

Laboratory Job Number: 4183006 - 01 - 06

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: Scott Woods Accounts Payable Contact: Mailing Address: フリタ E、6ナム ST Mailing Address: フリリ E ムート ST. Address: 714 E 6th City/State/Zip: Newberg , OR 97132 phone: 503-554-5024 City/State/Zip: Newberg OR 97132 City/State/Zip: Newberg OR 97132 phone: 503-554-5010 phone: (503) 554-5024 fax or email: Woodse@ newberg, K12.0r, hs fax or email: Peck K @ newberg. X12.00, us fax or email: SAMPLING INFORMATION Sampling Location: Portables PWSID #: and P.O. #: Project #: Lead Testing Sampled By: Scott Woods Project Name: Lead Testing Permit #: Send results to OR State Health Division? (Please circle) Analysis Requested** Yes (No ATTACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, Lab ID Sample Source / Distribution, Single / Combined lead Time Sample Date Please enter a unique ID per line for each cont. WHERE APPLICABLE Identification Collected Lab use only separate sample Collected Matrix* rec'd 6183006-01 North Cola fountain 6:43am First Draw 6-29-16 WESP POUT FOUNTAIN 6:50am CV Boys LK 7:35 am 7:38am 7:31am 7:33 cm Relinguished By (print): Company: Date/Time: Signature: Received By: Company: Date/Time: Signature: Relinguished By (print): Company: Date/Time: Signature: Received By: Company: Date/Time: Signature: The most current revision of SOP-10-003 was used when /Date/Time: Received by Laboratory Log-In Staff; Temp on receipt: On ice? Y / Containers Intact? Y N these samples were collected ID: TRM-10-* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW).



Chain of Custody Record

Laboratory Job Number: 6183006 - 07 - 16

Page 2 of 20

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 PORTABLES Sampling Location: AC - Sirka, PWSID#: P.O. #: Sampled By: Scott Woods Project Name: Lead Testing Project #: Permit #: Send results to OR State Health Division? (Please circle) Yes No Analysis Requested** ATTACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, Lab ID Sample Source / Distribution, Single / Combined lead Date Time Sample Please enter a unique ID per line for each cont. WHERE APPLICABLE Ildentification Collected Matrix* Lab use only Collected rec'd 618300-07 A & fountain 2nd fl. by boys Ron TXI) FIRST draw 6-28-16 11:23am AC fountain 2nd fl. by boxs Room 1): 25am 11:2804 AC - C202 AC-Commons by A102 11:3) am AC-STAFFLMCLRM 11:34cm Sitka main Kit. Jink 12:51pm SITKA Game RM 12:55pm SiTKa Back Port - Fountain Right 12:58 1:03pm 6-29 6:35 Am South Cola Port sink Relinquished By (print): Company: Date/Time: Signature: Received By: Company: Date/Time: Signature: Signature: Relinquished By (print): Company: Date/Time: Received By: Company: Date/Time: Signature: Received by Laboratory Log-In Staff; The most current revision of SOP-10-003 was used when On ice? Temp. on receipt: "C Containers Intact? / Y / N these samples were collected ID: TRM-10-* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), ** Analyses for SOC, Radionuclide, Radon, and Asbestos are



Chain of Custody Record

Laboratory Job Number: 6/83006-17-26

Page <u>3</u> of **20**

LABORATORIES INC. Services 13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com Results Reporting Information Client Contact 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 #: Project Name: Lead Testing Sampled By: Scott Woods Project #: Permit #: Send results to OR State Health Division? (Please circle) No Yes Analysis Requested** ATTACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, Lab ID Sample Source / Distribution, Single / Combined lead Date Time Sample Please enter a unique ID per line for each cont. WHERE APPLICABLE Identification Lab use only Collected Matrix* separate sample Collected rec'd 6/83006-17 CV Kit. Prepsink 6-28-16 10:12am First draw CV Formains near Gym-Tall 10:15 am CV Fourtain near Lym-Short 10:16am CV STAFF RM 10:20am Hallforntain by 117 Tall 10:22 am Hall fountain by 117 Short 10:24am CV#112 10:28am CV#113 10:3/am Hall fountain 211-tall 16:36am Hall fountain 211 Short 10:39an -20 Relinquished By (print): Company: Date/Time: Signature: Received By: Company: Date/Time: Signature: Relinquished By (print): Signature: Company: Date/Time: Received By: Company: Date/Time: Signature: Received by Laboratory Log-In Staff: The most current revision of SOP-10-003 was used when Date/Time On ice? Temp. on receipt: ** 7 C Containers Intact? /Y N these samples were collected ID: TRM-10-* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), * Analyses for SOC, Radionuclide, Radon, and Asbestos are

subcontracted out to other accredited laboratories.



Chain of Custody Record

Laboratory Job Number: <u>418300627 - 36</u>

Page 4 of 20

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: lfax or email: SAMPLING INFORMATION Sampling Location: Edwards and Dunlee PWSID#: P.O. #: Sampled By: Scott Woods Project Name: Lead Project #: Testing Permit #: Send results to OR State Health Division? (Please circle) Yes Analysis Requested** No ACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, Lab ID Sample Source / Distribution, Single / Combined lead Date Time Sample Please enter a unique ID per line for each cont. WHERE APPLICABLE Identification separate sample Collected Matrix* Lab use only Collected rec'd 6-28-16 7:16 am 6183006-27 Edwards Formain by #30 First draw 7:18 am 7:21am Dundee Food Prepsink #1 Kit-Dundee Food Prepsink #2 Kit 8:03am 3:04 am Dundee cafe fountain - Tall 8:13 am Dundee Cafe Fountain-Short - 33 8:14 am Dunder #35 8:19 am 8:22 am -310 8:26 am 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 Received by Laboratory Log-In Staff: Date/Time Temp. on receipt: -----C On ice? Containers Intact? // N ID: TRM-10these samples were collected * Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW) Analyses for SOC, Radionuclide, Radon, and Asbestos are



Laboratory Job Number: <u>6183006-37-46</u>

Page 5 of 20

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: Edwards PWSID #: P.O. #: Sampled By: Scott Woods Project Name: Lend Testing Project #: Permit #: Send results to OR State Health Division? (Please circle) (Nd) Yes Analysis Requested** ATTACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, (Begin-End if comp.) Lab ID Sample Source / Distribution, Single / Combined lead Date Time Sample Please enter a unique ID per line for each cont. WHERE APPLICABLE Identification Collected Matrix* Lab use only separate sample Collected rec'd 6-28-16 Draw 6/83006-37 Edwards Gym fountain 6:48am 6-28-16 6:51 am fountain by 6:57am 7:00 am 7:02am Edwards form Tair by \$39 7:05am 7:08 m #38 7:10 am #30 7:13am 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 Date/Time Received by Laboratory Log-In Staff/ Temp on receipt: On ice? Containers Intact? /Y /N ID: TRM-10these samples were collected * Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW),

