



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183006-01-00

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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: Newberg School District	Project Manager: <u>SCOTT Woods</u>	Accounts Payable Contact: <u>Kym Peck</u>
Address: 714 E 6th	Mailing Address: <u>714 E 6th ST.</u>	Mailing Address: <u>714 E. 6th ST</u>
City/State/Zip: Newberg OR 97132	City/State/Zip: <u>Newberg, OR 97132</u>	City/State/Zip: <u>Newberg, OR 97132</u>
phone: (503) 554-5024	phone: <u>503-554-5024</u>	phone: <u>503-554-5010</u>
fax or email:	fax or email: <u>WOODS@newberg.k12.or.us</u>	fax or email: <u>PECK@newberg.k12.or.us</u>

SAMPLING INFORMATION

Sampling Location: <u>Portables and CV</u>	P.O. #:	PWSID #:
Sampled By: <u>SCOTT Woods</u>	Project Name: <u>Lead Testing</u>	Project #: <u>Lead Testing</u>
Send results to OR State Health Division? (Please circle) Yes <input type="radio"/> No <input checked="" type="radio"/>		Permit #:

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						lead											
<u>6183006-01</u>	<u>North Cola Fountain</u>	<u>6-29-16</u>	<u>6:43am</u>			<input checked="" type="checkbox"/>											<u>First Draw</u>
<u>-02</u>	<u>WESA Port Fountain</u>		<u>6:50am</u>			<input checked="" type="checkbox"/>											
<u>-03</u>	<u>CV Boys LK</u>		<u>7:35am</u>			<input checked="" type="checkbox"/>											
<u>-04</u>	<u>CV girls LK</u>		<u>7:38am</u>			<input checked="" type="checkbox"/>											
<u>-05</u>	<u>CV Gym Tall</u>		<u>7:31am</u>			<input checked="" type="checkbox"/>											
<u>-06</u>	<u>CV Gym Short</u>		<u>7:33am</u>			<input checked="" type="checkbox"/>											

Relinquished By (print): <u>SCOTT Woods</u>	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: 6/29/16 10:00 Date/Time: Temp. on receipt: 7 °C On ice? Y N

* 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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.



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Laboratory Job Number: 6183006-07-16

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: AC - Sitka, portable	P.O. #:	PWSID #:
Sampled By: Scott Woods	Project Name: Lead Testing	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="radio"/> No <input checked="" type="radio"/>		

Lab ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested**											SEE ATTACHED	Sample Specific Notes/Field Data for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u> , <u>Source</u> / <u>Distribution</u> , <u>Single</u> / <u>Combined</u> WHERE APPLICABLE
						Lead												
6183006-07	AC fountain 2nd fl. by boys Room (Rk)	6-28-16	11:23am															First draw
6183006-08	AC fountain 2nd fl. by boys Room short		11:25am															↓
-09	AC-C202		11:28am															
-10	AC-Commons by A102		11:31am															
-11	AC-Staff Lunch Rm		11:34am															
-12	SITKA main Kit. sink		12:51pm															
-13	SITKA Game Rm		12:55pm															
-14	SITKA Back Port. fountain Right		12:58															
-15	SITKA Back Port. fountain Left		1:03pm															
-16	South Cola Port sink	6-29-16	6:35AM															

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 <input type="checkbox"/>	Received by Laboratory Log-In Staff: <i>OS</i>	Date/Time: <i>6/29/16 10:08</i>	Temp. on receipt: <i>15</i> °C	On ice? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
* 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)			Containers Intact? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	ID: TRM-10- <i>0</i>

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



Professional Laboratory Services

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Laboratory Job Number: 6183006-17-26

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:	P.O. #:	PWSID #:
Sampled By: <u>Scott Woods</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Permit #:

