



**Professional
Laboratory
Services**

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

ANALYSIS REPORT

ORELAP Accredited Lab#: OR-100013

Reported: 11/17/2016
Received: 11/10/2016
Sampled By: Scott Woods
Work Order: 6315015

C **Newberg School District**
L Attn: Scott Woods
I 714 E 6th St.
E Newberg OR, 97132
N Phone: (503) 554-5024
T

Project: Lead
Project # : N/A
Sample Type :

Sampling Location: High School
Sample Matrix: Water

Lab Number

Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
6315015-01	Sample Name: NHS J108 SW Prep Sink					Matrix: Water
	Sampled: 11/10/16 6:50	Sample Composition: 1st Draw Retest				
+Lead	1030 EPA 200.9	ND	ppb	2.0	20 ppb	11/16/16 17:16

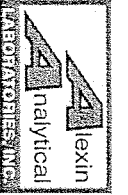
ND = None detected at the MRL **MRL** = Minimum Reporting Limit **MCL** = Maximum Contamination Limit

†All procedures for this analysis are in accordance with NELAP standards.

* The EPA MCL for Lead in Public Drinking Water Systems is 15 ppb. For school, daycare, or non-residential building testing the EPA recommends outlets be taken out of service if the lead level exceeds 20 ppb; this is a maximum contamination level for lead in samples based on a 250 mL first-draw sample, exceedences require remediation or further sampling. This is not an acceptance level for health based exposure.

Approved by: _____


 Adriana Gonzalez-Gray
 Laboratory Director



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 6315015-01

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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		
Company/Client Name: <u>Newberg School District</u>			Project Manager:		
Address: <u>714 E 6th</u>			Mailing Address:		
City/State/Zip: <u>Newberg, OR 97132</u>			City/State/Zip:		
phone: <u>503.559-5024</u>			phone:		
fax or email: <u>woods55@newberg.k12.or.us</u>			fax or email:		
SAMPLING INFORMATION					
Sampling Location: <u>High School</u>			P.O. #:		
Sampled By: <u>Scott Woods</u>			Project #:		
Send results to OR State Health Division? (Please circle) <u>Yes</u>			Permit #:		
			PWSID #:		

5 Day Turn Around

Lab ID <small>Lab use only</small>	Sample Identification	Date Collected		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> Source / Distribution, Single / Combined WHERE APPLICABLE</small>
		Collected	Time Collected			Temp. on receipt	Containers Intact?	On Ice?	
<u>-01</u>	<u>NHS J108 SW Prep Sink</u>	<u>11-10-16</u>	<u>6:50</u>	<u>Lead</u>	<u>✓</u>				<u>First Draw - Return</u>

Relinquished By (print): Scott Woods Company: Newberg School Dist Date/Time: 11-10-16 Signature: Scott Woods Received By: Company: Date/Time: Signature:

Relinquished By (print): W. Scott Woods Company: Date/Time: Signature: Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: °C Containers Intact? Y / N On Ice? Y / N ID: TRM-10-

The most current revision of SOP-10-003 was used when these samples were collected

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

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

COC-90-006rev0.1