

## Microbac Laboratories, Inc., New York Division CERTIFICATE OF ANALYSIS

J7H2595

**Cortland City School District** 

**Project Name: Lead Analysis** 

Bob Martin 1 Valley View Drive Cortland, NY 13045 Project / PO Number: N/A Received: 08/31/2017 11:18 Reported: 09/11/2017 10:47

Note

**Analytical Testing Parameters** 

Client Sample ID: B-12 Room 230 DF Retest

Lab Sample ID: J7H2595-01
Sample Type: Grab

Collected By: NH-Client
Collection Date: 08/31/17
Collection Time: 10:45

Prepared

Analyzed

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

PΩI

Unite

motaro, rotar for the	rtoouit	, ·-	. ~=	Omico		opu.ou	7 tildiy 20 d
Method: EPA 200.8, Rv. 5.4							
Lead	0.0183	0.0150	0.0010	mg/L	G	09/08/17 1134	09/08/17 1227

ΔΙ

Laboratory

Metals Total - ICP/MS

NY: Microbac Laboratories, Inc., New York Division

**Definitions** 

AL: US EPA Action Level RL: Reporting Limit

G: Result fails applicable NYS drinking water standards

Result

**Cooler Receipt Log** 

Cooler ID: Default Cooler Temp: 22.3°C

**Cooler Inspection Checklist** 

Custody Seals Intact and/or No Evidence of Tampering Yes Containers Intact Yes COC/Labels Agree Yes Preservation Correct (or not required) Yes

Received on Ice (or not required)

Yes

Project Requested Certification(s)

11549 New York State Department of Health

Microbac Laboratories, Inc., New York Division

NY Lab ID No.: 10795 New York State Department of Health



## Microbac Laboratories, Inc., New York Division CERTIFICATE OF ANALYSIS J7H2595

## **Report Comments**

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

Go Green: Contact Alayna Dawson to set up email reporting and invoicing options.

Reviewed and Approved By:

Alayna Dawson Administrative Assistant 09/11/2017 10:47

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. For any feedback concerning our services, please contact Alayna Dawson, Project Manager at alayna.dawson@microbac.com. You may also contact Christine Pechacek, Laboratory Director at christine.pechacek@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.

3821 Buck Drive Cortland NY 13045 Phone:(607)753-3403 Fax:(607)753-3415 NY #10795, EPA #NY00935

## Microbac Laboratories, Inc. CHAIN OF CUSTODY

Samples must be returned on ice

MNY Workorder#

												T		<b>     </b>     7 н	2	<b>      </b>	<b>      </b>		Т							
A LOS CONY)  YES (NO YES NO YES NO CC W CC W XES NO CC W XES NO CC W XES NO XES									Da'	Cortland City School District							E. ***									
Receiving Info (Lab Use Only)	YES	YES	-	aal: YES	YES	(	) (د		? YES	ze(in MI)		Comments/Field Da								WITH IC						oratory.
Receiving	.: :e:	Cooler:	Sample Temp:	Cooler Seal:	Oiokiis.	ichup.	Dropoff:		Accepted?	Container Size(in MI)	Preservative	Comi							ts	***PLACE ALL SAMPLES IN BAGS WITH ICE. ***						the requested testing in which case we will subcontract the analysis to another accredited laboratory. been informed by MNY of the intent to subcontract and are in agreement with this action.
										0	<u>a</u>		2						Comments	APLES II			9	(_	1	f the requested testing in which case we will subcontract the analysis to another accredited been informed by MNY of the intent to subcontract and are in agreement with this action.
												pe								4LL SAN			40			nalysis to a n agreemen
_												Number of Containers for Analysis Requested						,		PLACE.		Q	6	)		ıtract the a t and are ii
Analysis Requested												s for Analys								1	81:1					will subcor subcontrac
Analysis												f Container							Date/Time	Meso 11 - 1/18/10	17					ch case we e intent to
												Number o		8					Da	MANP	8-31-17		15			ing in whic MNY of th
					21		7		+												whelf					juested test formed by
				/	- <u>-</u>	0	′				rix	ec ec							Signature	hy	MA					
:ec											Matrix									March	uther					n a portion hat you ha
Billing/Invoice:	ナンナ								"	012.016		Initial	Chestion We							1 '	Ă					to perforn attesting t
	Elemen						:#(	Date Req.:	1.1	d scho		Time	4;01 4;01							Charl						be unable nt you are
	(Bally Elementaly	, 9							181	Fax Results: Yes	rmation	Date	1872 Room 270 OF SMILS						any	Sampled: Wes/ Helmy corttsnot schools	Mashud					Microbac Laboratories (MNY) may be unable to perform a portion of By signing this document you are attesting that you have
on	Schools /	Š	1,045	1 }				5-7 7-10	(	图	Sample Information		7					e e	Print Name and Company	r Call	Ma					oratories (I signing th
Client Information	-	1	2	///// >/////	14/6	2		3: <2 2-5	Se	advi se	San	Description/Location	1 2/2 1						Print Name	Helmy	war	,				robac Labo By
Clier	Name: Colttind	Address: ( 1/9 // 9	Hand	1/cg/	147 - 145	-		Rush TAT Bus. Days:	Release to DOH: Yes	suits. Yes		<b>Descriptio</b>	Room							Nes/	5					Mica
	Name:	Address:	COLH	Contact:	Phone:	109601.	Quote ID:	Rush TAT	Release	Fax Results:			11872	е е	4	2	ဖ	7 8		Sampled:	Received:	Received:	Received:	Received:	Received:	