

Seaside School District 10

Lead Testing Results in a Water Analysis Report 7/18/16

Results for lead testing in water are provided in an *Analysis Report* from Alexin Analytical ORELAP Accredited Lab# OR-100013. Use the information below to determine from which location each sample was taken, as well as the type of sample taken.

Location Number: This number designates the site from which the sample was taken (GES=004 Gearhart Elementary, SHE=005 Seaside Heights Elementary, BMS=006 Broadway Middle School, SHS=007 Seaside High School).

Sample Number and Collection Site:

1 GES S Hall Fountain	14 BMS Gym 2 Fountain	27 SHE Kitchen Dish Faucet
2 GES N Hall Fountain	15 SHS Kitchen Faucet South	28 SHE Staff Rm Faucet
3 GES Rm 9 Fountain	16 SHS Kitchen Faucet East	29 SHE Rm C6 Fountain
4 GES Rm 7 Fountain	17 SHS Hall Rm 15 Fountain	30 SHE W Hall Fountain
5 GES Rm 6 Fountain	18 SHS Hall Rm 6 Fountain	31 SHE Rm B4 Fountain
6 GES Kitchen E Faucet	19 SHS Rm 5 SE Faucet	32 SHE Rm A3 Fountain
7 GES Boiler Rm Flush	20 SHS Hall Rm 1 Fountain	33 SHE E Hall Fountain
8 BMS SW Entry Fountain	21 SHS Staff Rm Faucet	34 SHE Gym Fountain
9 BMS Hall Rm 14 Fountain	22 SHS Hall Rm 19 Fountain	35 SHE Boys Locker Fountain
10 BMS Hall Rm 6 Fountain	23 SHS Lower Gym Fountain	36 SHE Girls Locker Fountain
11 BMS Kitchen Dish Faucet	24 SHS Boiler Rm Flush	37 SHE Boiler Rm Flush
12 BMS Kitchen Prep Faucet	25 SHS Concession Faucet	38 DO Kitchen Faucet
13 BMS Staff Rm Faucet	26 SHE Kitchen S Faucet	39 DO Supply Rm Faucet

Outlet Type:	WF	Water Fountain (not chilled)
	WC	Water Fountain (chilled)
	KF	Kitchen Faucet
	CF	Custodial Faucet
	HB	Hose Bib

Sample Type:	P	Primary Sample (first draw)
	F	Flush Sample (30 second pre-flush)

For school, daycare, or non-residential building testing the EPA recommends outlets be taken out of service if the lead level exceeds 20ppb; 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.



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

Chain of Custody Record

Laboratory Job Number: _____

Page 1 of 4

Client Contact Information		Results Reporting Information		Invoicing Information	
Company/Client Name: <u>Seaside School Dist #10</u>		Project Manager:		Accounts Payable Contact:	
Address: <u>1801 S CRAWFORD</u>		Mailing Address:		Mailing Address:	
City/State/Zip: <u>SEASIDE OR 97138</u>		phone:		City/State/Zip:	
fax or email:		fax or email:		phone:	
fax or email:		fax or email:		fax or email:	

SAMPLING INFORMATION

Sampling Location: _____ P.O. #: _____ PWSID #: _____

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

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

Lab ID <small>Lab use only</small>	Sample Identification	Please enter a unique ID per line for each separate sample	Date Collected	Time Collected <small>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**		STI ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE</small>
							Yes	No		
	01-004-WF-P		6/14/16	0415						
	62-004-WF-P		"	0420						
	03-004-WF-P		"	0422						
	04-004-WF-P		"	0423						
	05-004-WF-P		"	0428						
	06-004-KF-P		"	0430						
	67-004-HB-F		"	0440						
	08-006-WF-P		"	0517						
	09-006-WF-P		"	0524						
	10-006-WF-P		"	0528						
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: _____	
<p>The most current revision of SOP-10-003 was used when these samples were collected <input type="checkbox"/></p> <p>* 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)</p>										
<p>Received by Laboratory Log-in Staff: _____ Date/Time: _____ Temp. on receipt: _____ °C On Ice? Y N ID: TRM-10-_____</p> <p>** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.</p>										



Professional Laboratory Services

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Chain of Custody Record

Laboratory Job Number:

Page 2 of 4

Client Contact Information		Results Reporting Information	
Company/Client Name: <u>Seaside School Dist</u>		Project Manager:	
Address: <u>1801 S Franklin</u>		Mailing Address:	
City/State/Zip: <u>Seaside OR 97138</u>		City/State/Zip:	
phone:		phone:	
fax or email:		fax or email:	
Invoicing Information		Accounts Payable Contact:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
phone:		phone:	
fax or email:		fax or email:	