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

Drinking water (DVV), effluent (EFF), ground water (GVV), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RVI sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)



Laboratory Job Number: <u>6183006-47-56</u>

Page 6 of 20

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: Narious PWSID #: P.O. #: Sampled By: Scott Woods Project Name: Lead Testing Project #: Permit #: Send results to OR State Health Division? (Please circle) Yes Analysis Requested** TTACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, (Begin-End if comp.) Lab ID Sample Source / Distribution, Single / Combined lead Date Time Sample Please enter a unique ID per line for each cont. WHERE APPLICABLE Identification Collected separate sample Collected Matrix* Lab use only rec'd Phy. Plant office Sink 6183006-47 91869 6:00 an FIRST Draw Phy. Plant Shop break Room 6:04am 6-28-16 Edwards Kit. Food Prepsink 6-28-16 6:14am Edwards Cafe form Tain 6-28-16 6:16am D. O. Basement breakroom 6-28-11 6:20 am U.O. and Al Breakroom 1:22an 6-28.16 D.O. 2. Afl Forntain 6.24an 1-28-16 6:35 6-28-16 Edwards # 22 Edwards #21 6:39 6-28-16 6-28-16 Edwards formain by RM20 6:43 Relinquished By (print): Date/Time: Signature: Received By: Company: Date/Time: Signature: Signature: Relinquished By (print): Company: Date/Time: Received By: Company: Date/Time: Signature: Received by Laboratory Log-In Staff Date/Time: The most current revision of SOP-10-003 was used when Temp. on receipt: On ice? Containers Intact? // N these samples were collected \[\Pi \] ID: TRM-10-* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW). ** Analyses for SOC, Radionuclide, Radon, and Asbestos are

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

^{*} Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (R sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)



Chain of Custody Record

Laboratory Job Number: 6183606-57-66

Page 7 of 20

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: Dunkee Ewing Young PWSID#: P.O. #: Sampled By: Scott Woods Project Name: Lead Testing Project #: Permit #: Send results to OR State Health Division? (Please circle) Yes Analysis Requested** ACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, (Begin-End if comp.) Lab ID Sample Source / Distribution, Single / Combined ead Date Time Sample Please enter a unique ID per line for each cont. WHERE APPLICABLE Identification Collected Matrix* Lab use only separate sample Collected FIVST Draw 6183006-57 6-28-16 Unnder #30 8:29am 8:32am Dunder STAFF KIT 8:37 Am Onnder fourtain by office 8:39 am 8:42 am Dundee #20 8:45 am Dunlee #10 8:48am 8:50 cm 8:53 am 9:14 am EY Gym Tall fountain 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 Received by Laboratory Log-In-Staff: Date/Time On ice? Temp, on receipt: " C Containers Intact? Y N ID: TRM-10** Analyses for SOC, Radionuclide, Radon, and Asbestos are these samples were collected * Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW).



Laboratory Job Number: 6183006 -67-76

Page 8 of 20

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com Invoicing Information Client Contact Information Results Reporting 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: Ewing Young PWSID #: P.O. #: Sampled By: 5 4011 Project Name: Testing Project #: Permit #: ex (NO) Send results to OR State Health Division? (Please circle) Yes Analysis Requested** TTACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, # of Lab ID Sample Source / Distribution, Single / Combined lead Date Time Sample Please enter a unique ID per line for each cont. WHERE APPLICABLE Identification Lab use only separate sample Collected Collected Matrix* First Gym Short Fountain 9:18am DVAW 6-28-16 9:22 am 6-28-16 6-23-16 9:25am Cafe Fountain Hall Fountain Tall 6-28-16 9:27 m 9:30 am Custodial Hall tourtain Short 6-28-16 9:34 am Hall fountain by STAFFRM Tall -72 Fountain by Staff Rom Show · 38cm 9:42am STAFF Rm 9:50 Relinguished By (print): Signature: Company: Date/Time: 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 Received by Laboratory Log-In Staff Date/Time: Temp. on receipt: On ice? Containers Intact? / /N ID: TRM-16 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)

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



Laboratory Job Number: 6183006-77-86

Page 9 of 20

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: CV and PWSID #: P.O. #: Sampled By: Scott Woods **Project Name:** ead Testing Project # Permit #: Send results to OR State Health Division? (Please circle) No Yes Analysis Requested** TTACHED Sample Specific Notes/Field Data for each WW sample, specify Grab / Composite for each DW sample, specify Raw / Treated, (Begin-End if comp.) Lab ID Sample Ш Source / Distribution, Single / Combined ead Sample Date Time Please enter a unique ID per line for each cont. WHERE APPLICABLE Identification separate sample Collected Matrix* Lab use only Collected FIRST Draw 4183006-77 tourtain by 220 Tall -28-K 10:44 am ountainby 220 Shout 10:45am 10:53am Kit. Prep Fink 11:0)am 11:03am IC cafe tanceT toursain AC Gym tountain -82 11:08am 11:13 am Fountain near Gym Tall 11:14 am Fountain near Gym Short 11:17am 11:20cm AC Fountain by stfl. boxs tall Relinquished By (print): Signature: Date/Time: Received By: Company: Date/Time: Signature: Relinquished By (print): Signature: Company: Date/Time: Received By: Company: Date/Time: Signature: Received by Laboratory Log-In Staff The most current revision of SOP-10-003 was used when /Date/Time: Temp. on receipt: -On ice? Containers Intact? / N ID: TRM-10these samples were collected \[\Bar{\text{\tiny{\tiny{\text{\tiny{\tiny{\tiny{\tiny{\text{\tiny{\tinx{\tiny

* 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.



