



**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: 7069011

**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: North Powelhurst  
Sample Matrix: Water

## Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
<b>7069011-01</b>	<b>Sample Name:</b> NP 26F		<b>Matrix:</b> Water				
	<b>Sampled:</b> 3/10/17 6:50						
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	03/21/17 17:11

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

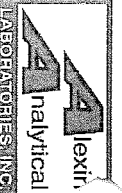
†All procedures for this analysis are in accordance with NELAP standards.

\* 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



**Alexin Professional**  
Analytical Laboratory Services

# Chain of Custody Record

Laboratory Job Number: 7069011-01

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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:	toy-thompson@ddsdd40.org	fax or email:		fax or email:	

### SAMPLING INFORMATION

Sampling Location: North Redstart 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	Date Collected	Time Collected <small>(Begin-End if comp)</small>	Sample Matrix*	# of cont. rec'd	D	W	Analysis Requested**				SEE ATTACHED	Sample Specific Notes/Field Data for each WW sample, specify <u>Grab / Composite</u> for each DW sample, specify <u>Raw / Treated</u> , Source / Distribution, Single / Combined WHERE APPLICABLE	
<u>61</u>	<u>NP 26F</u>	<u>3/10/17</u>	<u>6:50</u>											

Relinquished By (print): \_\_\_\_\_ Company: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Relinquished By (print): \_\_\_\_\_ Company: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Company: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Received by Laboratory Log-In Staff: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Temp. on receipt: \_\_\_\_\_ °C On Ice?  Y  N  
 Containers Intact?  Y  N ID: TRM-10

\* 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.