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>	
						lead												
<u>6183006-17</u>	<u>CV Kit. Prep sink</u>	<u>6-28-16</u>	<u>10:12am</u>			<input checked="" type="checkbox"/>											<u>First draw</u>	
<u>-18</u>	<u>CV Fountains near Gym-Tall</u>	↓	<u>10:15am</u>			<input checked="" type="checkbox"/>												
<u>-19</u>	<u>CV Fountain near Gym-Short</u>		<u>10:16am</u>			<input checked="" type="checkbox"/>												
<u>-20</u>	<u>CV Staff Rm</u>		<u>10:20am</u>			<input checked="" type="checkbox"/>												
<u>-21</u>	<u>Hall Fountain by 117 Tall</u>		<u>10:22am</u>			<input checked="" type="checkbox"/>												
<u>-22</u>	<u>Hall Fountain by 117 Short</u>		<u>10:24am</u>			<input checked="" type="checkbox"/>												
<u>-23</u>	<u>CV # 112</u>		<u>10:28am</u>			<input checked="" type="checkbox"/>												
<u>-24</u>	<u>CV # 113</u>		<u>10:31am</u>			<input checked="" type="checkbox"/>												
<u>-25</u>	<u>Hall Fountain 211-Tall</u>		<u>10:36am</u>			<input checked="" type="checkbox"/>												
<u>-26</u>	<u>Hall Fountain 211 Short</u>		<u>10:39am</u>			<input checked="" type="checkbox"/>												

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: [Signature] Date/Time: 10/29/16 10:08 Temp. on receipt: 75 °C On ice? Y Containers Intact? Y 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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.



Professional Laboratory Services

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Laboratory Job Number: 618300627-36

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Edwards and Dundee</u>	P.O. #:	PWSID #:
Sampled By: <u>Scott Woods</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
<u>6183006-27</u>	<u>Edwards Fountain by #30</u>	<u>6-28-16</u>	<u>7:16am</u>			<input checked="" type="checkbox"/>												First draw
<u>-28</u>	<u>Edwards #27</u>		<u>7:18am</u>			<input checked="" type="checkbox"/>												
<u>-29</u>	<u>Edwards #23</u>		<u>7:21am</u>			<input checked="" type="checkbox"/>												
<u>-30</u>	<u>Dundee Food Prep sink #1 Kit.</u>		<u>8:03am</u>			<input checked="" type="checkbox"/>												
<u>-31</u>	<u>Dundee Food Prep sink #2 Kit</u>		<u>8:04am</u>			<input checked="" type="checkbox"/>												
<u>-32</u>	<u>Dundee cafe fountain - Tall</u>		<u>8:13am</u>			<input checked="" type="checkbox"/>												
<u>-33</u>	<u>Dundee cafe fountain - Short</u>		<u>8:14am</u>			<input checked="" type="checkbox"/>												
<u>-34</u>	<u>Dundee #35</u>		<u>8:19am</u>			<input checked="" type="checkbox"/>												
<u>-35</u>	<u>Dundee #31</u>		<u>8:22am</u>			<input checked="" type="checkbox"/>												
<u>-36</u>	<u>Dundee #32</u>		<u>8:26am</u>			<input checked="" type="checkbox"/>												

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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The most current revision of SOP-10-003 was used when these samples were collected <input type="checkbox"/>	Received by Laboratory Log-In Staff: <u>[Signature]</u>	Date/Time: <u>10/08</u>	Temp. on receipt: <u>77</u> °C	On ice? <u>Y</u> <u>N</u>
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* 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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 0183006-37-46