Chain of Custody Record

Laboratory Job Number: <u>(J183000 - 87 - 95</u>
Page <u>10</u> of <u>20</u>

| Client Contact Information | Results Reportin | g Informatior | | inaki. | | -jarri | Inv | oicin | g Info | rmat | on | | |
|---|------------------|----------------------|----------|--------|------------------|---------|------------|--------|--------|--------------------|----------|---|---------------------------------------|
| Company/Client Name: Newberg School District | Project Manager | | | 4 (14) | | e di in | Ac | count | ts Pa | yable | Con | tact: | |
| Address: 714 E 6th | Mailing Address: | | | | | | Ma | iling | Addr | ess: | | | |
| City/State/Zip: Newberg OR 97132 | City/State/Zip: | | | | | | Cit | y/Sta | te/Zip |) : | - : : : | | |
| phone: (503) 554-5024 | phone: | | | | 100 | | pho | one: | | 144.4 | | | |
| fax or email: | fax or email: | | | | | | fax | or e | mail: | | 4,114 | | |
| | S | AMPLING I | NFORM | ATIC | N | 1.5 | - 113 | | | | 1.18.1. | | |
| Sampling Location: Nouhers High S | CN001 | | | P.O | .#: | 1111 | | 1000 | | | | PWSID #: | |
| Sampled By: Ross My Leod J | Project Name: | Lead Te | STINS | Proj | ect# | ŀ | h tin | | | | | Permit #: | |
| Send results to OR State Health Division? (Please | circle) Yes (N | lo) | | | 1 | naly | /sis F | Requ | este | **t | | | |
| | | (Begin-End if comp.) | | T# of | | | | | | | ATTACHED | for each WW sample, for each DW sample, s | |
| Lab ID Sample Please enter a unique ID per line Lab use only Identification separate sample | | | | | | | | | | | SEE | Source / Distribution WHERE APPLICABLE | on, <u>S</u> ingle / <u>C</u> ombined |
| 183005-87_) 108 N. SINK | 6/28 | 8:02 | | | 1 | | | | | | | First | Draw |
| -88 J 108 S.E. Sink | 6/28 | 8:03 | | | | | | | | | | | |
| -89 J 108 East Prep SIM | 6/28 | 8:05 | | | | | | | | | | | |
| -90) Hallway tall fountain | 7/2 | 8:10 | | | | | | | | | | | |
| -91) Hallway Short fourtain | | 8:10 | | | | | | | | | | | |
| -92 Section K tall fountain | 6/28 | 8:20 | | | | | | | | | | | |
| -93 Section K small fountain | 6/28 | 8:20 | | | | | | | | | | | |
| -94 Auditorium tall fountain | 9/22 | 8:30 | | | | | | | | | | | |
| -95 Auditorium Small fountain | | 8:30 | | | on with a second | | | | | | | | |
| | | | | | | | | | | | | | |
| Relinquished By (print): Company: Date/ | ime: Signature: | | Received | By: | | | Con | npany: | | D | ate/Ti | me: Signatur | e : |
| Relinquished By (print): Company: Date/ | | | Received | By: | | | 2 | npany: | | D | ate/Ti | me: Signatur | e: |
| 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, law water (RW), | | | | | | | ě: ** Δ | Conta | ainers | eceipt: Intact? | /Y | | -10- |



Chain of Custody Record

Laboratory Job Number: <u>(0183067-61-10</u>
Page <u>11</u> of <u>20</u>

| 13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: | 503.684.1588 email | :mail@alexinlab | s.com | | | | | | | | | | | | | | |
|--|------------------------|----------------------|-------------------|-------------|--|-----------|---|--------|---------|--------------------|----------|---|---|--|--|--|--|
| Client Contact Information | Results Reportin | | | | | Nagara da | Invo | icing | Inforr | natio | n | | | | | | |
| Company/Client Name: Newberg School District | Project Manager | | | | | | Acc | ounts | Paya | ble (| Cont | act: | | | | | |
| Address: 714 E 6th | Mailing Address: | | | | | | Mail | ing A | ddres | s: | | | | | | | |
| City/State/Zip: Newberg OR 97132 | City/State/Zip: | <u> </u> | | 1000 | | | City | /State | e/Zip: | | | | | | | | |
| phone: (503) 554-5024 | phone: | | | 1 1 1 1 | | | pho | | | | | | | | | | |
| fax or email: | fax or email: | | | | | | fax | or em | ail: | | | | | | | | |
| | <u> </u> | AMPLING I | <u>NFORM</u> | ATIC | N | 13.11 | | 111 | | | | | | | | | |
| | 100/ | | | P.O | . #: | | | 334 | | Carlana Carlana | | PWSID#: | | | | | |
| Sampled By: 1055 Mcleado | Project Name: | Lead Te | STing | Pro | ect | #: | | | 11 - 11 | 111 | | Permit #: | | | | | |
| Send results to OR State Health Division? (Please | circle) Yes (N | <u>[6]</u> | V | | | Analy | sis Re | que | sted* | * | | | | | | | |
| Lab ID Sample | | (Begin-End if comp.) | | # of | | | | | | | ATTACHED | for each WW sample, for each DW sample, | c Notes/Field Data specify <u>Grab / Comp</u> osit specify <u>R</u> aw / <u>T</u> reated, | | | | |
| Lab ID Sample Lab use only Identification Separate sample Please enter a unique ID per line f | or each Date Collected | Time Collected | Sample Matrix* | cont. | lead | | Ш Source / Distribution, Single / Com WHERE APPLICABLE | | | | | | | | | | |
| e 183007-01 B Hallway fountain-large | 6/28 | 5:30 | | | | | - | | | | | First | - Oraw | | | | |
| -02 BHallway tountain Small | 6/28 | 5:30 | | | | | | | | | | | | | | | |
| -03 H Hallway Fountain Short | 6/28 | 5:35 | | | | | | | | | | | | | | | |
| -oy A Hallway fountain - +all | 6/28 | 5:35 | | | - | | | | | | | | | | | | |
| -05 D Hallway Fountain-Short | 6/28 | 5:45 | | | | | | | | | | | | | | | |
| -06 D Hallway Fountain - Tall | 6/28 | 5:45 | | | o la company de la company | | | | | | | | | | | | |
| -07 Main Kitchen East SINK | 6/28 | 5:50 | | | And Published Special Principles | | | | | | | | | | | | |
| -08 Main Kitchen North Sink | 6/28 | 5:50 | | | A Company (Colonson | | | | | | | | | | | | |
| -09 Main Kitchen East Hand S | ink 6/28 | 5:55 | | | - CONTRACTOR OF THE PERSON | | | | : | | | | 30, 10 in | | | | |
| -10 Middle Kitchen South Sink | (6/28 | 6:00 | | | | | | | | | | | | | | | |
| Relinquished By (print): Company: Date/T | ime: Signature: | | Received | Ву: | | | Comp | any: | | Dat | te/Tin | ne: Signatu | re: | | | | |
| Relinquished By (print): Company: Date/T | ime: Signature: | | Received | Ву: | | | Comp | any: | | Dat | te/Tin | ne: Signatu | re: | | | | |
| 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-s | | aboratory Log- | $\mathcal{L}IIV$ | , 1 | 0 | tte/Time | | ontair | on rece | act? / | Y) | On ice? N ID: TRN | Y N | | | | |



