

Analysis Report

November 03, 2025

REPORT TO:

MTS Transitions Charter School
Jennifer Gisler
2872 26th Ave S
Minneapolis MN 55406

INVOICE TO:

MTS Transitions Charter School
Jennifer Gisler
2872 26th Ave S
Minneapolis MN 55406

Date Rcvd-Brnd: 10/6/2025
Time Rcvd-Brnd: 12:11

Sampled By: LMB
Sample Type: DW
Recv Temp°C: 20.9 not on ice

LOCATION:

PEASE Academy Pb Testing

SITE / ANALYTE	Sample Date/Time	Analyzed Value	Units	Reporting Limit	Analytical Method	Analysis Date/Time	Analyst	Code #
Sink Floor 1	9/30/2025 @ 06:02							
Lead		1.51	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119890
Floor 1 Womens Sink	9/30/2025 @ 06:04							
Lead		3.39	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119891
Women BRoom Floor 1 Sink 2	9/30/2025 @ 06:06							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119892
Gender B Room 1	9/30/2025 @ 06:08							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119893
Gender B Room 2	9/30/2025 @ 06:10							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119894
Boys B Room Floor 1	9/30/2025 @ 06:11							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119895
Basement Fountain 1	9/30/2025 @ 06:14							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119896
Basement Fountain 2	9/30/2025 @ 06:14							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119897
Rinse Faucet	9/30/2025 @ 06:17							
Lead		1.82	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119898
Youth Room	9/30/2025 @ 06:19							
Lead		44.9	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119899



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Recv Temp°C: 20.9 not on ice

LOCATION:
PEASE Academy Pb Testing

SITE / ANALYTE	Sample Date/Time	Analyzed Value	Units	Reporting Limit	Analytical Method	Analysis Date/Time	Analyst	Code #
Kitchen Sink 1	9/30/2025 @ 06:22							
Lead		4.29	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119900
Kitchen Sink 2	9/30/2025 @ 06:23							
Lead		4.32	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119901
Kitchen Sink 3	9/30/2025 @ 06:23							
Lead		1.3	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119902
Kitchen Rinse Hose	9/30/2025 @ 06:25							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119903
2 WF	9/30/2025 @ 07:38							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119904
2 WB 1	9/30/2025 @ 07:39							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/27/25 08:49	SK	119905
2 WB 2	9/30/2025 @ 07:40							
Lead		1.87	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/31/25 21:04	CS	119906
2 WB SH	9/30/2025 @ 07:41							
Lead		6.05	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/31/25 21:04	CS	119907
2 BB S	9/30/2025 @ 07:43							
Lead		1.21	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/31/25 21:04	CS	119908
2 BB SH	9/30/2025 @ 07:44							
Lead		< 1.00	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/31/25 21:04	CS	119909



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Time Rcvd-Brnd: 12:11

Sampled By: LMB
Sample Type: DW
Recv Temp°C: 20.9 not on ice

LOCATION:

PEASE Academy Pb Testing

SITE / ANALYTE	Sample Date/Time	Analyzed Value	Units	Reporting Limit	Analytical Method	Analysis Date/Time	Analyst	Code #
205 A	9/30/2025 @ 07:47							
Lead		12.3	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/31/25 21:04	CS	119910
205 B	9/30/2025 @ 07:48							
Lead		1.19	ug/L	1	SM 3113 B-10 (22ND ED)-PB	10/31/25 21:04	CS	119911

Approved By: 

Date Approved: 11/3/2025

Stephanie Kuesel, Laboratory Manager

A.W. Research Laboratories, Inc. is accredited by the MNELAP and follows approved methods and procedures. MN State Laboratory ID: 027-035-135 and EPA Lab Code: MN00098. All data generated using non-accredited methods noted as -NC, and all analytes for which accreditation is unavailable -NA. The results above relate only to the samples tested. This report must not be reproduced, except in full, without the written approval of the laboratory. We appreciate your feedback, please email us at awlab@awlab.com with questions or comments. Thank you!

