

**Professional
Laboratory
Services**

13035 SW Pacific Hwy
Tigard, OR 97223
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ANALYSIS REPORT
ORELAP Accredited Lab#: OR-100013

Reported: 09/11/2017
Received: 09/07/2017
Sampled By: Troy Thompson
Work Order: 7250008

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

Project:
Project # : N/A
Sample Type :


Sampling Location: Lincoln Park

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
7250008-01	Sample Name: LP 6DF						Matrix: Water
	Sampled: 9/7/17 6:32						
+Lead	1030	EPA 200.9	ND	ppb	2	20 ppb	09/08/17 14:31
7250008-02	Sample Name: LP 76DF						Matrix: Water
	Sampled: 9/7/17 6:35						
+Lead	1030	EPA 200.9	ND	ppb	2	20 ppb	09/08/17 14:31

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

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Alexin Analytical Laboratories Services

Chain of Custody Record

Laboratory Job Number: 7250008-0102

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

Client Contact Information	Results Reporting Information	Invoicing Information
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@ddsd40.org	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: Linnola Park P.O. #: _____ PWSID #: _____

Sampled By: Troy Thompson Project Name: _____ Permit #: _____

Send results to OR State Health Division? (Please circle) Yes No

Lab ID <small>Lab use only</small>	Sample Identification <small>Please enter a unique ID per line for each separate sample</small>	Date Collected	<small>(Begin/End if comp.)</small> Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested**	Sample Specific Notes/Field Data <small>for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE</small>
<u>01</u>	<u>LP 6DF</u>	<u>9/7/17</u>	<u>6:32am</u>		<u>2</u>		SEE ATTACHED
<u>02</u>	<u>LP 76DF</u>	<u>9/7/17</u>	<u>6:35am</u>				

Relinquished By (print): Troy Thompson Company: DD Date/Time: _____ Signature: _____

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

Received By: _____ 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

* 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)

Received by Laboratory Log-in Staff: _____ Date/Time: _____ Temp. on receipt: _____ °C
Containers intact? Y N On ice? Y N
ID: TRM-10- _____

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