

# SUBURBAN LABORATORIES, Inc.



1950 S. Batavia Ave., Suite 150 Geneva, Illinois 60134  
Tel. (708) 544-3260 • Toll Free (800) 783-LABS  
Fax (708) 544-8587  
www.suburbanlabs.com

March 17, 2017

Kurt Stadler  
Darien Public School District 61  
925 67th Street  
Darien, IL 60561

**Workorder: 1702H36**

TEL: (630) 650-7509

FAX:

RE: Mark Delay School Drinking Water Lead Analysis

Dear Kurt Stadler:

Suburban Laboratories, Inc. received 16 sample(s) on 2/24/2017 for the analyses presented in the following report.

Customer has provided 250 mL volume sample bottles for all samples collected. Please note, all sample results that exceed 5.00 ug/L should be promptly reported to parents or guardians of all enrolled students. Results that are below 5.00 ug/L should be reported on the school website. Please refer to Public Act 099-0922 or the Illinois Department of Public Health for specific reporting requirements. Suburban Laboratories will forward all results to the IDPH within seven (7) business days from the date of this report.

This report may not be reproduced, except in full, without the prior written approval of Suburban Laboratories, Inc. If you have any questions regarding these test results, please call me at (708) 544-3260.

Sincerely,

Pat Rodriguez  
Project Manager  
708-544-3260 ext 214  
pat@suburbanlabs.com



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**Client ID:** Darien Public School District 61

**Project Name:** Mark Delay School Drinking Water Lead Analysis

**Report Date:** March 17, 2017

**Workorder:** 1702H36

**Analyte:** Lead

**Matrix:** Drinking Water

Sample ID	Client Sample ID	Result	MRL	Units	Date & Time Water System Last Used	Date Collected	Date Analyzed
1702H36-001A	Classroom 21 Hand Sink Draw 1	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-002A	Classroom 21 Hand Sink Draw 2	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-003A	Classroom 22 Hand Sink Draw 1	2.86	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-004A	Classroom 22 Hand Sink Draw 2	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-005A	Classroom 23 Hand Sink Draw 1	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-006A	Classroom 23 Hand Sink Draw 2	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-007A	Classroom 24 Hand Sink Draw 1	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-008A	Classroom 24 Hand Sink Draw 2	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-009A	Classroom 25 Hand Sink Draw 1	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-010A	Classroom 25 Hand Sink Draw 2	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-011A	Classroom 26 Hand Sink Draw 1	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-012A	Classroom 26 Hand Sink Draw 2	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-013A	Classroom 27 Hand Sink Draw 1	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-014A	Classroom 27 Hand Sink Draw 2	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-015A	Classroom 28 Hand Sink Draw 1	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017
1702H36-016A	Classroom 28 Hand Sink Draw 2	ND	2.00	µg/L	02/23/17 15:00	2/24/2017	3/1/2017

ND - Not Detected Down to the Laboratory Minimum Reporting Limit (MRL)



# CHAIN OF CUSTODY RECORD

## # 140483

Company Name: **DARIEIN PUBLIC SCHOOLS #61** Tel: 708.544.3260 Fax: 708.544.8587 Toll Free: 800.783.LABS www.suburbanlabs.com

Company Address: **7414 CASS AVE**  
 City: **DARIEN** State: **IL** Zip: **60561**  
 Phone: **630-650-7509** Fax:   
 Email Address: **KSTADTLER@DARIEN61.ORG**  
 Project ID / Location: **MARK DELAY SCHOOL**  
 Project Manager (Report to): **KURT STADTLER**  
 Sample Collector(s) Name: **KURT STADTLER**

TURNAROUND TIME REQUESTED  
 Normal  RUSH \*Additional Rush Charges Approved.  
 \*Date & Time Needed:  
 Normal TAT is specified on the price quotation or fee schedule. Rush work must be pre-approved and additional charges apply.  
 Specify Regulatory Program:  Non/Info Only  SDWA  MWRDGC  
 LUST  SRP  NPDES  Other \*Please specify in comment section below.  
 503 Sludge  Disposal

ANALYSIS & METHOD REQUESTED  
 Enter an "X" in box below for request

SAMPLE IDENTIFICATION *Use One Line Per Preservation & Container Type*	COLLECTION		MATRIX	GRAB/COMP.	CONTAINERS SIZE & TYPE	PRESERVATIVE
	DATE	TIME				
1 CLASS ROOM 21 HAND SINK DRAW 1	02-24-17	6:00 AM				
2 CLASS ROOM 21 HAND SINK DRAW 1	02-24-17	6:00 AM				
3 CLASS ROOM 22 HAND SINK DRAW 1	02-24-17	6:00 AM				
4 CLASS ROOM 22 HAND SINK DRAW 2	02-24-17	6:00 AM				
5 CLASS ROOM 23 HAND SINK DRAW 1	02-24-17	6:00 AM				
6 CLASS ROOM 23 HS 11 DRAW 2	02-24-17	6:00 AM				
7 CLASS ROOM 24 HS 11 DRAW 1	02-24-17	6:00 AM				
8 CLASS ROOM 24 HS 11 DRAW 2	02-24-17	6:00 AM				
9 CLASS ROOM 25 HS 11 DRAW 1	02-24-17	6:00 AM				
10 CLASS ROOM 25 HS 11 DRAW 2	02-24-17	6:00 AM				
11 CLASS ROOM 26 HS 11 DRAW 1	02-24-17	6:00 AM				
12 CLASS ROOM 26 HS 11 DRAW 2	02-24-17	6:00 AM				

