

**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: 01/31/2018
Received: 01/26/2018
Sampled By: Adam Ponce
Work Order: 8026011

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: South High School

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
8026011-01	Sample Name: S.H #197F Sampled: 1/26/18 6:26		Matrix: Drinking Water				
†Lead	1030	EPA 200.9	3	ppb	2	20 ppb	01/30/18 16:03
8026011-02	Sample Name: S.H #196F Sampled: 1/26/18 6:31		Matrix: Drinking Water				
†Lead	1030	EPA 200.9	2	ppb	2	20 ppb	01/30/18 16:03
8026011-03	Sample Name: S.H #084F Sampled: 1/26/18 6:37		Matrix: Drinking Water				
†Lead	1030	EPA 200.9	29	ppb	4	20 ppb	01/30/18 16:03 MCLE

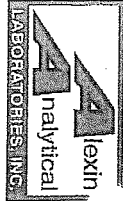
MCLE This analyte exceeds the MCL limit.

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



Chain of Custody Record

Laboratory Job Number: 8026011-010

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

Client Contact Information: **Company/Client Name:** David Douglas S.D.
Address: 11300 NE Halsey St
City/State/Zip: Portland OR 97222
phone: (503) 519-5244
fax or email: troy-thompson@ddsdd40.org

Results Reporting Information: **Project Manager:** [Blank]
Mailing Address: same
City/State/Zip: [Blank]
phone: [Blank]
fax or email: [Blank]

Invoicing Information: **Accounts Payable Contact:** [Blank]
Mailing Address: same
City/State/Zip: [Blank]
phone: [Blank]
fax or email: [Blank]

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Project Name: [Blank] P.O. #: [Blank]
 Project #: [Blank] PWSID #: [Blank]
 Permit #: [Blank]

S.H. = South High
 F = Faucet

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>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u> , <u>Source</u> / <u>Distribution</u> , <u>Single</u> / <u>Combined</u> WHERE APPLICABLE
C01	S.H. # 197F	1/26/18	6:30 am		1		SEE ATTACHED
C02	S.H. # 196F	1/26/18	6:31 am		1		SEE ATTACHED
C03	S.H. # 084F	1/26/18	6:37 am		1		SEE ATTACHED

Relinquished By (print): **Company:** [Blank] **Date/Time:** [Blank] **Signature:** [Blank]

Relinquished By (print): **Company:** [Blank] **Date/Time:** [Blank] **Signature:** [Blank]

Received By: [Blank] **Company:** [Blank] **Date/Time:** [Blank] **Signature:** [Blank]

Received By: [Blank] **Company:** [Blank] **Date/Time:** [Blank] **Signature:** [Blank]

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: [Blank] **Date/Time:** [Blank] **Temp. on receipt:** [Blank] **Containers intact?** [Blank] **On ice?** [Blank] **ID:** TRM-10- [Blank]

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

COC-90-006rev0.1