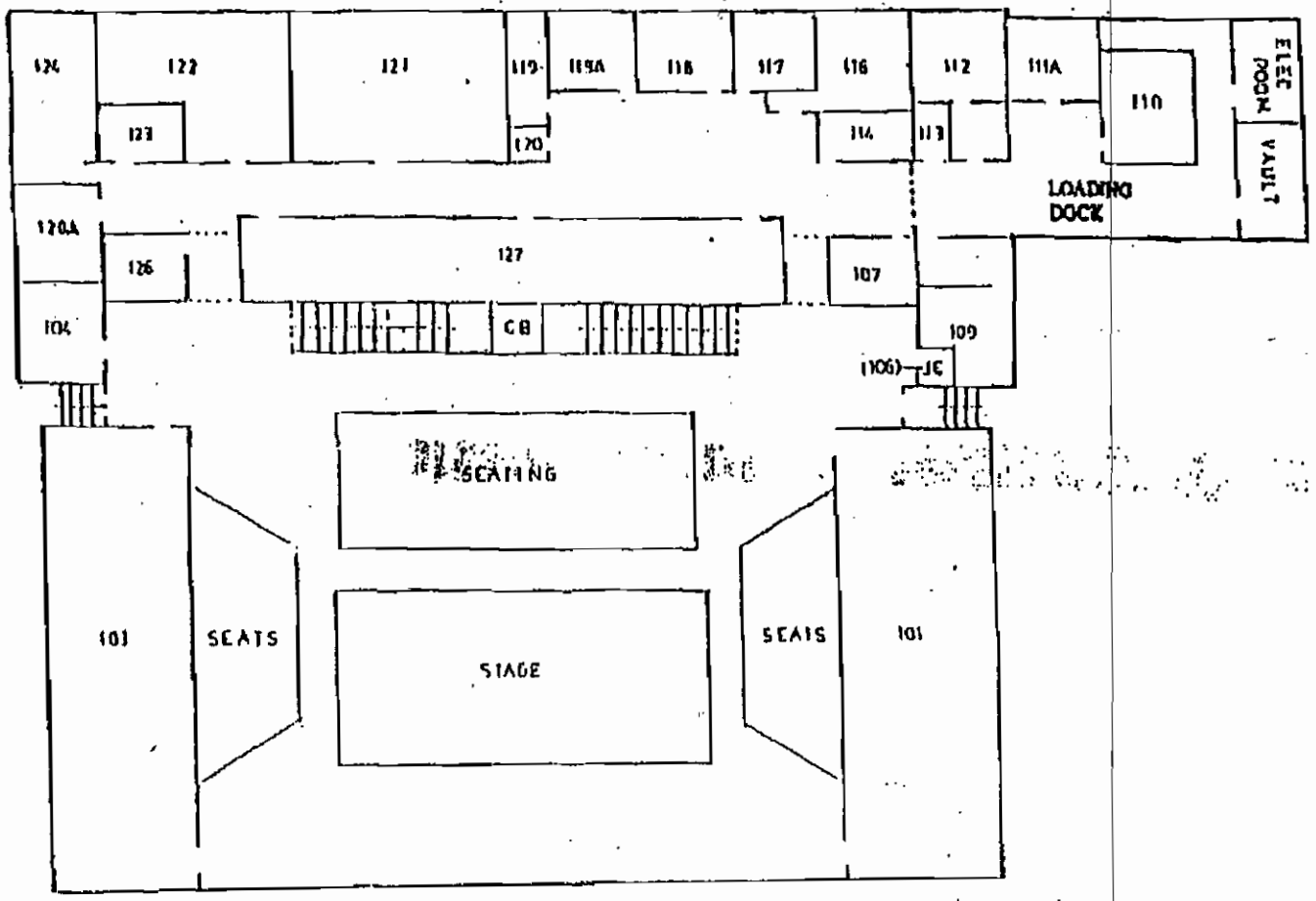


1	SUNY - BLISS HALL				
ISSUE	DESCRIPTION	INITIAL	CHKD.	APPR.	DATE

CleanHarbors
ENVIRONMENTAL ENGINEERING, INC.
325 Wood Road
Braintree, Massachusetts 02184
Telephone (617) 849-1200/1800

BLISS HALL, BASEMENT

PROJECT NO. NY
SCALE NTS
DWG. NO.

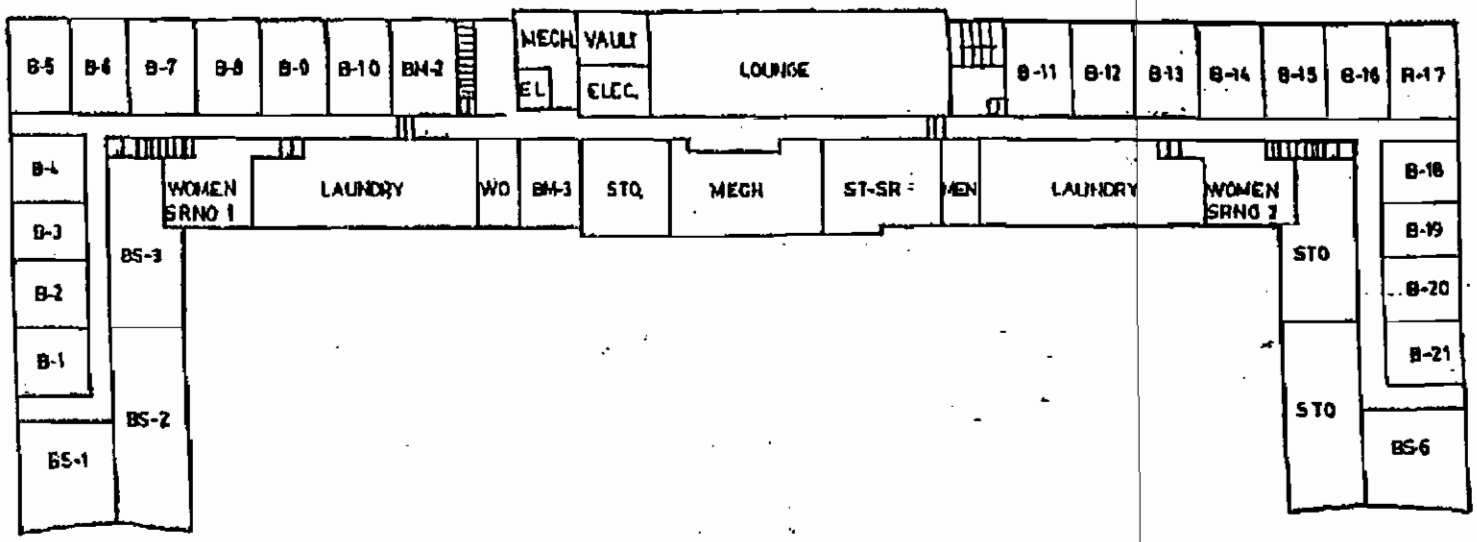


11

Clean Harbors
ENVIRONMENTAL ENGINEERING, INC.
325 Wood Road
Braintree, Massachusetts 02184
Telephone (617) 849-1200/1800

PARKER THEATRE
1st FLOOR

PROJECT NO. NY
SCALE NTS



KEY

SUNY GAGE HALL

ISSUE	DESCRIPTION	BRWN.	CHECK.	APPR.	DATE

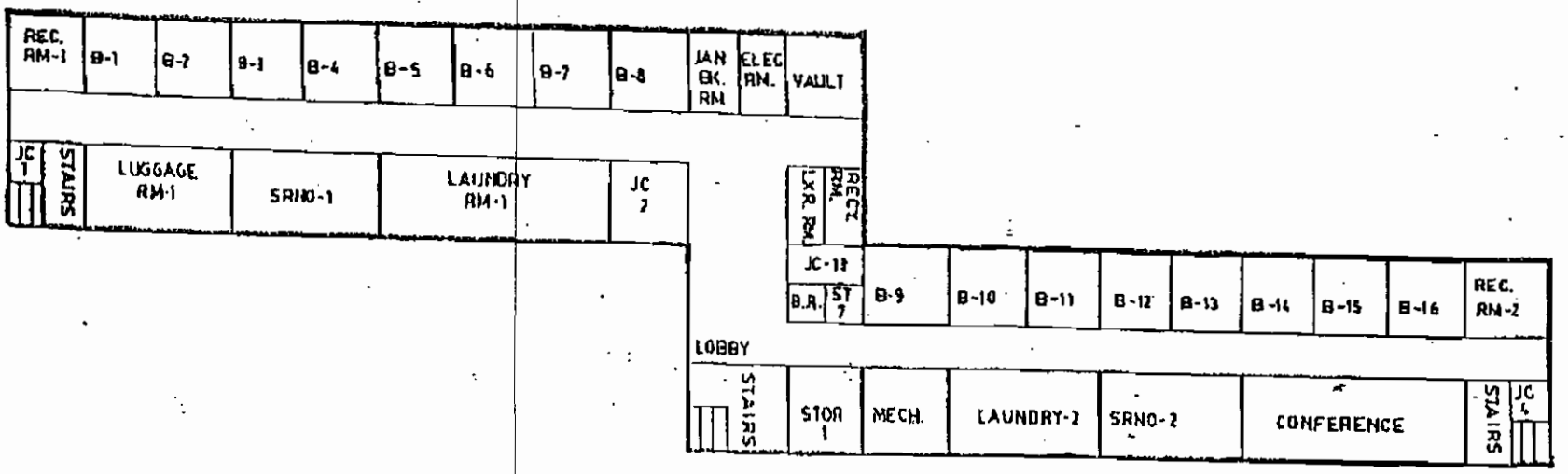
GAGE HALL, BASEMENT

CleanHarbors
ENVIRONMENTAL ENGINEERING, INC.
325 Wood Road
Braintree, Massachusetts 02184
Telephone (617) 849-1200/1201

PROJECT NO. NY 5068
DWG. NO. SUNY-021
SCALE NTS

APPENDIX
A-3

Wipe Sampling Table

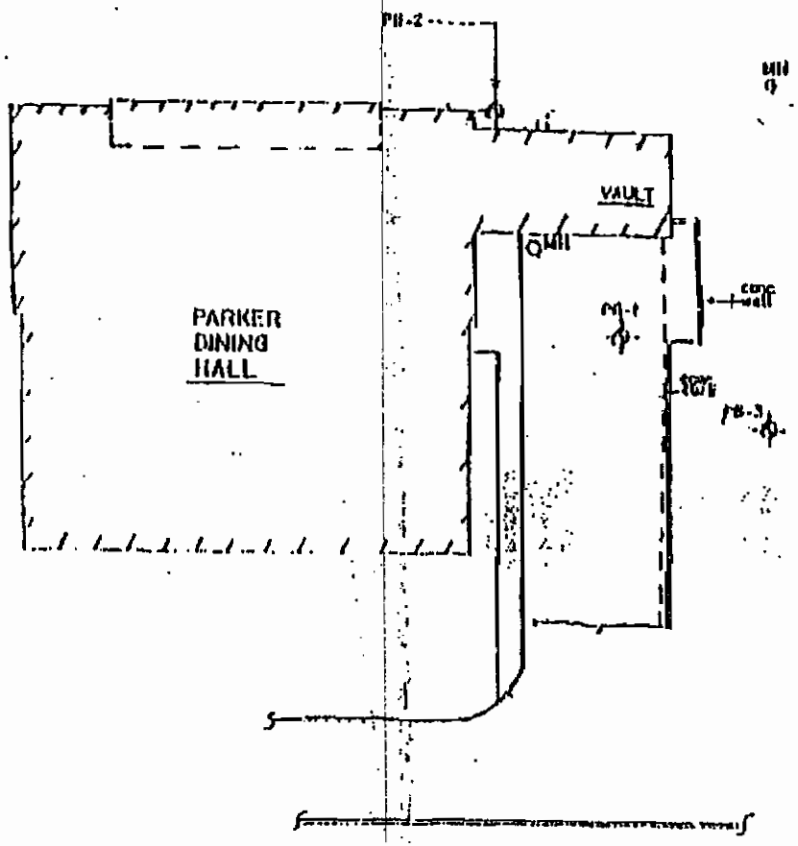


1	ORIGINAL				
ISSUE	DESCRIPTION	DRWN	CHKD	APPD	DATE

Clean Harbors
ENVIRONMENTAL ENGINEERING, INC.
325 Wood Road
Braintree, Massachusetts 02184
Telephone (617) 849-1200/1040

SCUDDER HALL, BASEMENT

PROJECT NO. NY
SCALE 1.0" = 20.0'
DWG. NO.