SAMPLING INFORMATION

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

Project #: _____ Permit #: _____

Lab ID	Sample Identification	Date Collected	Time Collected (Begin-End if comp.)	Sample Matrix*	# of cont. rec'd	Analysis Requested**		Company:	Date/Time:	Signature:	
						Yes	No				
	11-006-KF-P	6/14/16	0533								
	12-006-KF-P	"	0534								
	13-006-KF-F	"	0539								
	14-006-CF-P	"	0542								
	15-007-KF-P	"	0552								
	16-007-KF-P	"	0552								
	17-007-WF-P	"	0553								
	18-007-WF-P	"	0558								
	19-007-KF-P	"	0555								
	20-007-WF-P	"	0559								
Relinquished By (print):		Date/Time:		Company:		Received By:		Date/Time:		Signature:	
Relinquished By (print):		Date/Time:		Company:		Received By:		Date/Time:		Signature:	

Sample Specific Notes/Field Data for each WW sample, specify **Grab** / Composite for each DW sample, specify **Raw** / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE

SEE ATTACHED

Temp. on receipt: _____ °C On ice? Y N

Containers Intact? Y N ID: TRM-10-

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Chain of Custody Record

Laboratory Job Number: _____

Page 3 of 4

Client Contact Information		Results Reporting Information		Invoicing Information	
Company/Client Name: <u>Sears Roebuck School Dist #10</u>		Project Manager: <u>Glen Ely</u>		Accounts Payable Contact:	
Address: <u>1801 S Franklin</u>		Mailing Address:		Mailing Address:	
City/State/Zip: <u>Seaside OR 97138</u>		City/State/Zip:		City/State/Zip:	
phone: <u>503-738-5591</u>		phone:		phone:	
fax or email: <u>503-738-3471</u>		fax or email: <u>gely@seaside.k12.or.us</u>		fax or email:	

SAMPLING INFORMATION

Sampling Location: _____ P.O. #: _____ PWSID #: _____

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

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

Lab ID	Sample Identification	Please enter a unique ID per line for each separate sample	Date Collected	(Begin-End if comp.) Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested**	Sample Specific Notes/Field Data	
								for each WW sample, specify <u>Grab</u> / Composite	for each DW sample, specify <u>Raw</u> / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE
								SEE ATTACHED	
	21-007-KF-P		6/14/16	0600				Lead	
	22-007-WF-P		"	0605					
	23-007-WC-P		"	0606					
	24-007-CF-P		"	0610					
	25-007-KF-P		"	0610					
	26-005-KF-P		6/15/16	0536					
	27-005-KF-P		"	0538					
	28-005-KF-P		"	0539					
	29-005-WF-P		"	0548					
	30-005-WF-P		"	0550					

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)

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Chain of Custody Record

Laboratory Job Number: _____

Page 4 of 4

Client Contact Information		Results Reporting Information		Invoicing Information	
Company/Client Name: <u>Seaside School District #10</u>		Project Manager: <u>Glen Ely</u>		Accounts Payable Contact:	
Address: <u>1801 S Franklin</u>		Mailing Address:		Mailing Address:	
City/State/Zip: <u>Seaside OR 97138</u>		City/State/Zip:		City/State/Zip:	
phone: <u>503-738-5591</u>		phone:		phone:	
fax or email: <u>503-738-3471</u>		fax or email: <u>gely@seaside.k12.or.us</u>		fax or email:	

Sampling Location: _____ P.O. #: _____ PWSID #: _____
 Sampled By: _____ Project Name: _____ Project #: _____ Permit #: _____
 Send results to OR State Health Division? (Please circle) Yes No

Lab ID <small>Lab use only</small>	Sample Identification <small>Please enter a unique ID per line for each separate sample</small>	Date Collected	Time Collected <small>(Equip. and if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**		STEF ATTACHED
						Source / Distribution	Single / Combined	
	31-005 - WF - P	6/15/16	0652					
	32-005 - WF - P	"	0655					
	33-005 - WF - P	"	0556					
	34-005 - WF - P	"	0601					
	35-005 - WF - P	"	0604					
	36-005 - WF - P	"	0605					
	37-005 - HB - F	"	0612					
	38-008 - KF - P	"	0648					
	39-008 - KF - F	"	0642					
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:

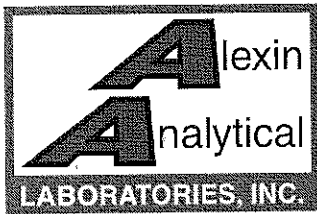
Sample Specific Notes/Field Data
 for each WW sample, specify Grab / Composite
 for each DW sample, specify Raw / Treated,
Source / Distribution, Single / Combined
 WHERE APPLICABLE

