



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

J9A0755

Cortland City School District

Project Name: Barry Elementary

Bob Martin  
 1 Valley View Drive  
 Cortland, NY 13045

Project / PO Number: N/A  
 Received: 01/11/2019  
 Reported: 01/18/2019

Analytical Testing Parameters

Client Sample ID:	B-109 A DF Bunker	Collected By:	NH-Client
Sample Matrix:	Drinking Water	Collection Date:	01/11/2019 7:01
Lab Sample ID:	J9A0755-01		

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Metals, Total - ICP/MS	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 200.8, Rv. 5.4								
Lead	0.0057	0.015 AL	0.0010	mg/L		01/17/19 1232	01/17/19 1428	DLO

Client Sample ID:	B-109A Pour Spout	Collected By:	NH-Client
Sample Matrix:	Drinking Water	Collection Date:	01/11/2019 7:00
Lab Sample ID:	J9A0755-02		

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Metals, Total - ICP/MS	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 200.8, Rv. 5.4								
Lead	0.0060	0.015 AL	0.0010	mg/L		01/17/19 1232	01/17/19 1429	DLO

Results in **bold** have exceeded a limit defined for this project. Limits are provided for reference but as regulatory limits change frequently, Microbac Laboratories, Inc. advises the recipient of this report to confirm such limits and units of concentration with the appropriate Federal, state or local authorities before acting on the data.

Definitions

AL: US EPA Action Level  
 RL: Reporting Limit

Project Requested Certification(s)

Microbac Laboratories, Inc. - Dayville 11549	New York State Department of Health
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.

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.

Reviewed and Approved By:

Renee Lantz  
 Customer Relationship Specialist  
 Reported: 01/18/2019 17:15

**CHAIN OF CUSTODY RECORD**

Number  
Instructions on back

3821 Buck Drive  
Cortland, NY 13045  
607.753.3403

2369 Elmira Street, Suite C  
Sayre, PA 18840  
570.888.0169

1620 North Main Avenue  
Scranton, PA 18508  
570.348.0775

4359 Linglestown Road  
Harrisburg, PA 17112  
717.651.9700

**Lab Report Address**

Client Name: *Betty Elementary  
Cortland School District*  
Address: *1 Valleyview Drive*  
City, State, Zip: *Cortland, NY 13045*  
Contact: *Near Helms*  
Telephone No.: *607-745-4147*

**Invoice Address**

Client Name: *Cortland School Dist*  
Address: *1 Valleyview Drive*  
City, State, Zip: *Cortland, NY 13045*  
Contact: *Near Helms*  
Telephone No.: *607-745-4147*

**Turnaround Time**

Routine (5 to 7 business days)  
 RUSH\* (notify lab)

Holding Time  
Temperature Upon Receipt (°C) *11.2*  
Therm ID

Report Type  
(needed by)

Samples Received on Ice *Yes* No: N/A  
Custody Seals Intact? *Yes* No: N/A

Results Only  Level 1  Level 2  Level 3  Level 4  EDD

Send Report via:  Mail  Fax  e-mail (address) *nearhelms@cortland.k12.ny.us* Send Invoice via:  Mail  Fax  e-mail (address)

**Project:** *Lead*

Location: *Near Elementary* PO No.:

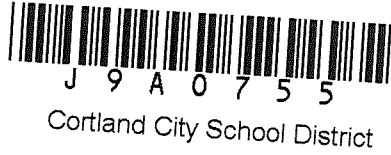
Compliance Monitoring?  Yes  No

Sampled by (PRINT): *Near Helms*

Sampler Signature: *Near Helms*

Sampler Phone No.: *607-745-4147*

\* Matrix Types: Soil/Solid (S), Sludge, Oil, Wipe, Drinking Water (DW), Groundwater (GW), Surface Water (SW), Waste Water (WW), Other (specify)  
\*\* Preservative Types: (1) HNO3, (2) H2SO4, (3) HCl, (4) NaOH, (5) Zinc Acetate, (6) Methanol, (7) Sodium Bisulfate, (8) Sodium Thiosulfate, (9) Hexane, (U) Unpreserved



**REQUESTED ANALYSIS**

Lab ID	Client Sample ID	Date Collected	Time Collected	No. of Containers	Matrix	Grab Comp	Preservative Types**	Additional
	<i>B-109 A DE</i>	<i>7/19/19</i>	<i>7:01 am</i>	<i>1</i>	<i>DW</i>	<input checked="" type="checkbox"/>	<i>1</i>	
	<i>B-109 B DE</i>	<i>7/19/19</i>	<i>7:00 am</i>	<i>1</i>	<i>DW</i>	<input checked="" type="checkbox"/>	<i>1</i>	

Possible Hazard Identification  Hazardous  Non-Hazardous  Radioactive

Sample Disposition  Dispose as appropriate  Return  Archive

Relinquished By (signature) *Near Helms* Date/Time *7/19/19*

Relinquished By (signature) *Near Helms* Date/Time *7/19/19*

Relinquished By (signature) *Near Helms* Date/Time *7/19/19*

**SAMPLES MUST BE RETURNED ON ICE**