

Professional Laboratory

13035 SW Pacific Hwy Tigard, OR 97223

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Tel.: (503) 639-9311 Fax: (503) 684-1588

**ANALYSIS REPORT** 

ORELAP Accredited Lab#: OR-100013

Reported: 04/06/2017 Received: 03/14/2017

Sampled By:

Work Order: 7073007

**Project:** 

Project #: N/A

Sample Type:

Sampling Location: Byrom

iigai	ra-I	uaiatin	SD
Attn:	Phil	Wentz	
	_		

6960 SW Sandburg St. Tigard OR, 97223

Phone: (503) 431-4017

	Code Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
7073007-01	Sample Name: Rm 6 BB Sampled: 3/7/17 5:30			.711 \_		Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	120	ppb	8.0	20 ppb	04/04/17 16:44 MCLE
7073007-02	Sample Name: Rm 6 BB Flush Sampled: 3/7/17 5:30	1				Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	39.2	ppb	4.0	20 ppb	04/04/17 16:44 MCLE
7073007-03	Sample Name: Rm 6 F Sampled: 3/7/17 5:30					Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	28.2	ppb	4.0	20 ppb	04/04/17 16:44 MCLE
7073007-04	Sample Name: Rm 6 F Flush Sampled: 3/7/17 5:30					Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	8.5	ppb	2.0	20 ppb	04/04/17 16:44
7073007-05	Sample Name: Rm 7 BB Sampled: 3/7/17 5:30		*****			Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	55.6	ppb	4.0	20 ppb	04/04/17 16:44 MCLE
7073007-06	Sample Name: Rm 7 BB Flush Sampled: 3/7/17 5:03	1		<u>".</u> ".		Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	37.0	ppb	2.0	20 ppb	04/04/17 16:44 MCLE
7073007-07	Sample Name: Rm 7 F Sampled: 3/7/17 5:30					Matrix: Water
+ <i>Lead</i>	1030 EPA 200.9	61.6	ppb	4.0	20 ppb	04/04/17 16:44 MCLE
7073007-08	Sample Name: Rm 7 F Flush Sampled: 3/7/17 5:30			· · · · · · · · · · · · · · · · · · ·		Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	6.8	ppb	2.0	20 ppb	04/04/17 16:44
7073007-09	Sample Name: Rm 9 F Sampled: 3/7/17 5:30					Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	238	ppb	40.0	20 ppb	04/05/17 16:50 MCLE
7073007-10	Sample Name: Rm 9 F Flush Sampled: 3/7/17 5:44					Matrix: Water
† <i>Lead</i>	1030 EPA 200.9	24.8	ppb	4.0	20 ppb	04/04/17 16:44 <b>MCLE</b>



Professional Laboratory Services

13035 SW Pacific Hwy Tigard, OR 97223

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Tel.: (503) 639-9311 Fax: (503) 684-1588

**Tigard-Tualatin SD** 

6960 SW Sandburg St.

Phone: (503) 431-4017

Attn: Phil Wentz

Tigard OR, 97223

ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 04/06/2017 Received: 03/14/2017

Sampled By:

Work Order: 7073007

Project:

Project #: N/A

Sample Type:

Sampling Location: Byrom

Lah Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
7073007-11	Sample Name: Gym Sampled: 3/7/17 5:48						Matrix: Water
† <i>Lead</i>	1030	EPA 200.9	286	ppb	40.0	20 ppb	04/05/17 16:50 MCLE
7073007-12	Sample Name: Gym Sampled: 3/7/17 5:50		ısh				Matrix: Water
† <i>Lead</i>	1030	EPA 200,9	89.0	ppb	20.0	20 ppb	04/05/17 16:50 MCLE

MCLE This analyte exceeds the MCL limit.

**ND** = None detected at the MRL †All procedures for this analysis are in accordance with NELAP standards.

MRL = Minimum Reporting Limit

MCL = Maximum Contamination Limit

Approved by

Adriana Gonzalez-Gray Laboratory Director

<sup>\*</sup> 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.



