Neilson Research Corporation
245 S Grape St
Medford, OR 97501
TEL: (541) 770-5678 FAX: (541) 770-2901
Website: www.nrclabs.com

November 16, 2026

Andy Chasteen
Medford School District
900 Kenyon St
Medford, OR 97501
TEL: 541-842-3646
FAX 541-842-1160

RE: Howard Elementary Lead Testing Order No.: 26110333

Dear Andy Chasteen:

Neilson Research Corporation received 1 sample(s) on 11/9/2026 for the analyses presented in the following report.

The results relate only to the parameters tested or to the sample as received by the laboratory. This report shall not be reproduced except in full, without the written approval of Neilson Research Corporation. Testing was completed in accordance with the laboratory's established quality system and standard operating procedures. For the current scope of NELAP-accredited analytes and certifications, please refer to the Certifications section at www.nrclabs.com.
If you have any questions regarding these test results, please feel free to call.

Sincerely,
Neilson Research Corporation

Tamra Schmedemann
Director of Project Management
245 S Grape St
Medford, OR 97501

Original

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Case Narrative

WO#: **26110333**
Date: **11/16/2026**

CLIENT: Medford School District
Project: Howard Elementary Lead Testing

The analyses were performed according to the guidelines in the Neilson Research Corporation Quality Assurance Program. This report contains analytical results for the sample(s) as received by the laboratory.

Neilson Research Corporation certifies that this report is in compliance with the requirements of NELAP. No unusual difficulties were experienced during analysis of this batch except as noted below or qualified with data flags on the reports.

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Analytical Report

WO#: **26110333**
Date Reported: **11/16/2026**

Medford School District
900 Kenyon St
Medford , OR 97501

Lab Order: 26110333
Received Date: 11/9/2026 2:22:00 PM
Reported Date: 11/16/2026 12:40:12 PM

Sample Information:

Lab ID: **26110333-01** Client Sample ID: Room 15 RR Sink
Collection Date: 11/9/2026 2:00:00 PM Collected By:
Matrix: Drinking Water Sample Location: Room 15 RR Sink

Trace Metals by EPA 200.8 ICP-MS Analyst; MDS

Analyses	Result	Qual	MRL	Units	DF	Date Analyzed	MCL	NELAP Status
Lead	ND		0.500	ppb	1	11/11/2026	15.0	A

QUALIFIERS

*	Value exceeds Maximum or Minimum Contaminant Level.	C1	Sample container temperature is out of limit as specified at testcod
DF	Dilution Factor	E	Value above quantitation range
H	Holding times for preparation or analysis exceeded	J	Analyte detected below quantitation limits
MI	Recovery outside comtrol limits due to Matrix Interference	ND	Not Detected at the Reporting Limit
R	RPD outside accepted recovery limits	RL	Reporting Limit

NELAP NELAP A Accredited in accordance with NELAP ORELAP 100016, OR-028

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Sample Log-In Check List

Client Name: MedfordSchoolDist Work Order Number: 26110333 RcptNo: 1

Logged by:	Dorie Evans	11/9/2026 2:22:00 PM	
Completed By:	Kyler Woolsey	11/10/2026 3:27:31 PM	
Reviewed By:	Kyler Woolsey	11/16/2026 12:17:52 PM	

