

**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: 05/31/2018
Received: 05/24/2018
Sampled By: Adam Ponce
Work Order: 8144007

**C
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N
T** **David Douglas School District**
Attn: Troy Thompson
11300 NE Halsey St
Portland OR, 97220
Phone: (503) 252-2900

Project:
Project # : N/A
Sample Type :

Sampling Location: Alice Ott
Sample Matrix: Water

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
8144007-01	Sample Name: #099F		Matrix: Water				
	Sampled: 5/24/18 6:25						
+Lead	1030	EPA 200.9	5	ppb	2	20 ppb	05/30/18 15:49

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

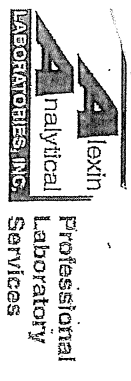
†All procedures for this analysis are in accordance with NELAP standards.

* 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



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

Chain of Custody Record

Laboratory Job Number: 8144007-01

Page 1 of 1

Client Contact Information		Results Reporting Information		Invoicing Information	
Company/Client Name: David Douglas S.D.		Project Manager:		Accounts Payable Contact:	
Address: 11300 NIE 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@ddsdd40.org		fax or email:		fax or email:	

SAMPLING INFORMATION

Sampling Location: Alice OTI P.O. #: _____ PWSID #: _____
 Sampled By: Adam Ponce Project Name: _____ Project #: _____ Permit #: _____

A.O. = Alice OTI
F. = Faucet

Push

Lab ID (lab use only)	Sample Identification	Please enter a unique ID per line for each separate sample	Date Collected	(Begin/End if comp) Time Collected	Sample Matrix*	# of cont. recd.	Analysis Requested**				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> , Source / Distribution, Single / Combined WHERE APPLICABLE	
	<u>#099F</u>		<u>5/24/18</u>	<u>6:25am</u>									

Relinquished By (print): <u>Adam Ponce</u>	Company: <u>Douglas S.D.</u>	Date/Time: <u>5/24/18</u>	Signature: <u>[Signature]</u>	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	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

Received by Laboratory Log-in Staff: _____ Date/Time: _____ Temp. on receipt: _____
 Contains Intact? Y N
 ** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

COC-90-008rev0.1