



**Professional  
Laboratory  
Services**

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# ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 02/26/2019  
Received: 02/14/2019  
Sampled By: Adam Ponce  
Work Order: 9045006

**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: West Powellhurst  
Sample Matrix: Water

## Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
<b>9045006-01</b>	<b>Sample Name: #024F</b>		<b>Matrix: Water</b>				
	<b>Sampled: 2/13/19 6:35</b>						
†Lead	1030	EPA 200.9	5	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

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	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>West Powellhurst</u>	P.O. #:	PWSID #:
Sampled By: <u>Adam Yonce</u>	Project Name:	Permit #:

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

W.P. = West Powellhurst  
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 <small>Lab use only</small>	Sample Identification <small>Please enter a unique ID per line for each separate sample</small>	Date Collected	Time Collected <small>(Begin-End If comp.)</small>	Sample Matrix*	# of cont. rec'd	Pres											
<u>-01</u>	<u>#024F</u>	<u>2/13/19</u>	<u>6:35AM</u>			<u>X</u>											

Relinquished By (print): <u>Adam Yonce David Douglas SO 40</u>	Company:	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 PT 2-14-19 9:33 Date/Time: 2-14-19 9:33 Temp. on receipt: 5°C On ice? Y  
Containers Intact? Y 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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.