



**Professional
Laboratory
Services**

13035 SW Pacific Hwy
Tigard, OR 97223
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ANALYSIS REPORT
ORELAP Accredited Lab#: OR-100013

Reported: 03/18/2019
Received: 03/08/2019
Sampled By: Adam Ponce
Work Order: 9067004

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: Ron Russell
Sample Matrix: Water

Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
9067004-01	Sample Name: #114 F		Matrix: Water				
	Sampled: 3/8/19 6:07						
†Lead	1030	EPA 200.9	2	ppb	2	20 ppb	03/15/19 16:27

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.

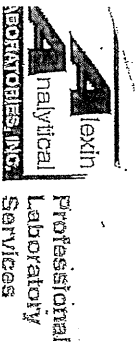
Approved by: 
Adriana Gonzalez-Gray
Laboratory Director

Chain of Custody Record

Laboratory Job Number:

9067004-01

Page 1 of 1



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Client Contact Information Results Reporting Information Invoicing Information

Company/Client Name: David Douglas S.D. Address: 11300 NE Halsey St City/State/Zip: Portland OR 97222 Phone: (503) 519-5244 Fax or email: troy-thompson@dssd40.org	Project Manager: Mailing Address: same City/State/Zip: Phone: Fax or email:
Accounts Payable Contact: Mailing Address: same City/State/Zip: Phone: Fax or email:	

SAMPLING INFORMATION

Sampling Location: Ron Russell P.O. #: PWSID #: Permitt #:
 Sampled By: Adam Ponce Project Name: Analysis Requested:**
 Send results to OR State Health Division? (please circle) Yes No

R.R. = Ron Russell
 F. = Faucet

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	Analysis Requested**	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
	01	#114C	3/8/19	6:07AM					SEE ATTACHED

Relinquished By (print): Adam Ponce Company: David Douglas S.D. Date/Time: 5/8/19 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 Lab: 5/15/19 Date/Time: Temp. of receipt: Contactor's Initial: Analyzes for SO₄, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories. C:\C:\an\mfr\mfr 4