



Microbac Laboratories, Inc., Sayre Division
CERTIFICATE OF ANALYSIS

S1A0197

Tioga Central School

Project Name: State Lead - Retests

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

Project / PO Number: N/A
Received: 12/30/2020
Reported: 01/15/2021

Analytical Testing Parameters

Client Sample ID:	M.S Art RM Sink 2	Collected By:	Carl Cole-Client
Sample Matrix:	Drinking Water	Collection Date:	12/30/2021 7:30
Lab Sample ID:	S1A0197-01		

Analyses Subcontracted to: 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		01/11/21 1103	01/11/21 1206	DLO

Client Sample ID:	TES Rm 22 Fountain	Collected By:	Carl Cole
Sample Matrix:	Drinking Water	Collection Date:	12/30/2021 7:15
Lab Sample ID:	S1A0197-02		

Analyses Subcontracted to: 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	0.0114	0.015 AL	0.0010	mg/L		01/11/21 1103	01/11/21 1212	DLO

Client Sample ID:	TES Rm 29 Fountain	Collected By:	Carl Cole
Sample Matrix:	Drinking Water	Collection Date:	12/30/2021 7:10
Lab Sample ID:	S1A0197-03		

Analyses Subcontracted to: 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	0.0014	0.015 AL	0.0010	mg/L		01/11/21 1103	01/11/21 1214	DLO



Microbac Laboratories, Inc., Sayre Division

CERTIFICATE OF ANALYSIS

S1A0197

Client Sample ID:	TES Rm 30 Fountain	Collected By:	Carl Cole
Sample Matrix:	Drinking Water	Collection Date:	12/30/2021 7:10
Lab Sample ID:	S1A0197-04		

Analyses Subcontracted to: 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	0.0037	0.015 AL	0.0010	mg/L		01/11/21 1103	01/11/21 1215	DLO

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
- 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: 01/15/2021 11:40

Microbac Laboratories, Inc.

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570.348.0775

4359 Linglestown 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)
Holding Time
Samples Received on Ice? Yes No N/A
Custody Seals Intact? Yes No N/A
Report Type (needed by)
 Results Only Level 1 Level 2 Level 3 Level 4 EDD

Send Report via:

Mail Fax e-mail (address) *ccole@tiogacentral.org* Send invoice via:

Project:

State Lead Re Tests

Compliance Monitoring?

Yes No
() Agency/Program

Sampled by (PRINT):

Carl Cole

Location:

Water Dist.

PO No.:

607-761-8075

Sampler Phone No.:

607-761-8075

* Matrix Types: Soil/Solid (S), Sludge, Oil, Wipe, Drinking Water (DW), 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



Tioga Central School
PM: Renee Lantz

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 Note
	<i>M.S. ANT RM SMK 2</i>	<i>12-30-20</i>	<i>7:30 AM</i>	<i>1</i>	<i>DW G</i>	<i>G</i>	<i>U</i>	<i>Lead</i>
	<i>TES RM 22 Fountain</i>	<i>12-30-20</i>	<i>7:15</i>	<i>1</i>	<i>DW G</i>	<i>G</i>	<i>U</i>	
	<i>TES RM 29 Fountain</i>	<i>12-30-20</i>	<i>7:10</i>	<i>1</i>	<i>DW G</i>	<i>G</i>	<i>U</i>	
	<i>TES RM 30 Fountain</i>	<i>12-30-20</i>	<i>7:10</i>	<i>1</i>	<i>DW G</i>	<i>G</i>	<i>U</i>	

REQUESTED ANALYSIS

Possible Hazard Identification
Comments

Hazardous Non-Hazardous Radioactive

Sample Disposition Dispose as appropriate Return Archive

PLEASE RETURN SAMPLES ON ICE.

Date/Time

Received By (signature)

Date/Time

Relinquished By (signature)

Date/Time

Relinquished By (signature)

Date/Time