



**Professional
Laboratory
Services**

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

ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 04/06/2017
Received: 03/22/2017
Sampled By:
Work Order: 7081006

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

Project:
Project # : N/A
Sample Type :

Sampling Location: CFT

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
7081006-01	Sample Name: POD 1 Common Sink						Matrix: Water
	Sampled: 3/22/17 6:25						
+Lead	1030	EPA 200.9	19.4	ppb	4.0	20 ppb	04/05/17 16:50
7081006-02	Sample Name: POD 1 Common Sink Flush						Matrix: Water
	Sampled: 3/22/17 6:25						
+Lead	1030	EPA 200.9	ND	ppb	4.0	20 ppb	04/05/17 16:50

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 Laboratories, Inc.
Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 70810066 01-02

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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 Cresapp
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: lcresapp@ttsd.k12.or.us

SAMPLING INFORMATION

Sampling Location: CTT 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	Analysis Requested**	Sample Specific Notes/Field Data
Q1	POD 1 Common Sink	3/23/17	6:25	LEAD	1		SEE ATTACHED
Q2	" " " Flush	3/22/17	↓	"	1		

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 **Received by Laboratory Log-in Staff:** _____ Date/Time: _____ Temp. on receipt: _____ °C On Ice? Y N Containers Intact? Y N ID: TRM-10-_____

* 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)

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