



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 2&5 Sink - 1&5
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, Containers Intact, 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.

3021 Buck Drive  
 Corland NY 13045  
 Phone:(607)763-3403 Fax:(607)763-3415  
 NY #10795, EPA #NY60095

# 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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
Address: 80 S. WEST RD HOMER NY 13077								Cooler: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Contact: SCOTT CAVELLER								Sample Temp: 19.3	
Phone: 607-749-1234 x 1		DWO PD						Cooler Seal: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Project: JR. HIGH LAB SINKS								Pickup: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Quote ID:		PO#:						Dropoff: C W	
Rush TAT Bus. Days: <2 2-5 5-7 7-10		Date Req.:						Accepted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Release to DOH: Yes								Container Material	
Email Results: <input checked="" type="checkbox"/> YES SCAVELLER@HOMERCENTRAL.ORG								Container Size (In Ml)	
Fax Results: Yes								Preservative	
Sample Information				Matrix					
Description/Location	Date	Time	Inlet	Type	Number of Containers for Analysis Requested			Comments/Field Data	
1 Room 282 SINK <sup>(151)</sup>	12/15/16	741	KR		1				
2 Room 283 SINK <sup>(165)</sup>	12/15/16	745	KR		1				
3 Room 284 SINK <sup>(172)</sup>	12/15/16	748	KR						
4 Room 285 SINK <sup>(185)</sup>	12/15/16	753	KR						
5									
6									
7									
8									
Print Name and Company		Signature		Date/Time		Comments			
Sampled:									
Received: Jennifer Walker inst.		Jennifer Walker		12/15/16 8:59					
Received: Kelly J. Daise		SCM Bisco		10/15/16 0859					
Received:									
Received:									
Received:									

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