



Professional Laboratory Services

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

ANALYSIS REPORT

Reported: 01/29/2021
Received: 01/26/2021
Sampled By:
Work Order: 1026005

CLIENT
David Douglas School District
Attn: Troy Thompson
11300 NE Halsey St
Portland OR, 97220
Phone: (503) 252-2900

Project:
Project #: N/A
Sample Type:

Sampling Location: Alice Ott

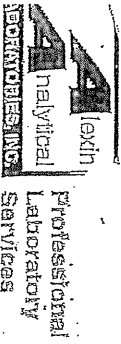
Lab Number

Table with 8 columns: Lab Number, Code, Method, Result, Units, MRL, EPA MCL*, Analysis Date/ Time. Contains two rows of data for samples 1026005-01 and 1026005-02, including sample names, sampling times, and results for Lead.

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; this is a maximum contamination level for lead in samples, this is not an acceptance level for health based exposure.

Approved by: [Signature]
Adriana Gonzalez-Gray
Laboratory Director



1035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email: mail@alexinlabs.com

Chain of Custody Record

Laboratory Job Number:

1026008-01-02

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: David Douglas S.D.	Project Manager:	Accounts Payable Contact:
Address: 11300 NE Halsley 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@ddsdd40.org	Fax or email:	Fax or email:

Sampling Location: Alice OT P.O. #: _____

Sampled By: _____ Project Name: _____

Send results to OR State Health Division? (Please circle) Yes No Project #: _____

PWSID #: _____

Permit #: _____

A.O. = Alice OT
F. = Faucet

Lab ID	Sample Identification	Please enter a unique ID per line for each separate sample	Date Collected	(Begin/End if comp.) Time Collected	Sample Matrix*	# of cont. rec'd	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	#095F	1st Draw	1/26/21	6:40am				SEE ATTACHED
-02	#095F	2nd Draw	1/26/21	6:41am				

Relinquished By (print): _____ Company: _____ Date/Time: _____ Signature: _____

Relinquished By (print): _____ Company: _____ 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, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

Received By: _____ Date/Time: _____ Company: _____ Date/Time: _____ Signature: _____

Received By: _____ Date/Time: _____ Company: _____ Date/Time: _____ Signature: _____