



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J1A1166

Otsego Northern Catskills BOCES

Joshua Reiss
1914 County Hwy.
Milford, NY 13807

Project Name: OAC- Otsego Northern Catskills

BOCES
Project / PO Number: N/A
Received: 01/14/2021
Reported: 01/26/2021

Analytical Testing Parameters

Table with client sample details: Client Sample ID (157 Pot Filler - First Draw), Sample Matrix (Drinking Water), Lab Sample ID (J1A1166-01), Collected By (CC-Client), Collection Date (01/13/2021 8:43)

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Table with 9 columns: Metals Total by ICPMS, Result, Limit(s), RL, Units, Note, Prepared, Analyzed, Analyst. Row 1: Method: EPA 200.8, Rv. 5.4 (1994), Lead, 0.0040, 0.015 AL, 0.0010, mg/L, 01/25/21 1019, 01/25/21 1038, DLO

Table with client sample details: Client Sample ID (157 Pot Filler - 30 Second Draw), Sample Matrix (Drinking Water), Lab Sample ID (J1A1166-02), Collected By (CC-Client), Collection Date (01/13/2021 8:44)

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Table with 9 columns: Metals Total by ICPMS, Result, Limit(s), RL, Units, Note, Prepared, Analyzed, Analyst. Row 1: Method: EPA 200.8, Rv. 5.4 (1994), Lead, <0.0010, 0.015 AL, 0.0010, mg/L, 01/25/21 1019, 01/25/21 1040, 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
MCL: US EPA Maximum Contaminant Level
mg/L: Milligrams per Liter
RL: Reporting Limit

Project Requested Certification(s)

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



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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:

A handwritten signature in black ink that reads "Jennifer M. Walker".

Jennifer Walker

Operations Manager

Reported: 01/26/2021 17:11

Customer: **ONC BOCES**
 Contact: **Josh Reiss**
 Project: **OAOC Water Testing**



Sampled By: **Carrie Conklin**
 Sampler Phone #: **607-286-7715 ext. 2606**

School County: **Olsego County**
 School Type: **K - 12h**
 School Name: **Olsego Area Occupational Center (OAOC)**
 School ID:
 Sampling Event Name: **Water Testing**
 Building address: **1914 County Hwy 35 Milford NY 13807**
 Building ID:

Lab ID	Sample Code	Sample Type	Fixture Code	Fixture Type	Fixture Type Use	Fixture Area Type	Fixture Location Description	Fixture Description	Building Floor #	Water Last Used		Sample Collected		Lead
										Date	Time	Date	Time	
1	SECOND DRAW	K1		Faucet, Cold	Consumption		157 Pot Filler - First Draw		1	1/12/2021	8:00	1/13/2021	8:43	X
2	SECOND DRAW	K1		Faucet, Cold	Consumption		157 Pot Filler - 30 Second Draw		1	1/12/2021	8:00	1/13/2021	8:44	X
250														

Sampled By (signature) *[Signature]* Date/Time **1/13/2021 10:00**
 Relinquished By (signature) *[Signature]* Date/Time **1/14/2021 16:00**
 Relinquished By (signature) *[Signature]* Date/Time

Received By (signature) *[Signature]* Date/Time **1/14/2021 13:15**
 Received By (signature) *[Signature]* Date/Time **1/14/21 16:00**
 Received By (signature) *[Signature]* Date/Time



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Olsego Northern Catskills BOCES
 PM: Shannon Weeks