



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: Troy Thompson
Work Order: 1253010

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: 4900 MECP

Lab Number

Table with 8 columns: Lab Number, Code, Method, Result, Units, MRL, EPA MCL\*, Analysis Date/ Time. Contains three sample entries (1253010-01, 1253010-02, 1253010-03) with lead levels and MCL status.

MCL - This analyte exceeds the MCL limit.

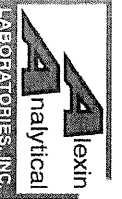
ND = None detected at the MRL MRL = Minimum Reporting Limit MCL = Maximum Contamination Limit

†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



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number:

1253010-011503  
Page 1 of 1

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:	toy-thompson@ddsdd40.org	fax or email:		fax or email:	

SAMPLING INFORMATION

Sampling Location:	4900 MEEP	P.O. #:		PWSID #:	
Sampled By:	Troy Thompson	Project Name:		Project #:	
Send results to OR State Health Division? (Please circle)	Yes No	Analysis Requested**			
SEE ATTACHED					

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

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	Prep	Temp	pH	DO	Turb	Color	Residual Cl	Conduct	Chlorine	Radon	Asbestos	Other	
01	001	MEEP 4900	9/8/21	6:30am															
02	002	" "	9/8/21	6:30am															
03	003	" "	9/8/21	6:32am															

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Troy Thompson	DW	9/8/21	[Signature]	[Signature]			

Received by Laboratory Log-In Staff:	Date/Time:	Temp. on receipt:	Containers intact?	On ice?	Oh: ID: TRM-10:
[Signature]	9/10/21	5°C	X	NO	002

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, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)   
 \*\* Analyses for SOC, Radioactive, Radon, and Asbestos are subcontracted out to other accredited laboratories.   
 COC-90-006rev0.1