



**Professional
Laboratory
Services**

13035 SW Pacific Hwy
Tigard, OR 97223
Tel.: (503) 639-9311 Fax: (503) 684-1588

ANALYSIS REPORT

Reported: 05/16/2019
Received: 05/10/2019
Sampled By: Adam Ponce
Work Order: 9130008

C David Douglas School District
L Attn: Troy Thompson
I 11300 NE Halsey St
E Portland OR, 97220
N
T Phone: (503) 252-2900

Project:
Project # : N/A
Sample Type :

Sampling Location: North High School

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
9130008-01	Sample Name: #197F Re-test 1st Draw						Matrix: Water
	Sampled: 5/10/19 6:10 Sample Composition: 1st Draw						
†Lead	1030	EPA 200.9	14	ppb	2	20 ppb	05/13/19 10:20
9130008-02	Sample Name: #197F Re-test 2nd Draw						Matrix: Water
	Sampled: 5/10/19 6:11 Sample Composition: 2nd Draw						
†Lead	1030	EPA 200.9	11	ppb	2	20 ppb	05/13/19 10:20

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

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: troy-thompson@ddsd40.org	fax or email:	fax or email:

SAMPLING INFORMATION

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

N.H. = North High
F = Faucet

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	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>		
-01	#197F Re-test 1st Draw	5/10/19	6:10AM			X														
-02	#197F Re-test 2nd Draw	5/10/19	6:11AM			X														

Relinquished By (print): <u>Adam Ponce</u> Company: <u>David Douglas sd 40</u> Date/Time: <u>5/10/19</u> Signature: <u>[Signature]</u>	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 <input type="checkbox"/>	Received by Laboratory Log-In Staff: <u>[Signature]</u> Date/Time: <u>10:30</u> Temp. on receipt: _____ °C On-ice? Y/N: _____ Containers Intact? Y/N: _____ ID: TRM-10: <u>[Signature]</u>
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* 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.