

## INVOICE Pace Analytical Services,LLC 41-1821617

Pace Analytical Services,LLC 8 Walkup Drive Westborough,MA 01581 Phone:508-898-9220

Invoice Number: 2458874114

Invoice Date: 13-SEP-24
Report Due: 16-SEP-24

Account Number: MEDEP-AUGUST

Receive Date: 05-SEP-24

Invoice To:

Accounts Payable

Maine Department Of Env Protection

17 State House Station Augusta, ME 04333

Alpha Job #: L2450676

Ouote #:

Payment Terms: Net 30 P.O. Number: REM02

Report To:

Ms. Molly King

Maine Department Of Env Protection

17 State House Station Augusta, ME 04333

Project Number: 83336 Alpha Contact: Michael Chang Site: NASB-HANGER 4 AFFF Project Manager: Ms. Molly King

Unit Total Description Matrix Price Quantity Price WATER PFAAs via EPA 1633 (Draft) 400.00 3200.00 8 75% Rush Surcharge 300.00 8 2400.00 WATER LINE ITEM VC1000070011 0.00 LINE ITEM CTB#20240611\*3672 0.00

Total Amount Due: \$ 5600.00

Page 1

Payments should be made via ACH(electronic) transfer on or before due date. If you are not enrolled in our electronic payments program please contact us at ARQuestions@Pacelabs.com or call 612-607-6400. If you do not have access to pay Pace via ACH or wire transfer you may remit payment to the address below. Please include invoice number/s on your remittance.

Pace Analytical Services, LLC P.O. Box 684056 Chicago, IL 60695-4056

### CHAIN OF CUSTODY PAGE 1 OF 1   1   8 Walkup Drive   320 Forbes Blvd   Project Information										ec'd in Lab	9/3	3/2	4		REM02 2245	67
estboro, MA 01581 8)-898-9220	## CO. P.	Project: NASB-Hanger 4 AFFF							Report Information - Data Deliverables  ☑ EMAIL ☑ ADEx						Billing Info ☐ Same I as Client info	matio 20 #:
lient Information		Town: Brunswick  EGAD Number: 83336							PFAS	1633 Ple	ase Re	port Full	compou	und list	IIIIO	
lient: Maine Departr	ment of Environmental Protection								Please provide EDD for PFAS							
ontact Name: Molly	Project Manager: Molly King							1.1003	e provide	LUUI	OLLIA					
ty: Augusta		Copies to: fi	nn.whiting@	maine.gov	, iver.j.mcleo	d@maine.gov	0		1							
ate: Maine	Zip Code: 04333	ALPHA Quote #:							1							
none: 207-458-8839		Turn-Aroun	nd Time													
nail: molly.king@m	sine one	☑ Standard		(only confin	med if pre-appr	oved)	MP)									
	Date Due:							ANALYSIS								
unknown source.	mation: Please send copy of EDD with				BC H		i septage sp	read,	1633						Filtration  Field  Lab to d	
ALPHA Lab ID (Lab Use Only)			Sample Collection  Date Time		Sample Location	200,000,000,000	Treatment Status	PID Result	Method						Preservation ☐ Lab to do	n
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