Laboratory Job Number: <u>6183007-11-20</u>
Page <u>12</u>of <u>20</u>

| 13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fa | | | | | | | | | | | | | |
|---|----------------------|---|------------------|--------------|-------------------------|------------|---|-------------------|----------|-------|--|--|--------------------------------------|
| Client Contact Information | Results Reportir | | <u>n</u> | 4.88.1 | 1 6 7/1 | | | icing | | | | | |
| Company/Client Name: Newberg School District | Project Manage | | | | | | Acc | ounts | Paya | ble (| Cont | act: | |
| Address: 714 E 6th | Mailing Address | • | | | 1 | | | ing Ad | | s: | | | |
| City/State/Zip: Newberg OR 97132 | City/State/Zip: | | | | | <u> </u> | City | /State | /Zip: | | | | |
| phone: (503) 554-5024 | phone: | | | | | | pho | ne: | | | - | | |
| fax or email: | fax or email: | | | | | | fax (| or ema | ail: | | | | |
| | ς, ξ | SAMPLING | NFORM | IATIC | N | | | | | | - : - : | | |
| Sampling Location: Newberg High, Sch | 100/ | | | P.O | . #: | | | | | | | PWSID#: | |
| Sampled By: Ross Miller | Project Name: | Lead To | STine | Pro | ect # | # : | | | | | | Permit #: | |
| Send results to OR State Health Division? (Pleas | se circle) Yes 🔥 | 18 | | | | Analys | is Re | eaues | ted* | * | | | |
| | | | | | | | | | ATTACHED | | Notes/Field Data specify <u>Grab</u> / <u>Comp</u> osi pecify <u>Raw / T</u> reated, | | |
| Lab ID Sample Lab use only Identification Separate sample Please enter a unique ID per line separate sample | e for each Collected | 500 CONT. CONT. | | | | | | | | | | Source / Distribution WHERE APPLICABLE | n, <u>S</u> ingle / <u>C</u> ombined |
| 183007-11 West Commons South S | Sink 6/28 | 6:15 | | | V | | | | | | | First | draw |
| -12 Health room Sink | 6/28 | 6:15 | | | | | | | . 1 | | | | |
| -13 Main office Workroom | 6/28 | 6:20 | | | | | | | | | | | |
| -14 Section B clayroom west s | MK 6/28 | 6.30 | | | | | | | | | | | |
| -15 E Hallway fall fountain | | 6:35 | | | | | | | | | | | |
| -16 E Hallway short fountain | 1 6/28 | 6:35 | | | | | | | 11 | | | | |
| -17 F ARMWAY Short fount | in 6/28 | 6.50 | | | | * | | | | | | | |
| -18 F 103 Front East Sin | K = 6/28 | 6:50 | | | - Anneason and Anneason | | | | | | | | |
| -19 Flob Front North East | T51116-28 | 6:55 | : | | - | | | | | | | | |
| -20 F Hallway Tall fountai | | | | | | | | | | | | | |
| Relinquished By (print): Company: Date | /Time: Signature: | | Received | Ву: | | | Comp | any: | | Da | te/Tin | ne: Signature | |
| | /Time: Signature: | | Received | | | 0 | Comp | any: | | Dat | te/Tin | ne: Signature |): |
| The most current revision of SOP-10-003 was used when these samples were collected * Draking years (DMA) officers (FEE) report water (DMA) influent (DMA). | | Laboratory Log | Ser I H. I. L. E | 1 | P | te/Time | C | emp. o Contain | ers Int | act? | 1 | N ID: TRM | Y (N) |
| * Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), not sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface | | | | | | | iclide, Radon, and As credited laboratories. | bestos are | | | | | |



Laboratory Job Number: <u>(9183067-21-30</u> Page <u>13</u> of <u>20</u>

| Client Contact Information | Results Reportir | Results Reporting Information | | | | | | | | rmati | ion | |
|--|----------------------|-------------------------------------|-------------------|------------------------|---|--------|--|-------|--------|--------|----------|---|
| Company/Client Name: Newberg School District | Project Manager | | | | | | | | ts Pay | | Con | tact: |
| Address: 714 E 6th | Mailing Address | | | | | | | | Addre | | | |
| City/State/Zip: Newberg OR 97132 | City/State/Zip: | | | | | | Cit | y/Sta | te/Zip | : | | |
| phone: (503) 554-5024 | phone: | | | <u> </u> | 14 | | pho | one: | | . 1 | 1 | |
| fax or email: | fax or email: | | | | | | fax | or e | mail: | | | |
| | | AMPLING I | NFORI. | /ATIC | NC | | | | | | | |
| | School | | | P.C |), #: | | 4.75 | 1.15 | | | 14.51 | PWSID #: |
| Sampled By: Ross Mt Lood | Project Name: | Lend T | esting | Pro | ject | #: | te e ga | | | N. N. | 130.0 | Permit #: |
| Send results to OR State Health Division? (Pleas | se circle) Yes (N | 10) | V | | | Analy | ysis R | eque | ested | ** | | |
| | | | | | | | | | | | ATTACHED | Sample Specific Notes/Field Data for each WW sample, specify Grab / Compositor each DW sample, specify Raw / Treated, |
| Lab ID Sample Lab use only Identification Separate sample Please enter a unique ID per line separate sample | e for each Collected | (Begin-End if comp.) Time Collected | Sample Matrix* | # of cont. rec'd | lead | | | | | | SEE | Source / Distribution, Single / Combined WHERE APPLICABLE |
| 183007-21 C 101 | 6/28 | 7:25 | | | | | | | | | | First OrnW |
| -22 Upstairs Small Fountain | 6/28 | 7-30 | | | | | | | | | | |
| -23 lig Stairs tall tantain | 6/18 | 7:35 | | | - | | | | | | | |
| -24 6 10/B Sink | 6/28 | 7:45 | | | | | | | | | | |
| -25 G Hallway Small fountain | 6/28 | 7:50 | | | | | | | | | | |
| -26 (_Hallway +all fountain | 6/28 | 7:50 | | | | | | | | | | |
| -27) 108 SW. SINK | 6/28 | 7:55 | | | de Chiangen a company | | · | | | | | |
| -28 J 108 S.E. Prep SI | 1K 6/28 | 8:00 | | | A COLUMN TO A | | - | | | | | |
| -29) 108 SW Prep SI | ik 6/28 | 8:00 | | | lana, managa | | | | | | | |
| -30 J 68 NW SINK | | 8:01 | | | | | | | | | | |
| Relinquished By (print): Company: Date | /Time: Signature: | | Received | Ву: | , | | Com | pany: | | Da | ate/Tir | me: Signature: |
| | /Time: Signature: | 1 | Received | I Ву: | | | Com | pany: | | Da | ate/Tir | ne: Signature: |
| The most current revision of SOP-10-003 was used when these samples were collected * Prinking weter (DM) offlicent (EED) around water (DM) inflicent (NE) | | aboratory Log | ベリルし | 1 | 1p | te/Tim | de la companya de la | Conta | on rec | itact? | /Y/ | N ID: TRM-10 |
| * Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), nor sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface | | | | | | | | | | | | iclide, Radon, and Asbestos are credited laboratories |

