



**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: 03/22/2018  
Received: 03/20/2018  
Sampled By: Adam Ponce  
Work Order: 8079005

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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: South High School

**Lab Number**

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
<b>8079005-01</b>	<b>Sample Name: #199F</b>		<b>Matrix: Water</b>				
	<b>Sampled: 3/20/18 6:30</b>						
+Lead	1030	EPA 200.9	4	ppb	2	20 ppb	03/21/18 14:57
<b>8079005-02</b>	<b>Sample Name: #200F</b>		<b>Matrix: Water</b>				
	<b>Sampled: 3/20/18 6:35</b>						
+Lead	1030	EPA 200.9	11	ppb	2	20 ppb	03/21/18 14:57

**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



**Alexin Analytical Laboratories, Inc.**  
Professional Laboratory Services

# Chain of Custody Record

Laboratory Job Number: 8079005-01-02

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

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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 INFORMATION**

Sampling Location: South High School P.O. #: \_\_\_\_\_

Sampled By: Adam Ponce Project Name: \_\_\_\_\_

Send results to OR State Health Division? (Please circle) Yes No Project #: \_\_\_\_\_

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

*S.H. = South High  
F. = Faucet*

Lab ID	Sample Identification	Date Collected	(Begin/End if comp.) Time Collected	Sample Matrix*	# of cont recd	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>#199 F</u>	<u>3/20/18</u>	<u>6:30A</u>				<u>SEE ATTACHED</u>
<u>02</u>	<u>#200 F</u>	<u>3/20/18</u>	<u>6:35A</u>				

Relinquished By (print): Adam Ponce Company: David Douglas SDD Date/Time: 3/20/18 Signature: [Signature]

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

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

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

Accepted by Laboratory: \_\_\_\_\_ Date/Time: 3/20/18 Stamp on Receipt: \_\_\_\_\_

Stamp on Receipt: \_\_\_\_\_

Container ID: \_\_\_\_\_

Order # \_\_\_\_\_

ID: TRM-10: \_\_\_\_\_

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), Judge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

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

COC-90-006rev0.1