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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Edwards</u>	P.O. #:	PWSID #:
Sampled By: <u>Scott Woods</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>	
<u>0183006-37</u>	<u>Edwards Gym Fountain</u>	<u>6-28-16</u>	<u>6:48am</u>			<input checked="" type="checkbox"/>													<u>First Draw</u>
<u>-38</u>	<u>Edwards #15</u>	<u>6-28-16</u>	<u>6:51am</u>			<input checked="" type="checkbox"/>													
<u>-39</u>	<u>Edwards Hall Fountain by #15</u>		<u>6:54am</u>			<input checked="" type="checkbox"/>													
<u>-40</u>	<u>Edwards #13</u>		<u>6:57am</u>			<input checked="" type="checkbox"/>													
<u>-41</u>	<u>Edwards Staff Lunch Rm</u>		<u>7:00am</u>			<input checked="" type="checkbox"/>													
<u>-42</u>	<u>Edwards #39</u>		<u>7:02am</u>			<input checked="" type="checkbox"/>													
<u>-43</u>	<u>Edwards Fountain by #39</u>		<u>7:05am</u>			<input checked="" type="checkbox"/>													
<u>-44</u>	<u>Edwards #38</u>		<u>7:08am</u>			<input checked="" type="checkbox"/>													
<u>-45</u>	<u>Edwards #34</u>		<u>7:10am</u>			<input checked="" type="checkbox"/>													
<u>-46</u>	<u>Edwards #30</u>		<u>7:13am</u>			<input checked="" type="checkbox"/>													

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: 01/29/16 Date/Time: 10:05 Temp. on receipt: 7 °C On ice? Y N Containers Intact? Y N ID: TRM-10-01

* 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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183006-47-56

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Various</u>	P.O. #:	PWSID #:
Sampled By: <u>Scott Woods</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
<u>6183006-47</u>	<u>Phy. Plant office sink</u>	<u>6-28-16</u>	<u>6:00am</u>			<input checked="" type="checkbox"/>												First Draw
<u>-48</u>	<u>Phy. Plant shop break room</u>	<u>6-28-16</u>	<u>6:04am</u>			<input checked="" type="checkbox"/>												
<u>-49</u>	<u>Edwards Kit. Food Prep sink</u>	<u>6-28-16</u>	<u>6:14am</u>			<input checked="" type="checkbox"/>												
<u>-50</u>	<u>Edwards Cafe fountain</u>	<u>6-28-16</u>	<u>6:16am</u>			<input checked="" type="checkbox"/>												
<u>-51</u>	<u>D.O. Basement breakroom</u>	<u>6-28-16</u>	<u>6:20am</u>			<input checked="" type="checkbox"/>												
<u>-52</u>	<u>D.O. 2nd fl Breakroom</u>	<u>6-28-16</u>	<u>6:22am</u>			<input checked="" type="checkbox"/>												
<u>-53</u>	<u>D.O. 2nd fl fountain</u>	<u>6-28-16</u>	<u>6:24am</u>			<input checked="" type="checkbox"/>												
<u>-54</u>	<u>Edwards #22</u>	<u>6-28-16</u>	<u>6:35</u>			<input checked="" type="checkbox"/>												
<u>-55</u>	<u>Edwards #21</u>	<u>6-28-16</u>	<u>6:39</u>			<input checked="" type="checkbox"/>												
<u>-56</u>	<u>Edwards fountain by Rm 20</u>	<u>6-28-16</u>	<u>6:43</u>			<input checked="" type="checkbox"/>												

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: WJ Date/Time: 6/29/16 10:02 Temp. on receipt: 17 °C On ice? Y

* 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) Containers Intact? Y ID: TRM-10-

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



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183006-57-66

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Dundee & Ewing Young</u>	P.O. #:	PWSID #:
Sampled By: <u>SCOTT Woods</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Lab ID Lab use only	Sample Identification Please enter a unique ID per line for each separate sample	Date Collected	Time Collected (Begin-End if comp.)	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u> , <u>Source</u> / <u>Distribution</u> , <u>Single</u> / <u>Combined</u> WHERE APPLICABLE	
						lead												
<u>6183006-57</u>	<u>Dundee #30</u>	<u>6-28-16</u>	<u>8:29am</u>			<input checked="" type="checkbox"/>												<u>FIRST Draw</u>
<u>-58</u>	<u>Dundee Gym</u>		<u>8:32am</u>			<input checked="" type="checkbox"/>												
<u>-59</u>	<u>Dundee STAFF KIT</u>		<u>8:37am</u>			<input checked="" type="checkbox"/>												
<u>-60</u>	<u>Dundee Fountain by office</u>		<u>8:39am</u>			<input checked="" type="checkbox"/>												
<u>-61</u>	<u>Dundee #20</u>		<u>8:42am</u>			<input checked="" type="checkbox"/>												
<u>-62</u>	<u>Dundee #24</u>		<u>8:45am</u>			<input checked="" type="checkbox"/>												
<u>-63</u>	<u>Dundee #10</u>		<u>8:48am</u>			<input checked="" type="checkbox"/>												
<u>-64</u>	<u>Dundee #14</u>		<u>8:50am</u>			<input checked="" type="checkbox"/>												
<u>-65</u>	<u>Dundee #18</u>		<u>8:53am</u>			<input checked="" type="checkbox"/>												
<u>-66</u>	<u>EY Gym Tall Fountain</u>		<u>9:14am</u>			<input checked="" type="checkbox"/>												

