



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J6L0998

Homer Central Schools

Project Name: Jr High Lab Sinks

Scott Cavellier  
P.O. Box 500  
Homer, NY 13077-0500

Project / PO Number: N/A  
Received: 12/15/2016 08:59  
Reported: 01/14/2017 22:48

Analytical Testing Parameters

Client Sample ID: Room 282 Sink - 151  
Lab Sample ID: J6L0998-01  
Sample Type: Grab

Collected By: KD-Client  
Collection Date: 12/15/16  
Collection Time: 07:41

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	0.025	0.015	0.001	mg/L	G	12/29/16 1317	01/04/17 0035

Analytical Testing Parameters

Client Sample ID: Room 238 Sink - 165  
Lab Sample ID: J6L0998-02  
Sample Type: Grab

Collected By: KD-Client  
Collection Date: 12/15/16  
Collection Time: 07:45

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	0.024	0.015	0.001	mg/L	G	12/29/16 1317	01/04/17 0039

Analytical Testing Parameters

Client Sample ID: Room 284 Sink - 172  
Lab Sample ID: J6L0998-03  
Sample Type: Grab

Collected By: KD-Client  
Collection Date: 12/15/16  
Collection Time: 07:48

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	0.0075	0.015	0.001	mg/L		12/29/16 1317	01/04/17 0043



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J6L0998

Analytical Testing Parameters

Client Sample ID: Room 285 Sink - 185
Lab Sample ID: J6L0998-04
Sample Type: Grab

Collected By: KD-Client
Collection Date: 12/15/16
Collection Time: 07:50

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

Table with 8 columns: 200.8- ICP-MS, Result, MCL, PQL, Units, Note, Prepared, Analyzed. Row 1: Method: 200.8, Lead, 0.0056, 0.015, 0.001, mg/L, 12/29/16 1317, 01/04/17 0054

Laboratory

NY: Microbac Laboratories, Inc., New York Division

Definitions

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

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 19.3°C

Cooler Inspection Checklist

Checklist table with 4 columns: Item, Yes, Item, Yes. Items include Custody Seals Intact and/or No Evidence of Tampering, COC/Labels Agree, Received on Ice (or not required).

Project Requested Certification(s)

Microbac Laboratories, Inc. Dayville (NY 11549)
NY Lab ID No: 11549
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 For Michael Fifield
Division Manager
01/14/2017 22:48

Go Green: Contact Michael Fifield 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 Michael Fifield, Project Manager at michael.fifield@microbac.com. You may also contact Michael Fifield, Managing Director at michael.fifield@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.

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 NY #10795, EPA #NY00835

# Microbac Laboratories, Inc. CHAIN OF CUSTODY

Samples must be returned on ice

MNY Workorder #

Client Information		Billing/Invoice:		Analysis Requested		Receiving Info (Lab Use Only)	
Name:	HOMER CSD			Ice:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Container Material	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Address:	80 S. WEST RD			Cooler:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Container Size(In MI)	
Contact:	HOMER NY 13077			Sample Temp:	19.3	Preservative	
Phone:	607-749-1234 x 1			Cooler Seal:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Comments/Field Data	
Project:	JR HIGH LAB SINKS			Pickup:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Quote ID:				Dropoff:	C W		
Rush TAT Bus. Days:	<2 2-5 5-7 7-10			Accepted?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Release to DOH:	Yes						
Email Results:	SCAVELLER@HOMERCENTRAL.1029						
Fax Results:	Yes						

  

Sample Information				Matrix		Number of Containers for Analysis Requested	Comments
Description/Location	Date	Time	Initial	Type			
Room 282 SINK (151)	12/15/16	741	KR		1		
Room 283 SINK (165)	12/15/16	745	KR		1		
Room 284 SINK (172)	12/15/16	748	KR				
Room 285 SINK (185)	12/15/16	750	KR				

  

Print Name and Company	Signature	Date/Time
Received: Jennifer Walker Int	Jennifer Walker	12/15/16 8:57
Received: Kelly J. Doral	Kelly Doral	10/15/16 0859
Received:		
Received:		
Received:		



J6L0998