



Professional Laboratory Services

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

ANALYSIS REPORT

Reported: 09/17/2021
Received: 09/10/2021
Sampled By: Adam Ponce
Work Order: 1253008

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: Lincoln Park

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 1253008-01 and 1253008-02, both showing ND for Lead.

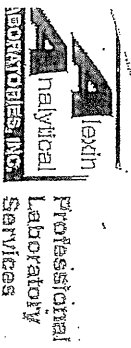
ND = None detected at the MRL MRL = Minimum Reporting Limit MCL = Maximum Contamination Limit

†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.

Note: Please make sure to send your results to the appropriate agency; Alexin Analytical does not forward these results to any program or person other than the above listed client. It is your responsibility to make sure these results get sent to whichever agency, city, or organization has requested them if these results are for compliance purposes.

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



1035 SW Pacific Hwy Tigard, OR 97223 ph: 503.693.9314 fax: 503.684.1588 email: mall@alexinlabs.com

Chain of Custody Record

Laboratory Job Number: 125309B-01-02

Page 1 of 1

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@dssdd40.org	Fax or email:	Fax or email:

Sampling Location: **Lincoln Park**

Project Name: _____ P.O. #: _____

Sampled By: **Adam Ponce** Project #: _____

Send results to OR State Health Division? (Please circle) Yes No

Analysis Requested**

PWSID #: _____ Permit #: _____

*L.P. = Lincoln Park
F. = Faucet*

Sample ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont.	Analysis	Sample Specific Notes/Field Data
01	DB1 F 1st Draw	9/3/2021	6:29am				SEE ATTACHED for each WW sample, specify Grab/Composite for each DW sample, specify Raw/Treated, Source/ Distribution, Single/Combined WHERE APPLICABLE
02	DB1 F 2nd Draw	9/3/2021	6:30am				

Relinquished By (print): Adam Ponce	Company: Douglas SD 40	Date/Time: 9/3/2021	Signature: _____	Received By:	Company:	Date/Time:	Signature: _____
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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, solids, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

Received at Laboratory: **9/3/21 10:36am** Date/Time: **9/3/21**

Signature: *Adam Ponce* Signature: *Adam Ponce*

** Analyses for SO₄, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

PNR-001-09-Rev 4