Lab ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont. rec'd	lead													
<u>6183006-57</u>	<u>Dundee #30</u>	<u>6-28-16</u>	<u>8:29am</u>			<input checked="" type="checkbox"/>													<u>FIRST Draw</u>
<u>-58</u>	<u>Dundee Gym</u>		<u>8:32am</u>			<input checked="" type="checkbox"/>													
<u>-59</u>	<u>Dundee STAFF KIT</u>		<u>8:37am</u>			<input checked="" type="checkbox"/>													
<u>-60</u>	<u>Dundee Fountain by office</u>		<u>8:39am</u>			<input checked="" type="checkbox"/>													
<u>-61</u>	<u>Dundee #20</u>		<u>8:42am</u>			<input checked="" type="checkbox"/>													
<u>-62</u>	<u>Dundee #24</u>		<u>8:45am</u>			<input checked="" type="checkbox"/>													
<u>-63</u>	<u>Dundee #10</u>		<u>8:48am</u>			<input checked="" type="checkbox"/>													
<u>-64</u>	<u>Dundee #14</u>		<u>8:50am</u>			<input checked="" type="checkbox"/>													
<u>-65</u>	<u>Dundee #18</u>		<u>8:53am</u>			<input checked="" type="checkbox"/>													
<u>-66</u>	<u>EY Gym Tall Fountain</u>		<u>9:14am</u>			<input checked="" type="checkbox"/>													

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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The most current revision of SOP-10-003 was used when these samples were collected Received by Laboratory Log-In Staff: 6/29/16 Date/Time: 10:08 Temp. on receipt: 77 °C On ice? Y Containers Intact? Y 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.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183006-67-76

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Ewing Young</u>	P.O. #:	PWSID #:
Sampled By: <u>Scott Woods</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
<u>6183006-67</u>	<u>EY Gym Short Fountain</u>	<u>6-28-16</u>	<u>9:18am</u>			<input checked="" type="checkbox"/>												First Draw
<u>-68</u>	<u>EY Kit, Prep sink</u>	<u>6-28-16</u>	<u>9:22am</u>			<input checked="" type="checkbox"/>												
<u>-69</u>	<u>EY Cafe Fountain</u>	<u>6-28-16</u>	<u>9:25am</u>			<input checked="" type="checkbox"/>												
<u>-70</u>	<u>EY Custodial Hall Fountain Tall</u>	<u>6-28-16</u>	<u>9:27am</u>			<input checked="" type="checkbox"/>												
<u>-71</u>	<u>EY Custodial Hall Fountain Short</u>	<u>6-28-16</u>	<u>9:30am</u>			<input checked="" type="checkbox"/>												
<u>-72</u>	<u>EY Hall Fountain by Staff Rm Tall</u>		<u>9:34am</u>			<input checked="" type="checkbox"/>												
<u>-73</u>	<u>EY Hall Fountain by Staff Rm Short</u>		<u>9:38am</u>			<input checked="" type="checkbox"/>												
<u>-74</u>	<u>EY #4</u>		<u>9:42am</u>			<input checked="" type="checkbox"/>												
<u>-75</u>	<u>EY #5</u>		<u>9:44am</u>			<input checked="" type="checkbox"/>												
<u>-76</u>	<u>EY Staff Rm</u>		<u>9:50</u>			<input checked="" type="checkbox"/>												

