

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

## CERTIFICATE OF ANALYSIS

**Brian Fusco**

**South Brunswick Water Department  
540 Ridge Rd., PO Box 190  
Monmouth Junction, NJ 08852**

Project Name and Number: **April-2026 BTs Special Purpose**  
Workorder: **26D1263**  
Purchase Order:

April 17, 2026

This report relates only to the sample(s) as received by the laboratory on April 16, 2026. Laboratory reports may not be reproduced, except in full, without the written approval of the laboratory.

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

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

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



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Susan Scherer, Project Manager





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**Lab ID:** 26D1263-03  
**Sample ID:** B3 4095 Rt 1

**Matrix:** Drinking Water

**Date Collected:** 04/16/2026 09:25

**Date Received:** 04/16/2026 12:05

**Microbiology - PAS - Fairfield, NJ**

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Total Coliform	Negative	U	N/A	0.00	1.00	SM 9223B + UV	04/16/2026 12:47	04/16/2026 12:47	1

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**Lab ID:** 26D1263-04  
**Sample ID:** B4 2525 Rt 130

**Matrix:** Drinking Water

**Date Collected:** 04/16/2026 09:55

**Date Received:** 04/16/2026 12:05

**Microbiology - PAS - Fairfield, NJ**

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Total Coliform	Negative	U	N/A	0.00	1.00	SM 9223B + UV	04/16/2026 12:47	04/16/2026 12:47	1

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**Lab ID:** 26D1263-05  
**Sample ID:** B5 3 Broadway

**Matrix:** Drinking Water

**Date Collected:** 04/16/2026 10:15

**Date Received:** 04/16/2026 12:05

**Microbiology - PAS - Fairfield, NJ**

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Total Coliform	Negative	U	N/A	0.00	1.00	SM 9223B + UV	04/16/2026 12:47	04/16/2026 12:47	1



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**Lab ID:** 26D1263-07  
**Sample ID:** B7 200 Henderson Rd

**Matrix:** Drinking Water

**Date Collected:** 04/16/2026 09:15

**Date Received:** 04/16/2026 12:05

**Microbiology - PAS - Fairfield, NJ**

Analyte	Results	Flag	Units	MDL	RDL	Method	Prepared	Analyzed	Dilution
Total Coliform	Negative	U	N/A	0.00	1.00	SM 9223B + UV	04/16/2026 12:47	04/16/2026 12:47	1





**Pace Analytical Services, LLC-Fairfield**  
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### Qualifiers

U Compound not detected

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### Abbreviations

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

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**Laboratory Certification List for this report.**

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



26D1263

South Brunswick Water Department  
April-2026 BTs Special Purpose  
1475 BROADWAY AVENUE - BUILDING 2  
FAIRFIELD, NEW JERSEY 07004

TEL: 973.227.0422  
FAX: 973.227.2813

### CHAIN OF CUSTODY

PAGE 1 OF 2

Original

CLIENT: South Brunswick Water	SEND REPORT TO: Brian Fusco
ADDRESS: P.O. Box 190	ADDRESS:
Monmouth Junction NJ 08852	
PHONE: 732-329-4000	PHONE: Same
E-MAIL: 732-329-3061	FAX:
PROJECT NAME: April-2026 BT's Special Purpose	SEND INVOICE TO:
PROJECT MGR: Distribution	ADDRESS:
PROJECT or PO #:	SAMPLED BY: Anthony Montano

**TURN-AROUND TIME**

APL STANDARD 2 weeks

RUSH (choose one below)

24 hr. date & time required 4/17/26

48 hr. date & time required

72 hr. date & time required

1 week

**REPORT FORMAT**

RESULTS ONLY

NJ DEP REDUCED

NJ DEP FULL

STATE FORMS/E2 REPORTING

PWSID#

**ELECTRONIC FORMAT**

EMAIL DELIVERY

HAZSITE EDD

EXCEL

SRP#

**CONTAMINATION LEVEL**

HIGH  MEDIUM  LOW

MATRIX ABBREVIATIONS: D - DRINKING WATER G - GROUNDWATER W - WASTEWATER S - SOIL SL - SLUDGE C - CONCRETE L - LAKE

APL Lab ID#	Sample Source: Field ID	Date	Time	Sample Type		M A T R I X	No. of Bottles	Preservative	Analysis Requested	CLZ
				G R A B	C O M P					
B <sup>1</sup>	15 Kingsley Rd	4/16/26	08:20	✓	-	D	1	yes	Total Coliform P-A	.41
B <sup>2</sup>	3 Indy way		09:00	✓	-	D	1	yes	" " "	.28
B <sup>3</sup>	4095 Rt-1		09:25	✓	-	D	1	yes	" " "	.31
B <sup>4</sup>	2525 Rt-130		09:55	✓	-	D	1	yes	" " "	.95
B <sup>5</sup>	3 Broadway Rd	4/16/26	10:15	✓	-	D	1	yes	Total Coliform P-A	1.02
<b>NON-COMPLIANCE SAMPLE</b>										