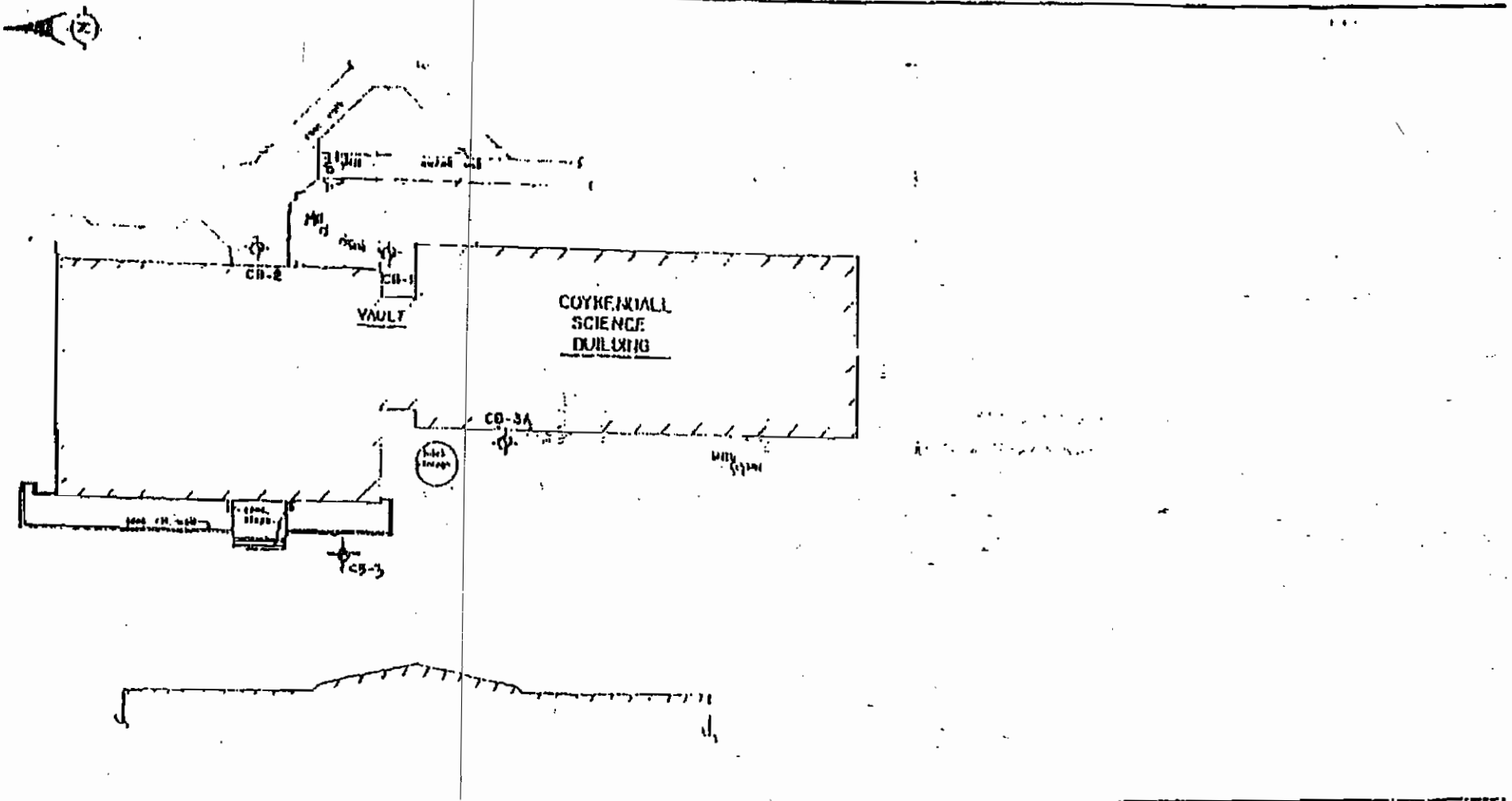
A	PRELIMINARY					
ISSUE	DESCRIPTION	DRAWN	DESIGN	CHKD	APPD	DATE

SUNY NEW PALTZ
NEW PALTZ, NY

PARKER HALL BORING LOCATION PLAN

PROJECT NO. E-3300
SCALE 1" = 50'

CleanHarbors
ENVIRONMENTAL ENGINEERING, INC.
325 Wood Road
Braintree, Massachusetts 02184
Telephone (617) 849-1200/1201



A	PRELIMINARY			
ITEM	DESCRIPTION	BY	CHKD	APPD

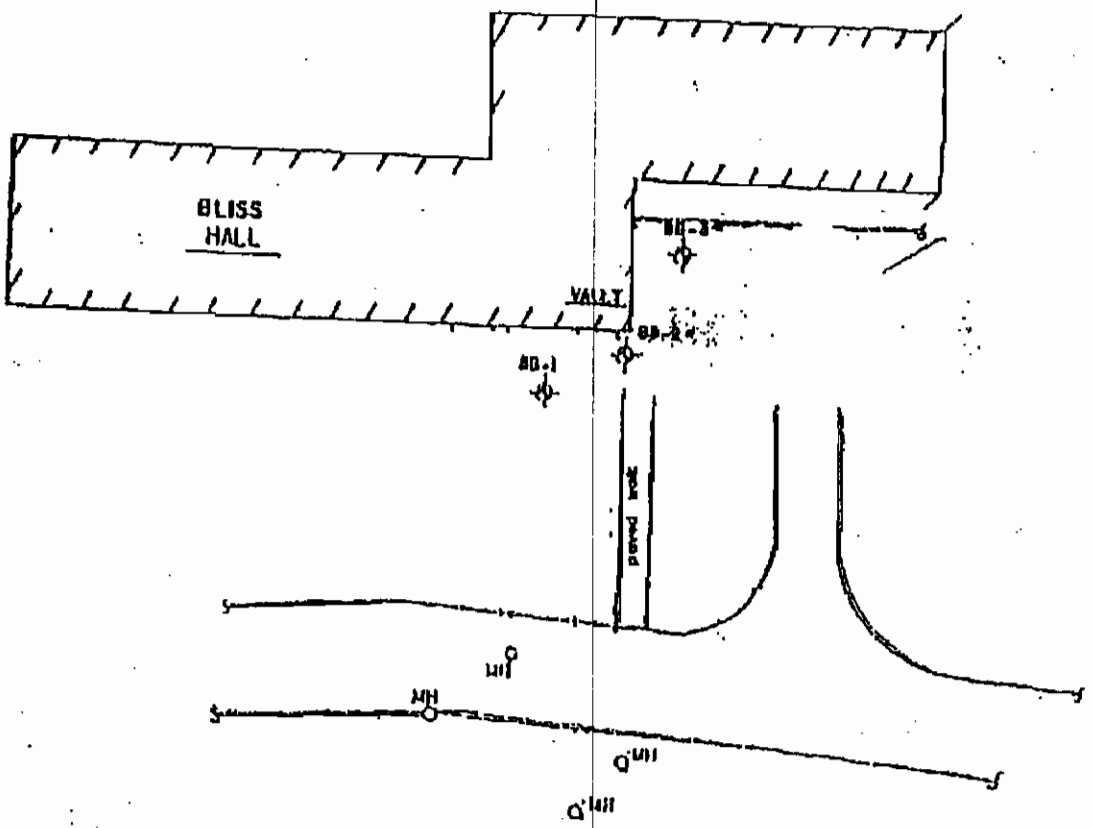
Clean Harbors
ENVIRONMENTAL ENGINEERING, INC.
325 Wood Road
Braintree, Massachusetts 02184
Telephone (617) 849-1800

SUNY NEW PALTZ
NEW PALTZ, NY
COYKENDALL SCIENCE BUILDING
BORING LOCATION PLAN

PROJECT NO. E-3300
SCALE 1" = 40'

APPENDIX
A-4

Well Locations



A	PRELIMINARY				
NO.	DESCRIPTION	DRWN	CHKD	APVD	DATE

CleanHarbors
ENVIRONMENTAL ENGINEERING, INC.
325 Wood Road
Braintree, Massachusetts 02184
Telephone (617) 849-1200/1800

SUNY NEW PALTZ
NEW PALTZ, NY

BLISS HALL BORING LOCATION PLAN

PROJECT NO. E-3300
SCALE 1" = 30'

SUNY New Paltz
PCB Sampling Location and Identification

Wipe Samples (23 + 3 blanks)		
Location	**Former Sample ID**	**2005 Sample ID**
Bliss Hall - Electric room ceiling beam	B-Elec Room	316-18
Bliss Hall - Vault, S beam	B-Vault #1	316-17
Bliss Hall - Vault, W beam	B-Vault #2	316-16
Bliss Hall - Exterior grade beam	B-Ext Grade Beam	316-19
Gage Hall - Vault, S door beam	G-Beam #1	316-20
Gage Hall - Vault, door columns	G-column #1	316-21
Scudder Hall – Vault, S column	S-column	316-24
Scudder Hall –Vault, E wall beam	S-Beam #1	316-23
Scudder Hall –Vault, W beams	S-Beam #2	316-22
Coykendall – Electric room columns	C-Mer column #1	316-08
Coykendall – Electric room columns	C-Mer column #2	316-09
Coykendall – Vault, E wall	C-Mer wall #1	316-03
Coykendall – Electric room E wall	C-Mer wall #2	316-07
Coykendall – Electric room beam	C-Mer ceiling #1	316-06
Coykendall – Vault ceiling	C-Mer ceiling #2	316-05
Coykendall – Vault beam	C-Mer beam	316-04
Parker – Loading dock face	P-Loadd 1	316-11
Parker – Exterior vault beam	P-Vault beam	316-10
Parker – Elec room S and W wall	P-Elec Rm #1	316-14
Parker – Elec room Nand E wall	P-Elec Rm #2	316-15
Parker – Vault E wall	P-Vault #1	316-13
Parker – Vault S wall	P-Vault #2	316-12
Capen Hall – ElectricVault S wall	NA – (no previous sample)	316-25
QA – 900 cm. Sq.metal template	P-Template	316-02
QA – Gauze pad, Glove	NA	316-26
QA – Gauze soaked in hexane	Moist wipe blank	316-27

Air Samples (7 + 1 Trip Blank)		
Location	**Sample ID**	**2005 Sample ID**
Bliss Hall Electric Room	NA	108246 & 108247
Bliss Hall Transformer vault	NA	108248 & 108249
Gage Hall Transformer vault	NA	108260 & 108261
Scudder Hall Transformer vault	NA	109010 & 109011
Coykendall Transformer vault	NA	109018 & 109019
Parker Theatre Electric Room	NA	108258 & 108259
Parker Theatre Transformer vault	NA	108262 & 108263
Trip blank	NA	109016 & 109017

APPENDIX D

Request for Analysis Forms
Chain of Custody Records
Laboratory Reports

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Albany, NY 12201-0509

Chain of Custody Record

Instructions: This form must be completed for any sample which might be used in enforcement proceedings or litigation. **Transporting Samples:** During transport of the sample from sampling site to the laboratory, the chain of custody must be unbroken. Generally this will require the sample be delivered by the sample collector or his designated representative who will sign for the receipt, integrity and transfer of the sample during shipment. If integrity of the sample is questionable, describe problem on the reverse side of this form.