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: [Signature] Date/Time: 6/29/16 10:00 Temp. on receipt: 7°C On ice? Y Containers Intact? Y 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.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183006-77-86

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>CV and AC</u>	P.O. #:	PWSID #:
Sampled By: <u>Scott Woods</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
<u>6183006-77</u>	<u>CV Fountain by 220 Tall</u>	<u>6-28-16</u>	<u>10:44am</u>			<input checked="" type="checkbox"/>												FIRST DRAW
<u>-78</u>	<u>CV Fountain by 220 Short</u>		<u>10:45am</u>			<input checked="" type="checkbox"/>												
<u>-79</u>	<u>CV Fountain by 100</u>		<u>10:53am</u>			<input checked="" type="checkbox"/>												
<u>-80</u>	<u>AC Kit. Prep Sink</u>		<u>11:01am</u>			<input checked="" type="checkbox"/>												
<u>-81</u>	<u>AC Cafe faucet fountain</u>		<u>11:03am</u>			<input checked="" type="checkbox"/>												
<u>-82</u>	<u>AC Gym fountain</u>		<u>11:08am</u>			<input checked="" type="checkbox"/>												
<u>-83</u>	<u>AC Fountain near Gym Tall</u>		<u>11:13am</u>			<input checked="" type="checkbox"/>												
<u>-84</u>	<u>AC Fountain near Gym Short</u>		<u>11:14am</u>			<input checked="" type="checkbox"/>												
<u>-85</u>	<u>AC Fountain by 1st fl boys short</u>		<u>11:17am</u>			<input checked="" type="checkbox"/>												
<u>-86</u>	<u>AC Fountain by 1st fl. boys Tall</u>		<u>11:20am</u>			<input checked="" type="checkbox"/>												

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: colaythe 1002 Date/Time: Temp. on receipt: 7°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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 0183006-87-95

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Newberg High School</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Permit #:

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						Lead											
<u>0183006-87</u>	<u>J 108 N. Sink</u>	<u>6/28</u>	<u>8:02</u>			<input checked="" type="checkbox"/>											<u>First Draw</u>
<u>-88</u>	<u>J 108 S.E. Sink</u>	<u>6/28</u>	<u>8:03</u>														
<u>-89</u>	<u>J 108 East Prep Sink</u>	<u>6/28</u>	<u>8:05</u>														
<u>-90</u>	<u>J Hallway tall fountain</u>	<u>6/28</u>	<u>8:10</u>														
<u>-91</u>	<u>J Hallway short fountain</u>	<u>6/28</u>	<u>8:10</u>														
<u>-92</u>	<u>Section K tall fountain</u>	<u>6/28</u>	<u>8:20</u>														
<u>-93</u>	<u>Section K small fountain</u>	<u>6/28</u>	<u>8:20</u>														
<u>-94</u>	<u>Auditorium tall fountain</u>	<u>6/28</u>	<u>8:30</u>														
<u>-95</u>	<u>Auditorium small fountain</u>	<u>6/28</u>	<u>8:30</u>														

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: 01/29/10 Date/Time: 10:08 Temp. on receipt: 70 °C On ice? Y N

* 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) Containers Intact? Y N ID: TRM-10-

