

December 2016

Dear Parents/Guardians:

To keep you informed regarding water testing performed in the district, we have received results and are updating the district website to reflect those results.

We have tested the Pre-K and the Health area and both samples returned below the 15 parts per billion standard of New York State.

To view all of the sample results please visit our website (district website).



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J6K0588

Jefferson-Lewis-Hamilton-Herkimer-Oneida BOCES

Project Name: Lyme 3

Fred Hauck
20104 NYS Route 3
Watertown, NY 13601

Project / PO Number: N/A
Received: 11/09/2016 10:30
Reported: 12/27/2016 15:16

Analytical Testing Parameters

Client Sample ID: 1 Pre-K
Lab Sample ID: J6K0588-01
Sample Type: Grab

Collected By: RF-Client
Collection Date: 11/09/16
Collection Time: 09:52

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

Table with 8 columns: 200.8- ICP-MS, Result, MCL, PQL, Units, Note, Prepared, Analyzed. Row 1: Method: 200.8, Lead, 0.0044, 0.015, 0.001, mg/L, 12/20/16 0948, 12/22/16 0515

Analytical Testing Parameters

Client Sample ID: 2 Health
Lab Sample ID: J6K0588-02
Sample Type: Grab

Collected By: RF-Client
Collection Date: 11/09/16
Collection Time: 09:55

Analyses Subcontracted to: Microbac Laboratories, Inc. Dayville (NY 11549)

Table with 8 columns: 200.8- ICP-MS, Result, MCL, PQL, Units, Note, Prepared, Analyzed. Row 1: Method: 200.8, Lead, 0.0017, 0.015, 0.001, mg/L, 12/20/16 0948, 12/22/16 0519

Laboratory

NY: Microbac Laboratories, Inc., New York Division

Definitions

AL: Action Level
RL: Reporting Limit
G: Result fails applicable NYS drinking water standards

Cooler Receipt Log

Cooler ID: Default Cooler Temp: °C

Cooler Inspection Checklist

Checklist table with 4 columns: Item, Yes, Item, Yes. Items include Custody Seals Intact and/or No Evidence of Tampering, COC/Labels Agree, Received on Ice (or not required), Containers Intact, Preservation Correct (or not required).



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J6K0588

Project Requested Certification(s)

Microbac Laboratories, Inc., New York Division

NY Lab ID No.: 10795

Microbac Laboratories, Inc. Dayville (NY 11549)

NY Lab ID No: 11549

New York State Department of Health

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.

Reviewed and Approved By:

Michael Fifield
Division Manager
12/27/2016 15:16

Go Green: Contact Michael Fifield to set up email reporting and invoicing options.

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 Michael Fifield, Project Manager at michael.fifield@microbac.com. You may also contact Michael Fifield, Managing Director at michael.fifield@microbac.com or Robert Crookston, President at robert.crookston@microbac.com.

3621 Buck Drive
 Cortland NY 13045
 Phone: (607)763-3403 Fax: (607)763-3416
 NY #10796, EPA #NY00935

LYME 3

Microbac Laboratories, Inc.
CHAIN OF CUSTODY

Samples must be returned on ice
 MNY Workorder #



J6K0588

Client Information		Billing/Invoice		Analyst Requested																																																																																											
Name:	Jefferson, Lewis-Hamilton-Herkimer-Oneida, BOCES																																																																																														
Address:	20104 NYS Route 3 Watertown, NY 13601																																																																																														
Contact:	Ray Filley																																																																																														
Phone:	315-779-7054																																																																																														
Project:	Lead Testing																																																																																														
Quote ID:																																																																																															
Rush TAT Est. Days:	2-5 5-7 7-10																																																																																														
Release to DOH: Yes																																																																																															
Email Results: Yes	rfilley@booces.com																																																																																														
Fax Results: Yes	rfilley@booces.com																																																																																														
<table border="1"> <thead> <tr> <th colspan="3">Sample Information</th> <th colspan="3">Number of Containers for Analyst Requested</th> <th colspan="3">Comments/Field Data</th> </tr> <tr> <th>Description/Location</th> <th>Date</th> <th>Time</th> <th>Initial</th> <th>Matrix Type</th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1 PREK</td> <td>11/9</td> <td>952</td> <td>RF</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 HEALTH</td> <td>11/9</td> <td>955</td> <td>J</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Sample Information			Number of Containers for Analyst Requested			Comments/Field Data			Description/Location	Date	Time	Initial	Matrix Type					1 PREK	11/9	952	RF						2 HEALTH	11/9	955	J						3									4									5									6									7									8								
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Microbac Laboratories (MNY) may be unable to perform a portion of the requested testing in which case we will subcontract the analysis to another accredited laboratory.
 By signing this document you are attesting that you have been informed by MNY of the intent to subcontract and are in agreement.