RELINQUISHED BY (Print) Anthony Montano	DATE 4/16/26	RECEIVED BY (Print) ROBERT LIPALA 4-16-26
Signature Anthony Montano	Time 4/16/26	Signature Feld Jol 1205
RELINQUISHED BY (Print)	DATE 10:30	RECEIVED BY (Print)
Signature	Time	Signature
RELINQUISHED BY (Print)	DATE	RECEIVED BY (Print)
Signature	Time	Signature
COMMENTS/SPECIAL INSTRUCTIONS April-2026 BT's <b>NON-COMPLIANCE SAMPLE</b>	Cooler Temp. upon receipt at lab 19.1	
Total Coliform P-A Special Purpose Samples		

CERTIFICATIONS: NELAP (National Environmental Laboratory Accreditation Program) NJDEP #07010 PADEP #68-02903 NYDOH #11634 CTPH #0233 US ARMY  
By signing this Chain of Custody Agreement, customer expressly agrees to pay APL for all charges, reasonably incurred in connection with analysis and reporting for these samples

**CHAIN OF CUSTODY**

*Original*

CLIENT: <i>South Brunswick Water</i>	SEND REPORT TO: <i>Brian Fusco</i>
ADDRESS: <i>P.O. Box 190</i>	ADDRESS:
<i>Monmouth Junction NJ 08852</i>	
PHONE: <i>732-329-4000</i>	PHONE:
E-MAIL: <i>732-329-3061</i>	FAX:
PROJECT NAME: <i>April BT's 2026 Special Purpose</i>	SEND INVOICE TO:
PROJECT MGR: <i>Distribution</i>	ADDRESS:
PROJECT or PO #:	SAMPLED BY: <i>Michael Williams</i>

**TURN-AROUND TIME**

APL STANDARD 2 weeks

RUSH (choose one below)

24 hr. date & time required *4/17/26*

48 hr. date & time required

72 hr. date & time required

1 week

**REPORT FORMAT**

RESULTS ONLY

NJ DEP REDUCED

NJ DEP FULL

STATE FORMS/E2 REPORTING

PWSID#

**ELECTRONIC FORMAT**

EMAIL DELIVERY

HAZSITE EDD

EXCEL

SRP#

**CONTAMINATION LEVEL**

HIGH  MEDIUM  LOW

MATRIX ABBREVIATIONS: D - DRINKING WATER G - GROUNDWATER W - WASTEWATER S - SOIL SL - SLUDGE C - CONCRETE L - LAKE

APL Lab ID#	Sample Source: Field ID	Date	Time	Sample Type			No. of Bottles	Preservative	Analysis Requested	CLZ
				GRAB	COMP	MATRIX				
B6	374 Ridge Rd.	4/16/26	08:40	✓	-	D	1	yes	Total Coliform P-A	.71
B7	200 Henderson Rd.		09:15	✓	-	D	1	yes	" " "	1.02
B8	980 Georges Rd.		09:50	✓	-	D	1	yes	" " "	.70
B9	540 Ridge Rd.	4/16/26	10:20	✓	-	D	1	yes	Total Coliform P-A	.48
									<b>NON-COMPLIANCE SAMPLE</b>	

RELINQUISHED BY (Print) <i>Michael Williams</i>	DATE <i>4/16/26</i>	RECEIVED BY (Print) <i>ROBERT LIPHA</i>	<i>4-16-26</i>
Signature <i>Michael Williams</i>	Time <i>10:30</i>	Signature <i>Robert Lipha</i>	<i>1205</i>
RELINQUISHED BY (Print)	DATE	RECEIVED BY (Print)	
Signature	Time	Signature	
RELINQUISHED BY (Print)	DATE	RECEIVED BY (Print)	
Signature	Time	Signature	
COMMENTS/SPECIAL INSTRUCTIONS	Cooler Temp. upon receipt at lab <i>19.1</i>		
<i>April-2026 BT'S NON-COMPLIANCE SAMPLE</i>			
<i>Total Coliform P-A Special Purpose Samples</i>			

Sample Condition Upon Receipt Form (SCUR)

26D1263



Affix Sample Label Here

Date and Initials of person:  
 Examining contents: KR  
 Label: \_\_\_\_\_  
 Deliver to location: \_\_\_\_\_  
 pH: \_\_\_\_\_

Thermometer Used: ZITR008 Date: 4/11/2010 Time: 12:05 Initials: KR

State of Origin: NJ

Cooler #1 Temp. °C 19.3 (visual) -0.2 (Correction Factor) 19.1 (Actual)  Samples on ice, cooling process has begun

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

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

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

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

Comments:

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

Additional Login Comments: Client said their relinquish time was the time they were placed in their fridge. 556 received the samples at 12:05

Client notification/ Resolution \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Person Contacted: \_\_\_\_\_  
 Comments/Resolution: \_\_\_\_\_