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



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 0183007-01-10

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Newberg High School</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						lead											
<u>0183007-01</u>	<u>B Hallway fountain - large</u>	<u>6/28</u>	<u>5:30</u>			<input checked="" type="checkbox"/>											<u>First Draw</u>
<u>-02</u>	<u>B Hallway fountain - small</u>	<u>6/28</u>	<u>5:30</u>														
<u>-03</u>	<u>A Hallway fountain - short</u>	<u>6/28</u>	<u>5:35</u>														
<u>-04</u>	<u>A Hallway fountain - tall</u>	<u>6/28</u>	<u>5:35</u>														
<u>-05</u>	<u>D Hallway fountain - short</u>	<u>6/28</u>	<u>5:45</u>														
<u>-06</u>	<u>D Hallway fountain - tall</u>	<u>6/28</u>	<u>5:45</u>														
<u>-07</u>	<u>Main Kitchen East sink</u>	<u>6/28</u>	<u>5:50</u>														
<u>-08</u>	<u>Main Kitchen North Sink</u>	<u>6/28</u>	<u>5:50</u>														
<u>-09</u>	<u>Main Kitchen East Hand Sink</u>	<u>6/28</u>	<u>5:55</u>														
<u>-10</u>	<u>Middle Kitchen South sink</u>	<u>6/28</u>	<u>6:00</u>														

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: 6/29/10 Temp. on receipt: 7°C On ice? Y Containers Intact? Y 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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183007-11-20

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Newberg High School</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						lead											
6183007-11	West Commons South Sink	6/28	6:15			✓											First draw
-12	Healthroom Sink	6/28	6:15														
-13	Main office workroom	6/28	6:20														
-14	Section B clayroom west sink	6/28	6:30														
-15	E Hallway tall fountain	6/28	6:35														
-16	E Hallway short fountain	6/28	6:35														
-17	F Hallway short fountain	6/28	6:50														
-18	F 103 Front East Sink	6/28	6:50														
-19	F 106 Front North East Sink	6-28	6:55														
-20	F Hallway tall fountain	6-28	6:55														

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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The most current revision of SOP-10-003 was used when these samples were collected

Received by Laboratory Log-In Staff: [Signature] Date/Time: 10:28 Temp. on receipt: 77°C On ice? Y Containers Intact? Y ID: TRM-10-01

* 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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183007-21-30

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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Newberg High School</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Permit #:

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
<u>6183007-21</u>	<u>C 101</u>	<u>6/28</u>	<u>7:25</u>			<input checked="" type="checkbox"/>												<u>First Draw</u>
<u>-22</u>	<u>Upstairs small fountain</u>	<u>6/28</u>	<u>7:30</u>			<input checked="" type="checkbox"/>												
<u>-23</u>	<u>Upstairs tall fountain</u>	<u>6/28</u>	<u>7:35</u>			<input checked="" type="checkbox"/>												
<u>-24</u>	<u>G 101B sink</u>	<u>6/28</u>	<u>7:45</u>			<input checked="" type="checkbox"/>												
<u>-25</u>	<u>G Hallway small fountain</u>	<u>6/28</u>	<u>7:50</u>			<input checked="" type="checkbox"/>												
<u>-26</u>	<u>C Hallway tall fountain</u>	<u>6/28</u>	<u>7:50</u>			<input checked="" type="checkbox"/>												
<u>-27</u>	<u>J 108 SW sink</u>	<u>6/28</u>	<u>7:55</u>			<input checked="" type="checkbox"/>												
<u>-28</u>	<u>J 108 S-E Prep sink</u>	<u>6/28</u>	<u>8:00</u>			<input checked="" type="checkbox"/>												
<u>-29</u>	<u>J 108 SW Prep sink</u>	<u>6/28</u>	<u>8:00</u>			<input checked="" type="checkbox"/>												
<u>-30</u>	<u>J 108 NW sink</u>	<u>6/28</u>	<u>8:01</u>			<input checked="" type="checkbox"/>												

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: [Signature] Date/Time: 6/28/21 10:00 Temp. on receipt: 77 °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.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183007-31-29
40

