



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J7C0716

Cortland City School District

Project Name: Virgil Elementary

Bob Martin  
1 Valley View Drive  
Cortland, NY 13045

Project / PO Number: N/A  
Received: 03/09/2017 13:14  
Reported: 03/27/2017 16:36

Analytical Testing Parameters

Client Sample ID: V27DF Room 27 Drinking Fountain  
Lab Sample ID: J7C0716-01  
Sample Type: Grab

Collected By: Client  
Collection Date: 03/09/17  
Collection Time: 06:30

Lead and/or Copper, Total - ICP/MS	Result	AL	PQL	Units	Note	Prepared	Analyzed	Lab
Method: EPA 200.8, Rv 5.4								
Lead	0.0209	0.0150	0.000500	mg/L	G	03/16/17 1034	03/21/17 1933	NY

Laboratory

NY: Microbac Laboratories, Inc., New York Division

Definitions

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

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 21.6°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  
03/27/2017 16:36

**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](mailto:andrew.canale@microbac.com). You may also contact Michael Fifield, Managing Director at [michael.fifield@microbac.com](mailto:michael.fifield@microbac.com) or Robert Crookston, President at [robert.crookston@microbac.com](mailto:robert.crookston@microbac.com).

Client Information				Billing/Invoice:			
Name: Cortland City Schools							
Address: 1000 Church St.							
Contact: Cortland City Schools							
Phone: 345-4147							
Project: Tech							
Quote ID:				PO#:			
Rush TAT Bus. Days: <2 2-5 5-7 7-10				Date Req.:			
Release to DOI: Yes							
Email Results: Yes				Rmartin@cortlandschools.org / Knowledge			
Fax Results: Yes							

  

Sample Information				Matrix			
Description/Location	Date	Time	Initial	Type			
1 U27 DF	3/9/17	0630	gml	DW			
2 Rem 27 Drinking Fountain				Gmb			
3							
4							
5							
6							
7							
8							

  

Print Name and Company		Signature	Date/Time	Comments
Sampled: Coryn Madley EESD		[Signature]	3/9/17 0630	
Received: Neg/Hebrs CECSD		[Signature]	3/9/17 1005pm	
Received:		[Signature]	3/9/17 1314	
Received: Danielle Grover		[Signature]	3/9/17 1314	
Received:				
Received:				

  

Receiving Info (Lab Use Only)		Analysis Requested		Number of Containers for Analysis Requested		Comments/Field D	
Ice:	YES NO						
Cooler:	YES NO						
Sample Temp:	21.0						
Cooler Seal:	YES NO						
Pickup:	YES NO						
Dropoff:	C W						
Accepted?	YES NO						
Container Material							
Container Size (in MI)							
Preservative							