



**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: 03/12/2018
Received: 03/08/2018
Sampled By: Adam Ponce
Work Order: 8067010

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: West Powellhurst
Sample Matrix: Water

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
8067010-01	Sample Name: W.P # 020DF						Matrix: Water
	Sampled: 3/8/18 6:45						
+Lead	1030	EPA 200.9	27	ppb	4	20 ppb	03/12/18 13:15 MCLE

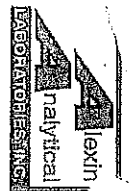
MCLE This analyte exceeds the MCL limit.

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
Professional
Laboratory
Services

Chain of Custody Record

Laboratory Job Number: 60167010-01

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: <u>David Douglas S.D.</u> Address: <u>11300 NE Halsey St</u> City/State/Zip: <u>Portland OR 97222</u> phone: <u>(503) 519-5244</u> Fax or email: <u>tray-trompson@ddsdd40.org</u>	Results Reporting Information Project Manager: _____ Mailing Address: <u>same</u> City/State/Zip: _____ phone: _____ fax or email: _____
Project Name: _____ P.O. #: _____ Project #: _____	
SAMPLING INFORMATION	
Sampling Location: <u>West Powellhurst</u> Sampled By: <u>Adam Pence</u>	Project Name: _____ P.O. #: _____ Project #: _____
Send results to OR State Health Division? (Please circle) <u>Yes</u> <u>No</u> <u>W.P = West Powellhurst</u> <u>D.F = Drinking Fountain</u>	

Lab ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont. recd	Analysis Requested**	Sample Specific Notes/Field Data
01	W.P #0201DF	3/8/18	6:15am		2		SEE ATTACHED Sample Specific Notes/Field Data for each WW sample, specify <u>Grab / Composite</u> for each DW sample, specify <u>Raw / Treated</u> <u>Source / Distribution, Single / Combined</u> WHERE APPLICABLE <u>Wald Dike TAP</u> <u>ASAP - Analyst</u> <u>Sows by Munday</u> <u>3/12/18,</u> <u>Ojt 3-8-18</u>

Relinquished By (print): Adam Pence **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 (DWM), 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-90-406rev0.1