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Mabel Rush</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLead</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						lead											
<u>6183007-31</u>	<u>NE Tall fountain</u>	<u>6/28</u>	<u>10:45</u>			<input checked="" type="checkbox"/>											<u>First Draw</u>
<u>-32</u>	<u>NE short fountain</u>	<u>6/28</u>	<u>10:45</u>														
<u>-33</u>	<u>East Cafeteria Sink</u>	<u>6/28</u>	<u>10:50</u>														
<u>-34</u>	<u>West Cafeteria Sink</u>	<u>6/28</u>	<u>10:50</u>														
<u>-35</u>	<u>fountain between Red/Blue hall</u>	<u>6/28</u>	<u>11:00</u>														
<u>-36</u>	<u>Blue hall fountain - short</u>	<u>6/28</u>	<u>11:00</u>														
<u>-37</u>	<u>Blue hall fountain tall</u>	<u>6/28</u>	<u>11:00</u>														
<u>-38</u>	<u>fountain N.W. Corner</u>	<u>6/28</u>	<u>11:10</u>														
<u>-39</u>	<u>fountain SE Corner</u>	<u>6/28</u>	<u>11:15</u>														
<u>-40</u>	<u>no sample, log-in error CS 6/28/10</u>																

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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The most current revision of SOP-10-003 was used when these samples were collected <input type="checkbox"/>	Received by Laboratory Log-In Staff: <u>[Signature]</u>	Date/Time: <u>6/28/10 10:22</u>	Temp. on receipt: <u>10</u> °C	On ice? <u>Y</u> <input checked="" type="checkbox"/> <u>N</u>
---	---	---------------------------------	--------------------------------	---

* 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.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183007-41-45

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Mabel Rush</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Permit #:

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						lead											
<u>6183007-41</u>	<u>N.E. Kitchen Sink</u>	<u>6/28</u>	<u>11:30</u>			<input checked="" type="checkbox"/>											<u>First Draw</u>
<u>-42</u>	<u>Middle Kitchen hand sink</u>	<u>6/28</u>	<u>11:30</u>														
<u>-43</u>	<u>South Kitchen Prep Sink</u>	<u>6/28</u>	<u>11:30</u>														
<u>-44</u>	<u>West Kitchen Prep Sink</u>	<u>6/28</u>	<u>11:35</u>														
<u>-45</u>	<u>Office Conference room</u>	<u>6/28</u>	<u>11:50</u>														

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 6/29/10 Date/Time: 10:08 Temp. on receipt: _____ °C On ice? Y N

* 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.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 0183007-46-50

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Springbrook (SEC)</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						lead											
0183007-46	Tall drinking fountain - SEC	6/28	12:10			✓											First Draw
-47	Short drinking fountain - SEC	6/28	12:15														
-48	Commons sink - SEC	6/28	12:20														
-49	Breakroom - SEC	6/28	12:30														
-50	Healthroom - SEC	6/28	12:55														

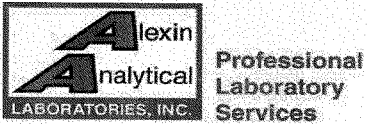
Relinquished By (print): _____ Company: _____ Date/Time: _____ Signature: _____ Received By: _____ Company: _____ Date/Time: _____ Signature: _____

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 01/24/10 Date/Time: _____ Temp. on receipt: _____ °C On ice? Y N

* 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) Containers Intact? Y N ID: TRM-10-01

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



Chain of Custody Record

Laboratory Job Number: 6183007-51-60

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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

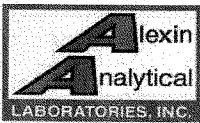
Sampling Location: <u>Joan Austin - (JA)</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
<u>6183007-51</u>	<u>Cafeteria West sink</u>	<u>6/28</u>	<u>1:45</u>			<input checked="" type="checkbox"/>												<u>First Draw</u>
<u>-52</u>	<u>Cafeteria East sink</u>	<u>6/28</u>	<u>1:45</u>															
<u>-53</u>	<u>Health room</u>	<u>6/28</u>	<u>1:50</u>															
<u>-54</u>	<u>Gym fountain</u>	<u>6/28</u>	<u>2:00</u>															
<u>-55</u>	<u>Small fountain across gym</u>	<u>6/28</u>	<u>2:05</u>															
<u>-56</u>	<u>Tall fountain across gym</u>	<u>6/28</u>	<u>2:05</u>															
<u>-57</u>	<u>Tall commons fountain</u>	<u>6/29</u>	<u>5:30</u>															
<u>-58</u>	<u>Short commons fountain</u>	<u>6/29</u>	<u>5:30</u>															
<u>-59</u>	<u>Short upstairs fountain</u>	<u>6/29</u>	<u>5:45</u>															
<u>-60</u>	<u>Tall upstairs fountain</u>	<u>6/29</u>	<u>5:45</u>															

