



Microbac Laboratories, Inc., Sayre Division
CERTIFICATE OF ANALYSIS

S1F0312

Tioga Central School

Project Name: State Lead Testing

Dave Keene
 P.O. Box 241/3 5th Ave
 Tioga Center, NY 13845

Project / PO Number: N/A
 Received: 06/02/2021
 Reported: 06/30/2021

Analytical Testing Parameters

Client Sample ID:	H.S. Hose Bib (Re-test)	Collected By:	Carl Cole
Sample Matrix:	Drinking Water	Collection Date:	06/02/2021 7:15
Lab Sample ID:	S1F0312-01		

Analyses Performed by: Microbac Laboratories, Inc. - Dayville

Metals Total by ICPMS	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 200.8, Rv. 5.4 (1994)								
Lead	<0.0010	0.015 AL	0.0010	mg/L		06/11/21 1338	06/11/21 1448	LLW

*Results in **bold** have exceeded a limit defined for this project. Limits are provided for reference but as regulatory limits change frequently, Microbac Laboratories, Inc. advises the recipient of this report to confirm such limits and units of concentration with the appropriate Federal, state or local authorities before acting on the data.*

Definitions

- AL:** US EPA Action Level
- MDL:** Minimum Detection Limit
- mg/L:** Milligrams per Liter
- RL:** Reporting Limit

Project Requested Certification(s)

Microbac Laboratories, Inc. - Dayville
 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.

*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. **The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.***

Reviewed and Approved By:



Renee Lantz
 Customer Relationship Specialist
 Reported: 06/30/2021 11:10

Microbac Laboratories, Inc.



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607.753.3403

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Sayre, PA, 18840
570.888.0169

428 Route 315 Hwy
Pittston, PA 18840
570.348.0775

4358 Lingiestown Rd.
Harrisburg, PA 17112
717.851.9700

3719 Garrett Rd.
Drexel Hill, PA 19026
484.461.9722

CHAIN OF CUSTODY RECORD

Number

Instructions on back

Lab Report Address

Client Name: *Tioga Central Schools*

Address: *27 5th Avenue*

City, State, Zip: *Tioga Center NY 13845*

Contact: *Dave Keene*

Telephone No.: *607-687-8000*

Invoice Address

Client Name:

Address:

City, State, Zip:

Contact:

Telephone No.:

Turnaround Time

Routine (5 to 7 business days)

RUSH* (notify lab)

(needed by)

Report Type

Results Only Level 1 Level 2 Level 3 Level 4 EDD

TO BE COMPLETED BY MICROBAC

Temperature Upon Receipt (°C) *9.4*

Therm ID: *51*

Holding Time

Samples Received on Ice? Yes No N/A

Custody Seals Intact? Yes No N/A

Send Report via: Mail Fax e-mail (address) *ccole@tioga-central.org*

Project: *State Lead Tests* Location: *State Lead Tests* Water Dist. *State Lead Tests* PO No. *State Lead Tests* Compliance Monitoring? Yes No Agency/Program *State Lead Tests*

Sampled by (PRINT): *Carl Cole* Sampler Signature: *Carl Cole* Sampler Phone No.: *607-761-8075*

* Matrix Types: Soil/Solid (S), Sludge, Oil, Wipe, Drinking Water (DW), Groundwater (GW), Surface Water (SW), Waste Water (WW), Other (specify)
** Preservative Types: (1) HNO3, (2) H2SO4, (3) HCl, (4) NaOH, (5) Zinc Acetate, (6) Methanol, (7) Sodium Bisulfate, (8) Sodium Thiosulfate, (9) Hexane, (U) Unpreserved

REQUESTED ANALYSIS

Lab ID	Client Sample ID (Location of sample taken. Ex: Kitchen sink, bathroom sink etc.)	Date Collected	Time Collected	No. of Containers	Matrix	Grab / Comp	Preservative Types	Additional Notes
	<i>H.S. Hose Bib Re-Test</i>	<i>6-2-21</i>	<i>7:15 AM</i>	<i>1</i>	<i>DW</i>	<i>G</i>	<i>Lead</i>	
				<i>1</i>	<i>DW</i>	<i>G</i>		
				<i>1</i>	<i>DW</i>	<i>G</i>		
				<i>1</i>	<i>DW</i>	<i>G</i>		
				<i>1</i>	<i>DW</i>	<i>G</i>		
				<i>1</i>	<i>DW</i>	<i>G</i>		
				<i>1</i>	<i>DW</i>	<i>G</i>		

Possible Hazard Identification Hazardous Non-Hazardous Radioactive

Relinquished By (signature) Relinquished By (signature)

Date/Time

Sample Disposition Dispose as appropriate Return Archive

Date/Time

PLEASE RETURN SAMPLES ON ICE.

Received By (signature) *Renee Lantz* Date/Time *6/2/21 0835*



S 1 F 0 3 1 2

Tioga Central School

PM: Renee Lantz