MICROBAC[®]

Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J8L1529

Cortland City School District	Project Name: Lead Analysis		
Bob Martin	Project / PO Number: N/A		
1 Valley View Drive	Received: 12/27/2018 12:01		
Cortland, NY 13045	Reported: 01/07/2019 17:30		

Analytical Testing P	arameters			
Client Sample ID:	Rm 207 Sink HS-14 (Retest)	Collected By:	NH-Client	
Lab Sample ID:	J8L1529-01	Collection Date:	12/27/18	
Sample Type:	Grab	Collection Time:	11:45	

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Metals, Total - ICP/M	IS Re:	sult	AL	PQL	Units	Note	Prepared	Analyzed	
Method: EPA 200.8, R	Rv. 5.4								
Lead	0.1	175 (0.0150	0.0010	mg/L	G	01/04/19 1011	01/04/19 1041	
Laboratory									
NY:	Microbac Laboratories, Inc., N	ew York Divi	sion						
Definitions									
AL:	US EPA Action Level								
RL:	Reporting Limit								
G:	Result fails applicable NYS dri	nking water	standards	i					
Cooler Receipt Lo	g								
Cooler ID:	Default Cooler	Temp	: 19.9°C)					
Cooler Inspection	Checklist								
Ice Present or no	ot required?		Y	'es Shi	pping contair	ners sealed	or not required?		Ye
	tact or not required?		Y		ain of Custod		•		Ye
COC includes cu	ustomer information?		Y			• • •	signature on COC?)	Ye
Sample collector	r identified on COC?		Y		mple type ide		•		Ye
Correct containe	rs listed on COC?		Y	es Co	rrect number	of containe	ers listed on COC?		Ye
Containers Intac	t?		Y	es CO	C includes re	equested ar	nalyses?		Ye
Enough sample	volume for indicated tests receive	d?	Y			•	(Name, Date & Tim	ie?)	Ye
e 1	within hold time?		Y		•		OC or not required?	,	Ye
Chemical preser	vations checked or not required?		Y		•		nethod requiremen		Ye
	•			es Trin		esent or not	•		Ye

Project Requested Certification(s)

11549 Microbac Laboratories. Inc New York Division	New York State Department of Health
NY Lab ID No.: 10795	New York State Department of Health

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Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

Go Green: Contact Christine Pechacek to set up email reporting and invoicing options.

Reviewed and Approved By:

Christine Pechacek Environmental Operations Manager 01/07/2019 17:30

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 Christine Pechacek, Project Manager at christine.pechacek@microbac.com. You may also contact Christine Pechacek, Laboratory Director at christine.pechacek@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.

CHAIN OF CUSTODY RECORD	TO BE COMPLETED BY MICROBAC Temperature Upon Receipt (°C)/ベ ダ Therm ID Holding Time Samples Received on Ice? Yee No NIA Custody Seals Intact? Yee No NIA Custody Seals Intact? Yee No NIA []Level3 []Level 4 []EDD []Level3 []Yes [] No []Level3 []Yes [] No [] Coring? []Yes [] No [] (U) Unpreserved	Cortland City School District	$\begin{array}{c c} 1 \text{ Archive} \\ \hline \text{Date/Time} \\ \hline \left(\begin{array}{c} \mathcal{X} \\ \mathcal{X} \\$
4359 Linglestown Road CHAIN Harrisburg, PA 17112 Number	Turnaround Time TO BE COMPLETED BY MIC I Routine (5 to 7 business days) Temperature Upon Receipt I RUSH* (notify lab) Temperature Upon Receipt (needed by) Famples Received on Ice? (needed by) Samples Received on Ice? (Report Type Custody Seals Intact(? Yes []Results Only []Level 1 []Level 2 []Level3 []Level 4 []EDD []Mail [] Fax [] e-mail (address) []Mail [] Fax [] e-mail (address) []Mail [] Fax [] e-mail (address) []Supler Phone () Agency/Program Sampler Phone () Agency/Program Subler Phone () Agency/Program Subler Phone () Agency/Program Subler Phone () Agency/Program Subler (a) Sodium Thiosulfate, (a) Hexane, (u) Unpreserved REQUESTED ANALYSIS () Uppreserved		I Dispose as appropriate [] Return Received By (signature) Received By (signature) Received By (signature)
1620 North Main Avenue Scranton, PA 18508 570 348 0775	Idress Turnaroui and C_{2} , $f + f_{2}$, $i \in C$, $f \in A = J$, $f = 1$ $f = C_{2}$, $f + f_{2}$, $i \in C$, $f = 1$ $f = C_{2}$, $f + f_{2}$, $f \in C$, $f = 0$ $f = C_{2}$, $f = 0$, $f = C$, $f = 0$ $f = C_{2}$, $f = 0$, $f = 0$, $f = 0$ $f = C_{2}$, $f = 0$, $f = 0$, $f = 0$, $f = 0$ f = 0, $f = 0$, $f = 0$, $f = 0$, $f = 0f = 0$, $f = 0$, $f = 0$, $f = 0$, $f = 0f = 0$, $f = 0f = 0$, $f = 0$	Grab / Comp Tress Tress tive 129 d Comp	Sample Disposition Date/Time Date/Time Date/Time
2369 Elmira Street, Suite C Sayre, PA 18840 570.888.0169	Invoice Address Client Name: C_{2} $f + f_{1}$, $i \in f \leq h \neq J$ // Address: $ U_{1} / f_{1} + V_{1} \in V_{1} + V_{1} = 0$ City, State, Zip: $U \neq f + f_{1} = 0$ Contact: $f \in f + f_{1} + f_{1} = 0$ Contact: $f \in f + f_{1} + f_{1} = 0$ Contact: $f \in f + f_{2} + f_{1} = 0$ Contact: $f \in f + f_{2} + f_{1} = 0$ Contact: $f \in f + f_{2} + f_{2} = 0$ Location: $f = 0$ Sampler Location: PON, Groundwater (GW), Surface Wa Vipe, Drinking Water (DW), Groundwater (GW), Surface Wa C(1, (4) NaOH, (5) Zinc Acetate, (6) Methanol, (7) Sodium Bis	ed Collected	[] Non-Hazardous [] Radioactive Relinquished By (signature) Relinquished By (signature) Relinquished By (signature)
(4) MICROBAC 3821 Buck Drive 2365 Cortland, NY 13045 Sayi 607.753.3403 570.	Lab Report Address Lab Report Address Client Name: $Cr f f_{q_{1}r_{d_{1}}} $, $E_{q_{1}r_{d_{1}}} $, $E_{q_{1}r_{d_{1}}} $, $E_{q_{1}r_{d_{1}}} $, $E_{q_{1}r_{d_{1}r_{d_{1}}}} $, $E_{q_{1}r_{d_{1}r_{d_{1}}}} $, $E_{q_{1}r_{d_{1}r_{d_{1}}}} $, $E_{q_{1}r_{d_{1}r_{d_{1}r_{d_{1}}}} $, $E_{q_{1}r_{d_{1}r_{d_{1}r_{d_{1}r_{d_{1}}}}} $, $E_{q_{1}r_{d_$	ample ID Co	Commentation Il Hazardous II Nazardous II N Commentation Commentation II Nazardous II N SAMPLES MUST BE RETURNED ON ICE