



**Professional
Laboratory
Services**

13035 SW Pacific Hwy
Tigard, OR 97223
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ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 03/17/2017
Received: 02/28/2017
Sampled By:
Work Order: 7059005

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: Woodward

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
7059005-01	Sample Name: Rm 2 faucet Sampled: 2/24/17 3:30		Matrix: Water				
+Lead	1030	EPA 200.9	80.2	ppb	8.0	20 ppb	03/16/17 16:26 MCLE
7059005-02	Sample Name: Rm 2 faucet Flush Sampled: 2/24/17 3:30		Matrix: Water				
+Lead	1030	EPA 200.9	14.5	ppb	2.0	20 ppb	03/16/17 16:26
7059005-03	Sample Name: Rm 2 bubbler Sampled: 2/24/17 3:30		Matrix: Water				
+Lead	1030	EPA 200.9	17.6	ppb	4.0	20 ppb	03/16/17 16:26
7059005-04	Sample Name: Rm 2 bubbler Flush Sampled: 2/24/17 3:45		Matrix: Water				
+Lead	1030	EPA 200.9	6.1	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.

* 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



Alexin Analytical Laboratory Services

Chain of Custody Record

Laboratory Job Number: 7059005-01-04

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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: Woodward P.O. #: _____ PWSID #: _____

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

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

Lab ID	Sample Identification	Date Collected	Time Collected (Begin-End if comp.)	Sample Matrix*	# of cont. rec'd	To	By	Analysis Requested***	Sample Specific Notes/Field Data for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u> , <u>Source</u> / <u>Distribution</u> , <u>Single</u> / <u>Combined</u> WHERE APPLICABLE
-01	Rm 2 faucet	2/24/17	3:30	Lead					SEE ATTACHED
-02	" " Flush								
-03	" " bubbler								
-04	" " Flush		3:45	Lead					

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

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)

Received by Laboratory Staff: [Signature] Date/Time: 2/28/17 Temp. on receipt: 51 °C Containers intact? Y N On ice? Y N ID: TRM-10-1

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

COC-90-006rev0.1