

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

**Professional
Laboratory
Services**

ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 03/17/2017
Received: 02/28/2017
Sampled By:
Work Order: 7059006

C Tigard-Tualatin SD
L Attn: Phil Wentz
I 6960 SW Sandburg St.
E Tigard OR, 97223
N Phone: (503) 431-4017
T

Project:
Project # : N/A
Sample Type :

Sampling Location: Fowler

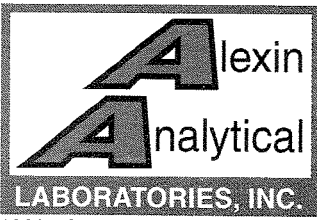
Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
7059006-01	Sample Name: Rm 38 faucet 4 Sampled: 2/24/17 4:00		Matrix: Water				
†Lead	1030	EPA 200.9	546	ppb	40.0	20 ppb	03/16/17 16:26 MCLE
7059006-02	Sample Name: Rm 38 faucet 4 Flush Sampled: 2/24/17 4:00		Matrix: Water				
†Lead	1030	EPA 200.9	32.3	ppb	2.0	20 ppb	03/16/17 16:26 MCLE
7059006-03	Sample Name: Rm 38 faucet 5 Sampled: 2/24/17 4:00		Matrix: Water				
†Lead	1030	EPA 200.9	13.4	ppb	4.0	20 ppb	03/16/17 16:26
7059006-04	Sample Name: Rm 38 faucet 5 Flush Sampled: 2/24/17 4:00		Matrix: Water				
†Lead	1030	EPA 200.9	2.8	ppb	2.0	20 ppb	03/16/17 16:26
7059006-05	Sample Name: Rm 38 faucet 6 Sampled: 2/24/17 4:00		Matrix: Water				
†Lead	1030	EPA 200.9	55.4	ppb	4.0	20 ppb	03/16/17 16:26 MCLE
7059006-06	Sample Name: Rm 38 faucet 6 Flush Sampled: 2/24/17 4:00		Matrix: Water				
†Lead	1030	EPA 200.9	7.2	ppb	2.0	20 ppb	03/16/17 16:26
7059006-07	Sample Name: Rm 38 faucet 7 Sampled: 2/24/17 4:00		Matrix: Water				
†Lead	1030	EPA 200.9	8.6	ppb	4.0	20 ppb	03/16/17 16:26
7059006-08	Sample Name: Rm 38 faucet 7 Flush Sampled: 2/24/17 4:00		Matrix: Water				
†Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	03/16/17 16:26

MCLE 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.



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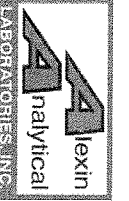
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* The EPA MCL for Lead in Public Drinking Water Systems is 15 ppb. For school, daycare, or non-residential building testing the EPA recommends outlets be taken out of service if the lead level exceeds 20 ppb; this is a maximum contamination level for lead in samples based on a 250 mL first-draw sample, exceedences require remediation or further sampling. This is not an acceptance level for health based exposure.

Approved by: _____

Adriana Gonzalez-Gray
Laboratory Director

This report shall not be reproduced, except in full, without the written approval of the laboratory.



Alexin Analytical Laboratories, Inc. Professional Laboratory Services

13035 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:

7059006-01-08

Page 1 of 1

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: Tigard-Tualatin S.D.	Project Manager: Phil Wentz	Accounts Payable Contact: Lisa Cresap
Address: 6960 SW Sandburg	Mailing Address: -SAME-	Mailing Address: -SAME-
City/State/Zip: Tigard OR 97223	City/State/Zip:	City/State/Zip:
phone: 503-431-4017	phone:	phone:
fax or email: pwentz@ttsd.k12.or.us	fax or email: pwentz@ttsd.k12.or.us	fax or email: lcresap@ttsd.k12.or.us

SAMPLING INFORMATION

Sampling Location: Fewster P.O. #: _____ PWSID #: _____

Sampled By: _____ Project Name: _____ Project #: _____ Permit #: _____

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

Lab ID	Sample Identification	Date Collected	Time Collected (Begin-End if comp)	Sample Matrix*	# of cont. rec'd	To	Analysis Requested**	SEE ATTACHED
-01	Rm 38 Faucet 4	2/24/12	4:00	Lead				Sample Specific Notes/Field Data for each WW sample, specify <u>Grab / Composite</u> for each DW sample, specify <u>Raw / Treated</u> , <u>Source / Distribution, Single / Combined</u> WHERE APPLICABLE
-02	" " " " Flush							
-03	" " " " 5							
-04	" " " " 5 flush							
-05	" " " " 6							
-06	" " " " 6 Flush							
-07	" " " " 7							
-08	" " " " 7 flush							

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

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

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

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

Temp. on receipt: _____ °C On ice? Y N

Containers intact? Y N ID: TRM-10-_____

subcontracted out to other accredited laboratories.