

**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: 12/03/2018
Received: 11/16/2018
Sampled By: Adam Ponce
Work Order: 8320009

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

Project:
Project # : N/A
Sample Type :

Sampling Location: North High School

Lab Number

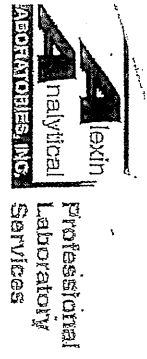
	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
8320009-01	Sample Name: #198F		Matrix: Water				
	Sampled: 11/16/18 6:05						
+Lead	1030	EPA 200.9	3	ppb	2	20 ppb	11/26/18 15:51
8320009-02	Sample Name: #197F		Matrix: Water				
	Sampled: 11/16/18 6:07						
+Lead	1030	EPA 200.9	ND	ppb	2	20 ppb	11/26/18 15:51

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: 8320009-01-02

3035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email: mall@alexinlabs.com

Client Contact Information		Results Reporting Information	
Company/Client Name: David Douglas S.D.	Project Manager:	Invoicing Information	Accounts Payable Contact:
Address: 11300 NE Halsey St	Mailing Address: same	Mailing Address: same	Mailing Address: same
City/State/Zip: Portland OR 97222	City/State/Zip:	City/State/Zip:	City/State/Zip:
phone: (503) 519-5244	phone:	phone:	phone:
fax or email: troy-thompson@ddsdc40.org	fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

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

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

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

N.H. = North High School
F = Faucet
PS AD PT 11-16-18
RUSH

Lab ID <small>(for use only)</small>	Sample Identification	Please enter a unique ID per line for each separate sample	Date Collected	(Optional - Start if composite) Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested**	Sample Specific Notes/Field Data <small>for each WW sample, specify Grab/Composite for each DW sample, specify Raw/Treated, Source/Distribution, Single/Combined WHERE APPLICABLE</small>
<u>01</u>	<u>#198 F</u>		<u>11/16/18</u>	<u>6:05AM</u>				<u>SEE ATTACHED</u>
<u>02</u>	<u>#197 F</u>		<u>11/16/18</u>	<u>6:07AM</u>				<u>RUSH written on caps per Adriana PT 11-19-18</u>

Relinquished By (print): <u>Adam Ponce</u>	Company: <u>David Douglas S.D.</u>	Date/Time: <u>11/16/18</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

* 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)

Received by: [Signature] Date/Time: 11/16/18 P.O. #: 10235 Temp. on receipt: _____
Containers: 8 ID: RAW-10

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