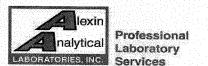
Laboratory Job Number: 6183007-31-29

IW

csalu

| LABORATORIES, INC. Services 13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 50 | 12 684 1588 ama | il:mail@aloviala | he com | | | | | | Page 1 T of 20 |
|--|---------------------|----------------------|------------|----------|-------------|----------|---------------|----------------|---|
| | Results Reporti | | | | | Unvoici | ng Informa | ation | |
| | Project Manage | | | | | | nts Payabl | **** | tact |
| | Mailing Address | | | | | | Address: | | |
| | City/State/Zip: | | | | | | ate/Zip: | | |
| | ohone: | | | | | phone: | | | |
| fax or email: | ax or email: | | | | | fax or e | email: | | |
| | | SAMPLING | INFORM/ | TION | The section | | | | |
| Sampling Location: Maha/ Kush | | | | P.O. # | | | | | PWSID #: |
| | Project Name: | : Lead T | coning | Projec | t #: | | | | Permit #: |
| Send results to OR State Health Division? (Please cir | cle) Yes <i>(</i> 1 | (O) | V | | Anal | sis Requ | uested** | | |
| | | | | | T | | | ᆸ | |
| | | | | | | | | 一一里 | |
| | | | | | | | | CHED | Sample Specific Notes/Field Data |
| | | | | | | | | I _E | for each WW sample, specify <u>Grab</u> / <u>Composi</u> |
| | | | | | | | | 一 | for each DW sample, specify Raw / Treated, |
| Lab ID Sample | | (Begin-End if comp.) | | # of | | | | EA | |
| Please enter a unique ID per line for a Lab use only Identification separate sample | Date Collected | Time Collected | | cont. | | | | SEE | Source / Distribution, Single / Combined WHERE APPLICABLE |
| 183007 31 NE Tall fountain | 6/28 | 10:45 | | / | | | | | First Draw |
| -32 NE Short fountain | 6/28 | 10:45 | | | | | | | |
| -33 Epst Cafereria Sink | 6/28 | 10:50 | | | | | | | |
| -34 West Cafetera sink | 6/18 | 10:59 | | | | | | | |
| -35 fountain between Red/Blue h | 116/28 | 11:00 | | | | | | | |
| -36 Blue hall tountain - Short | 6/28 | 11:00 | | | | | | | |
| -37 Blue hall fountain Tall | 6/18 | 11:00 | | | | | | | |
| -38 Fountain N.W. Corner | 6/28 | 11:10 | | | | | | | |
| -39 Fountain SE Corner | 6/28 | 11:15 | | | | | | | |
| =40 no sample, log-in error cs 6 | 28)10 | | | 1 | | | | | |
| Relinquished By (print): Company: Date/Time | e: Signature: | | Received E | y: | | Company | 4 | Date/Ti | me: Signature: |
| Relinquished By (print): Company: Date/Time | \wedge | , | Received E | y: | 0 | Company | r: [M | pate/Ti | me: Signature: |
| The most current revision of SOP-10-003 was used when these samples were collected | Received by | Laboratory Log | In Staff: | 11 | Date/Time | e: Tem | p. on receip | | |
| these samples were collected | I UNY | 7 117 7 | くりロハク | - 11 | 152 | Con | tainers Intac | | N ID TRM-10 |

Professional Laboratory



Laboratory Job Number: <u>(4183007-41-45</u>)
Page <u>15 of 20</u>

| 13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fa | ax: 503.684.1588 ema | il:mail@alexinla | bs.com | | | | | | | | | | |
|--|--|---|------------|-------------------|---------------|---------|----------------------------|----------------------|----------|------------------|--|--|---|
| Client Contact Information | Results Reporti | | n | ig Park | | | Inv | oicing | Inforr | natio | n | | |
| Company/Client Name: Newberg School District | Project Manage | | | | | | Ac | counts | Paya | ble (| Con | tact: | |
| Address: 714 E 6th | Mailing Address | : | | | 1111 | | Ma | iling A | ddres | S: | 1 11 | | |
| City/State/Zip: Newberg OR 97132 | City/State/Zip: | | | | | | Cit | y/State | e/Zip: | | 11.11 | | |
| phone: (503) 554-5024 | phone: | | | | | | pho | one: | | 1 - 1 | 11.11 | | |
| fax or email: | fax or email: | | | | | | fax | or em | ail: | | | | ely en la |
| | | SAMPLING | INFORM | IATIC | N | | | | | | | | |
| Sampling Location: //U/OC / KILSh | | | | P.O | . #: | | | | | 1. 1. | | PWSID #: | |
| Sampled By: Ross Mileol | Project Name: | LexA Te. | sting | Proj | ect | #: | dy the t | | | | | Permit #: | |
| Send results to OR State Health Division? (Please | | 78/ | | | | Analy | ysis R | eque | sted* | * | | | |
| Lab ID Sample Please enter a unique ID per lin | (Begin-End if comp.) Time | Sample | # of cont. | | | | | | | EE ATTACHED | for each WW sample, for each DW sample, | C Notes/Field Data specify <u>Grab</u> / <u>Comp</u> osi specify <u>R</u> aw / <u>T</u> reated, on, <u>S</u> ingle / <u>C</u> ombined | |
| Lab use only Identification separate sample | Collected | 1 10011. [0] | | | | | | | | | SE | WHERE APPLICABLE | |
| 183007-41 N.E. KITCHEN SINK | 6/28 11:30 | | | | | | | | | | First | Draw | |
| -42 Middle Kitchen hand S | 10K 6/18 | 11:30 | | | | | | | | | | | |
| -43 South Kitchen Preo Su | nK 6/28 | 11:30 | | | 1 | | | | | | 1 | | |
| | | 11.20 | | | + | | | | _ | | | | |
| -44 West Kitchen Prep Si | | 11:35 | | | $\perp \perp$ | | | | | | | | |
| -45 Office Conference room | N 6/28 | 11:50 | | | M | | . " | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Relinquished By (print): Company: Date | /Time: Signature: | | Received | I <u>I</u> By: | | | Com | pany: | | LI Dat | e/Tin | ne: Signatui | 'e: |
| | /Time: Signature: | Ву: | | | Com | pany: | | Dat | e/Tin | ne: Signatui | e: | | |
| 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), no | | Laboratory Log | / 1 1 1 1 | (ρ_{-}) | Da | rte/Tim | THE REPORT OF THE PARTY OF | Temp. o Contain | ers Inta | act? | (| N ID: TRM | 1-10- |
| sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface | n-aqueous liquid (NAL), pair ce water, wastewater (WW), | π cnips, raw water well water (WELL) | (KW), [* | | | | ** An | alyses f ontracte | or SOC | C, Rad o othe | dieñu er acc | clide, Radon, and A credited laboratories | sbestos are |



