

Lead Sample Test Results and Actions

SUNNYSIDE ELEMENTARY SCHOOL

Fixture Number	Location	Part of Sampling Plan	Sampling Results (ppm)	Bin 1 - Lead concentrations greater than 15.0 micrograms per Liter (µg/L) – fixture must be immediately removed from service	Bin 2 - Lead concentrations greater than 5.0 µg/L less than 15.0 µg/L – fixture must be fixed, replaced or removed from service	Bin 3 - Lead concentrations less than 5.0 µg/L – no action is required.
FX 001		No				
FX 002		No				
FX 003	Rm C2 Sink	Yes	0.0009			No Action Required
FX 004		No				
FX 005		No				
FX 006		No				
FX 007		No				
FX 008		No				
FX 009	Rm C5 Sink	Yes	0.001			No Action Required
FX 010		No				
FX 011		No				
FX 012		No				
FX 013	Rm A1 Sink	Yes	0.0009			No Action Required
FX 014	NW Hall Bottle Filler	Yes	0.0009			No Action Required
FX 015		No				
FX 016		No				
FX 017		No				
FX 018		No				
FX 019	Rm K1 Sink	Yes	0.0009			No Action Required
FX 020		No				
FX 021	Rm A4 Sink	Yes	0.0009			No Action Required
FX 022		No				
FX 023		No				
FX 024		No				
FX 025		No				
FX 026		No				
FX 027	Rm K2 Sink	Yes	0.0009			No Action Required
FX 028		No				
FX 029		No				
FX 030		No				
FX 031	Rm B2 Sink	Yes	0.0009			No Action Required
FX 032		No				
FX 033		No				
FX 034		No				
FX 035		No				

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FX 036		No				
FX 037	Rm B5 Sink	Yes	0.0009			No Action Required
FX 038		No				
FX 039		No				
FX 040		No				
FX 041		No				
FX 042	NE Hall Bottle Filler	Yes	0.0009			No Action Required
FX 043		No				
FX 044		No				
FX 045		No				
FX 046	Nurse's Rm Sink	Yes	0.0009			No Action Required
FX 047		No				
FX 048		No				
FX 049		No				
FX 050		No				
FX 051		No				
FX 052		No				
FX 053		No				
FX 054		No				
FX 055	SE Hall Bottle Filler	Yes	0.0009			No Action Required
FX 056		No				
FX 057		No				
FX 058	SW Hall Bottle Filler	Yes	0.0009			No Action Required
FX 059		No				
FX 060		No				
FX 061		No				
FX 062		No				
FX 063		No				
FX 064		No				
FX 065		No				
FX 066		No				
FX 067		No				
FX 068		No				
FX 069	Kitchen Sink	Yes	0.0009			No Action Required
FX 070		No				