Alexin Analytical LABORATORIES, INC.
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: 10/23/2018
Received: 10/18/2018
Sampled By: Adam Ponce
Work Order: 8291006

**CLIENT**

**David Douglas School District**
Attn: Adam Ponce
11300 NE Halsey St
Portland OR, 97220
Phone: (503) 252-2900

**Project:** Faucet
Project # : N/A
Sample Type :

Sampling Location: North High School

## Lab Number

| | Code | Method | Result | Units | MRL | EPA MCL* | Analysis Date/ Time |
|---|---|---|---|---|---|---|---|
| **8291006-01** | **Sample Name:** #137F<br>**Sampled:** 10/17/18 6:07 | | | | | | **Matrix:** Drinking Water |
| †*Lead* | 1030 | EPA 200.9 | 3 | ppb | 2 | 20 ppb | 10/19/18 15:07 |
| **8291006-02** | **Sample Name:** #138F<br>**Sampled:** 10/18/18 6:05 | | | | | | **Matrix:** Drinking Water |
| †*Lead* | 1030 | EPA 200.9 | 4 | ppb | 2 | 20 ppb | 10/19/18 15:07 |

**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.*

Alexin Analytical LABORATORIES, INC.
Professional Laboratory Services

# Chain of Custody Record

Laboratory Job Number: 829100601-01 -02



3035 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: troy-thompson@ddsd40.org | fax or email: | fax or email: |

## SAMPLING INFORMATION

Sampling Location: North High School P.O. #: PWSID #:

Sampled By: Adam Ponce Project Name: Project #: Permit #:

Send results to OR State Health Division? (Please circle) Yes No

N.H = North High school
F. = Faucet

Rush 10-18-18 pt

| Lab ID (lab use only) | Sample Identification (Please enter a unique ID per line for each separate sample) | Date Collected | Time Collected (Begin-End if comp.) | Sample Matrix* | # of cont. rec'd | lead | | | | | | | | SEE ATTACHED | 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 | #137F | 10/17/18 | 6:07AM | | | | | | | | | | | | |
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Analysis Requested**

| Relinquished By (print): | Company: | Date/Time: | Signature: | Received By: | Company: | Date/Time: | Signature: |
|---|---|---|---|---|---|---|---|
| Adam Ponce | David Douglas SD 40 | 10/17/18 | | | | | |
| 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: OT 10-18-18 Date/Time: 10:03 Temp. on receipt: ___ °C Containers intact? Y N On ice? Y N 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, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

Alexin Analytical Laboratories, Inc. — Professional Laboratory Services

# Chain of Custody Record

Laboratory Job Number: 8 29100(4)-01-02



3035 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: troy-thompson@ddsd40.org | fax or email: | fax or email: |

## SAMPLING INFORMATION

Sampling Location: North High school — P.O. #: — PWSID #:

Sampled By: Adam Ponce — Project Name: — Project #: — Permit #:

Send results to OR State Health Division? (Please circle) Yes No

N. H. = North High school

F. = Faucet

Rush 10-18-18 gpi

| Lab ID (Lab use only) | Sample Identification (Please enter a unique ID per line for each separate sample) | Date Collected | Time Collected (Begin-End if comp.) | Sample Matrix* | # of cont. rec'd | lead | | | | | | | | SEE ATTACHED | 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) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| -02 | #138F | 10/18/18 | 6:05am | | | | | | | | | | | | |
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Analysis Requested**

| Relinquished By (print): | Company: | Date/Time: | Signature: | Received By: | Company: | Date/Time: | Signature: |
|---|---|---|---|---|---|---|---|
| Adam Ponce | David Douglas SD 40 | 10/18/18 | | | | | |
| 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: [illegible] Date/Time: 10-18-18 10:02 Temp. on receipt: [illegible] °C On ice? Y N Containers Intact? Y N ID: TRM-10-[illegible]

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