Shipping Method  
 Reporting Level (at additional charge) 1 2 3 4  
 LAB USE ONLY  
 SU ORDER NO. **1702H36**  
 Sample containers supplied by customer?  Yes  
 Temperature of Received Samples **15.0**  
 Samples received the same day as collection?  Yes  
 R Condition Spk LAB # **CO1A**

CONDITION CODES  
 1. Improperly damaged container/cap  
 2. Improper preservation  
 3. Insufficient sample volume  
 4. Headspace/air bubbles for VOCs  
 5. Received past holding time  
 6. Received frozen  
 7. Label conflicts with COC

1. Requisitioned By: **Kurt Stadler** Date: **2/24/17**  
 Received By: **[Signature]** Time: **2:15**  
 2. Requisitioned By: Date: Received By: Time:  
 3. Requisitioned By: Date: Received By: Time:  
 4. Requisitioned By: Date: Received By: Time:

Ice present:  No  Yes

White-Original, Pink-Sampler Copy

# CHAIN OF CUSTODY RECORD # 140485

**SUBURBAN LABORATORIES, INC.**  
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Company Name: **DARIEN PUBLIC SCHOOLS #61**  
 Company Address: **7414 CASS AVE**  
 City: **Darien** State: **IL** Zip: **60561**

Phone: **630-650-7509** Fax:  Report will be emailed  
 Email Address: **RSTADLER@Darien61.ORG**  
 Project ID / Location: **MARIC DELAY SCHOOL**  
 Project Manager (Report to): **KURT STADLER**  
 Sample Collector(s) Name: **KURT STADLER**

TURNAROUND TIME REQUESTED  
 Normal  RUSH\* \*Additional Rush Charges Approved.  
 \*Date & Time Needed:

ANALYSIS & METHOD REQUESTED  
 Enter an 'X' in box below for request

Shipping Method	Reporting Level (at additional charge) 1 2 3 4		SU ORDER No. <b>170236</b>	Sample containers supplied by customer? <input type="checkbox"/> Yes	Temperature of Received Samples <b>15 °C</b>	Samples received the same day as collection? <input type="checkbox"/> Yes	R	Condition	Split	LAB #
1. Improper/damaged container/cap 2. Improper preservation 3. Insufficient sample volume 4. Headspace/bubbles for VOCs 5. Received past holding time 6. Received frozen 7. Label conflicts with COC										

No.	SAMPLE IDENTIFICATION <small>*Use One Line Per Preservation &amp; Container Type</small>	COLLECTION		MATRIX	GRAB/COMP.	CONTAINERS Qty	SIZE & TYPE	PRESERVATIVE	Date	Time	Received By	Date	Time	Received By	Date	Time	Received By	
		DATE	TIME															
1	CLASS ROOM 27 HS Draw 1	02-124-117	6:00 AM															
2	CLASS ROOM 27 HS Draw 2	02-124-117	6:00 AM															
3	CLASS ROOM 28 HS Draw 1	02-124-117	6:00 AM															
4	CLASS ROOM 28 HS Draw 2	02-124-117	6:00 AM															
5		1 1																
6		1 1																
7		1 1																
8		1 1																
9		1 1																
10		1 1																
11		1 1																
12		1 1																

COMMENTS & SPECIAL INSTRUCTIONS:  
 MATRICES: Drinking Water (DW), Soil (S), Waste Water (WW), Surface Water (SW), Ground Water (GW), Solid Waste (WA), Sludge (U), Wipes (P) CONTAINER: 2oz, 4oz, 5oz, 40ml Vial, 500ml, Liter (L), Tube, Glass (G), Plastic (P) PRESERVATIVE: H<sub>2</sub>SO<sub>4</sub>, HCl, HNO<sub>3</sub>, Methanol (MeOH), NaOH, Sodium Bisulfate (NaHS), NaThio  
 Requisitioned By: **Kurt Stadler**  
 Received By: **Bill Dahn**  
 Date: **3/24/17**  
 Time: **2:15**  
 Submission of samples subject to Terms and Conditions on back.  
 Rev. 07/20/08  
 White-Original, Pink-Sampler Copy