



**Professional
Laboratory
Services**

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

Reported: 03/23/2017
Received: 03/10/2017
Sampled By: Troy Thompson
Work Order: 7069009

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

Project:
Project # : N/A
Sample Type :

Sampling Location: Social Studies

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
7069009-01	Sample Name: SS3DF Retest						Matrix: Water
	Sampled: 3/10/17 6:40						
+Lead	1030	EPA 200.9	2.9	ppb	2.0	20 ppb	03/21/17 17:11
7069009-02	Sample Name: SS4DF Retest						Matrix: Water
	Sampled: 3/10/17 6:41						
+Lead	1030	EPA 200.9	3.0	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.

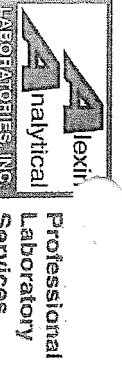
* The EPA MCL for Lead in Public Drinking Water Systems is 15 ppb. For school, daycare, or non-residential building testing the EPA recommends outlets be taken out of service if the lead level exceeds 20 ppb; this is a maximum contamination level for lead in samples based on a 250 mL first-draw sample,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

Approved by:



Adriana Gonzalez-Gray
Laboratory Director

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Chain of Custody Record

Laboratory Job Number: 7069009-01-02

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@dddstd40.org	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: Secret Steaks P.O. #: _____ PWSID #: _____

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

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

Lab ID	Sample Identification	Please enter a unique ID per line for each separate sample	Date Collected	(Begin-End if comp) Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested**	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>01</u>	<u>SS 3DF</u>	<u>Rekst</u>	<u>3/11/17</u>	<u>6:40</u>		<u>1</u>		<u>SEE ATTACHED</u>
<u>02</u>	<u>SS 40C</u>	<u>Rekst</u>	<u>3/12/17</u>	<u>6:41</u>		<u>1</u>		

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

Received By: _____ Company: _____ Date/Time: _____ Signature: _____

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

* 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)

Temp. on receipt: _____ °C On Ice? Y N

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