Laboratory Job Number: <u>U183007 ~46 -50</u>
Page <u>16 of 20</u>

| 13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fa | x: 503.684.1588 email | :mail@alexinlat | os.com | | | | | | | | | | |
|--|--|-------------------|-----------|-------|-----------|--------|--------|------------------------|---------------------------------------|---------------------------------------|------------|--------------------|--------------------|
| Client Contact Information | Results Reportin | ng Information | 1 | | | | Invo | icing | nform | ation | 34.1 | | |
| Company/Client Name: Newberg School District | Project Manager | | Anna Bara | | | | Acc | ounts | Payab | le Co | ontac | ct: | |
| Address: 714 E 6th | Mailing Address: | | | | | | | | Idress | | | | |
| City/State/Zip: Newberg OR 97132 | City/State/Zip: | | | 1111 | | | | /State | | 1 | - 1 | | |
| phone: (503) 554-5024 | phone: | | | | | | pho | | | | | | |
| fax or email: | fax or email: | | | | | | fax | or ema | ail: | | | | |
| | S | AMPLING I | NFORM | IATIC | N | | | | | | | | |
| Sampling Location: Springbrook 75E | C) | | | P.O | . #: | | | | | | F | PWSID #: | |
| Sampled By: Ross I miles | Project Name: | Lead T | estin | Proi | ect # | ŧ: | | 4.15 | 4.11.1.1 | 1 1 1 | | Permit #: | |
| Send results to OR State Health Division? (Pleas | se circle) Yes N | | 0 | | | \nalv | sis Re | AUTIES | ted** | | Ť | | |
| | | | | | Ť | 1 | | 79400 | TT | \dashv_c | اد | | |
| | | | | | | | | | | [| ACHED S | | |
| | | | | | | | | | | اح | 56 | Sample Specific | c Notes/Field Data |
| | | | | | | | | | | | ٤ إ | | |
| | | | | | - | | F | | | specify <u>Grab</u> / <u>Comp</u> osi | | | |
| Lab ID Sample | | | | | | | | specify Raw / Treated, | | | | | |
| Please enter a unique ID per line | | ag | | | | | ш і | | on, <u>S</u> ingle / <u>C</u> ombined | | | | |
| | Collected Collected Matrix* rec'd 0 WHERE APPLICABLE | | | | | | | | | | | | |
| 18300-46 Tall drinking tountain -s | EC 6/28 | 1710 | | | $\sqrt{}$ | | | | | | | First | Draw |
| -47 Short drinking fount | ain- 5EL C/28 | 12:15 | | | | | | | | | | | |
| -48 COMMONS SINK -SE | | 12:70 | | | | | | | | | | | |
| Section Control Contro | 6/28 | 12:30 | | | \dashv | | | | | | + | | |
| | | | | | + | | ++ | | | | + | | |
| -50 Healthroom -SEC | 6/28 | 17:55 | | | 4 | | | | | | | | |
| | | | | | | | | | | - 1 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | 1 | | |
| | | | | | | | | | | | + | | |
| Relinquished By (print): Company: Date. | | | | | | | | | | | 上 | | |
| Relinquished By (print): Company: Date/ | /Time: Signature: | | Received | Ву: | | | Comp | any: | | Date/ | Time | : Signatur | |
| Relinquished By (print): Company: Date: | /Time: Signature: | Received | Ву: | | 0. | Comp | any: | | Date/ | Time | : Signatur | re: | |
| The most current revision of SOP-10-003 was used when these samples were collected | Received by L | aboratôry Log- | in Staff/ | | / Dat | e/fine | | | n receip | | | | Y (N) |
| * Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), nor | | | | | | | ** Ana | lyses fo | or SOC, | Radio | nucli | de, Radon, and As | sbestos are |
| sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface | e water, wastewater (WW), | well water (WELL) | | | | | subco | ntracted | d out to | other a | accre | dited laboratories | |