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

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



**Professional
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Services**

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

ANALYSIS REPORT
ORELAP Accredited Lab#: OR-100013

Reported: 07/18/2016
Received: 06/17/2016
Sampled By:
Work Order: 6172007

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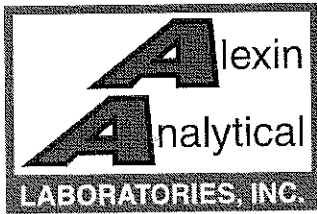
Seaside School District
Attn: Glen Ely
1801 S Franklin
Seaside OR, 97138
Phone: (503) 791-5650

Project:
Project # : N/A
PWSID # :

Sampling Location:

Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time	
6172007-01	Sample Name: 01-004-WF-P Sampled: 6/14/16 4:15							Matrix: Water
+Lead	1030	EPA 200.9	4.9	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-02	Sample Name: 02-004-WF-P Sampled: 6/14/16 4:20							Matrix: Water
+Lead	1030	EPA 200.9	7.6	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-03	Sample Name: 03-004-WF-P Sampled: 6/14/16 4:22							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-04	Sample Name: 04-004-WF-P Sampled: 6/14/16 4:23							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-05	Sample Name: 05-004-WF-P Sampled: 6/14/16 4:28							Matrix: Water
+Lead	1030	EPA 200.9	8.5	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-06	Sample Name: 06-004-KF-P Sampled: 6/14/16 4:30							Matrix: Water
+Lead	1030	EPA 200.9	4.4	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-07	Sample Name: 07-004-HB-F Sampled: 6/14/16 4:40							Matrix: Water
+Lead	1030	EPA 200.9	20.5	ppb	2.0	20 ppb	07/15/16 18:03 MCLE	
6172007-08	Sample Name: 08-006-WF-P Sampled: 6/14/16 5:17							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-09	Sample Name: 09-006-WF-P Sampled: 6/14/16 5:24							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-10	Sample Name: 10-006-WF-P Sampled: 6/14/16 5:26							Matrix: Water
+Lead	1030	EPA 200.9	2.3	ppb	2.0	20 ppb	07/15/16 18:03	



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ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 07/18/2016

Received: 06/17/2016

Sampled By:

Work Order: 6172007

Project:

Project # : N/A

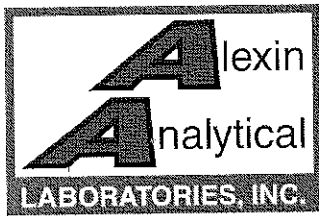
PWSID # :

C Seaside School District
L Attn: Glen Ely
I 1801 S Franklin
E Seaside OR, 97138
N Phone: (503) 791-5650
T

Sampling Location:

Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time	
6172007-11	Sample Name: 11-006-KF-P Sampled: 6/14/16 5:33							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-12	Sample Name: 12-006-KF-P Sampled: 6/14/16 5:34							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-13	Sample Name: 13-006-KF-F Sampled: 6/14/16 5:39							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-14	Sample Name: 14-006-WC-P Sampled: 6/14/16 5:42							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-15	Sample Name: 15-007-KF-P Sampled: 6/14/16 5:52							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-16	Sample Name: 16-007-KF+P Sampled: 6/14/16 5:52							Matrix: Water
+Lead	1030	EPA 200.9	10.7	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-17	Sample Name: 17-007-WF-P Sampled: 6/14/16 5:53							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-18	Sample Name: 18-007-WF-P Sampled: 6/14/16 5:58							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-19	Sample Name: 19-007-KF-P Sampled: 6/14/16 5:55							Matrix: Water
+Lead	1030	EPA 200.9	2.7	ppb	2.0	20 ppb	07/15/16 18:03	
6172007-20	Sample Name: 20-007-WF-P Sampled: 6/14/16 5:59							Matrix: Water
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03	



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Work Order: 6172007

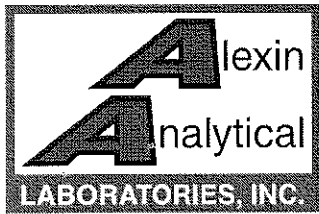
C Seaside School District
L Attn: Glen Ely
I 1801 S Franklin
E Seaside OR, 97138
N Phone: (503) 791-5650
T

Project:
Project # : N/A
PWSID # :

Sampling Location:

