

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

J7H2330

**Cortland City School District** 

**Project Name: Lead Analysis** 

Bob Martin 1 Valley View Drive Cortland, NY 13045 Project / PO Number: N/A Received: 08/25/2017 09:55 Reported: 09/12/2017 15:21

**Analytical Testing Parameters** 

Client Sample ID: HS-148 Water Buffalo Tee

Lab Sample ID: J7H2330-01 Sample Type: Grab Collected By: NH-Client
Collection Date: 08/25/17
Collection Time: 07:34

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

**PQL** Units Metals, Total - ICP/MS Result ΑL Note Prepared Analyzed Method: EPA 200.8, Rv. 5.4 08/31/17 1107 Lead 0.0150 0.0010 G 08/31/17 0931 0.0362 mg/L

**Analytical Testing Parameters** 

Client Sample ID: HS-148 Water Buffalo Hose

Lab Sample ID: J7H2330-02 Sample Type: Grab Collected By: NH-Client
Collection Date: 08/25/17
Collection Time: 07:41

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Metals, Total - ICP/MS **PQL** Units Result AL Note Prepared Analyzed Method: EPA 200.8, Rv. 5.4 Lead 0.0856 0.0150 0.0010 mg/L G 09/01/17 1141 09/08/17 1343

**Analytical Testing Parameters** 

Client Sample ID: HS-148 Water Buffalo Value

Lab Sample ID: J7H2330-03
Sample Type: Grab

Collected By: NH-Client
Collection Date: 08/25/17
Collection Time: 07:45

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Metals, Total - ICP/MS **PQL** Result ΑL Units Note Prepared Analyzed Method: EPA 200.8, Rv. 5.4 08/31/17 0931 08/31/17 1109 Lead 0.0150 0.0010 G 0.0454 mg/L Laboratory NY: Microbac Laboratories, Inc., New York Division



## Microbac Laboratories, Inc., New York Division **CERTIFICATE OF ANALYSIS** J7H2330

**Definitions** 

AL: US EPA Action Level

MCL: US EPA Maximum Contaminant Level

RL: Reporting Limit

Result fails applicable NYS drinking water standards G:

**Cooler Receipt Log** 

Cooler ID: Temp: 18.3°C **Default Cooler** 

**Cooler Inspection Checklist** 

Custody Seals Intact and/or No Evidence of Tampering Yes Containers Intact Yes Yes

COC/Labels Agree Yes Preservation Correct (or not required)

Received on Ice (or not required) Yes

Project Requested Certification(s)

11549 New York State Department of Health

Microbac Laboratories, Inc., New York Division

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

## **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 09/12/2017 15:21

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#

83 Receiving Info (Lab Use Only) Cortland City School District 9 9 YES (NO YES NO YES NO > Comments/Field Data \*\*\*PLACE ALL SAMPLES IN BAGS WITH ICE YES YES Ó Sample Temp: Container Size(in MI) 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. By signing this document you are attesting that you have been informed by MNY of the intent to subcontract and are in agreement with this action. Container Material Cooler Seal: Accepted? Preservative Dropoff: Cooler: Pickup: lce: Comments Number of Containers for Analysis Requested 9.55 Analysis Requested S/5/17 8.00 8-35.1 PBZ Signature Matrix Type づ 20 3 whelms @ corthind schools, us 8/85/1-7.45 NH Billing/Invoice: Initial 1/2 1/2 NA Time Date Req.: PO#: 1/154/10 Sample Information Print Name and Company 5-7 7-10 アニアングランしてん Client Information 2-5 Description/Location Rush TAT Bus. Days: <2 Mand Email Results: Yes Yes 690 Release to DOH: Yes Cottana Fax Results: Phone: 60 Sampled: Received: Received: Address: Contact: Received: Received: Received: Quote ID: Project: Name: 9 2

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