

**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: 04/12/2018  
Received: 03/30/2018  
Sampled By: Adam Ponce  
Work Order: 8089009

**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: Floyd Light

## Lab Number

| Lab Number        | Code   | Method    | Result               | Units | MRL | EPA MCL* | Analysis Date/ Time        |
|-------------------|--|-----------|----------------------|-------|-----|----------|----------------------------|
| <b>8089009-01</b> | <b>Sample Name:</b> Icemaker<br><b>Sampled:</b> 3/30/18 6:40   |           | <b>Matrix:</b> Water |       |     |          |                            |
| +Lead             | 1030   | EPA 200.9 | 56                   | ppb   | 4   | 20 ppb   | 04/11/18 14:44 <b>MCLE</b> |
| <b>8089009-02</b> | <b>Sample Name:</b> Future out<br><b>Sampled:</b> 3/30/18 6:38 |           | <b>Matrix:</b> Water |       |     |          |                            |
| +Lead             | 1030   | EPA 200.9 | 21                   | ppb   | 4   | 20 ppb   | 04/11/18 14:44 <b>MCLE</b> |


**MCLE** This analyte exceeds the MCL limit.

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

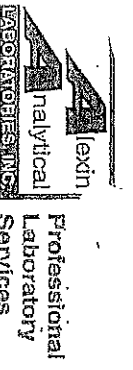
†All procedures for this analysis are in accordance with NELAP standards.

\* 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

This report shall not be reproduced, except in full, without the written approval of the laboratory.



Chain of Custody Record

Laboratory Job Number:

8089909-01-02

Page 1 of 1

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: <del>rey-thompson@ddsds40.org</del> | fax or email:                 | fax or email:             |

Project Name: tro3-thompson 02-3/30/18 P.O. #: \_\_\_\_\_

Project #: \_\_\_\_\_

Analysis Requested\*\*

Permit #: \_\_\_\_\_

Project Name: tro3-thompson 02-3/30/18 P.O. #: \_\_\_\_\_

F.L. 2 Floyd Light

| Lab ID | Sample Identification | Date Collected | Time Collected | Sample Matrix* | # of cont. | Analysis Requested** | Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE |
|--------|-----------------------|----------------|----------------|----------------|------------|----------------------|--|
| 01     | Ice maker             | 3/30/18        | 6:40 AM        |                |            |                      | SEE ATTACHED   |
| 02     | Future out            | 3/30/18        | 6:38 AM        |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |
|        |                       |                |                |                |            |                      |  |

Relinquished By (print): Adam Ponce Company: David Douglas Date/Time: 5/30/18 Signature: \_\_\_\_\_

Relinquished By (print): \_\_\_\_\_ Company: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Received By: \_\_\_\_\_ Company: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Received By: \_\_\_\_\_ Company: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Temp. on receipt: \_\_\_\_\_ Containers intact? Y  N

Order # \_\_\_\_\_ 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, Radon, and Asbestos are subcontracted out to other accredited laboratories.