



**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: 03/18/2019  
Received: 03/08/2019  
Sampled By: Adam Ponce  
Work Order: 9067003

**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  
Sample Matrix: Water

**Lab Number**

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
<b>9067003-01</b>	<b>Sample Name: #197 F</b>		<b>Matrix: Water</b>				
	<b>Sampled: 3/7/19 6:16</b>						
†Lead	1030	EPA 200.9	<b>86</b>	ppb	8	20 ppb	03/15/19 16:27 <b>MCLE</b>

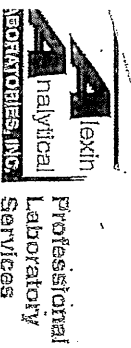
**MCLE** This analyte exceeds the MCL limit.

**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



# Chain of Custody Record

Laboratory Job Number: 9067093-01

1035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email: mal@alexinlabs.com Client Contact Information Company/Client Name: <u>David Douglas S.D.</u> Address: <u>11300 NE Halsey St</u> City/State/Zip: <u>Portland OR 97222</u> Phone: <u>(503) 519-5244</u> Fax or email: <u>troy-thompson@dssdd40.org</u>	Results Reporting Information Project Manager: Mailing Address: same City/State/Zip: Phone: Fax or email:
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**SAMPLING INFORMATION**

Sampling Location: North High School P.O. #:  
 Sampled By: Adam Povee Project Name: P.O. #:  
 Send results to OR State Health Division? (Please circle) Yes  No  Project #: Permit #:

*N.H. = North High  
F. = Facet*

Lab ID (no use only)	Sample Identification	Date Collected	Time Collected (Begin/End if comp)	Sample Matrix*	# of cont. recd.	TSS	Analysis Requested**	Sample Specific Notes/Field Data for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u> , Source / Distribution, Single / Combined WHERE APPLICABLE
01	#197 F.	3/7/19	6:10am					SEE ATTACHED

Relinquished By (print): Adam Povee Date/Time: 3/7/19 Signature: [Signature]  
 Relinquished By (print): David Douglas Company: SOC 410 Date/Time: 3/7/19 Signature: [Signature]

Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Received By: \_\_\_\_\_ 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)

Temp. on receipt: 58.1F Date/Time: 3/7/19 ID: TRW-410  
 Containers/Intact? OK  
 \*\* Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

COC-001/02/03/04