



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J7E0642

Cortland City School District

Project Name: Lead Analysis

Bob Martin
1 Valley View Drive
Cortland, NY 13045

Project / PO Number: N/A
Received: 05/08/2017 08:43
Reported: 05/10/2017 17:13

Analytical Testing Parameters

Client Sample ID: Concession Stand-Drinking Fountain
Lab Sample ID: J7E0642-01
Sample Type: Grab

Collected By: SS-Client
Collection Date: 04/29/17
Collection Time: 08:30

Lead and/or Copper, Total - ICP/MS	Result	AL	PQL	Units	Note	Prepared	Analyzed	Lab
Method: EPA 200.8, Rv 5.4								
Lead	<0.000500	0.0150	0.000500	mg/L		05/09/17 1357	05/09/17 1457	NY

Laboratory

NY: Microbac Laboratories, Inc., New York Division

Definitions

AL: US EPA Action Level
RL: Reporting Limit
G: Result fails applicable NYS drinking water standards

Cooler Receipt Log

Cooler ID: Default Cooler Temp: °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)

Microbac Laboratories, Inc., New York Division
NY Lab ID No.: 10795

New York State Department of Health

Report Comments

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

Reviewed and Approved By:

Andrew Canale
Project Manager
05/10/2017 17:13


Go Green: Contact Andrew Canale to set up email reporting and invoicing options.

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 Andrew Canale, Project Manager at andrew.canale@microbac.com. You may also contact Michael Fifield, Managing Director at michael.fifield@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.

MNY Workorder #

Client Information				Billing/Invoice:			
Name: <u>CORTLAND 34/52 LLS</u>							
Address: <u>34 KAUER VIEW DR</u>							
Contact: <u>BOB MARTIN</u>							
Phone: <u>752-4127</u>							
Project:							
Quote ID:				PO#:			
Rush TAT Bus. Days: <2 2-5 5-7 7-10				Date Req.:			
Release to DOH: Yes							
Email Results: Yes				Email: <u>Rmartin@cortlandschools.org / Knowlby@</u>			
Fax Results: Yes							
Sample Information							
Description/Location	Date	Time	Initial	Matrix	Type	Number of Containers for Analysis Requested	
1 CONCESSION STAND	4/29/17	8:30	SS	DW			
2 DRINKING FOUNTAIN	4/28/17		SS	Grab			
3							
4							
5							
6							
7							
8							
Print Name and Company						Signature	Date/Time
Sampled: <u>BECK B NICHOLSON</u>						<u>BECK B NICHOLSON</u>	4/12/17
Received: <u>BOB MARTIN CESS</u>						<u>BOB MARTIN</u>	5/8/17 6:22 AM
Received: <u>DAWN DAWSON</u>						<u>DAWN DAWSON</u>	5/18/17 8:43
Received:							
Received:							
Received:							

Receiving Info (Lab Use Only)		Analysis Requested		Comments/Field Data	
Ice: <u>YES</u> NO					
Cooler: <u>YES</u> NO					
Sample Temp: <u>—</u>					
Cooler Seal: YES NO					
Pickup: YES NO					
Dropoff: C W					
Accepted? <u>YES</u> NO					
Container Material					
Container Size (in Ml)					
Preservative					


J 7 E 0 6 4 2
Cortland City School District

Microbac Laboratories (MNY) may be unable to perform a portion of the requested testing in which case we will subcontract the analysis to another accredited laboratory.