Laboratory Job Number: <u>6183007-51-60</u>
Page <u>17</u> of <u>20</u>

| Client Contact Ir | vy Tigard, OR 97223 ph: 503.63 Iformation | | | ng Informatio | | ti eset | 41,7 | | Inv | oicing | Infor | matic | on | | |
|--|---|-------------------------|-------------------------------------|----------------------|------------|--------------|---------|---------|--------|-------------------|--------|----------------|--|--|------|
| | Name: Newberg School D | District Pro | ect Manage | r. da ja kaliki kina | | | 1.7 | | | | s Paya | | | tact: | |
| Address: 714 E | | Mai | ling Address | | | | | | Ma | iling / | Addres | SS: | | | |
| | lewberg OR 97132 | City | /State/Zip: | | | | | | | | e/Zip: | 1.5 | | | |
| phone: (503) 554 | 1-5024 | pho | ne: | | | | | | | one: | | 1 | 7. 7 | | |
| fax or email: | | fax | or email: | | | | | | fax | or er | nail: | | 1.44 | rakanan Sirikanan ang kana | |
| | | | S | SAMPLING I | NFORM | MATIC | N | | 1. 1 | | | | | | |
| Sampling Loca | | | | | | P.O | | | | | | | | PWSID #: | |
| Sampled By: | ROSS McLeod | | <u>ject Name:</u> | Lead T | estin. | Pro | ect | #: | | Mark Ja | | | | Permit #: | |
| Send results to | OR State Health Division | n? (Please circle) | Yes 🔨 | 10) | · · | | | Analy | /sis F | eque | ested* | * | | | |
| Lab ID Sam | iple Please enter a unit tification separate sample | Date Collected | (Begin-End if comp.) Time Collected | Sample Matrix* | # of cont. | lead | | | | | | SEE ATTACHED | for each WW sample, for each DW sample, | C Notes/Field Data specify <u>Grab</u> / <u>Comp</u> osi specify <u>R</u> aw / <u>T</u> reated, on, <u>S</u> ingle / <u>C</u> ombined | |
| 18304-51 | afeteria West su | nK | | | | | | | | | | | T Draw | | |
| A 1444 C 144 | afeteria East sin | | 6/28 | 1:45 | | | T | | | | | | | | 1 |
| -53 | lealth Com | | 6/28 | 1:50 | | | | | | | | | | | |
| -64 (| ym Pourtain | | 6/28 | 2.00 | | | | | | | | 1 | | | |
| -55 | | ross gym | 6/28 | 2:05 | | | T | | | | | | | | |
| 100000000000000000000000000000000000000 | all fountation acr | | 6/28 | 2:05 | | | | | | | | | | | |
| -57 Ta | 11 Commons for | entain | 6/29 | 5:30 | | | | | | | | | | | |
| -58 Sh | 10rt Commons fo | HnTain | 6/79 | 5.30 | | | \prod | | | | | | | | |
| -59 5 | 1. | ountain | 6/29 | 5:45 | | | Π | | | | | | | | |
| -60 Ta | 11 Upstairs fo | untain | 6/29 | 5:45 | | | J | | | | | | | | |
| Relinquished By (pri | | Date/Time: | e/Time: Signature: Received By: C | | | | | | | pany: | | Da | te/Tir | ne: Signatur | e: |
| Relinquished By (prin | | Date/Time: | Signature: | | Received | Ву: | | ^ | Con | pany: | | Da | te/Tir | ne: Signatur | e: |
| these samples were coll * Drinking water (DW), e | n of SOP-10-003 was used when ected ffluent (EFF), ground water (GW), influe water (SOURCE), spring, stormwater | ient (INF), non-aqueous | liquid (NAL), pain | | (RW), | 1 | 172 | ate/tim | ** Aı | Contai nalyses | | act?/ C, Ra | /Y / dighu | "C On ice? N ID: TRM clide, Radon, and Ascredited laboratories. | -10- |



Laboratory Job Number: 6183007-61
Page 18 of 20

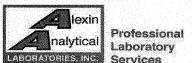
| 13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax | k: 503.684.1588 ema | il:mail@alexinla | abs.com | | | | | | | | | | |
|--|----------------------------------|----------------------|------------|------------|---------|--|-----------|----------|---------------|----------|--|---|--|
| Client Contact Information | Results Reporti | ng Informatio | n | eria di ci | | i se sui | | Invo | icin | g Infor | mati | on | |
| Company/Client Name: Newberg School District | Project Manage | r: | | | - 1 | | | | | s Pay | | | tact: |
| Address: 714 E 6th | Mailing Address | : | | | | | | | | Addre | | | |
| City/State/Zip: Newberg OR 97132 | City/State/Zip: | | | | | | . 4. | | | te/Zip: | | 11. | |
| phone: (503) 554-5024 | phone: | | | | : | - | | phor | | | | | |
| fax or email: | fax or email: | | | | | | | fax o | | mail: | | | |
| | | SAMPLING | INFORM | /ATIC | N | | | | | | | - : : | |
| Sampling Location: Joan Austin, - 15. | | | | P.C | | | 1,114 | May 1 | | | | | PWSID#: |
| Sampled By: Ross McLeon | Project Name: | Lead T | ortina | Pro | | | 1.4.3 | | | . 1 | | | Permit #: |
| Send results to OR State Health Division? (Pleas | | (o) | = 7 | | T | | مارد | ia Da | | 4 1 | r* | <u> </u> | 1 GIIII. #. |
| Conditional to City Clare Hould's Division: (Heas | e circle) 1 C3 (1 | ••• | | | _ | T | aiys T | IS RE | que | ested | | \perp | |
| | | | | | | | | | | | | TTACHED | |
| | | | | | | | | | | | | 1동 | Comple Consider Notes (Field Dete |
| | | | | | l | | | | | | | ĕ | Sample Specific Notes/Field Data |
| | | | | | | | | | | | | for each WW sample, specify Grab / Compos | |
| I OKUD | | (Begin-End if comp.) | 1 | I# of | | | | | . | | | < | for each DW sample, specify Raw / Treated, |
| Lab ID Sample Please enter a unique ID per line | Sample | # of cont. | lead | | | | | | | 出 | Source / Distribution, Single / Combined | | |
| Lab use only Identification separate sample | Collected | Collected | Matrix* | rec'd | ě | | | | | | | S | WHERE APPLICABLE |
| 183007-6 Staffroom | 6/29 | 6:90 | | | | | | | | | | | FIRST DrxW |
| | | | | | 1 | | | | | | | | |
| | | | | | H | | | \vdash | \dashv | | + | - | |
| | | | | | \perp | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | 1 1 4 4 4 | | H | | | | 十 | | _ | + | |
| | | | | | Щ | | | | | | | ļ | |
| | | | | | | 1.1 | | | | | | | |
| | | | | | | | | | | | 1 | 1 | |
| | | | | | H | | | | - | | - | - | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | - | | | | \dashv | | | <u> </u> | |
| | | | | | • | | | | | | | | |
| Relinquished By (print): Company: Date/ | Time: Signature: | | Received | I Ву: | | | | Comp | any: | | Da | ate/Tii | me: Signature: |
| Relinquished By (print): Company: Date/ | Pate/Time: Signature: Received I | | | | | | | Comp | any: | | Da | ate/Tir | me: Signature: |
| The most current revision of COD 40 000 | - L AL-A | | | | | | _ | | | | | | |
| The most current revision of SOP-10-003 was used when these samples were collected | Redeived by | Laboratory Log | -In Staff: | 110 | Ŋ | ate/T | ime) | | emp | on rec | eipt: _ | 1 | |
| * Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non | -aqueous liquid (NAL), pair | nt chips, raw water | (RW), | 14 | -/ | 1/ | ART CONT. | ** Ana | onta Ivses | iners In | tact? | dion | N ID: TRM-10- uclide, Radon, and Asbestos are |
| sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface | | | | | | | | | | | | | credited laboratories |



