



**Professional
Laboratory
Services**

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

Reported: 01/18/2018
Received: 01/08/2018
Sampled By: Adam Ponce
Work Order: 8008007

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

Project:
Project # : N/A
Sample Type :

Sampling Location: South High School

Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
8008007-01	Sample Name: S.H. #085 DF Sampled: 1/5/18 5:54		Matrix: Water				
+Lead	1030	EPA 200.9	2	ppb	2	20 ppb	01/17/18 14:00
8008007-02	Sample Name: S,H, #084 F Sampled: 1/5/18 6:02		Matrix: Water				
+Lead	1030	EPA 200.9	55	ppb	4	20 ppb	01/17/18 14:00 MCLE
8008007-03	Sample Name: S.H. #054 DF Sampled: 1/5/18 6:05		Matrix: Water				
+Lead	1030	EPA 200.9	7	ppb	2	20 ppb	01/17/18 14:00
8008007-04	Sample Name: S.H. #055 DF Sampled: 1/5/18 6:05		Matrix: Water				
+Lead	1030	EPA 200.9	4	ppb	2	20 ppb	01/17/18 14:00

MCLE 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



Professional Laboratory Services

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

Chain of Custody Record

Laboratory Job Number: 8008003-01-04

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@ddsdc40.org		fax or email:		fax or email:	

Sampling Location: South High School P.O. #: _____ PW/SID #: _____

Sampled By: Adam Ponce Project Name: _____ Project #: _____ Permit #: _____

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

DF = Drinking Fountain
 F = Faucet
 S.H. = South High School

Lab ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested**	Sample Specific Notes/Field Data
							for each WW sample, specify <u>Raw</u> / <u>Treated</u> , for each DW sample, specify <u>Grab</u> / <u>Composite</u> <u>Source</u> / <u>Distribution</u> , <u>Single</u> / <u>Combined</u> WHERE APPLICABLE
	S.H.#085 DF	1/5/18	5:54am				SEE ATTACHED
	S.H.#084 F	1/5/18	6:02am				
	S.H.#054 DF	1/5/18	6:05am				
	S.H.#055 DF	1/5/18	6:05am				

Relinquished By (print): <u>Adam Ponce</u>	Company: <u>David Douglas S.D.</u>	Date/Time: <u>1/8/18</u>	Signature: <u>[Signature]</u>	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)

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

COC-90-006rev0.1