

ANALYSIS REPORT

Reported: 01/29/2021 Received: 01/26/2021

Sampled By:

Work Order: 1026006

David Douglas School District

Attn: Troy Thompson 11300 NE Halsey St Portland OR, 97220 Phone: (503) 252-2900

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Tel.: (503) 639-9311 Fax: (503) 684-1588

Project:Project #: N/A
Sample Type:

Sampling Location: Floyd Light Middle School

<u>Lab Number</u>							
	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
1026006-01	Sample Name: #0 Sampled: 1/22/21			: 1st Draw			Matrix: Water
† <i>Lead</i>	1030	EPA 200.9	9	ppb	2	15 ppb	01/27/21 11:55
1026006-02	Sample Name: #0 Sampled: 1/22/21			2nd Draw			Matrix: Water
† <i>Lead</i>	1030	EPA 200.9	6	ppb	2	15 ppb	01/27/21 11:55

ND = None detected at the MRL **MRL** = Minimum Reporting Limit †All procedures for this analysis are in accordance with NELAP standards.

MCL = Maximum Contamination Limit

Approved by:

Adriana Gonzalez-Gray Laboratory Director

^{*} 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.



Professional

Chain of Cusaddy Record

Laboratory Job Number: 🟒 1026006-01-02

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x or email: troy-thompson@ddsd40.org company/Client Name: David Douglas S.D. none: (503) 519-5244 ity/State/Zip: Portland OR 97222 ddress: 11300 NE Halsey St ient Contact Information Project Manager: Results Reporting Information City/State/Zip: Mailing Address: same Tax or email phone: phone: City/State/Zip: Mailing Address: same Accounts Payable Contact: rax or email: Invoicing Information

AMPLING INFORMATION

Received By: Company Received By: Company	Date/Time.	Relinquished By (print): Company:
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34%	424/2021 6:4:	- 02 # 092 F 200 Oracu
3	1/22/2021 6:42	TO #097 IST Draw
Sample oont was rec'd to	Please enter a unique ID per line for each. Date Time Collected Collecte	Sample > Please enter a unique poussionie identification sepárate sample
	I Jaole Sal II.	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		F = Faucet
		F.L = Floyo Light
Analysis Requested**	? (Please circle) Yes No	send results to OR State Health Division?
Project #:	Project Name:	sampled By;
P:O. #:	middle School	ampling Location: Floyo Cight
lead !!	Sample Matrix*	Project Name: (Please circle) Yes No (Please circle) Yes No

sludge, soll, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL) hese samples were collected [].
Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAC), paint chips, raw water (RW),

subcontracted out to other accredited laboratories. Analyses for SOC, Radionuclide, Radon, and Asbestos are