Professional Laboratory Services

## Chain of Custody Record

Laboratory Job Number:

Page of

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com Madamies My Services

Client Contact Information	Testits Tenoring					
		IIIOITIation		Invoicing Information	tion	
Address: 6060 SW Sandhura	Project Manager:	Phil Wentz		Accounts Payable Contact: Lisa Cresap	e Contact: Lisa C	) resap
City/State/Zip: Tigard OR 97223	City/State/Zip:	-OMMIC"		City/State/Zin:	-SAME-	
phone: 503-431-4017	phone:			phone:		10.10.10.10.10.10.10.10.10.10.10.10.10.1
tax or email: pwentz@ttsd.k12.or.us	fax or email: pwe	pwentz@ttsd.k12.or.us		fax or email: lcresap@ttsd.k12.or.us	sap@ttsd.k12.or.	us
	<i>St</i>	SAMPLING INFORMATION	MATION			
Sampling Location: By RON	3		P.O. #:		PWSID#	#
Sampled By:	Project Name:		Project #:		Permit #:	-
Send results to OR State Health Division? (Please circle)	e circle) Yes No		Analys	Analysis Requested**		
					ATTACHED Sample S	Sample Specific Notes/Field Data for each WW sample, specify Grab / Composition of the co
Lab ID Sample Please enter a unique ID per line for each separate sample	Date Collected	(Begin-End if comp.) Time Sample Collected Matrix*	#of cont.			Source / Distribution, Single / Combined WHERE APPLICABLE
00 cm6 co	3/7/17	5:30 Lead				
W " BB Flush			<b>\</b>			
-or " " + Flush						
-06 " 7 BB						
The " 7 " flush						
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-08 "7 f Flush						
-60 11 9 F						
4 4		2844 (				
Relinquished By (print): Company: Date/Time:	Time: Signature:	Received By:		Company:	Date/Time: S	Signature:
Relinquished By (print): Company: Date/Time:		Received By:	y:	Company: E	Date/Time: S	Signature:
The most current revision of SOP-10-003 was used when these samples were collected	Received by La	Received by Laboratory Log-In Staff:	Date/Time:	Temp: on receipt	°C	On ice? Y N

sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL) \* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW),



Professional Laboratory

## Chain of Custody Record

Laboratory Job Number: 70 73007 - 11-12-

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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: 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:
ax 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: Project Name: Project #: P.O. #: PWSID #:

Sampled By:	Project Name:		70	Project #:		P	Permit #:
Send results to OR State Health Division? (Please circle)	Yes	No		Ana	Analysis Requested**	,d**	
						HED	
						TTACI	Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite
Sample		(Begin-End if comp.) Time	-	ead			tor each DW sample, specify Raw / Ireated, Source / Distribution, Single / Combined WHERE APPLICABLE
Lagrus evilly I GCI IIII CONOIT Separate sample		Collected	MIGLIX	le le		_	
US - 11 GYM BOYS RR F	3/7/17	81.18	CEMO				
-12 in in in Flush	<u>ه</u>	5:50					
Relinquished By (print): Company: Date/Time:	me: Signature:		Received By:		Company:	Date/Time:	Signature:
Relinquished By (print): Company: Date/Time:			Received By:	* *	Company:	Date/Time:	Signature:
The most current revision of SOP-10-003 was used when	Received by	Received by Laboratory Log-In Staff:	In Staff:	Date/Time	ime: Temp, on receipt.		°C On ice? YOU

sludge, soil, solid, source water (SOURCE), spring, stormwater (SVV), surface water, wastewater (VVVV), well water (WELL) 

subcontracted out to other accredited laboratories. Containers Intact? イン N ID: TRM-10: \*\*\* Analyses for SOC, Radionuclide, Radon, and Asbestos are