



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J7F1337

Jefferson-Lewis-Hamilton-Herkimer-Oneida BOCES

Project Name: Sherman 2

Fred Hauck
20104 NYS Route 3
Watertown, NY 13601

Project / PO Number: N/A
Received: 06/19/2017 10:30
Reported: 06/28/2017 18:02

Analytical Testing Parameters

Client Sample ID: 1
Lab Sample ID: J7F1337-01
Sample Type: Grab

Collected By: RF-Client
Collection Date: 06/15/17
Collection Time: 06:57

Lead and/or Copper, Total - ICP/MS	Result	AL	PQL	Units	Note	Prepared	Analyzed	Lab
Method: EPA 200.8, Rv 5.4								
Lead	0.00287	0.0150	0.000500	mg/L		06/26/17 1154	06/26/17 2058	NY

Analytical Testing Parameters

Client Sample ID: 2
Lab Sample ID: J7F1337-02
Sample Type: Grab

Collected By: RF-Client
Collection Date: 06/15/17
Collection Time: 06:59

Lead and/or Copper, Total - ICP/MS	Result	AL	PQL	Units	Note	Prepared	Analyzed	Lab
Method: EPA 200.8, Rv 5.4								
Lead	0.00881	0.0150	0.000500	mg/L		06/26/17 1154	06/26/17 2058	NY

Analytical Testing Parameters

Client Sample ID: 3
Lab Sample ID: J7F1337-03
Sample Type: Grab

Collected By: RF-Client
Collection Date: 06/15/17
Collection Time: 06:56

Lead and/or Copper, Total - ICP/MS	Result	AL	PQL	Units	Note	Prepared	Analyzed	Lab
Method: EPA 200.8, Rv 5.4								
Lead	0.00132	0.0150	0.000500	mg/L		06/26/17 1154	06/26/17 2058	NY

Analytical Testing Parameters

Client Sample ID: 4
Lab Sample ID: J7F1337-04
Sample Type: Grab

Collected By: RF-Client
Collection Date: 06/15/17
Collection Time: 06:58

Lead and/or Copper, Total - ICP/MS	Result	AL	PQL	Units	Note	Prepared	Analyzed	Lab
Method: EPA 200.8, Rv 5.4								
Lead	0.0113	0.0150	0.000500	mg/L		06/26/17 1154	06/26/17 2058	NY



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J7F1337

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: 4.9°C

Cooler Inspection Checklist

Table with 4 columns: Item, Yes/No, Item, Yes/No. Rows include Custody Seals Intact and/or No Evidence of Tampering, COC/Labels Agree, Received on Ice (or not required), Containers Intact, Preservation Correct (or not required).

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
06/28/2017 18:02

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 Christine Pechacek, Laboratory Director at christine.pechacek@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.

Microbac Laboratories, Inc.

CHAIN OF CUSTODY

Samples must be returned on ice
 MNY Workorder #



Jefferson-Lewis-Hamilton-Herkimer-Oneid

Client Information				Billing/Invoicing				Analysis Requested					
Name: Jefferson-Lewis-Hamilton-Herkimer-Oneid BOCES		Address: 20104 NYS Route 3 Watertown, NY 13601		Contact: Ray Filley		Phone: 315-779-7054		Project: Lead Testing		Quote ID:		Receiving Info (Lab Use Only)	
Ruth TAT Bur. Days: 2-5 5-7 7-10		Release to DOH: Yes		Email Results: Yes		Fax Results: Yes		PO#:		Date Req.:		Ice: YES NO	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Cooler: YES NO	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Sample Temp: 4.9°C	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Cooler Seal: YES NO	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Pickup: YES NO	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Dropoff: C W	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Accepted? YES NO	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Container Material	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Container Size (in ml)	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Preservative	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Comments/Flags	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Number of Containers for Analysis Requested	
Sample Information		Description/Location		Date		Time		Initial		Matrix Type		Comments	
1				6/15/17	6:57	RF							
2					6:59								
3					6:56								
4					6:58								
5													
6													
7													
8													
Sampled:		Print Name and Company		Signature		Date/Time							
Received:		Ray Filley		[Signature]		6/16/17							
Received:		Jessica Kalkzak		[Signature]		19 JUNE 17 10:30						NO ACID	
Received:		Cayla Dickson		[Signature]		6/20/17 10:22						Acid added in Lab @	
Received:													
Received:													

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.