Dropped

Sample ID (Lab Use Only)	Field Ref.	Coll. Date	Coll. Time	Collection Point	Sample Type
316-01		3/29/05		SUNY New Paltz Not Used	☐ Water ☐ Air ☐ Soil ☒ Other
316-02				Temp Plate	☐ Water ☐ Air ☐ Soil ☒ Other
316-03				Coy Kendall Vault E. Wall	☐ Water ☐ Air ☐ Soil ☒ Other
316-04				Coy Kendall Electric Beam (D)	☐ Water ☐ Air ☐ Soil ☒ Other
316-05				Coy Kendall Vault Room Ceiling	☐ Water ☐ Air ☐ Soil ☒ Other
316-06				Coy Kendall Electric Room Beam	☐ Water ☐ Air ☐ Soil ☒ Other
316-07				Coy Kendall Electric room E Wall	☐ Water ☐ Air ☐ Soil ☒ Other
316-08				Coy Kendall Electric room Column NE	☐ Water ☐ Air ☐ Soil ☒ Other

Custody of Samples

	Name	Affiliation	Date	Time
1 a. Sample container prepared by	John O'Neil	NYS DOH	3/16/05	
b. Sample container prepared by	John P. O'Neil		/ /	
2. Received by	David Shuman	NYSDOHBTSA	3 25 05	10:00
3. Received by			/ /	
4. Sample Collected by	David Shuman	NYSDOHBTSA	03 25 05	10:00
5. Sample Received by			/ /	
6. Sample Received by			/ /	
7. Sample Received by			/ /	
8. Sample Received by			/ /	
9. Sample Received by			/ /	
10. Sample Received at Lab by	Richard Shuman	NYS DOH	3/31/05	1030
11. Sample Accessioned by	Richard Shuman	NYS DOH	4/1/05	09:30

DOH-3349 (5/95)

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Albany, NY 12201-0509

Chain of Custody Record

Instructions: This form must be completed for any sample which might be used in enforcement proceedings or litigation.
Transporting Samples: During transport of the sample from sampling site to the laboratory, the chain of custody must be unbroken. Generally this will require the sample be delivered by the sample collector or his designated representative who will sign for the receipt, integrity and transfer of the sample during shipment. If integrity of the sample is questionable, describe problem on the reverse side of this form.

Sample ID (Lab Use Only)	Field Ref.	Coll. Date	Coll. Time	Collection Point	Sample Type
316-09		3/29/05		Suny New Paultz / Coykendall Column Elevator room, SE	☐ Water ☐ Air ☐ Soil ☒ Other
316-10				Parker Exterior Vault Beam	☐ Water ☐ Air ☐ Soil ☒ Other
316-11				Parker loading dock Face	☐ Water ☐ Air ☐ Soil ☒ Other
316-12				Parker Vault, S Wall	☐ Water ☐ Air ☐ Soil ☒ Other
316-13				Parker Vault, E Wall	☐ Water ☐ Air ☐ Soil ☒ Other
316-14				Parker Electric room S Wall	☐ Water ☐ Air ☐ Soil ☒ Other
316-15				Parker Electric room N Wall	☐ Water ☐ Air ☐ Soil ☒ Other
316-16		↓		Bliss Hall Vault W. Beam	☐ Water ☐ Air ☐ Soil ☒ Other

Custody of Sample

	Name	Affiliation	Date	Time
1 a. Sample container prepared by	John ONeil	NYS DOH	3/16/05	
b. Sample container prepared by	John P. O'Neil		/ /	
2. Received by	Daniel Shannon	NYSDOH BTSA	3/25/05	10:00
3. Received by			/ /	
4. Sample Collected by	Daniel Shannon	NYSDOH BTSA	03/25/05	10:00
5. Sample Received by			/ /	
6. Sample Received by			/ /	
7. Sample Received by			/ /	
8. Sample Received by			/ /	
9. Sample Received by			/ /	
10. Sample Received at Lab by	[illegible]	NYSDOH	3/31/05	1030
11. Sample Accessioned by	[illegible]	NYSDOH	4/1/05	0930

DOH-3349 (5/95)

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Albany, NY 12201-0509

Chain of Custody Record

Instructions: This form must be completed for any sample which might be used in enforcement proceedings or litigation.
Transporting Samples: During transport of the sample from sampling site to the laboratory, the chain of custody must be unbroken. Generally this will require the sample be delivered by the sample collector or his designated representative who will sign for the receipt, integrity and transfer of the sample during shipment. If integrity of the sample is questionable, describe problem on the reverse side of this form.

Sample ID (Lab Use Only)	Field Ref.	Coll. Date	Coll. Time	Collection Point	Sample Type
316-17		3/29/05		Sunny New Rultz Bliss Hall Vault S. Beam	☐ Water ☐ Air ☐ Soil ☒ Other
316-18				Bliss Hall Electrive room Ceiling	☐ Water ☐ Air ☐ Soil ☒ Other
316-19				Exterior grade Beam - Bliss Hall	☐ Water ☐ Air ☐ Soil ☒ Other
316-20				Gage Hall - Vault S door beam	☐ Water ☐ Air ☐ Soil ☒ Other
316-21				Gage Hall - Vault door column	☐ Water ☐ Air ☐ Soil ☒ Other
316-22				Scudder Hall Vault, W. Beam	☐ Water ☐ Air ☐ Soil ☒ Other
316-23				Scudder Hall Vault, E wall Beam	☐ Water ☐ Air ☐ Soil ☒ Other
316-24		↓		Scudder Hall ↓ Vault S. Column	☐ Water ☐ Air ☐ Soil ☒ Other

Custody of Samples

	Name	Affiliation	Date	Time
1 a. Sample container prepared by	John O'Neil	NYS DOH	3/16/05	
b. Sample container prepared by	John P. O'Neil		/ /	
2. Received by	Daniel Sherman	NYSDOH BTSA	03/25/05	10:00
3. Received by			/ /	
4. Sample Collected by	Daniel Sherman	NYSDOH BTSA	03/29/05	10:00
5. Sample Received by			/ /	
6. Sample Received by			/ /	
7. Sample Received by			/ /	
8. Sample Received by			/ /	
9. Sample Received by			/ /	
10. Sample Received at Lab by	Richard Tierney	NYSDOH	3/31/05	1030
11. Sample Accessioned by	Richard Tierney	NYSDOH	4/1/05	0930

DOH-3349 (5/95)

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Albany, NY 12201-0509

Chain of Custody Record

Instructions: This form must be completed for any sample which might be used in enforcement proceedings or litigation.
Transporting Samples: During transport of the sample from sampling site to the laboratory, the chain of custody must be unbroken. Generally this will require the sample be delivered by the sample collector or his designated representative who will sign for the receipt, integrity and transfer of the sample during shipment. If integrity of the sample is questionable, describe problem on the reverse side of this form.

Sample ID (Lab Use Only)	Field Ref.	Coll. Date	Coll. Time	Collection Point	Sample Type
316-25		3/29/05		SUNY New Paltz Capen Hall Electrical Vault Wall	☐ Water ☐ Air ☐ Soil ☐ Other
316-26				QA Sampling Glove	☐ Water ☐ Air ☐ Soil ☐ Other
316-27				QA Gauze in Hexane	☐ Water ☐ Air ☐ Soil ☐ Other
316-28				Not Used	☐ Water ☐ Air ☐ Soil ☐ Other
					☐ Water ☐ Air ☐ Soil ☐ Other
					☐ Water ☐ Air ☐ Soil ☐ Other
					☐ Water ☐ Air ☐ Soil ☐ Other
					☐ Water ☐ Air ☐ Soil ☐ Other

Custody of Sample

	Name	Affiliation	Date	Time
1 a. Sample container prepared by	John O'Neil	NYS DOH	3/16/05	
b. Sample container prepared by	John P. O'Neil		/ /	
2. Received by	Daniel Shannon	NYSDOH BTSA	03/25/05	10:00
3. Received by			/ /	
4. Sample Collected by	Daniel Shannon	NYSDOH BTSA	03/29/05	10:00
5. Sample Received by			/ /	
6. Sample Received by			/ /	
7. Sample Received by			/ /	
8. Sample Received by			/ /	
9. Sample Received by			/ /	
10. Sample Received at Lab by	Richard Stryker	NYS DOH	3/31/05	1030
11. Sample Accessioned by	Richard Stryker	NYS DOH	4/1/05	0930

DOH-3349 (5/95)

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500394
Test Pattern PCBWP

Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 820 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site QA, Temp Plate Sample ID #316-02

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 947 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 0ZTEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission ☐ Routine Surveillance

☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = NA
Wipe of Temp Plate before 1st sample

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500395
Test Pattern PCBWP

Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 820 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Coykendall - Vault & wall, Sample ID #316-03

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____

Type of Sample (select from list) 9.4.7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity
☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill
☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination
☐ (J) Other

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = 900, cm^2

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20 0500396
Test Pattern: PCBWP
Sample Rec'd: 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name 35680N - Suny New Paltz
Exact Description of Site Caykendall Vault beam, Sample ID # 3/6-04
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)
Composite Start: ____
Type of Sample (select from list) 9.4.7 Description Surface Wipe Using Solvent
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900. cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCB's IN Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500397
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Test Pattern PCBWP
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Coykendall - Vault room ceiling, Sample I.D #316-05

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 947 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP

Free Chlorine Residual ____ 24CHLORRES

Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission ☐ Routine Surveillance

☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500398
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Test Pattern PCBWP
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Coy Kendall - Electric room beam, Sample ID #316-06

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9,4,7 Description Sdface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Kel-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 200500399
Sample Rec'd 050401 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Test Pattern PCBWP
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Coykendall - Electric Room E wall, Sample ID #316-07

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9.4.7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP

Free Chlorine Residual ____ 24CHLORRES

Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900. cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500400
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Coykendall - Electric room Column N Sample ID # 316-08

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9.4.7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity
☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill
☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination
☐ (J) Other

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = 900. cm^2

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500401
Test Pattern PCBWP
Sample Rec'd 0,5 | 0,4 | 0,1 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 820 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Coykendall - Electric room Column SE Sample ID # 316-09

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 0,5 (Year) | 0,3 (Month) | 2,9 (Day) | ____ (Mil Hour) | ____ (Minute)

Composite Start ____ | ____ | ____ | ____ | ____

Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = 900 cm^2

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

DOH-246 (12/2001) WHITE-COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500402
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker - Exterior vault beam, Sample I.D # 316-10

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 0ZTEMP

Free Chlorine Residual ____ 24CHLORRES

Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission ☐ Routine Surveillance

☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500403
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker - loading dock Face, Sample ID # 316-11

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity
☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill
☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination
☐ (J) Other

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = 900 cm^2

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20 0500404
Test Pattern: PCBWP
Sample Rec'd: 0,5 (Year) 0,4 (Month) 0,1 (Day) ____ (Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code: 820 Program Name: SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number: ____
Water System Facility No: ____ Sample Point No.: ____
Drainage Basin: ____ Gazetteer Code: 5522 County: ULSTER Town: New Paltz
Latitude: ____ Longitude: ____ Lat/Long Data Source: ____ Format: ____
Altitude or Depth (include units) from Ground: ____ from Sea Level: ____
Location / Project / Facility Name: 35680N - Suny New Paltz
Exact Description of Site: Parker - Vault, S' wall, Sample I.D # 316-12
Address of Sampling Point No. & St.: ____ City / Town: ____ Zip: ____
Address for Notification No. & St: ____ City / Town: ____ Zip: ____

Sampling Information
Grab / Composite Finish: 0,5 (Year) 0,3 (Month) 2,9 (Day) ____ (Mil Hour) ____ (Minute)
Composite Start: ____
Type of Sample (select from list): 9,4,7 Description: Surface wipe, using solvent
Submitted by: Rafferty/Sharron Sample Collected by: Rafferty/Sharron Phone Number: 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐
Special mail code: ____
ASP or CLP: Case: ____ SDG: ____ Customer No: ____

Field Measurements
Sample temperature: ____ °C 02TEMP
Free Chlorine Residual: ____ 24CHLORRES
Total Chlorine Residual: ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500405
Test Pattern PCBWP

Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name 35680N - Suny New Paltz
Exact Description of Site Parker - Vault, E. wall, Sample ID # 316-13
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)
Composite Start ____
Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm 2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500406
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 3568ON - Suny New Paltz

Exact Description of Site Parker - Electric Room, S wall, Sample ID # 316-14

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____

Type of Sample (select from list) 9471 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No ____

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900. CM^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20 0500407
Test Pattern: PCBWP
Sample Rec'd: 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 3568ON - Suny New Paltz

Exact Description of Site Parker - Electric room, N wall, Sample ID # 3/6-15

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____

Type of Sample (select from list) 947 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP

Free Chlorine Residual ____ 24CHLORRES

Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission ☐ Routine Surveillance

☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = 900 cm^2

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

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NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 200500408
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 820 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Bliss Hall - Vault, W Beam, Sample I.D #316-16

