



**Professional  
Laboratory  
Services**

13035 SW Pacific Hwy  
Tigard, OR 97223  
Tel.: (503) 639-9311 Fax: (503) 684-1588

# ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 03/23/2017  
Received: 03/10/2017  
Sampled By: Troy Thompson  
Work Order: 7069013

**C**  
**L**  
**I**  
**E**  
**N**  
**T**

**David Douglas School District**  
Attn: -  
11300 NE Halsey St  
Portland OR, 97220  
Phone: (503) 252-2900

**Project:**  
Project # : N/A  
Sample Type :

Sampling Location: Alice Ott

## Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
<b>7069013-01</b>	<b>Sample Name:</b> AO ice maker <b>Sampled:</b> 3/10/17 6:00		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	03/21/17 17:11
<b>7069013-02</b>	<b>Sample Name:</b> AO 35SP retest <b>Sampled:</b> 3/10/17 6:02		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	5.1	ppb	2.0	20 ppb	03/21/17 17:11
<b>7069013-03</b>	<b>Sample Name:</b> AO 61F retest <b>Sampled:</b> 3/10/17 6:03		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	9.4	ppb	2.0	20 ppb	03/21/17 17:11
<b>7069013-04</b>	<b>Sample Name:</b> AO 73F retest <b>Sampled:</b> 3/10/17 6:05		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	3.8	ppb	2.0	20 ppb	03/21/17 17:11
<b>7069013-05</b>	<b>Sample Name:</b> AO 77F retest <b>Sampled:</b> 3/10/17 6:08		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	<b>23.7</b>	ppb	2.0	20 ppb	03/21/17 17:11 <b>MCLE</b>
<b>7069013-06</b>	<b>Sample Name:</b> AO 79F retest <b>Sampled:</b> 3/10/17 6:10		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	13.2	ppb	2.0	20 ppb	03/21/17 17:11
<b>7069013-07</b>	<b>Sample Name:</b> AO 81F retest <b>Sampled:</b> 3/10/17 6:12		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	15.3	ppb	2.0	20 ppb	03/21/17 17:11
<b>7069013-08</b>	<b>Sample Name:</b> AO 94F retest <b>Sampled:</b> 3/10/17 6:14		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	13.2	ppb	2.0	20 ppb	03/21/17 17:11
<b>7069013-09</b>	<b>Sample Name:</b> AO 96F retest <b>Sampled:</b> 3/10/17 6:15		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	6.7	ppb	2.0	20 ppb	03/21/17 17:11
<b>7069013-10</b>	<b>Sample Name:</b> AO 98SP retest <b>Sampled:</b> 3/10/17 6:17		<b>Matrix:</b> Water				
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	03/21/17 17:11



Professional Laboratory Services

13035 SW Pacific Hwy  
Tigard, OR 97223  
Tel.: (503) 639-9311 Fax: (503) 684-1588

# ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 03/23/2017

Received: 03/10/2017

Sampled By: Troy Thompson

Work Order: 7069013

**C**  
**L**  
**I**  
**E**  
**N**  
**T**  
**David Douglas School District**  
Attn: -  
11300 NE Halsey St  
Portland OR, 97220  
Phone: (503) 252-2900

**Project:**  
Project # : N/A  
Sample Type :

Sampling Location: Alice Ott

---

## Lab Number

---

**MCL** This analyte exceeds the MCL limit.

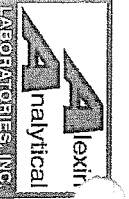
**ND** = None detected at the MRL    **MRL** = Minimum Reporting Limit    **MCL** = Maximum Contamination Limit

†All procedures for this analysis are in accordance with NELAP standards.

\* The EPA MCL for Lead in Public Drinking Water Systems is 15 ppb. For school, daycare, or non-residential building testing the EPA recommends outlets be taken out of service if the lead level exceeds 20 ppb; this is a maximum contamination level for lead in samples based on a 250 mL first-draw sample, exceedences require remediation or further sampling. This is not an acceptance level for health based exposure.

Approved by:   
Adriana Gonzalez-Gray  
Laboratory Director

*This report shall not be reproduced, except in full, without the written approval of the laboratory.*



Alexin Professional Laboratory Services

# Chain of Custody Record

Laboratory Job Number:

7069013-01-15

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email: mail@alexinlabs.com

Page 1 of 1

<b>Client Contact Information</b>	<b>Results Reporting Information</b>	<b>Invoicing Information</b>
Company/Client Name: David Douglas S.D.	Project Manager:	Accounts Payable Contact:
Address: 11300 NE Halsey St	Mailing Address: same	Mailing Address: same
City/State/Zip: Portland OR 97222	City/State/Zip:	City/State/Zip:
phone: (503) 519-5244	phone:	phone:
fax or email: troy-thompson@ddsds40.org	fax or email:	fax or email:

**SAMPLING INFORMATION**

Sampling Location: Alice st P.O. #: \_\_\_\_\_

Sampled By: Troy Project Name: \_\_\_\_\_

Send results to OR State Health Division? (Please circle) Yes  No  Project #: \_\_\_\_\_

PWSID #: \_\_\_\_\_ Permit #: \_\_\_\_\_

Lab ID <small>Lab use only</small>	Sample Identification	Date Collected	Time Collected <small>(Begin/End if comp)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, Source / Distribution, Single / Combined WHERE APPLICABLE</small>
-01	AO ICE maker	3/21/17	6:00		1		SEE ATTACHED
-02	AO 35P retest		6:02		1		
-03	AO 61E retest		6:03		1		
-04	AO 73E retest		6:05		1		
-05	AO 77E retest		6:08		1		
-06	AO 79E retest		6:10		1		
-07	AO 81E retest		6:12		1		
-08	AO 94D retest		6:14		1		
-09	AO 96D retest		6:15		1		
-10	AO 985P retest		6:17		1		

Relinquished By (print): _____	Company: _____	Date/Time: _____	Signature: _____	Received By: _____	Company: _____	Date/Time: _____	Signature: _____
--------------------------------	----------------	------------------	------------------	--------------------	----------------	------------------	------------------

The most current revision of SOP-10-003 was used when these samples were collected

Received by Laboratory Log-In Staff: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Temp. on receipt: \_\_\_\_\_ °C On Ice? Y N

\* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

\*\* Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.