~End of Analysis Report~





314 Charles Street
 Brainerd, MN 56401
 MN Cert. #: 027-035-135
 EPA Lab Code: MN00098

218-829-7974
 awlab@awlab.com

Chain of Custody Record

Page 1 of 2

Client Name:
 MTS Transitions Charter School

Project Name:
 P.E.A.S.E Academy - Lead Testing

Sampler Signature:

Sampler Print: LMB

Sampler Company:

Report to Address/Email:
 2872 26th Ave S
 Minneapolis, MN 55406

Invoice to Address/Email:
 MTS Transitions Charter School
 2872 26th Ave S
 Minneapolis, MN 55406

Contact Name: Jennifer Gisler

Contact #: 952-381-5716

Email: jgisler@emailmtcs.org

119890
 114891
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 114902

Lab #	Site Name	Sample Matrix	Date Sampled	Time Sampled	Bottle Type						Analysis Requested	Preservation			
					1000 mL	500 mL	250 mL	125 mL	Sterile	Other		H ₂ SO ₄	HNO ₃	Added	pH Ver. <2
1	Sink floor 1	DW	9/30/25	6:02	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
2	floor 1 women's sink	DW	9/30/25	6:04	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
3	women bloom floor sink 2	DW	9/30/25	6:06	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
4	Gender B room 1	DW	9/30/25	6:08	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
5	Gender B room 2	DW	9/30/25	6:10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
6	Boys B Room floor 1	DW	9/30/25	6:11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
7	Basement fountain	DW	9/30/25	6:14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
8	Basement Fountain 2	DW	9/30/25	6:14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
9	Ring Fountain	DW	9/30/25	6:17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
10	Youth room	DW	9/30/25	6:19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
11	Kitchen sink 1	DW	9/30/25	6:22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
12	Kitchen sink 2	DW	9/30/25	6:23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				
13	Kitchen sink 3	DW	9/30/25	6:23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead (PbRL)				

Relinquished By: _____ Company: _____ Date: 10.6.25 Time: 12:11 am/pm Received By: Sarah Fogdahl Company: AWRL

Relinquished By: _____ Company: _____ Date: ____/____/____ Time: _____ am/pm Received By: _____ Company: _____

Rec. Temp. °C: 20.9 Therm ID#: T116 On Ice Ambient pH Verification Strip ID#: _____ Pres. ID#: _____ (Subcontracted samples pres. not verified)

Receiving Comments: _____ Client Initial if okay to process samples not meeting receiving guideline.

Received via: Walk-In AW Courier Spee-Dee Mail UPS Fed-ex Other _____ Some samples in this batch are subcontracted. Subcontracted lab: _____ Batch #: 71858

By submitting your samples, you agree to the test methods listed on our current Scope of Certification found on our website for the analysis of the analytes requested. Sample Matrix codes: WW=Wastewater, DW=Potable Water, SW=Surface Water, SWR=Stormwater Runoff, GW=Ground Water, O=Other (Record in comments section). Thank you for your business! If you would like to fill out a customer survey, go to our website at www.awlab.com. COC Ver. 2025



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 Minneapolis, MN 55406

Contact Name: Jennifer Gisler
 Contact #: 952-381-5716
 Email: jgisler@emailmtcs.org

119903
 119904
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 119911

Lab #	Site Name	Sample Matrix	Date Sampled	Time Sampled	Bottle Type						Analysis Requested	Preservation						
					1000 mL	500 mL	250 mL	125 mL	Sterile	Other		H ₂ SO ₄	HNO ₃	Added	pH Ver. <2			
14	Kitchen Rinse hose	DW	9/30/25	6:25	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
15	2 WF	DW	9/30/25	7:58	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
16	2 WB 1	DW	9/30/25	7:39	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
17	2 WB 2	DW	9/30/25	7:40	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
18	2 WB SH	DW	9/30/25	7:41	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
19	2 BBS	DW	9/30/25	7:43	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
20	2 BB SH	DW	9/30/25	7:44	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
21	205 A	DW	9/30/25	7:47	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
22	205 B	DW	9/30/25	7:48	<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
		DW			<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
		DW			<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
		DW			<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											
		DW			<input type="checkbox"/> am <input type="checkbox"/> pm		<input checked="" type="checkbox"/>											

Relinquished By: _____ Company: _____ Date: 10/6/25 Time: 12:11 am/pm Received By: Sarah Fogard Company: AWRL

Relinquished By: _____ Company: _____ Date: ____/____/____ Time: _____ am/pm Received By: _____ Company: _____

Rec. Temp. °C: 20.9 Therm ID#: T-16 On Ice Ambient pH Verification Strip ID#: _____ Pres. ID#: _____ (Subcontracted samples pres. not verified)

Receiving Comments: _____ Client Initial if okay to process samples not meeting receiving guideline.

Received via: Walk-In AW Courier Spee-Dee Mail UPS Fed-ex Other _____ Some samples in this batch are subcontracted. Subcontracted lab: _____

Batch #: 71858