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No ____

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = 900. cm^2

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis

☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry

☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry

☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry

☐ Routine Surveillance
☐ Other ____

Air Analysis

Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____

Badges
☐ PERC
☐ Other ____

Cartridges
☐ Specify ____

Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500409
Test Pattern PCBWP

Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name 35680N - Suny New Paltz
Exact Description of Site Bliss Hall - Vault, S Beam, Sample ID #3/6-17
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)
Composite Start ____ ____ ____ ____ ____
Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Kel-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500410
Test Pattern PCBWP
Sample Rec'd 0,5 0,4 0,1 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 820 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Bliss Hall - Electric room ceiling, Sample ID # 316-18

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 0,5 (Year) 0,3 (Month) 2,9 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 200500411
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 820 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Bliss Hall - Exterior grade Beam, Sample ID #316-19

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharman Sample Collected by Rafferty/Sharman Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No ____

Field Measurements

Sample temperature ____ °C 02TEMP

Free Chlorine Residual ____ 24CHLORRES

Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance

☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity ☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill ☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination ☐ (J) Other

Additional information regarding this sample

Total sample area = 900 cm²

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
- ☐ Chlorinated Potable Water
- ☐ Unchlorinated Potable Water
- ☐ Bottled Water
- ☐ Nonpotable Surface Water
- ☐ Chlorinated Waste Water
- ☐ Other ____

Microscopic Analysis
- ☐ Routine Analysis
- ☐ MPA
- ☐ Other ____

Organic Chemistry
- ☐ Chlorinated Insecticides
- ☐ Nitrogen/Phosphorus Pest
- ☐ Herbicides
- ☐ PCBs
- ☐ Purgeables
- ☐ Ketone or Ket-Fuel
- ☐ Semi-Volatiles
- ☐ THMs
- ☐ Haloacetic Acids
- ☒ Other PCBs in Wipes

Inorganic Chemistry
- ☐ Potable Water,
- ☐ Potable Water, OCSS-I + secondary
- ☐ Langelier Index
- ☐ Nitrate
- ☐ Trace Metals Scan
- ☐ Trace Metals (specify) ____
- ☐ Lead
- ☐ Other ____

Nuclear Chemistry
- ☐ Routine Surveillance
- ☐ Other ____

Air Analysis

Canisters
- ☐ Petroleum H/C
- ☐ Halogenated H/C
- ☐ Other ____

Badges
- ☐ PERC
- ☐ Other ____

Cartridges
- ☐ Specify ____

Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 200500412
Test Pattern PCBWP

Sample Rec'd 050401 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Gage Hall - Vault, S door beam, Sample ID #316-20

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20 0500413
Test Pattern: PCBWP
Sample Rec'd: 0,5 | 0,4 | 0,1 (Year | Month | Day | Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code: 870 Program Name: SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number: ____
Water System Facility No: ____ Sample Point No.: ____
Drainage Basin: ____ Gazetteer Code: 5522 County: ULSTER Town: New Paltz
Latitude: ____ Longitude: ____ Lat/Long Data Source: ____ Format: ____
Altitude or Depth (include units) from Ground: ____ from Sea Level: ____
Location / Project / Facility Name: 35680N - Suny New Paltz
Exact Description of Site: Gage Hall - Vault, door columns, Sample I.D # 316-21
Address of Sampling Point No. & St.: ____ City / Town: ____ Zip: ____
Address for Notification No. & St.: ____ City / Town: ____ Zip: ____

Sampling Information
Grab / Composite Finish: 0,5 (Year) | 0,3 (Month) | 2,9 (Day) | ____ (Mil Hour) | ____ (Minute)
Composite Start: ____ | ____ | ____ | ____ | ____
Type of Sample (select from list): 9,4,7 Description: Surface wipe, using solvent
Submitted by: Rafferty/Sharron Sample Collected by: Rafferty/Sharron Phone Number: 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code: ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity ☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill ☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination ☐ (J) Other

Additional information regarding this sample
Total sample area = 900. cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500414
Test Pattern PCBWP

Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Scudder Hall - Vault, W beam, Sample ID # 316-22

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)
Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 947 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis

☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry

☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry

☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry

☐ Routine Surveillance
☐ Other ____

Air Analysis

Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____

Badges
☐ PERC
☐ Other ____

Cartridges
☐ Specify ____

Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500415
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name 35680N - Suny New Paltz
Exact Description of Site Scudder Hall - Vault, E wall Beam, Sample ID # 316-23
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)
Compdsite Start ____
Type of Sample (select from list) 9.4.7 Description Surface wipe, using solvent
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500416
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 820 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 3568ON - Suny New Paltz

Exact Description of Site Scudder Hall - Vault, S column, Sample I.D #316-24

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____ ____ ____ ____ ____

Type of Sample (select from list) 9.4.7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP

Free Chlorine Residual ____ 24CHLORRES

Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance

☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900. cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20500417
Test Pattern PCBWP
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Capen Hall, Electric Vault Wall, Sample ID # 316-25

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____

Type of Sample (select from list) 9,4,7 Description Surface Wipe Using Solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission ☐ Routine Surveillance

☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCB's in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500418
Test Pattern PCBWP

Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name 35680N - Suny New Paltz
Exact Description of Site QA Sampling Glove Sample ID #316-26
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)
Composite Start ____ ____ ____ ____ ____
Type of Sample (select from list) 9.4.7 Description Surface wipe, using solvent
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = NA
Wet Gauze in Glove, then back in sample jar.

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☐ Specify ____
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20 0500419
Test Pattern: PCBWP
Sample Rec'd: 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 820 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site QA - Gauze in hexane, Sample I.D #316-27

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) ____ (Mil Hour) ____ (Minute)

Composite Start ____

Type of Sample (select from list) 9,4,7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Additional information regarding this sample
Total sample area = N/A
Gauze in Sample jar, not opened

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis

☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry

☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry

☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry

☐ Routine Surveillance
☐ Other ____

Air Analysis

Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____

Badges
☐ PERC
☐ Other ____

Cartridges
☐ Specify ____

Other ____

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NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500393
Test Pattern PCBA
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Trip Blank Cartridge # 109017

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) 12 (Mil Hour) 50 (Minute)
Composite Start ____

Type of Sample (select from list) 950 Description Control - Air (cartridge blank)

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity ☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill ☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination ☐ (J) Other

Additional information regarding this sample
Removed End Caps and replaced End caps

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☑ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Anasorb cvs
Other ____

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NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500392
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Test Pattern PCBA
Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name 35680N - Suny New Paltz
Exact Description of Site Trip Blank Cartridge # 109016
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) 12 (Mil Hour) 50 (Minute)
Composite Start ____
Type of Sample (select from list) 950 Description Control - Air (cartridge blank)
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature ____ °C 0ZTEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness' ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Removed End Caps and replaced End caps

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☑ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Avocarb
Other ____

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NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20050391
Sample Rec'd: 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Test Pattern: PCBA

Health Emergency - Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code: 870 Program Name: SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number: ____
Water System Facility No: ____ Sample Point No.: ____
Drainage Basin: ____ Gazetteer Code: 5522 County: ULSTER Town: New Paltz
Latitude: ____ Longitude: ____ Lat/Long Data Source: ____ Format: ____
Altitude or Depth (include units) from Ground: ____ from Sea Level: ____
Location / Project / Facility Name: 35680N - Suny New Paltz
Exact Description of Site: Coykendall Transformer Vault cartridge # 109019
Address of Sampling Point No. & St.: ____ City / Town: ____ Zip: ____
Address for Notification No. & St.: ____ City / Town: ____ Zip: ____

Sampling Information
Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 51 (Minute)
Composite Start: 05 03 29 10 18
Type of Sample (select from list): 902 Description: Ambient Air - Indoor
Submitted by: Rafferty/Sharron Sample Collected by: Rafferty/Sharron Phone Number: 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code: ____
ASP or CLP: Case: ____ SDG: ____ Customer No: ____

Field Measurements
Sample temperature: ____ °C 02TEMP
Free Chlorine Residual: ____ 24CHLORRES
Total Chlorine Residual: ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity ☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill ☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination ☐ (J) Other

Additional information regarding this sample
total sample volume = 0.295 m^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20 0500390
Sample Rec'd: 05 04 01 (Year Month Day) Mil Hour: ____ Temp: ____ °C
Test Pattern: PCBA
Temp Stat: ____ Turb: ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code: 870 Program Name: SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number: ____

Water System Facility No: ____ Sample Point No.: ____

Drainage Basin: ____ Gazetteer Code: 5522 County: ULSTER Town: New Paltz

Latitude: ____ Longitude: ____ Lat/Long Data Source: ____ Format: ____

Altitude or Depth (include units) from Ground: ____ from Sea Level: ____

Location / Project / Facility Name: 35680N - Suny New Paltz

Exact Description of Site: Coykendall Transformer Vault cartridge #109018

Address of Sampling Point No. & St.: ____ City / Town: ____ Zip: ____

Address for Notification No. & St.: ____ City / Town: ____ Zip: ____

Sampling Information

Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 51 (Minute)

Composite Start: 05 03 29 10 18

Type of Sample (select from list): 902 Description: Ambient Air - Indoor

Submitted by: Rafferty/Sharron Sample Collected by: Rafferty/Sharron Phone Number: 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code: ____

ASP or CLP: Case: ____ SDG: ____ Customer No: ____

Field Measurements

Sample temperature: ____ °C 02TEMP

Free Chlorine Residual: ____ 24CHLORRES

Total Chlorine Residual: ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample volume = 0.223 m^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500389
Test Pattern PCBA
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Bliss Hall Electric Room cartridge #108247

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) 12 (Mil Hour) 56 (Minute)
Composite Start 05 03 29 09 20

Type of Sample (select from list) 902 Description Ambient Air - Indoor

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity
☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill
☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination
☐ (J) Other

Additional information regarding this sample
total sample volume = 0.200 M^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

DOH-246 (12/2001) WHITE-COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500388
Test Pattern PCBA
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Bliss Hall Electric Room cartridge #108246

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) 12 (Mil Hour) 56 (Minute)
Composite Start 05 03 29 09 20

Type of Sample (select from list) 902 Description Ambient Air - Indoor

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.219 m^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20050038 7
Test Pattern: PCBA
Sample Rec'd: 050401 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name 35680N - Suny New Paltz
Exact Description of Site Bliss Hall Transformer Vault cartridge # 108249
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 06 (Minute)
Composite Start: 05 03 29 09 28
Type of Sample (select from list) 902 Description Ambient Air - Indoor
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.241 m^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

DOH-246 (12/2001) WHITE-COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 200500386
Test Pattern PCBA

Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Bliss Hall Transformer Vault cartridge #108248

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 06 (Minute)
Composite Start 05 03 29 09 05

Type of Sample (select from list) 9.0.2 Description Ambient Air - Indoor

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.200 m^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20500385
Sample Rec'd: 05 (Year) 04 (Month) 01 (Day) ____ (Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Test Pattern: PCBA
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code: 870 Program Name: SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code: 5522 County: ULSTER Town: New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name: 35680N - Suny New Paltz
Exact Description of Site: Parker Theatre Electric Room cartridge #108259
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 15 (Minute)
Composite Start: 05 03 29 09 45
Type of Sample (select from list): 902 Description: Ambient Air - Indoor
Submitted by: Rafferty/Sharron Sample Collected by: Rafferty/Sharron Phone Number: 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity ☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill ☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination ☐ (J) Other

Additional information regarding this sample
total sample volume = 0.212 M^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☑ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

DOH-246 (12/2001) WHITE-COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20 0500384
Test Pattern: PCBA
Sample Rec'd: 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker Theatre Electric Room cartridge #108258

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 15 (Minute)
Composite Start: 05 03 29 09 45
Type of Sample (select from list) 902 Description Ambient Air - Indoor
Submitted by Rafferty/Sharma Sample Collected by Rafferty/Sharma Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.200 M^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500383
Sample Rec'd 050401 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Test Pattern PCBA
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker Theatre Transformer Vault cartridge #108263

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) 14 (Mil Hour) 25 (Minute)
Composite Start 05 03 29 09 41
Type of Sample (select from list) 902 Description Ambient Air - Indoor
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.321 m^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500382
Test Pattern PCBA
Sample Rec'd 050401 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number ____
Water System Facility No ____ Sample Point No. ____
Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz
Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____
Altitude or Depth (include units) from Ground ____ from Sea Level ____
Location / Project / Facility Name 35680N - Suny New Palty
Exact Description of Site Parker Theatre Transformer Vault cartridge # 108262
Address of Sampling Point No. & St. ____ City / Town ____ Zip ____
Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish: Year 05 Month 03 Day 29 Mil Hour 14 Minute 25
Composite Start: 05 03 29 09 41