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 6/29/11 Ross Temp. on receipt: 17 °C On ice? Y Containers Intact? Y 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.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183007-61

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Joan Austin - (J.A.)</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Permit #:

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						Lead											
<u>6183007-61</u>	<u>Staff room</u>	<u>6/29</u>	<u>6:00</u>			<input checked="" type="checkbox"/>											<u>First Draw</u>

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: [Signature] Date/Time: 6/29/14 10:02 Temp. on receipt: 77 °C On ice? Y Containers Intact? Y 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.



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6183007-62-71

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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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

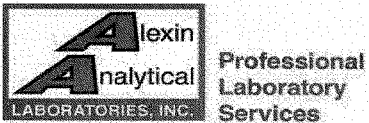
Sampling Location: <u>Mountain View Middle School - (MV)</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Lead Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	lead	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
<u>6183007-62</u>	<u>Kitchen N.E. Sink - MV</u>	<u>6/28</u>	<u>9:50</u>			<input checked="" type="checkbox"/>												<u>First draw</u>
<u>-63</u>	<u>Kitchen N.W. Sink MV</u>	<u>6/28</u>	<u>9:50</u>															
<u>-64</u>	<u>Kitchen South Sink MV</u>	<u>6/28</u>	<u>9:55</u>															
<u>-65</u>	<u>Kitchen middle Prep Sink</u>	<u>6/28</u>	<u>9:55</u>															
<u>-66</u>	<u>Short fountain near 153 MV</u>	<u>6/29</u>	<u>6:55</u>															
<u>-67</u>	<u>Tall fountain near 153 MV</u>	<u>6/29</u>	<u>6:55</u>															
<u>-68</u>	<u>Gym fountain MV</u>	<u>6/29</u>	<u>7:00</u>															
<u>-69</u>	<u>Health room MV</u>	<u>6/29</u>	<u>7:05</u>															
<u>-70</u>	<u>Sink near 105 MV</u>	<u>6/29</u>	<u>7:10</u>															
<u>-71</u>	<u>fountain near 211 MV</u>	<u>6/29</u>	<u>7:30</u>															

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: 6/29/08 Temp. on receipt: 17 °C On ice? Y Containers Intact? Y 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, Radioisotope, Radon, and Asbestos are subcontracted out to other accredited laboratories.



Chain of Custody Record

Laboratory Job Number: 6183007-72-74

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: Newberg School District	Project Manager:	Accounts Payable Contact:
Address: 714 E 6th	Mailing Address:	Mailing Address:
City/State/Zip: Newberg OR 97132	City/State/Zip:	City/State/Zip:
phone: (503) 554-5024	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: <u>Mountain View</u>	P.O. #:	PWSID #:
Sampled By: <u>Ross McLeod</u>	Project Name: <u>Leak Testing</u>	Project #:
Send results to OR State Health Division? (Please circle) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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>(Begin-End if comp.)</small>	Sample Matrix*	# of cont. rec'd	Analysis Requested**										SEE ATTACHED	Sample Specific Notes/Field Data <small>for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u>, <u>Source</u> / <u>Distribution</u>, <u>Single</u> / <u>Combined</u> WHERE APPLICABLE</small>
						lead											
61820A -72	Fountain by room 111	6/29	7:30			✓											First Draw
-73	Sink near 205	6/29	7:35														
-74	Staff room	6/29	7:40														

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
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The most current revision of SOP-10-003 was used when these samples were collected **Received by Laboratory Log-in Staff** Date/Time: 6/29/10 Temp. on receipt: 7 °C On ice? Y N

* 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.