

**Professional
Laboratory
Services**

11000 SW Pacific Hwy
Tigard, OR 97223
Tel: (503) 639-9311 Fax: (503) 684-1588

ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 02/14/2018
Received: 02/09/2018
Sampled By: Adam Ponce
Work Order: 8040008

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T

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
Sample Matrix: Water

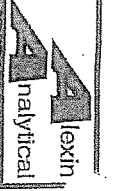
Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
8040008-01	Sample Name: #114 DF						Matrix: Water
	Sampled: 2/8/18 6:11						
<i>†Lead</i>	1030	EPA 200.9	10	ppb	2	20 ppb	02/13/18 16:10

†None detected at the MRL **MRL** = Minimum Reporting Limit **MCL** = Maximum Contamination Limit
 †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
Professional
Analytical
Laboratory
Services

Chain of Custody Record

Laboratory Job Number: 8040008-01

13035 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: toy-thompson@ddsds40.org		fax or email:		fax or email:	

Company/Client Name: South High P.O. #: _____
 Mailing Address: South High
 City/State/Zip: South High
 phone: _____
 fax or email: _____

Project Name: _____ Project #: _____
 Permit #: _____

*S.W. = South High
D.F. = Drinking Fountain*

Lab ID Lab use only	Sample Identification Please enter a unique ID per line for each separate sample	Date Collected	Time Collected (Length-End if comp)	Sample Matrix*	# of cont. recd	Analysis Requested**		Temp. on receipt °C	Chilled? ID: TRM-10
						TO	DO		
01	#114 DF	2/8/18	6:11am						

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

Relinquished By (print): David Douglas		Company: David Douglas SD440		Date/Time: 2/8/18		Signature: <i>[Signature]</i>		Received By: [Signature]	
Relinquished By (print):		Company:		Date/Time:		Signature:		Received By:	

The most current revision of SOP-10-003 was used when these samples were collected

* Drink.ing 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 Laboratory Log # 219115 Date/Time: 1/01/18 Temp. on receipt °C: 8.1 Chilled? NO
 ID: TRM-10

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

COC-90-006rev0.1