Field Measurements
Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Type of Sample (select from list) 90.2 Description Ambient Air - Indoor
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.227 m^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID 20 0500381
Sample Rec'd 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Test Pattern PCBA
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 3568ON - Suny New Paltz

Exact Description of Site Gage Hall Transformer Vault cartridge # 108261

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 23 (Minute)

Composite Start 05 03 29 09 55

Type of Sample (select from list) 902 Description Ambient Air - Indoor

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP

Free Chlorine Residual ____ 24CHLORRES

Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance

☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity ☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill ☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination ☐ (J) Other

Additional information regarding this sample

total sample volume = 0.203 M^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
- ☐ Chlorinated Potable Water
- ☐ Unchlorinated Potable Water
- ☐ Bottled Water
- ☐ Nonpotable Surface Water
- ☐ Chlorinated Waste Water
- ☐ Other ____

Microscopic Analysis
- ☐ Routine Analysis
- ☐ MPA
- ☐ Other ____

Organic Chemistry
- ☐ Chlorinated Insecticides
- ☐ Nitrogen/Phosphorus Pest
- ☐ Herbicides
- ☐ PCBs
- ☐ Purgeables
- ☐ Ketone or Ket-Fuel
- ☐ Semi-Volatiles
- ☐ THMs
- ☐ Haloacetic Acids
- ☐ Other ____

Inorganic Chemistry
- ☐ Potable Water,
- ☐ Potable Water, OCSS-I + secondary
- ☐ Langelier Index
- ☐ Nitrate
- ☐ Trace Metals Scan
- ☐ Trace Metals (specify) ____
- ☐ Lead
- ☐ Other ____

Nuclear Chemistry
- ☐ Routine Surveillance
- ☐ Other ____

Air Analysis

Canisters
- ☐ Petroleum H/C
- ☐ Halogenated H/C
- ☐ Other ____

Badges
- ☐ PERC
- ☐ Other ____

Cartridges
- ☒ Specify Aroclors
- Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20500380
Sample Rec'd: 05 04 01 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Test Pattern: PCBA
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Palty

Exact Description of Site Gage Hall Transformer Vault cartridge #108260

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 23 (Minute)
Composite Start: 05 03 29 09 55

Type of Sample (select from list) 902 Description Ambient Air - Indoor

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____

ASP or CLP: Case ____ SDG ____ Customer No ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.203 M^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 200500379
Test Pattern: PCBA
Sample Rec'd: 050401 (Year Month Day Mil Hour)
Temp ____ °C
Temp Stat ____
Turb ____
Chain of Custody Form With Sample ☐ Add text: ____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number ____

Water System Facility No ____ Sample Point No. ____

Drainage Basin ____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude ____ Longitude ____ Lat/Long Data Source ____ Format ____

Altitude or Depth (include units) from Ground ____ from Sea Level ____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Sandler Hall Transformer Vault cartridge #109011

Address of Sampling Point No. & St. ____ City / Town ____ Zip ____

Address for Notification No. & St. ____ City / Town ____ Zip ____

Sampling Information

Grab / Composite Finish: 05 (Year) 03 (Month) 29 (Day) 13 (Mil Hour) 31 (Minute)
Composite Start: 05 03 29 10 03
Type of Sample (select from list) 902 Description Ambient Air - Indoor
Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810
Report Results to CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements

Sample temperature ____ °C 02TEMP
Free Chlorine Residual ____ 24CHLORRES
Total Chlorine Residual ____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.226 m^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID: 20 0500378
Test Pattern: PCBA
Sample Rec'd: 0,5 | 0,4 | 0,1 (Year | Month | Day | Mil Hour)
Temp: ____ °C
Temp Stat: ____
Tube: ____

Health Emergency Yes ☐ No ☐
Chain of Custody Form With Sample ☐ Add text: ____

Program Code: 870 Program Name: SUNY @ NEW PALTZ

Location of Sampling Point
Source, Site, Spill, Water System or other ID Number: ____
Water System Facility No: ____ Sample Point No.: ____
Drainage Basin: ____ Gazetteer Code: 5522 County: ULSTER Town: New Paltz
Latitude: ____ Longitude: ____ Lat/Long Data Source: ____ Format: ____
Altitude or Depth (include units) from Ground: ____ from Sea Level: ____
Location / Project / Facility Name: 35680N - Suny New Paltz
Exact Description of Site: Scudder Hall Transformer Vault cartridge #109010
Address of Sampling Point: No. & St. ____ City / Town ____ Zip ____
Address for Notification: No. & St. ____ City / Town ____ Zip ____

Sampling Information
Grab / Composite Finish: 0,5 (Year) | 0,3 (Month) | 2,9 (Day) | 1,3 (Mil Hour) | 3,1 (Minute)
Composite Start: 0,5 | 0,3 | 2,9 | 1,0 | 0,3
Type of Sample (select from list): 9,0,2 Description: Ambient Air - Indoor
Submitted by: Rafferty/Sharron Sample Collected by: Rafferty/Sharron Phone Number: 402-7810
Report Results to: CO ☑ RO ☑ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code: ____
ASP or CLP: Case ____ SDG ____ Customer No. ____

Field Measurements
Sample temperature: ____ °C 02TEMP
Free Chlorine Residual: ____ 24CHLORRES
Total Chlorine Residual: ____ 23CHLORRES

Complaints, Observations, Reasons for Submission
☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
total sample volume = 0.208 M^3

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology
Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other ____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other ____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☐ Other ____

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) ____
☐ Lead
☐ Other ____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other ____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other ____
Badges
☐ PERC
☐ Other ____
Cartridges
☒ Specify Aroclors
Other ____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Albany, NY 12201-0509

Chain of Custody Record

Instructions: This form must be completed for any sample which might be used in enforcement proceedings or litigation.
Transporting Samples: During transport of the sample from sampling site to the laboratory, the chain of custody must be unbroken. Generally this will require the sample be delivered by the sample collector or his designated representative who will sign for the receipt, integrity and transfer of the sample during shipment. If integrity of the sample is questionable, describe problem on the reverse side of this form.

Sample ID (Lab Use Only)	Field Ref.	Coll. Date	Coll. Time	Collection Point	Sample Type
Florisil cartridge # 109010		3/29/05	10:00	SUNY New Paltz Transformer Scudder Hall Vault	☐ Water ☒ Air ☐ Soil ☐ Other
# 109011				Scudder Hall Transformer Vault	☐ Water ☒ Air ☐ Soil ☐ Other
108246 # 109012			920	Bliss Hall Electric Room	☐ Water ☒ Air ☐ Soil ☐ Other
108247 # 109013			920	"	☐ Water ☒ Air ☐ Soil ☐ Other
108248 # 109014			9:28	Bliss Hall Transformer Vault	☐ Water ☒ Air ☐ Soil ☐ Other
# 109016			1250	Trip Blank	☐ Water ☒ Air ☐ Soil ☐ Other
# 109017			1250	Trip Blank	☐ Water ☒ Air ☐ Soil ☐ Other
# 109018			10:18	Coy Kendall Transformer Vault	☐ Water ☒ Air ☐ Soil ☐ Other

Custody of Sample

	Name	Affiliation	Date	Time
1 a. Sample container prepared by	John ONeil	NYS DOH	3/2/05	
b. Sample container prepared by	John P. O'Neil		/ /	
2. Received by	Daniel Shuman	NYSDOH	3/25/05	10:00
3. Received by			/ /	
4. Sample Collected by	Daniel Shuman	NYSDOH/BISA	03/29/05	10:00
5. Sample Received by			/ /	
6. Sample Received by			/ /	
7. Sample Received by			/ /	
8. Sample Received by			/ /	
9. Sample Received by			/ /	
10. Sample Received at Lab by	Richard Shuman	NYS DOH	3/31/05	1030
11. Sample Accessioned by	Richard Shuman	NYS DOH	4/1/05	0915

DOH-3349 (5/95)

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center
Albany, NY 12201-0509

Chain of Custody Record

Instructions: This form must be completed for any sample which might be used in enforcement proceedings or litigation.
Transporting Samples: During transport of the sample from sampling site to the laboratory, the chain of custody must be unbroken. Generally this will require the sample be delivered by the sample collector or his designated representative who will sign for the receipt, integrity and transfer of the sample during shipment. If integrity of the sample is questionable, describe problem on the reverse side of this form.

Sample ID (Lab Use Only)	Field ROI #	Coll. Date	Coll. Time	Collection Point	Sample Type
Floriscil antimise #109019		3/29/05	10:18	Suny New Paltz Coykendall Transformer Vault	☐ Water ☒ Air ☐ Soil ☐ Other
~~108256~~ 108249 ~~#108256~~	8		9:28	Bliss Hall Transforma Vault	☐ Water ☒ Air ☐ Soil ☐ Other
#108258			9:45	Parker Theater Electric Room	☐ Water ☒ Air ☐ Soil ☐ Other
#108259			9:45	"	☐ Water ☒ Air ☐ Soil ☐ Other
#108260			10:00	Gage Hall Transforma Vault	☐ Water ☒ Air ☐ Soil ☐ Other
#108261			10:00	"	☐ Water ☒ Air ☐ Soil ☐ Other
#108262			9:40	Parker Theater Transforma Vault	☐ Water ☒ Air ☐ Soil ☐ Other
#108263			9:40	"	☐ Water ☒ Air ☐ Soil ☐ Other

Custody of Sample(s)

	Name	Affiliation	Date	Time
1 a. Sample container prepared by	John O'Neil	NYS DOH	3/2/05	
b. Sample container prepared by	John P. O'Neil		/ /	
2. Received by	D Shavran	NYSDOH BTSA	3/25/05	10:00
3. Received by			/ /	
4. Sample Collected by	Dan Shavran	NYSDOH BTSA	03/29/05	10:00
5. Sample Received by			/ /	
6. Sample Received by			/ /	
7. Sample Received by			/ /	
8. Sample Received by			/ /	
9. Sample Received by			/ /	
10. Sample Received at Lab by	Richard Tenney	NYS DOH	3/31/05	1030
11. Sample Accessioned by	Richard Tenney	NYS DOH	4/1/05	0915

DOH-3349 (5/95)

0701 NEW YORK STATE DEPARTMENT OF HEALTH 019
WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500394 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: QA, TEMP PLATE SAMPLE ID #316-02
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/09/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/09/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.05 MCG
AREA OF WIPE IN SQUARE METER	BLANK

**** END OF REPORT ****

NYS ELAP ID 10763, LAB DIR DR K. ALDOUS, CONTACT MR R. PAUSE 518-473-0323
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DR. JOHN HAWLEY
DIV. ENVIRONMENTAL HEALTH ASSESSMENT
NY STATE DEPT. OF HEALTH
FLANIGAN SQ., 547 RIVER ST.
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COLLECTED BY:RAFFERTYSH
SUBMITTED BY:RAFFERTYSH

0625 NEW YORK STATE DEPARTMENT OF HEALTH 019
WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500378 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: SCUDDER HALL TRANSFORMER VAULT CARTRIGE #109010
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 10:03 TO 03/29/2005 13:31 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	< 0.2 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

**** END OF REPORT ****

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WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500379 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: SCUDDER HALL TRANSFORMER VAULT CARTRIDGE #109011
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 10:03 TO 03/29/2005 13:31 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	< 0.2 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

**** END OF REPORT ****

NYS ELAP ID 10763, LAB DIR DR K. ALDOUS, CONTACT MR R. PAUSE 518-473-0323
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WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500380 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON-SUNY NEW PALTZ
DESCRIPTION: GAGE HALL TRANSFORMER VAULT CARTRIDGE #108260
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:55 TO 03/29/2005 13:23 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 *FINAL REPORT*

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	< 0.2 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

**** END OF REPORT ****

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WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500381 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: GAGE HALL TRANSFORMER VAULT CARTRIDGE #108261
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:55 TO 03/29/2005 13:23 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	< 0.2 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

**** END OF REPORT ****

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0633 NEW YORK STATE DEPARTMENT OF HEALTH 019
WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500382 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: PARKER THEATRE TRANSFORMER VAULT CARTRIDGE #108262
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:41 TO 03/29/2005 14:25 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	0.38 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	0.2 MCG/CU.M. [PL]
AIR VOLUME	[D]

