

NY Lab ID 11534

## CERTIFICATE OF ANALYSIS

Project Name:	<b>Bolton Central School Distri</b>	Workorder:	C018979	
Kathleen Dennin				
Bolton Central Scho	ol District			
26 Horicon Avenue				
Bolton Landing, NY	12814			
Project Name and N	umber: Bolton Central School D	District		

September 07, 2016

Dear Kathleen Dennin,

This report relates only to the sample(s) as received by the laboratory. Laboratory reports may not be reproduced, except in full, without the written approval of the laboratory.

The issuance of the final Certificate of Analysis takes precedence over any previous Preliminary Report. Caution is advised for the utilization of preliminary data included in reports labeled as "Preliminary Report" and should not be used for regulatory purposes. A laboratory signature is provided on final reports only.

If you have any questions in reference to this laboratory report, please contact your CNA Environmental project coordinator or laboratory manager listed at the bottom of this report at (518) 884-0800.

Note: This cover page is included as part of the Analytical Report and must be retained as a permanent record thereof.

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The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



## Client:

Bolton Central School District 26 Horicon Avenue Bolton Landing , NY 12814

Project:

Bolton Central School

CNA Environmental, LLC received the sample(s) associated with this batch in compliance with NYSDOH guidelines. The requested analysis methods and results are detailed in the following data summary reports. Any exceptions to method procedures are listed in the comments section below.

To meet the New York Sanitary Code for Public Drinking Water, Total Coliform must be absent or <1; all other analytes must be less than or equal to the MCL.

## Metals:

Sample(s) meet the NYSDOH MCL criteria for the parameters shown in the results section.

Lab ID:	C018979-01	Date Collected:			08/23/16 0	6:35	r			
Sample ID:	Room 201 Sink	Sink Date Received:			08/23/16 1	0:28				
Total Metals										
<u>Analyte</u> Lead		<u>Results</u> 0.002	<u>Flag</u>	<u>Units</u> mg/L	<u>MDL</u> 0.0007	<u>RL</u> 0.002	Method SM21 3113B	Analyzed 08/26/16 10:11	Prepared 08/26/16	<u>MCL</u> 0.015

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## **Notes and Definitions**

DET	Analyte DETECTED
ND	Analyte NOT DETECTED at or above the Reporting Limit (RL)
NR	Not Reported
dry	Sample results reported on a dry weight basis
RPD	Relative Percent Difference
<	Less than reporting limit
<u>&lt;</u>	Less than or equal to reporting limit
>	Greater than reporting limit
<u>&gt;</u>	Greater than or equal to reporting limit
MDL	Method Detection Limit
RL	Reporting Limit
MCL/AL	Maxium Contaminant Level*/Action Level
mg/kg wet	Results reported as wet weight
TTLC	Total Threshold Limit Concentration
STLC	Soluble Threshold Limit Concentration
TCLP	Toxicity Characteristic Leachate Procedure

\*MCL values listed in this report are taken from the New York State Department of Health Part 5, Subpart 5 - 1 Public Water System Tables. A full list of parameters and their associated MCL values can be found on the New York Department of Health's website, *www.health.ny.gov*. Please note that some parameters tested may not have an associated MCL value. In other cases, a listed MCL value may refer to a recommended result limit or result equivalent to another parameter; as is the case for heterotrophic plate count (HPC). HPC results equal to or less than 500 colonies/mL is considered to be equivalent to a measurable free chlorine residual.

All work performed by CNA Environmental, LLC is subject to its terms and conditions of services viewable at our office and our website: www.cnawater.com/about-us/terms

CNA Environmental, LLC

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Email: KJIOS@boltmcsd.org Kathleen Dennin, Business Manaager Bolton Central School 26 Horicon Ave Bolton Landing, NV 12814	CNA USE ONLY COC Complex   Samples were: Ship Hand / Drop Properly Pr   Containers Intact: Y Labels Mat   Mailing/Billing Address: SI & LaU - 2 CLOV	Relinquished by:   Received by Laboratory in Ballston Spa:   MD   Date/Time: $Z/Z > 16$ CNA Environmental Inc.'s mission is to be certified by the New York State Dept. of Health to perform the following analyses:   MD   Date/Time: $Z/Z > 16$ Potable water: chloride, coliform, color, conductivity, copper, e. Coli, fluoride,lead, nitrate, nitrite, odor, pH, solids (total dissolved), standard plate count, sulfate, turbidity     Non-Potable water:   BOD, CBOD, coliform (fecal and total), e. Coli, standard plate count, flouride, nitrate, nitrite, sulfate, pH, solids(settleable and suspended), specific conductance, turbidity     All other analyses will be forwarded to an NYS DOH ELAP/NELAC approved laboratory. CNA reserves the right to use an approved laboratory for any and all analyses in the event that CNA is perform an analysis.     perform an analysis.   and agrees to allow any samples be sent to a sub lab for analysis at the disgretion of CNA. Is this acceptable per the client? (Y/N)	Relinquished by:				ID: Bcs-wg-or	C Room 201 Sink	Lab ID (CNA Use) Sample Point	Bolton (and inc. 1) 12814	Bolton Central School	Chair	Certified National Analytic Lais
dion oct	COC Complete: N Properly Preserved Labels Match COC	<b>Received by</b> State Dept. or State Dept. or li, fluoride, lea proved labora proved labora	Received by: Received by:					8/23/11	Date	D120		1 of Cu	M-F 00
1281	ete: N N eserved: Y ch coC: Y	Received by Laboratory in Ballston Spa: State Dept. of Health to perform the following si, fluoride,lead, nitrate, nitrite, odor, pH, solids standard plate count, flouride, nitrate, nitrite,su proved laboratory. CNA reserves the right to u proved laboratory. CNA reserves the right to u						8/23/14/6:35		,	Contact Phone S7 & C 4C Public Water Supply#	Chain of Custody Form	27 K allston ( (518 Fax# (1 <sup>Main</sup>
4		in Balls form the corm the rves the	AVP	A/P	A A P	A/P	A/P A/P	Z D	PM		er Supt	nuo.	<b>Spa,</b> <b>Spa,</b> <b>518)</b> 30 PM
inacle	Comments:	iton Spa: following analyse pH, solids (total i pH, nitrite,sulfate, p right to use an a right to use an a						G	Raw = Untreated source water, NPW = Non-potable other (ie lake),   Time AM   Grab or Water Type   PM Composite	JA I = Drinking wa	Contact Phone <u>S18644-2400</u> Public Water Supply#		CNA Env 27 Kent Street Ballston Spa, NY 12020 (518) 884-0800 Fax# (518) 884-0801 Main Office and Lab Main Office and Lab
		s: hissolved), stand h, solids(settleat pproved laborate	6-					Der	VPW = Non-por Water Type	ter (chlorinatic		and an and the state of the sta	
		ard plate count, ard suspende and suspende any for any and a por the client? (	ANG ANG						table other (ie # of bottles	on, UV system	Sample Source	COL	Gle
Chlorine Residual (mg/1): Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> Used: Y / N	Temp. Upon Receipt: 15. 7 On Ice/Cooling: N Method of Paymént M	$\frac{1}{8} \frac{2}{2} \frac{3}{16}$		7				Lead	lake), WW = waste water. Analysis Required		sample(s) (CSA ( (iUQM) 3 (public water, well, pond, etc)	018979	C. Ridge alls, N (518) 792 (518) 7 (518) 7 (518) 7
	001	Page	4 of 4 C	018979	FINAL 09	07 16 171	3 09/07/1	6 17:13	:39	Dame Baller Frankling		An one water and the second	