



**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: 02/26/2019  
Received: 02/14/2019  
Sampled By: Troy Thompson  
Work Order: 9045005

**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: Glen Widing

**Lab Number**

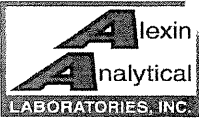
	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
<b>9045005-01</b>	<b>Sample Name:</b> GW 01 F <b>Sampled:</b> 2/14/19 6:39		<b>Matrix:</b> Water				
†Lead	1030	EPA 200.9	ND	ppb	2	20 ppb	02/22/19 15:00
<b>9045005-02</b>	<b>Sample Name:</b> GW 02 F <b>Sampled:</b> 2/14/19 6:40		<b>Matrix:</b> Water				
†Lead	1030	EPA 200.9	ND	ppb	2	20 ppb	02/22/19 15:00

**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



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# Chain of Custody Record

Laboratory Job Number: 9045005-01-02

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 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: <u>Glen Widney</u>	P.O. #:	PWSID #:
Sampled By: <u>Troy Thompson</u>	Project Name:	Permit #:

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

GW = Glen Widney  
F = Faucet

Rush

### Analysis Requested\*\*

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

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												
-01	GW 01 F	2/14/19	6:39am			X												
-02	GW 02 F	2/14/19	6:40am			X												

Relinquished By (print): <u>Troy Thompson</u>	Company: <u>David Douglas</u>	Date/Time:	Signature:	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: DT Date/Time: 2-14-19 9:33 Temp. on receipt: 7 °C On ice? Y N  
Containers Intact? TV 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.