**** END OF REPORT ****

NYS ELAP ID 10763, LAB DIR DR K. ALDOUS, CONTACT MR R. PAUSE 518-473-0323
COPIES SENT TO: CO(1) RO(1) LPHE( ) FED( ) INFO-P( ) INFO-L( )

DR. JOHN HAWLEY
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0635 NEW YORK STATE DEPARTMENT OF HEALTH 019
WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500383 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON-SUNY NEW PALTZ
DESCRIPTION: PARKER THEATRE TRANSFORMER VAULT CARTRIDGE #108263
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:41 TO 03/29/2005 14:25 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	0.39 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	0.2 MCG/CU.M. [PL]
AIR VOLUME	[D]

**** END OF REPORT ****

NYS ELAP ID 10763, LAB DIR DR K. ALDOUS, CONTACT MR R. PAUSE 518-473-0323
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PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500384 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON-SUNY NEW PALTZ
DESCRIPTION: PARKER THEATRE ELECTRIC ROOM CARTRIDGE #108258
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:45 TO 03/29/2005 13:15 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	0.29 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

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SAMPLE ID: 200500385 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: PARKER THEATRE ELECTRIC ROOM CARTRIDGE #108259
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:45 TO 03/29/2005 13:15 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	0.26 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

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SAMPLE ID: 200500386 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: BLISS HALL TRANSFORMER VAULT CARTRIDGE #108248
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:28 TO 03/29/2005 13:06 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	< 0.2 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

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SAMPLE ID: 200500387 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: BLISS HALL TRANSFORMER VAULT #CARTRIDGE #108249
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:28 TO 03/29/2005 13:06 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	< 0.2 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

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SAMPLE ID: 200500388 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: BLISS HALL ELECTRIC ROOM CARTRIDGE #108246
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:20 TO 03/29/2005 12:56 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	< 0.2 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

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SAMPLE ID: 200500389 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON-SUNY NEW PALTZ
DESCRIPTION: BLISS HALL ELECTRIC ROOM CARTRIDGE #108247
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 09:20 TO 03/29/2005 12:56 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	< 0.2 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	< 0.2 MCG/CU.M.
AIR VOLUME	[D]

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SAMPLE ID: 200500390 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON-SUNY NEW PALTZ
DESCRIPTION: COYKENDALL TRANSFORMER VAULT CARTRIDGE #109018
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 10:18 TO 03/29/2005 13:51 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	0.24 MCG/CU.M.
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	0.22 MCG/CU.M.
AIR VOLUME	[D]

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SAMPLE ID: 200500391 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON-SUNY NEW PALTZ
DESCRIPTION: COYKENDALL TRANSFORMER VAULT CARTRIDGE #109019
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 902: AMBIENT AIR - INDOOR
TIME OF SAMPLING: 03/29/2005 10:18 TO 03/29/2005 13:51 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.2 MCG/CU.M.
AROCLOR 1232	< 0.2 MCG/CU.M.
AROCLOR 1016/1242	0.2 MCG/CU.M. [PL]
AROCLOR 1248	< 0.2 MCG/CU.M.
AROCLOR 1254	< 0.2 MCG/CU.M.
AROCLOR 1260	0.2 MCG/CU.M. [PL]
AIR VOLUME	[D]

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SAMPLE ID: 200500393 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: TRIP BLANK CARTRIDGE #109017
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBA: PCBs in AIR
SAMPLE TYPE: 950: CONTROL - AIR CARTRIDGE BLANK
TIME OF SAMPLING: 03/29/2005 12:50 DATE PRINTED: 05/06/2005

ANALYSIS: PCBA PCBs IN AIR (DES 311-1)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	[ND]
AROCLOR 1232	[ND]
AROCLOR 1016/1242	[ND]
AROCLOR 1248	[ND]
AROCLOR 1254	[ND]
AROCLOR 1260	[ND]
AIR VOLUME	[D]

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SAMPLE ID: 200500396 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: COYKENDALL VAULT BEAM, SAMPLE ID #316-04
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.37 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500397 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON-SUNY NEW PALTZ
DESCRIPTION: COYKENDALL-VAULT ROOM CEILING, SAMPLE ID #316-05
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.20 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500398 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: COYKENDALL-ELECTRIC ROOM BEAM, SAMPLE ID #316-06
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.38 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500399 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: COYKENDALL-ELECTRIC ROOM E WALL, SAMPLE ID #316-07
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.57 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500400 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N-SUNY NEW PALTZ
DESCRIPTION: COYKENDALL-ELECTRIC ROOM COLUMN NE SAMPLE ID #316-08
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.33 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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SAMPLE ID: 200500401 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N · SUNY NEW PALTZ
DESCRIPTION: COYKENDALL-ELECTRIC ROOM COLUMN SE, SAMPLE ID #316-09
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.69 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500402 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: PARKER-EXTERIOR VAULT BEAM, SAMPLE ID #316-10
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR 1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.10 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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SAMPLE ID: 200500403 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON - SUNY NEW PALTZ
DESCRIPTION: PARKER-LOADING DOCK FACE, SAMPLE ID #316-11
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.05 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500404 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: PARKER-VAULT, S WALL, SAMPLE ID #316-12
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.2 MCG
AROCLOR 1260	2.7 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500405 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON - SUNY NEW PALTZ
DESCRIPTION: PARKER-VAULT, E WALL, SAMPLE ID #316-13
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.1 MCG
AROCLOR 1254	< 1.0 MCG
AROCLOR 1260	10. MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500406 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: PARKER-ELECTRIC ROOM, S WALL, SAMPLE ID #316-14
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.56 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500407 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON - SUNY NEW PALTZ
DESCRIPTION: PARKER-ELECTRIC ROOM, N WALL, SAMPLE ID #316-15
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.30 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500408 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: BLISS HALL-VAULT, W BEAM, SAMPLE ID #316-16
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.21 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500409 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: BLISS HALL-VAULT, S BEAM, SAMPLE ID #316-17
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.17 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500410 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V.: COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON - SUNY NEW PALTZ
DESCRIPTION: BLISS HALL - ELECTRIC ROOM CEILING, SAMPLE ID #316-18
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.1 MCG
AROCLOR 1260	1.0 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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SAMPLE ID: 200500411 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON - SUNY NEW PALTZ
DESCRIPTION: BLISS HALL - EXTERIOR GRADE BEAM, SAMPLE ID #316-19
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR 1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.05 MCG [PL]
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500412 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: GAGE HALL - VAULT, DOOR BEAM, SAMPLE ID #316-20
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.1 MCG
AROCLOR 1260	1.0 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500413 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 3568ON - SUNY NEW PALTZ
DESCRIPTION: GAGE HALL - VAULT, DOOR COLUMNS, SAMPLE ID #316-21
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.46 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

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SAMPLE ID: 200500414 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: SCUDDER HALL - VAULT, W BEAM, SAMPLE ID #316-22
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.1 MCG
AROCLOR 1260	0.92 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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NY STATE DEPT. OF HEALTH SUBMITTED BY:RAFFERTYSH
FLANIGAN SQ., 547 RIVER ST.
TROY ****INTERAGENCY MAIL****

0693 NEW YORK STATE DEPARTMENT OF HEALTH 019
WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500415 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V, COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: SCUDDER HALL - VAULT, E WALL BEAM, SAMPLE ID #316-23
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.08 MCG
AROCLOR 1260	0.76 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500416 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: SCUDDER HALL - VAULT, S COLUMN, SAMPLE ID #316-24
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.2 MCG
AROCLOR 1260	1.8 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500417 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: CAPEN HALL, ELECTRIC VAULT S. WALL, SAMPLE ID #316-25
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR 1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.3 MCG
AROCLOR 1260	2.9 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION FINAL REPORT

SAMPLE ID: 200500418 SAMPLE RECEIVED: 04/01/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: QA SAMPLING GLOVE SAMPLE ID #316-26
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 03/29/2005 DATE PRINTED: 05/06/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE PRINTED: 05/06/2005 FINAL REPORT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	< 0.05 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.05 MCG [PL]
AREA OF WIPE IN SQUARE METER	BLANK

**** END OF REPORT ****

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AGE 1 RESULTS OF EXAMINATION REPORT MAILED OUT

SAMPLE ID: 200500843 SAMPLE RECEIVED: 07/22/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: HEXANE MOIST GAUZE SAMPLE ID #721-09
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 172: MOIST WIPE
TIME OF SAMPLING: 07/21/2005 DATE REPORTED: 08/25/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE REPORTED: 08/25/2005 REPORT MAILED OUT

PARAMETER	RESULT
AROCLOR 1221	[ND]
AROCLOR-1232	[ND]
AROCLOR 1016/1242	[ND]
AROCLOR 1248	[ND]
AROCLOR 1254	[ND]
AROCLOR 1260	[ND]
AREA OF WIPE IN SQUARE METER	NONE

**** END OF REPORT ****

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EMPIRE STA:E PLAZA, ALBANY NY 12201

'AGE 1 RESULTS OF EXAMINATION REPORT MAILED OUT

SAMPLE ID: 200500842 SAMPLE RECEIVED: 07/22/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: POST SAMPLE, TEMP PLATE SAMPLE ID #721-07
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 07/21/2005 11:30 DATE REPORTED: 08/25/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE REPORTED: 08/25/2005 REPORT MAILED OUT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	0.07 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.3 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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COLLECTED BY:SHARRON
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GE 1 RESULTS OF EXAMINATION REPORT MAILED OUT

AMPLE ID: 200500841 SAMPLE RECEIVED: 07/22/2005 CHARGE: 4.00
OGRAM: 870: SUNY @ NEW PALTZ
URCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
OLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
ATITUDE: LONGITUDE:
CATION: 35680N - SUNY NEW PALTZ
SCRIPTION: PARKER THEATER NORTH WALL, CENTER SAMPLE ID #721-06
EPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
EST PATTERN: PCBWP: PCB'S IN WIPES
MPLE TYPE: 947: SURFACE WIPE USING SOLVENT
ME OF SAMPLING: 07/21/2005 11:25 DATE REPORTED: 08/26/2005

ALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE REPORTED: 08/26/2005 REPORT MAILED OUT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	0.09 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.8 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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COLLECTED BY:SHARRON
SUBMITTED BY:RAFFERTY

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'AGE 1 RESULTS OF EXAMINATION REPORT MAILED OUT

SAMPLE ID: 200500840 SAMPLE RECEIVED: 07/22/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: PARKER THEATER WEST WALL, CENTER SAMPLE ID #721-05
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 07/21/2005 11:20 DATE REPORTED: 08/25/2005

NALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE REPORTED: 08/25/2005 REPORT MAILED OUT

PARAMETER	RESULT
AROCLOR 1221	< 0.05 MCG
AROCLOR-1232	< 0.05 MCG
AROCLOR 1016/1242	0.09 MCG
AROCLOR 1248	< 0.05 MCG
AROCLOR 1254	< 0.05 MCG
AROCLOR 1260	0.5 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

(S ELAP ID 10763, LAB DIR DR K. ALDOUS, CONTACT MR R. PAUSE 518-473-0323
)PIES SENT TO: CO(2) RO( ) LPHE( ) FED( ) INFO-P( ) INFO-L( )

COLLECTED BY:SHARRON
SUBMITTED BY:RAFFERTY

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WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

GE 1 RESULTS OF EXAMINATION REPORT MAILED OUT

AMPLE ID: 200500839 SAMPLE RECEIVED: 07/22/2005 CHARGE: 4.00
OGRAM: 870: SUNY @ NEW PALTZ
URCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
OLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
ATITUDE: LONGITUDE:
CATION: 35680N - SUNY NEW PALTZ
ESCRIPTION: PARKER THEATER, EAST WALL, RIGHT OF CENTER SAMPLE ID #721-04
EPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
ST PATTERN: PCBWP: PCB'S IN WIPES
MPLE TYPE: 947: SURFACE WIPE USING SOLVENT
ME OF SAMPLING: 07/21/2005 11:15 DATE REPORTED: 08/25/2005

ALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE REPORTED: 08/25/2005 REPORT MAILED OUT

