



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J011375

Bainbridge-Guilford Central School District

Project Name: Concession #4

James Rideout
18 Juliard Street
Bainbridge, NY 13733

Project / PO Number: 31423
Received: 09/17/2020
Reported: 09/30/2020

Analytical Testing Parameters

Table with client sample details: Client Sample ID: Hose Spicket, Sample Matrix: Drinking Water, Lab Sample ID: J011375-01, Collected By: JR-Client, Collection Date: 09/16/2020 9:45

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Table with analytical results: Metals Total by ICPMS, Method: EPA 200.8, Rv. 5.4 (1994), Lead result: 0.0614 mg/L

Table with client sample details: Client Sample ID: Drinking Fountain, Sample Matrix: Drinking Water, Lab Sample ID: J011375-02, Collected By: JR-Client, Collection Date: 09/16/2020 9:45

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Table with analytical results: Metals Total by ICPMS, Method: EPA 200.8, Rv. 5.4 (1994), Lead result: 0.0630 mg/L

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)

Table with project certification details: Microbac Laboratories, Inc. - Dayville 11549, New York State Department of Health; Microbac Laboratories, Inc., New York Division NY Lab ID No.: 10795, 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:

Signature of Shannon Weeks

Shannon Weeks
Customer Relationship Coordinator
Reported: 09/30/2020 14:20

Microbac Laboratories, Inc.

3821 Buck Dr. | Cortland, NY 13045 | 607-753-3403 p | www.microbac.com



Bainbridge-Guilford Central School District  
PM: Shannon Weeks

CHAIN OF CUSTODY RECORD

3821 Buck Dr.  
Corland, NY 13045  
607.753.3403

2369 Elmira St., Suite C  
Sayre, PA 18840  
570.888.0169

428 Route 315 Hwy  
Pittston, PA 18640  
570.348.0775

4359 Linglestown Rd.  
Harrisburg, PA 17112  
717.661.9700

3719 Garrett Rd.  
Drexel Hill, PA 19026  
484.461.9722

Number  
Instructions on back

TO BE COMPLETED BY MICROBAC  
Temperature Upon Receipt (°C) 15.8  
Therm ID

Turnaround Time

Client Name: Bainbridge-Guilford  
Central School District  
Address: 18 Sullivan Street  
City, State, Zip: Bainbridge, NY 13733  
Contact: James Rideout  
Telephone No.: 607-967-6322

Invoice Address

Client Name: Bainbridge-Guilford  
Central School District  
Address: 18 Sullivan Street  
City, State, Zip: Bainbridge, NY 13733  
Contact: James Rideout  
Telephone No.: 607-967-6322

Lab Report Address

Client Name: Bainbridge-Guilford  
Central School District  
Address: 18 Sullivan Street  
City, State, Zip: Bainbridge, NY 13733  
Contact: James Rideout  
Telephone No.: 607-967-6322

Holding Time

Samples Received on Ice? Yes No N/A

Custody Seals Intact? Yes No N/A

Level 1 Level 2 Level 3 Level 4 EDD

Compliance Monitoring? Yes No

Agency/Program

Send Invoice via: Mail Fax e-mail (address)

PO No.: 31423

Sampler Phone No.:

Water Dist.

Location: Concession

Sampler Signature:

Project: #4

Sampled by (PRINT):

\* 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
	Hose spicket	9/16/20	9:45	1				
	Drinking fountain	9/16/20	9:45	1				

Possible Hazard Identification

Relinquished By (signature)

Comments

Relinquished By (signature)

Date/Time

Received By (signature)

Date/Time

PLEASE RETURN SAMPLES ON ICE.

Date/Time

Received By (signature)

Date/Time