Chain of Custody

1. Is Chain of Custody complete? Yes ☑ No ☐ Not Present ☐
2. How was the sample delivered? Client

Log In

3. Coolers are present? Yes ☐ No ☐ NA ☑
4. Shipping container/cooler in good condition? Yes ☑ No ☐
   Custody seals intact on shipping container/cooler? Yes ☐ No ☐ Not Present ☑ NA ☐
   No. Seal Date: Signed By:
5. Was an attempt made to cool the samples? Yes ☐ No ☐ NA ☑
6. Were all samples received at a temperature of >0° C to 6.0°C Yes ☐ No ☐ NA ☑
7. Sample(s) in proper container(s)? Yes ☑ No ☐
8. Sufficient sample volume for indicated test(s)? Yes ☑ No ☐
9. Are samples (except VOA and ONG) properly preserved? Yes ☑ No ☐
10. Was preservative added to bottles? Yes ☐ No ☑ NA ☐
11. Is the headspace in the VOA vials less than 1/4 inch or 6 mm? Yes ☐ No ☐ No VOA Vials ☑
12. Were any sample containers received broken? Yes ☐ No ☑
13. Does paperwork match bottle labels? (Note discrepancies on chain of custody) Yes ☑ No ☐
14. Are matrices correctly identified on Chain of Custody? Yes ☑ No ☐
15. Is it clear what analyses were requested? Yes ☑ No ☐
16. Were all holding times able to be met? (If no, notify customer for authorization.) Yes ☑ No ☐

Special Handling (if applicable)

17. Was client notified of all discrepancies with this order? Yes ☐ No ☐ NA ☑

Person Notified: Date
By Whom: Via: ☐ eMail ☐ Phone ☐ Fax ☐ In Person
Regarding:
Client Instructions:

18. Additional remarks:

Cooler Information

Cooler No	Temp ºC	Condition	Seal Intact	Seal No	Seal Date	Signed By

NEILSON RESEARCH CORPORATION
Environmental Testing Laboratory
245 South Grape Street * Medford, OR 97501
(541) 770-5678 fax (541) 770-2901

Chain of Custody Record

This Chain of Custody is a LEGAL DOCUMENT and must be filled out accurately.

Section A
Required Client Information

Company:	MSD 549C
Address:	900 Kenyon St.
	Medford, OR 97501
Email:	seth.barry@medford.k12.or.us
Phone:	541-601-5183 Fax:
Collected By (Print):	
Collected By (Sign):	

Email Report _x_ Yes ___ No Mail Report ___ Yes ___ No
Fax Report ___ Yes ___No

Section B
Required Project Information

Project Name:	Howard
Project Number:	
Report To	andy.chasteen@medford.k12.or.us
Copy To:	larry.anderson@medford.k12.or.us

Section C
Invoice Information

Attention:	Accounting
Company Name:	Medford School District
Address:	900 Kenyon St.
	Medford, OR 97501
P.O. #	P123000

Section D
Rush Status (Subject to Scheduling)

___ Standard 10-14 Days
___ 5 Business Days (50% surcharge)
___ 3 Business Days (75% surcharge)
___ 24 - 48 hours (100% surcharge)
___ Other _____
Authorized ____ Yes ____ No

*Changed due to bad test

Section E
Sample Information

Sample ID			Bottle	Matrix*	Date Collected	Time	No. of Containers	Lead	Analysis Requested	Remarks/Field Data	NRC Sample # (Lab Use Only)
	Rm 15	R.R. Sink	10289	DW	11/09/26	2:00		X			01
				DW							
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				DW							

NRC Workorder # (Lab Use Only) 26110333

*Matrix: **DW** - Drinking Water **WW** - Wastewater **W** - Water **S** - Soil/Solid **SL** - Sludge **O** - Oil **WP** - Wipe **OT** - Other

Section F
Relinquish/Receive

	Sign	Print	Date	Time
Relinquished By:		Mike Wheel	11-09-26	2:22
Received By:				
Relinquished By:				
Received By:				
Relinquished By:				
Received By Laboratory:		DORIE EVANS	11/9/26	2:22

Section G
Lab Use Only

Temp: AMB
4°C +/- 2°C: Yes (No)
Received on Ice: ___ Yes ___ No
Number of Bottles Received: 1
pH Checked:
COC Seals Intact: ___ Yes ___ No ___ NA
Field Blank Included: ___ Yes ___ No
Received Via ___ UPS ___ FedEx ___ Other ___ Hand
Payment: ___ Invoice ___ Cash ___ VISA, M/C ___ Check # _____ Amount _____