PARAMETER	RESULT
ROCLOR 1221	< 0.1 MCG
ROCLOR-1232	< 0.1 MCG
ROCLOR 1016/1242	0.8 MCG
ROCLOR 1248	< 0.5 MCG
ROCLOR 1254	< 0.5 MCG
ROCLOR 1260	6.4 MCG
REA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

S ELAP ID 10763, LAB DIR DR K. ALDOUS, CONTACT MR R. PAUSE 518-473-0323
PIES SENT TO: CO(2) RO( ) LPHE( ) FED( ) INFO-P( ) INFO-L( )

COLLECTED BY:SHARRON
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NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

RESULTS OF EXAMINATION

REPORT MAILED OUT

AGE 1

CHARGE: 4.00

SAMPLE ID: 200500838
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN:
POLITICAL SUBDIVISION: NEW PALTZ V.
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: PARKER THEATER EAST WALL, LEFT OF CENTER. SAMPLE ID #721-03
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 07/21/2005 11:10

GAZETTEER CODE: 5522
COUNTY: ULSTER

SAMPLE RECEIVED: 07/22/2005

DATE REPORTED: 08/25/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE REPORTED: 08/25/2005

REPORT MAILED OUT

PARAMETER	RESULT
AROCLOR 1221	< 0.1 MCG
AROCLOR-1232	< 0.1 MCG
AROCLOR 1016/1242	0.7 MCG
AROCLOR 1248	< 1.0 MCG
AROCLOR 1254	< 1.0 MCG
AROCLOR 1260	9.5 MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

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WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

AGE 1 RESULTS OF EXAMINATION REPORT MAILED OUT

AMPLE ID: 200500837 SAMPLE RECEIVED: 07/22/2005 CHARGE: 4.00
ROGRAM: 870: SUNY @ NEW PALTZ
OURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
OLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
ATITUDE: LONGITUDE:
OCATION: 35680N - SUNY NEW PALTZ
ESCRIPTION: PARKER THEATER EAST WALL, CENTER SAMPLE ID #721-02
EPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
EST PATTERN: PCBWP: PCB'S IN WIPES
AMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
IME OF SAMPLING: 07/21/2005 11:05 DATE REPORTED: 08/25/2005

ALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE REPORTED: 08/25/2005 REPORT MAILED OUT

PARAMETER	RESULT
AROCLOR 1221	< 0.1 MCG
AROCLOR-1232	< 0.1 MCG
AROCLOR 1016/1242	1.0 MCG
AROCLOR 1248	< 1.0 MCG
AROCLOR 1254	< 1.0 MCG
AROCLOR 1260	11. MCG
AREA OF WIPE IN SQUARE METER	0.09 SQ. M.

**** END OF REPORT ****

(S ELAP ID 10763, LAB DIR DR K. ALDOUS, CONTACT MR R. PAUSE 518-473-0323
PIES SENT TO: CO(2) RO( ) LPHE( ) FED( ) INFO-P( ) INFO-L( )

COLLECTED BY:SHARRON
SUBMITTED BY:RAFFERTY

001 NEW YORK STATE DEPARTMENT OF HEALTH ****
WADSWORTH CENTER
EMPIRE STATE PLAZA, ALBANY NY 12201

PAGE 1 RESULTS OF EXAMINATION REPORT MAILED OUT

SAMPLE ID: 200500836 SAMPLE RECEIVED: 07/22/2005 CHARGE: 4.00
PROGRAM: 870: SUNY @ NEW PALTZ
SOURCE ID: DRAINAGE BASIN: GAZETTEER CODE: 5522
POLITICAL SUBDIVISION: NEW PALTZ V. COUNTY: ULSTER
LATITUDE: LONGITUDE:
LOCATION: 35680N - SUNY NEW PALTZ
DESCRIPTION: PRESAMPLE, TEMP PLATE SAMPLE ID #721-01
REPORTING LAB: TOX: LAB FOR ORGANIC ANALYTICAL CHEMISTRY
TEST PATTERN: PCBWP: PCB'S IN WIPES
SAMPLE TYPE: 947: SURFACE WIPE USING SOLVENT
TIME OF SAMPLING: 07/21/2005 11:00 DATE REPORTED: 08/25/2005

ANALYSIS: PCBWP PCB'S IN WIPES (DES 312-3)
DATE REPORTED: 08/25/2005 REPORT MAILED OUT

PARAMETER	RESULT
AROCLOR 1221	[ND]
AROCLOR-1232	[ND]
AROCLOR 1016/1242	[ND]
AROCLOR 1248	[ND]
AROCLOR 1254	[ND]
AROCLOR 1260	0.10 MCG
AREA OF WIPE IN SQUARE METER	NONE

**** END OF REPORT ****

NYS ELAP ID 10763, LAB DIR DR K. ALDOUS, CONTACT MR R. PAUSE 518-473-0323
COPIES SENT TO: CO(1) RO( ) LPHE( ) FED( ) INFO-P( ) INFO-L( )

COLLECTED BY:SHARRON
SUBMITTED BY:RAFFERTY

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID _____ Sample Rec'd (Year Month Day Mil Hour) Temp _____ °C
Test Pattern PCBWP Temp Stat _____ Turb _____
Chain of Custody Form With Sample ☐ Add text: _____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number _____

Water System Facility No _____ Sample Point No. _____

Drainage Basin _____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude _____ Longitude _____ Lat/Long Data Source _____ Format _____

Altitude or Depth (include units) from Ground _____ from Sea Level _____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Hexane Moist Gauze Sample ID # 721-09

Address of Sampling Point No. & St. _____ City / Town _____ Zip _____

Address for Notification No. & St. _____ City / Town _____ Zip _____

Sampling Information

Grab / Composite Finish 05 (Year) 07 (Month) 21 (Day) _____ (Mil Hour) _____ (Minute)
Composite Start _____

Type of Sample (select from list) 19.4.7 Description Surface wipe, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☐ RO ☐ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code _____

ASP or CLP: Case _____ SDG _____ Customer No. _____

Field Measurements

Sample temperature _____ °C 02TEMP
Free Chlorine Residual _____ 24CHLORRES
Total Chlorine Residual _____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = NA

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other _____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other _____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) _____
☐ Lead
☐ Other _____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other _____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other _____
Badges
☐ PERC
☐ Other _____
Cartridges
☐ Specify _____
Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID _____ Sample Rec'd (Year Month Day Mil Hour) Temp _____ °C
Test Pattern PCBWP Temp Stat _____ Turb _____
Chain of Custody Form With Sample ☐ Add text: _____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number _____

Water System Facility No _____ Sample Point No. _____

Drainage Basin _____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude _____ Longitude _____ Lat/Long Data Source _____ Format _____

Altitude or Depth (include units) from Ground _____ from Sea Level _____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Past Sample, Temp Plate Sample ID # 721-07

Address of Sampling Point No. & St. _____ City / Town _____ Zip _____

Address for Notification No. & St. _____ City / Town _____ Zip _____

Sampling Information

Grab / Composite Finish 05 (Year) 07 (Month) 21 (Day) 11 (Mil Hour) 30 (Minute)
Composite Start _____

Type of Sample (select from list) 9,4,7 Description Surface wipes, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☐ RO ☐ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code _____

ASP or CLP: Case _____ SDG _____ Customer No _____

Field Measurements

Sample temperature _____ °C 02TEMP
Free Chlorine Residual _____ 24CHLORRES
Total Chlorine Residual _____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity
☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill
☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination
☐ (J) Other

Additional information regarding this sample
Total sample area = NA

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other _____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other _____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) _____
☐ Lead
☐ Other _____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other _____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other _____
Badges
☐ PERC
☐ Other _____
Cartridges
☐ Specify _____
Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID _____ Sample Rec'd (Year Month Day Mil Hour) Temp _____ °C
Test Pattern PCBWP Temp Stat _____ Turb _____
Chain of Custody Form With Sample ☐ Add text: _____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number _____

Water System Facility No _____ Sample Point No. _____

Drainage Basin _____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude _____ Longitude _____ Lat/Long Data Source _____ Format _____

Altitude or Depth (include units) from Ground _____ from Sea Level _____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker Theater North Wall, Center Sample ID # 721-06

Address of Sampling Point No. & St. _____ City / Town _____ Zip _____

Address for Notification No. & St. _____ City / Town _____ Zip _____

Sampling Information

Grab / Composite Finish 05 (Year) 07 (Month) 21 (Day) 11 (Mil Hour) 25 (Minute)

Composite Start _____

Type of Sample (select from list) 9,4,7 Description Surface wipes, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☒ RO ☐ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code _____

ASP or CLP: Case _____ SDG _____ Customer No. _____

Field Measurements

Sample temperature _____ °C 02TEMP
Free Chlorine Residual _____ 24CHLORRES
Total Chlorine Residual _____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity
☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill
☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination
☐ (J) Other

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information — **Lab Use**

Preservative	Aliquot	pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other _____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other _____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) _____
☐ Lead
☐ Other _____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other _____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other _____
Badges
☐ PERC
☐ Other _____
Cartridges
☐ Specify _____
Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID _____ Sample Rec'd (Year Month Day Mil Hour) Temp _____ °C
Test Pattern PCBWP Temp Stat _____ Turb _____
Chain of Custody Form With Sample ☐ Add text: _____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number _____

Water System Facility No _____ Sample Point No. _____

Drainage Basin _____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude _____ Longitude _____ Lat/Long Data Source _____ Format _____

Altitude or Depth (include units) from Ground _____ from Sea Level _____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker Theater West Wall, Center Sample ID # 721-05

Address of Sampling Point No. & St. _____ City / Town _____ Zip _____

Address for Notification No. & St. _____ City / Town _____ Zip _____

Sampling Information

Grab / Composite Finish 05 (Year) 07 (Month) 21 (Day) 11 (Mil Hour) 20 (Minute)
Composite Start _____

Type of Sample (select from list) 9,4,7 Description Surface wipes, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☒ RO ☐ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code _____

ASP or CLP: Case _____ SDG _____ Customer No. _____

Field Measurements

Sample temperature _____ °C 02TEMP
Free Chlorine Residual _____ 24CHLORRES
Total Chlorine Residual _____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other _____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other _____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) _____
☐ Lead
☐ Other _____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other _____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other _____
Badges
☐ PERC
☐ Other _____
Cartridges
☐ Specify _____
Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID _____ Sample Rec'd (Year Month Day Mil Hour) _____ Temp _____ °C
Test Pattern PCBWP Temp Stat _____ Turb _____
Chain of Custody Form With Sample ☐ Add text: _____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number _____

Water System Facility No _____ Sample Point No. _____

Drainage Basin _____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude _____ Longitude _____ Lat/Long Data Source _____ Format _____

Altitude or Depth (include units) from Ground _____ from Sea Level _____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker Theater East Wall, Right of Center Sample ID # 721-04

Address of Sampling Point No. & St. _____ City / Town _____ Zip _____

Address for Notification No. & St. _____ City / Town _____ Zip _____

Sampling Information

Grab / Composite Finish 05 (Year) 07 (Month) 21 (Day) 11 (Mil Hour) 15 (Minute)

Composite Start _____

Type of Sample (select from list) 9,4,7 Description Surface wipes using solvent

Submitted by Raffety/Sharron Sample Collected by Raffety/Sharron Phone Number 402-7810

Report Results to CO ☒ RO ☐ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code _____

ASP or CLP: Case _____ SDG _____ Customer No. _____

Field Measurements

Sample temperature _____ °C 02TEMP

Free Chlorine Residual _____ 24CHLORRES

Total Chlorine Residual _____ 23CHLORRES

Complaints, Observations, Reasons for Submission ☐ Routine Surveillance

☐ (A) Illness ☐ (B) Taste/Odor ☐ (C) Turbidity ☐ (D) Color ☐ (E) Natural ☐ (F) Fish Kill ☐ (G) New Equip. or Proc. ☐ (H) Equipment Failure ☐ (I) Interruption in Chlorination ☐ (J) Other

Additional information regarding this sample

Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
- ☐ Chlorinated Potable Water
- ☐ Unchlorinated Potable Water
- ☐ Bottled Water
- ☐ Nonpotable Surface Water
- ☐ Chlorinated Waste Water
- ☐ Other _____

