



**Professional
Laboratory
Services**

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ANALYSIS REPORT
ORELAP Accredited Lab#: OR-100013

Reported: 03/12/2018
Received: 03/08/2018
Sampled By: Adam Ponce
Work Order: 8067011

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

Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time	
8067011-01	Sample Name: S.H # 076DF Sampled: 3/8/18 6:03							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2	20 ppb	03/12/18 13:15	
8067011-02	Sample Name: S.H # 198 Bib Sampled: 3/8/18 6:10							Matrix: Water
+Lead	1030	EPA 200.9	125	ppb	8	20 ppb	03/12/18 13:15 MCLE	
8067011-03	Sample Name: S.H # 198 Bib 2nd draw Sampled: 3/8/18 10:36							Matrix: Water
+Lead	1030	EPA 200.9	62	ppb	4	20 ppb	03/12/18 13:15 MCLE	

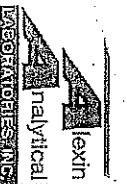
MCLE This analyte exceeds the MCL limit.

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: Carrie Seidl
Carrie Seidl
Quality Assurance Director



Alexin Analytical Laboratory Services
Professional Laboratory Services

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Chain of Custody Record

Laboratory Job Number: 20107024-01-03

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Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: <u>David Douglas S.D.</u>	Project Manager:	Accounts Payable Contact:
Address: <u>11300 NE Halsey St</u>	Mailing Address: <u>same</u>	Mailing Address: <u>same</u>
City/State/Zip: <u>Portland OR 97222</u>	City/State/Zip:	City/State/Zip:
phone: <u>(503) 519-5244</u>	phone:	phone:
fax or email: <u>toy-thompson@ddsdd40.org</u>	fax or email:	fax or email:

Sampling Location: South W: gk P.O. #: _____
Sampled By: Adam Ponce Project Name: _____ Project #: _____
Send results to OR State Health Division? (Please circle) Yes No

SAMPLING INFORMATION

Lab ID	Sample Identification	Date Collected	Time Collected (begin-end if comp)	Sample Matrix*	# of cont. rec'd	Analysis Requested**	Sample Specific Notes/Field Data (for each WW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE)
G1	S.H # 076 D.F.	3/8/18	6:03 AM		2		* Would like to see ASPP analysis - sent by mending.
G2	S.H. # 198 B:R	3/8/18	6:10 AM		2		
G3	S.H. # 198 B:R 2nd Draw	3/9/18	10:30 AM		2		312218. O&A 3-18-18

Relinquished By (print): Adam Ponce **Company:** David Douglas S.D. **Date/Time:** 3/8/18 **Signature:** _____
Relinquished By (print): _____ **Company:** _____ **Date/Time:** _____ **Signature:** _____

Received By: _____ **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 (SV), surface water, wastewater (WW), well water (WELL)

** Analyses for SO₄, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.