Chain of Custody Record

Laboratory Job Number: <u>6183007-62-71</u>
Page <u>19</u> of <u>20</u>

| 13035 SW Pacific Hwy Figard, OR 97223 pn: 503.639.9311 fax: 5 | 03.684.1588 email:m | iail@alexinlab | os.com | | | | | | | | |
|---|-----------------------------|--|-------------------------|------------------|----------|--------|----------------------|------------|----------|--|--|
| | Results Reporting | Information | ា្រ ខែក្រុ | | | Invo | icing In | formati | on : | | |
| | Project Manager: | | | tining. | | Acc | ounts P | ayable | Cont | act: | |
| Address: 714 E 6th | Mailing Address: | | | * 1 | 3.34 | | ing Add | | | | |
| | City/State/Zip: | | | 1 | | City | /State/Z | ip: | | | |
| | phone: | | | | 11 - 1 | pho | ne: | | | | |
| fax or email: | fax or email: | | | | | fax (| or emai | ! : | | | i . |
| | SA. | MPLING I | NFORMA" | TION | | | | | | | |
| Sampling Location: Mountain View N | riddle Scho | 10/ - 0 | mV) F | .O. #: | | | | | | PWSID #: | |
| | | Lead T | èstine F | roject | #: | | | | | Permit #: | |
| Send results to OR State Health Division? (Please c | | | | | | sis Re | equest | ad** | | | |
| Lab ID Sample Please enter a unique ID per line for separate sample | each Date T | gegin-End if comp.) Time Collected | | of nt. c'd | | | | | Щ | for each WW sample for each DW sample | ific Notes/Field Data le, specify <u>Grab / Comp</u> osi e, specify <u>Raw / T</u> reated, ution, <u>S</u> ingle / <u>C</u> ombined |
| 18307-62 Kitchen N.E. Sink -mu | 1628 | 9:50 | | \bigvee | 1 | | | | | Firs | rt draw |
| -63 Kitchen N.M. Sink mu | 6/18 | 9:50 | | 1 | | | | | | | |
| -64 Kitchen South Sink my | 0 6/20 | 9:55 | | 11 | | | | | | | |
| -65 Kitchen Middle Preo Sin | 1750 | 9:55 | | | | | | | † | | |
| | 10/00 | 6:55 | | | | | | | | | |
| | mV 6/29 | 6:55 | | | | ++ | | | <u> </u> | | |
| (C) | 0/00 | 7:00 | | | | | | | | | |
| | 6/00 | 7:05 | | | | | | | | | |
| -69 Health room WV -70 Sink near 105 m | | 7:10 | | | | + | | | | | |
| | | 7:30 | | | | | | | | | |
| | | 1-50 | | | | | | | | | |
| Relinquished By (print): Company: Date/Tin | ne: Signature: | | Received By | | | Comp | any: | D | ate/Tir | ne: Signal | ture: |
| Relinquished By (print): Company: Date/Tin | | | Received By | | | Comp | any: | D | ate/Tir | ne: Signal | ture: |
| The most current revision of SOP-10-003 was used when hese samples were collected | Received by Lat | 1/11/ | <i>74</i> 1111 <i>0</i> | , D | até/Time | | emp. on Container | | | | e? Y (N) |
| Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aq | ueous liquid (NAL), paint c | hips, raw water | (RW), | i i | | ** Ana | lyses for | SOC, R | adionu | iclide, Radon, and | Asbestos are |



Chain of Custody Record

Laboratory Job Number: 6183607 - 72-74
Page 20 of 20

| 13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 50 |)3.684.1588 emai | il:mail@alexinla | bs.com | | | | | | | | | | |
|---|---|----------------------------|----------|----------|----------|---------|---------|---------------|---------|--|---------|----------------------------|--|
| | Results Reportin | | | | | | Inv | oicing | Infor | matic | on | | |
| Company/Client Name: Newberg School District | Project Manage | r: Para de la compa | | | - 11-11 | | Ac | counts | s Paya | ble | Cont | act: | |
| | Mailing Address | | - | | | | Ma | ailing A | Addres | s: | | | |
| | City/State/Zip: | - | | | | | Cit | y/State | e/Zip: | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | | |
| | phone: | | | | . :. | | ph | one: | | | | | |
| fax or email: | fax or email: | | | | 4. 1. | | fax | or en | nail: | | | | |
| | · | SAMPLING | NFORM | ATIC | N | | | | | | | | |
| | en | | Yakida. | P.C | . #: | | | | | | | PWSID #: | |
| Sampled By: Ross mileod | Project Name: | Lead T | esting | Pro | ect : | #: | 11111 | | | | 14.5 | Permit #: | |
| Send results to OR State Health Division? (Please cir | rcle) Yes 🏄 | 16 | - V | | | Anal | lysis F | Reaue | sted* | * | | | |
| | | | | 1. 1. | П | | , | TT | | | | | |
| | | | | | | | | | | | 出 | | |
| | | | | | | | | | | | AC | Sample Specific No | otes/Field Data |
| | | | | | | | | | | | I≤ | for each WW sample, spec | |
| | | | | | | | | | | - | | for each DW sample, speci | 4 Table 1 Tabl |
| Lab ID Sample | | (Begin-End if comp.) | 1 | # of | | ı | | | | | A | | |
| Please enter a unique ID per line for | | Time | Sample | cont. | g | | | | | 1. | 出 | Source / Distribution, S | Single / Combined |
| Lab use only Identification separate sample | Collected | Collected | Matrix* | rec'd | 의 | | | $\perp \perp$ | | | S | | |
| 18304-72 FOUNTAIN by room/11 | 6/29 | 190 | | | | | | | | | | First | PVXW |
| -73 SINK Near 205 | 6/19 | 7:35 | | | | | | | | | | | |
| -74 Staffroom | 6/29 | 7:40 | | | | | | | | | | | |
| Jill () sor | 18/127 | 1.72 | | | \vdash | _ | | ++ | | - | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | - | | ┼ | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Relinquished By (print): Company: Date/Tim | Date/Time: Signature: Receiv | | | | | | Cor | npany: | | Da | ite/Tir | ne: Signature: | |
| Relinquished By (print): Company: Date/Tim | 불빛은 발가 하라고 하는 것은 그리고 있다. 전 모르고 하는 것은 모든 하는 것은 그 사람이 있는 사람들이 되는 것으로 하는 것은 그는 것이다. 그 모든 것은 것은 것은 것은 것은 것은 것은 것은 것 | | | | | | Cor | npany: | | Da | ite/Tir | me: Signature: | |
| The most current revision of SOP-10-003 was used when | Received by | Laboratory Log | In Staff | 10 | Dą | ite/Tir | 168 | Temp. | on rec | eipt: _ | <u></u> | Σ [⊷] C On ice? Y | |
| these samples were collected these samples were (DW), effluent (EFF), ground water (GW), influent (INF), non-agu | | | ~~111 | <u> </u> | | U | ** A | Contai | ners In | act?/ | Y/ | N ID: TRM-10 | stos are |