Lab Number

Lab Number	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
6172007-21	Sample Name: 21-007-KF-P Sampled: 6/14/16 6:00		Matrix: Water				
+Lead	1030	EPA 200.9	2.4	ppb	2.0	20 ppb	07/15/16 18:03
6172007-22	Sample Name: 22-007-WF-P Sampled: 6/14/16 6:05		Matrix: Water				
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03
6172007-23	Sample Name: 23-007-WC-P Sampled: 6/14/16 6:06		Matrix: Water				
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03
6172007-24	Sample Name: 24-007-CF-F Sampled: 6/14/16 6:10		Matrix: Water				
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03
6172007-25	Sample Name: 25-007-KF-P Sampled: 6/14/16 6:10		Matrix: Water				
+Lead	1030	EPA 200.9	42.3	ppb	4.0	20 ppb	07/15/16 18:03 MCLE
6172007-26	Sample Name: 26-005-KF-P Sampled: 6/15/16 5:36		Matrix: Water				
+Lead	1030	EPA 200.9	6.0	ppb	2.0	20 ppb	07/15/16 18:03
6172007-27	Sample Name: 27-005-KF-P Sampled: 6/15/16 5:38		Matrix: Water				
+Lead	1030	EPA 200.9	7.8	ppb	2.0	20 ppb	07/15/16 18:03
6172007-28	Sample Name: 28-005-KF-P Sampled: 6/15/16 5:39		Matrix: Water				
+Lead	1030	EPA 200.9	6.9	ppb	2.0	20 ppb	07/15/16 18:03
6172007-29	Sample Name: 29-005-WF-P Sampled: 6/15/16 5:48		Matrix: Water				
+Lead	1030	EPA 200.9	6.3	ppb	2.0	20 ppb	07/15/16 18:03
6172007-30	Sample Name: 30-005-WF-P Sampled: 6/15/16 5:50		Matrix: Water				
+Lead	1030	EPA 200.9	17.2	ppb	2.0	20 ppb	07/15/16 18:03



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ANALYSIS REPORT

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Reported: 07/18/2016

Received: 06/17/2016

Sampled By:

Work Order: 6172007

C Seaside School District
L Attn: Glen Ely
I 1801 S Franklin
E Seaside OR, 97138
N Phone: (503) 791-5650
T

Project:
Project # : N/A
PWSID # :

Sampling Location:

Lab Number

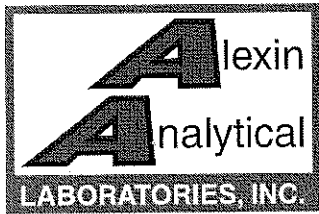
	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
6172007-31	Sample Name: 31-005-WF-P Sampled: 6/15/16 5:52		Matrix: Water				
+Lead	1030	EPA 200.9	14.2	ppb	2.0	20 ppb	07/15/16 18:03
6172007-32	Sample Name: 32-005-WF-P Sampled: 6/15/16 5:55		Matrix: Water				
+Lead	1030	EPA 200.9	7.7	ppb	2.0	20 ppb	07/15/16 18:03
6172007-33	Sample Name: 33-005-WF-P Sampled: 6/15/16 5:56		Matrix: Water				
+Lead	1030	EPA 200.9	7.8	ppb	2.0	20 ppb	07/15/16 18:03
6172007-34	Sample Name: 34-005-WF-P Sampled: 6/15/16 6:01		Matrix: Water				
+Lead	1030	EPA 200.9	8.6	ppb	2.0	20 ppb	07/15/16 18:03
6172007-35	Sample Name: 35-005-WF-P Sampled: 6/15/16 6:04		Matrix: Water				
+Lead	1030	EPA 200.9	13.4	ppb	2.0	20 ppb	07/15/16 18:03
6172007-36	Sample Name: 36-005-WF-P Sampled: 6/15/16 6:05		Matrix: Water				
+Lead	1030	EPA 200.9	18.5	ppb	2.0	20 ppb	07/15/16 18:03
6172007-37	Sample Name: 37-005-HB-F Sampled: 6/15/16 6:12		Matrix: Water				
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03
6172007-38	Sample Name: 38-008-KF-P Sampled: 6/15/16 6:40		Matrix: Water				
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03
6172007-39	Sample Name: 39-008-KF-F Sampled: 6/15/16 6:42		Matrix: Water				
+Lead	1030	EPA 200.9	ND	ppb	2.0	20 ppb	07/15/16 18:03

MCLE This analyte exceeds the MCL limit.

ND = None detected at the MRL

MRL = Minimum Reporting Limit

MCL = Maximum Contamination Limit



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Work Order: 6172007

C Seaside School District
L Attn: Glen Ely
I 1801 S Franklin
E Seaside OR, 97138
N Phone: (503) 791-5650
T

Project:

Project # : N/A

PWSID # :

Sampling Location:

Lab Number

†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 an action 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