



May 01, 2017

Victor Scherer
Arizona Department of Environmental Quality-Phx
1110 W. Washington Street
Phoenix, AZ 85007

TEL (520) 398-2266
FAX (602) 207-2383

Work Order No.: 17D0721
Vail Unified District
Desert Sky Middle School

RE: Lead Analysis

Dear Victor Scherer,

Turner Laboratories, Inc. received 6 sample(s) on 04/12/2017 for the analyses presented in the following report.

All results are intended to be considered in their entirety, and Turner Laboratories, Inc. is not responsible for use of less than the complete report. Results apply only to the samples analyzed. Samples will be disposed of 30 days after issue of our report unless special arrangements are made.

The pages that follow may contain sensitive, privileged or confidential information intended solely for the addressee named above. If you receive this message and are not the agent or employee of the addressee, this communication has been sent in error. Please do not disseminate or copy any of the attached and notify the sender immediately by telephone. Please also return the attached sheet(s) to the sender by mail.

Please call if you have any questions.

Respectfully submitted,

Turner Laboratories, Inc.
ADHS License AZ0066

Max DiSante
Laboratory Director

Client: Arizona Department of Environmental Quality-P**Project:** Lead Analysis**Order:** Vail Unified District**Work Order:** 17D0721**Date Received:** 04/12/2017**Work Order Sample Summary**

Lab Sample ID	Client Sample ID	Matrix	Collection Date/Time
17D0721-01	DS1	Drinking Water	04/06/2017 0550
17D0721-02	DS2	Drinking Water	04/06/2017 0555
17D0721-03	DS3	Drinking Water	04/06/2017 0559
17D0721-04	DS4	Drinking Water	04/06/2017 0603
17D0721-05	DS5	Drinking Water	04/06/2017 0608
17D0721-06	DS6	Drinking Water	04/06/2017 0611

Client: Arizona Department of Environmental Quality-Phx
Project: Lead Analysis
Work Order: 17D0721
Date Received: 04/12/2017

Case Narrative

All soil, sludge, and solid matrix determinations are reported on a wet weight basis unless otherwise noted.

ND Not Detected at or above the PQL

PQL Practical Quantitation Limit

DF Dilution Factor

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17D0721
Lab Sample ID: 17D0721-01

Client Sample ID: DS1
Collection Date/Time: 04/06/2017 0550
Matrix: Drinking Water
Order Name: Vail Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	ND	0.50		ug/L	1	04/26/2017 1430	04/28/2017 1037	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17D0721
Lab Sample ID: 17D0721-02

Client Sample ID: DS2
Collection Date/Time: 04/06/2017 0555
Matrix: Drinking Water
Order Name: Vail Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	ND	0.50		ug/L	1	04/26/2017 1430	04/28/2017 1043	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17D0721
Lab Sample ID: 17D0721-03

Client Sample ID: DS3
Collection Date/Time: 04/06/2017 0559
Matrix: Drinking Water
Order Name: Vail Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	ND	0.50		ug/L	1	04/26/2017 1430	04/28/2017 1048	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17D0721
Lab Sample ID: 17D0721-04

Client Sample ID: DS4
Collection Date/Time: 04/06/2017 0603
Matrix: Drinking Water
Order Name: Vail Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	ND	0.50		ug/L	1	04/26/2017 1430	04/28/2017 1053	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17D0721
Lab Sample ID: 17D0721-05

Client Sample ID: DS5
Collection Date/Time: 04/06/2017 0608
Matrix: Drinking Water
Order Name: Vail Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	ND	0.50		ug/L	1	04/26/2017 1430	04/28/2017 1059	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17D0721
Lab Sample ID: 17D0721-06

Client Sample ID: DS6
Collection Date/Time: 04/06/2017 0611
Matrix: Drinking Water
Order Name: Vail Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	ND	0.50		ug/L	1	04/26/2017 1430	04/28/2017 1104	MH

Client: Arizona Department of Environmental Quality-Phx
Project: Lead Analysis
Work Order: 17D0721
Date Received: 04/12/2017

QC Summary

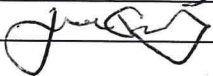
Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC Limits	RPD	RPD Limit	Qual
Batch 1704314 - E200.8 (5.4)									
Blank (1704314-BLK1)				Prepared & Analyzed: 04/28/2017					
Lead	ND	0.50	ug/L						
LCS (1704314-BS1)				Prepared & Analyzed: 04/28/2017					
Lead	48	0.50	ug/L	50.00		95	85-115		
LCS Dup (1704314-BSD1)				Prepared & Analyzed: 04/28/2017					
Lead	48	0.50	ug/L	50.00		96	85-115	0.2	20
Matrix Spike (1704314-MS1)		Source: 17D0535-01		Prepared & Analyzed: 04/28/2017					
Lead	53	0.50	ug/L	50.00	0.14	105	70-130		
Matrix Spike (1704314-MS2)		Source: 17D0554-01		Prepared & Analyzed: 04/28/2017					
Lead	51	0.50	ug/L	50.00	0.29	101	70-130		

Collection Log
for experienced sample collectors

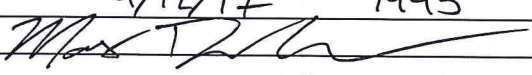
17D0721-01

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Vail Unified District
Name of School	Desert Sky Middle School
Building (name/number)	ADMIN.
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	LOBBY
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	DS 1
Date of Collection	4/16/17
Time of Collection	5:50
Printed Name of Sample Collector	Jon Coon
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	4/17/17 1445
Signature	
Notes: 21.6°C	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

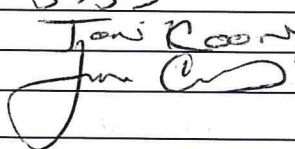
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17DO721-02

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Vail Unified District
Name of School	Desert Sky Middle School
Building (name/number)	300
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	305
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	DS2
Date of Collection	4/6/17
Time of Collection	5:55
Printed Name of Sample Collector	Joni Cooney
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

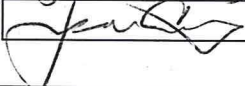
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17D0721-03

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Vail Unified District
Name of School	Desert Sky Middle School
Building (name/number)	4100 / 401
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	401
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	DS3
Date of Collection	4/16/17
Time of Collection	5:59
Printed Name of Sample Collector	Jon Coen
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

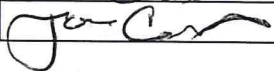
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17D0721-04

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Vail Unified District
Name of School	Desert Sky Middle School
Building (name/number)	500
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	505
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	DS 4
Date of Collection	4/6/17
Time of Collection	6:03
Printed Name of Sample Collector	Jon Coors
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

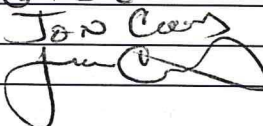
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17D0721-05

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Vail Unified District
Name of School	Desert Sky Middle School
Building (name/number)	MDR
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	MP12
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	DS5
Date of Collection	4/16/17
Time of Collection	6:08
Printed Name of Sample Collector	Jon C...
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

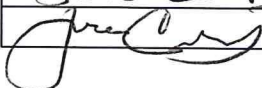
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17D0721-06

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Vail Unified District
Name of School	Desert Sky Middle School
Building (name/number)	GYM
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	LOBBY
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	DS 6
Date of Collection	4/6/17
Time of Collection	6:11
Printed Name of Sample Collector	Jon Coors
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.