



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J6L1094

Elmira City School District

Project Name: Drinking Water

Mike Dunn
733 Benjamin Street
Elmira, NY 14901

Project / PO Number: N/A
Received: 12/19/2016 13:30
Reported: 12/26/2016 16:38

Analytical Testing Parameters

Client Sample ID: EDAPW1
Lab Sample ID: J6L1094-01
Sample Type: Grab

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

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

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	0.0049	0.015	0.001	mg/L		12/22/16 1023	12/22/16 1447

Analytical Testing Parameters

Client Sample ID: EDAPW2 (30 Sec Flush)
Lab Sample ID: J6L1094-02
Sample Type: Grab

Collected By: DI-Client
Collection Date: 12/16/16
Collection Time: 07:16

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

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	<0.001	0.015	0.001	mg/L		12/22/16 1023	12/22/16 1451

Analytical Testing Parameters

Client Sample ID: EDAPM1
Lab Sample ID: J6L1094-03
Sample Type: Grab

Collected By: DI-Client
Collection Date: 12/16/16
Collection Time: 07:20

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

200.8- ICP-MS	Result	MCL	PQL	Units	Note	Prepared	Analyzed
Method: 200.8							
Lead	0.001	0.015	0.001	mg/L		12/22/16 1023	12/22/16 1455



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J6L1094

Analytical Testing Parameters

Client Sample ID: EDAPM2 (30 Sec Flush)
Lab Sample ID: J6L1094-04
Sample Type: Grab

Collected By: DI-Client
Collection Date: 12/16/16
Collection Time: 07:21

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, <0.001, 0.015, 0.001, mg/L, 12/22/16 1023, 12/22/16 1458

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: 19.2°C

Cooler Inspection Checklist

Table with 4 columns: Item, Yes, Item, Yes. Rows: 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:

Signature of Renee Lantz

Renee Lantz
Project Manager
12/26/2016 16:38

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

Microbac Laboratories, Inc.
CHAIN OF CUSTODY

3821 Buck Drive
 Cortland NY 13045
 Phone: (607)753-3403 Fax: (607)753-3415
 NY #10795, EPA #NY00935

Samples must be returned on ice
 MNY Workorder #

Client Information		Billing/Invoice:		Analysis Requested	
Name: <i>Elmira City Schools</i>		Name: <i>Elmira City Schools</i>		Ice: YES NO Cooler: YES NO Sample Temp: YES NO Cooler Seal: YES NO Pickup: YES NO Dropoff: C W Accepted? YES NO Container Material Container Size (l)	
Address: <i>733 Benjamin St Elmira NY 14901</i>		Address: <i>733 Benjamin St Elmira NY 14901</i>			
Contact: <i>Michael Dunn</i>		Contact: <i>Michael Dunn</i>			
Phone: <i>607.735.3980</i>		Phone: <i>607.735.3980</i>			
Project: _____		PO #: _____		Number of Containers for Analysis Requested Preservative Comment	
Quote ID: _____		Date Req: _____			
Rush TAT Bus. Days: < 2-5 5-7 7-10		Date Req: _____			
Carbon Copy: <input checked="" type="checkbox"/> Yes		Email Results: <input checked="" type="checkbox"/> Yes			
Email Results: <input checked="" type="checkbox"/> Yes		Fax Results: <input checked="" type="checkbox"/> Yes		200.800 Plastic 250 Nitric	
Fax Results: <input checked="" type="checkbox"/> Yes		Email Results: <input checked="" type="checkbox"/> Yes			
Carbon Copy: <input checked="" type="checkbox"/> Yes		Email Results: <input checked="" type="checkbox"/> Yes			
Email Results: <input checked="" type="checkbox"/> Yes		Fax Results: <input checked="" type="checkbox"/> Yes			
Sample Information				Receiving Info (Lab Use Only)	
Description/Location	Date	Time	Initial	Matrix Type	Number of Containers for Analysis Requested
1 EDAPW1	Dec 16 2016	0715	DI	Grab	1
2 EDAPW2	"	0716	DI	30Sec Flush	1
3 EDAPM1	"	0720	DI	Grab	1
4 EDAPM2	Dec 16 2016	0721	DI	30Sec Flush	1
5					
6					
7					
8					
Print Name and Company				Signature	
Sampled: <i>Dominic Insogna, ELSD</i>				<i>Dunn</i>	
Received: <i>Breanna Lantz</i>				<i>Breanna Lantz</i>	
Received: _____				Date/Time	
Received: _____				12-19-16	
Received: _____				12/19 13:30	
Received: _____				0-3 day Rush	
Comments					



Microbac Laboratories (MNY) may be unable to perform a portion of the requested testing if, 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 with this action.