Microscopic Analysis
- ☐ Routine Analysis
- ☐ MPA
- ☐ Other _____

Organic Chemistry
- ☐ Chlorinated Insecticides
- ☐ Nitrogen/Phosphorus Pest
- ☐ Herbicides
- ☐ PCBs
- ☐ Purgeables
- ☐ Ketone or Ket-Fuel
- ☐ Semi-Volatiles
- ☐ THMs
- ☐ Haloacetic Acids
- ☒ Other PCBs in Wipes

Inorganic Chemistry
- ☐ Potable Water,
- ☐ Potable Water, OCSS-I + secondary
- ☐ Langelier Index
- ☐ Nitrate
- ☐ Trace Metals Scan
- ☐ Trace Metals (specify) _____
- ☐ Lead
- ☐ Other _____

Nuclear Chemistry
- ☐ Routine Surveillance
- ☐ Other _____

Air Analysis

Canisters
- ☐ Petroleum H/C
- ☐ Halogenated H/C
- ☐ Other _____

Badges
- ☐ PERC
- ☐ Other _____

Cartridges
- ☐ Specify _____

Other _____

DOH-246 (12/2001) WHITE COPY - Laboratory YELLOW COPY - Collector Retains

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID _____ Sample Rec'd (Year Month Day Mil Hour) Temp _____ °C
Test Pattern PCBWP Temp Stat _____ Turb _____
Chain of Custody Form With Sample ☐ Add text: _____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number _____

Water System Facility No _____ Sample Point No. _____

Drainage Basin _____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude _____ Longitude _____ Lat/Long Data Source _____ Format _____

Altitude or Depth (include units) from Ground _____ from Sea Level _____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker Theater East Wall, left of center, Sample ID # 721-03

Address of Sampling Point No. & St. _____ City / Town _____ Zip _____

Address for Notification No. & St. _____ City / Town _____ Zip _____

Sampling Information

Grab / Composite Finish 05 (Year) 07 (Month) 21 (Day) 11 (Mil Hour) 10 (Minute)
Composite Start _____

Type of Sample (select from list) 9,4,7 Description Surface wipes, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO 2 RO ☐ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code _____

ASP or CLP: Case _____ SDG _____ Customer No. _____

Field Measurements

Sample temperature _____ °C 02TEMP
Free Chlorine Residual _____ 24CHLORRES
Total Chlorine Residual _____ 23CHLORRES

Complaints, Observations, Reasons for Submission ☐ Routine Surveillance

☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other _____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other _____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) _____
☐ Lead
☐ Other _____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other _____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other _____
Badges
☐ PERC
☐ Other _____
Cartridges
☐ Specify _____
Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID _____ Sample Rec'd (Year Month Day Mil Hour) Temp _____ °C
Test Pattern PCBWP Temp Stat _____ Turb _____
Chain of Custody Form With Sample ☐ Add text: _____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number _____

Water System Facility No _____ Sample Point No. _____

Drainage Basin _____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude _____ Longitude _____ Lat/Long Data Source _____ Format _____

Altitude or Depth (include units) from Ground _____ from Sea Level _____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Parker Theater East Wall, center Sample ID # 721-02

Address of Sampling Point No. & St. _____ City / Town _____ Zip _____

Address for Notification No. & St. _____ City / Town _____ Zip _____

Sampling Information

Grab / Composite Finish 05 (Year) 07 (Month) 21 (Day) 11 (Mil Hour) 05 (Minute)
Composite Start _____

Type of Sample (select from list) 9,4,7 Description Surface wipes, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO 2 RO ☐ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code _____

ASP or CLP: Case _____ SDG _____ Customer No. _____

Field Measurements

Sample temperature _____ °C 02TEMP
Free Chlorine Residual _____ 24CHLORRES
Total Chlorine Residual _____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = 900 cm^2

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other _____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other _____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) _____
☐ Lead
☐ Other _____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other _____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other _____
Badges
☐ PERC
☐ Other _____
Cartridges
☐ Specify _____
Other _____

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509

Request for Analysis

Lab Use Only
Lab Sample ID _____ Sample Rec'd (Year Month Day Mil Hour) Temp _____ °C
Test Pattern PCBWP Temp Stat _____ Turb _____
Chain of Custody Form With Sample ☐ Add text: _____

Health Emergency Yes ☐ No ☐

Program Code 870 Program Name SUNY @ NEW PALTZ

Location of Sampling Point Source, Site, Spill, Water System or other ID Number _____

Water System Facility No _____ Sample Point No. _____

Drainage Basin _____ Gazetteer Code 5522 County ULSTER Town New Paltz

Latitude _____ Longitude _____ Lat/Long Data Source _____ Format _____

Altitude or Depth (include units) from Ground _____ from Sea Level _____

Location / Project / Facility Name 35680N - Suny New Paltz

Exact Description of Site Presample, Temp Plate Sample ID # 721-01

Address of Sampling Point No. & St. _____ City / Town _____ Zip _____

Address for Notification No. & St. _____ City / Town _____ Zip _____

Sampling Information

Grab / Composite Finish 05 (Year) 07 (Month) 21 (Day) 11 (Mil Hour) 00 (Minute)
Composite Start _____

Type of Sample (select from list) 9,4,7 Description Surface wipes, using solvent

Submitted by Rafferty/Sharron Sample Collected by Rafferty/Sharron Phone Number 402-7810

Report Results to CO ☐ RO ☐ LPHE ☐ FED ☐ INFO ☐ LAB ☐ Special mail code _____

ASP or CLP: Case _____ SDG _____ Customer No. _____

Field Measurements

Sample temperature _____ °C 02TEMP
Free Chlorine Residual _____ 24CHLORRES
Total Chlorine Residual _____ 23CHLORRES

Complaints, Observations, Reasons for Submission

☐ Routine Surveillance
☐ (A) Illness ☐ (D) Color ☐ (G) New Equip. or Proc. ☐ (J) Other
☐ (B) Taste/Odor ☐ (E) Natural ☐ (H) Equipment Failure
☐ (C) Turbidity ☐ (F) Fish Kill ☐ (I) Interruption in Chlorination

Additional information regarding this sample
Total sample area = NA

Field Information

Preservative	Aliquot	Lab Use pH
☐ HCl		
☐ HNO_3		
☐ H_2SO_4		
☐ NaOH		
☐ Thiosulfate		
☐ Ascorbic acid		

Sanitary Bacteriology

Check Water Source
☐ Chlorinated Potable Water
☐ Unchlorinated Potable Water
☐ Bottled Water
☐ Nonpotable Surface Water
☐ Chlorinated Waste Water
☐ Other _____

Microscopic Analysis
☐ Routine Analysis
☐ MPA
☐ Other _____

Organic Chemistry
☐ Chlorinated Insecticides
☐ Nitrogen/Phosphorus Pest
☐ Herbicides
☐ PCBs
☐ Purgeables
☐ Ketone or Ket-Fuel
☐ Semi-Volatiles
☐ THMs
☐ Haloacetic Acids
☒ Other PCBs in Wipes

Inorganic Chemistry
☐ Potable Water,
☐ Potable Water, OCSS-I + secondary
☐ Langelier Index
☐ Nitrate
☐ Trace Metals Scan
☐ Trace Metals (specify) _____
☐ Lead
☐ Other _____

Nuclear Chemistry
☐ Routine Surveillance
☐ Other _____

Air Analysis
Canisters
☐ Petroleum H/C
☐ Halogenated H/C
☐ Other _____
Badges
☐ PERC
☐ Other _____
Cartridges
☐ Specify _____
Other _____

2/27/02

To Purchasing:

The Ulster County Dept. of Health has the overall project management responsibility for the PCB issues on campus.

Precision Industrial was hired to performed a re-encapsulation of the Parker Theater vault, UCDOH required us to retain Clean Harbors to oversee the work since they were involved with the original remediation project. The work to 2 days to complete, and they were on site both days.

Brian McCabe

PRECISION
Industrial Maintenance, Inc

November 17, 2005

Brian McCabe
SUNY New Paltz
75 S. Manheim Blvd. Suite 9
New Paltz, NY 12561-2443

Re: PCB Encapsulation

Dear Brian,

Thank you for considering Precision Industrial Maintenance, Inc. (PIM) for your industrial painting projects.

Scope of the Project:

PIM will provide two environmental technicians, utility vehicle, paint sprayer, ladders, PPE (level "C"), hand tools and all other necessary painting supplies to be used during industrial painting.

PIM will provide DOT shippable drums for all PCB waste generated during cleaning, PIM will provide transportation and disposal paperwork on all wastes removed from site (waste profiles, labels, bill of lading).

Costs:

$ 2,800 Lump sum

PRECISION
Industrial Maintenance, Inc

Other Terms and Conditions:

-All work will be performed in a legal manner according to all local, state and federal regulations.
-Quotation is valid for 30 days and subject to verification thereafter.

If you have any questions or would like additional information please feel free to contact me at (518) 346-5800.

Sincerely,

James W. Reinhardt
Project Manager

L#3603624

Precision Industrial Maintenance, Inc.

1710 Erie Boulevard
Schenectady, NY 12308

Phone # 518-346-5800
Fax # 518-346-6077

RECEIVED
FEB - 9 2006
PLANNING & CONSTRUCTION

Invoice

Date	Invoice #
1/31/2006	2424

Bill To

SUNY New Paltz
Attn Brian McCabe
75 S Manheim Blvd
Service Bldg #5
New Paltz NY 12561-2499

FILE COPY

Site Address

SUNY New Paltz
Attn Brian McCabe
75 S Manheim Blvd
Service Bldg #5
New Paltz NY 12561-2499

P.O. No.	Terms	Rep	Job #
573027	Net 30	JWR	06-0016

Description	Quantity	Rate	Amount
PCB Encapsulation 01/12/06 - 01/13/06 Labor, Equipment, Material & Disposal as per Quote	1	2,800.00	2,800.00

PAID APR 04 2006

RECEIVED
ACCOUNTS PAYABLE
FEB 13 2006
STATE UNIVERSITY COLLEGE
NEW PALTZ, NEW YORK

ok 2/10/06
POSTED
#4603794

Completed
Ok to pay

I certify that all expenditures reported (or payments requested) are for appropriate purposes: are correct and just in accordance with the terms of the Agreement and that payment has not been received.

Brian McCabe
Signed

A 1 1/2% per month late charge to be assessed on past due amounts over 30 days.

Subtotal	$2,800.00
Sales Tax (0.0%)	$0.00
Total	$2,800.00
Payments/Credits	$0.00
Balance Due	$2,800.00

Environmental Services, Inc.
32 Bask Rd. ● Glenmont N.Y. 12077
(518) 434-0149 ● FAX (518) 434-9118
Visit our Website at www.cleanharbors.com

December 19, 2005

Brian McCabe
SUNY, New Paltz

Brian,

Thank you for your interest in **Clean Harbors Environmental Services** for the Supervisor services.

Scope of Service

- **Clean Harbors will provide supervision of the installation of PCB encapsulant.**

Pricing

Supervisor.....$69.00/Hour

Supervisor(overtime).....$103.50/Hour

Assumptions:

The above pricing is based on the following assumptions and conditions. Any work done that falls outside of these will be considered beyond the intended scope and will be completed at mutually agreed upon terms.

- Overtime begins after 8 hours each day.

Work will conform to all local, state, and federal regulations. If the job is quoted, any work beyond the scope of work described above, unless agreed to in writing, will be billed at the current time and material rates. Payment terms are net 15 days. This quotation is valid for 30 days from the above date and subject to verification thereafter. Applicable taxes are separate items. Standard payment terms are NET 15 days commencing the

last day of work performed at the site listed on the invoice. The customer will be responsible for all costs of collection, including, but not limited to, reasonable attorney's fees, court costs and collection service fees. A 1.5% per month interest charge will apply on accounts over 35 days.

The customer agrees to indemnify, exonerate, and hold Clean Harbors Environmental Services, Inc. harmless against loss, damage, or expense, by reasons of suits, claims, demands, judgments and causes of action for personal injury, death, or property damage rising out of or in any way inconsequent of the performance of all work undertaken by Clean Harbors Environmental Services, Inc. except that in no instance shall the customer be held responsible for any liability, claim, demand, or cause of action attributable solely to the negligence of Clean Harbors Environmental Services, Inc.

We thank you for the opportunity to prepare this proposal for your review and consideration. Should you have any questions relating to this project, please contact me at your convenience. We look forward to working with you on this project.

Sincerely,

Daniel Sutera

~Field Service Specialist~

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