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AT-1807

Laboratory Report

for

Arizona Department of Environmental Quality
1110 West Washington Street
Phoenix, AZ 85007
Attention: David Burchard

Date of Issue
06/04/2017


Eurofins Eaton
Analytical

TDF: Thomas.D.French
Project Manager

Report:663740
Project:INDIANOASIS-BUD
ADHS License #:AZ0778
Group:Indian Oasis Primary School
PO#:PO#: ADEQ16-116686:3



* Accredited in accordance with TNI 2009 and ISO/IEC 17025:2005.

* Laboratory certifies that the test results meet all **TNI 2009 and ISO/IEC 17025:2005** requirements unless noted under the individual analysis.

* Following the cover page are State Certification List, ISO 17025 Accredited Method List, Acknowledgement of Samples Received, Comments, Hits Report, Data Report, QC Summary, QC Report and Regulatory Forms, as applicable.

* Test results relate only to the sample(s) tested.

* This report shall not be reproduced except in full, without the written approval of the laboratory.

STATE CERTIFICATION LIST

State	Certification Number	State	Certification Number
Alabama	41060	Mississippi	Certified
Arizona	AZ0778	Montana	Cert 0035
Arkansas	Certified	Nebraska	Certified
California-Monrovia-ELAP	2813	Nevada	CA00006-2016
California-Colton- ELAP	2812	New Hampshire *	2959
California-Folsom- ELAP	2820	New Jersey *	CA 008
California-Fresno- ELAP	2966	New Mexico	Certified
Colorado	Certified	New York *	11320
Connecticut	PH-0107	North Carolina	06701
Delaware	CA 006	North Dakota	R-009
Florida *	E871024	Oregon (Primary AB) *	ORELAP 4034
Georgia	947	Pennsylvania *	68-565
Guam	16-003r	Puerto Rico	Certified
Hawaii	Certified	Rhode Island	LAO00326
Idaho	Certified	South Carolina	87016
Illinois *	200033	South Dakota	Certified
Indiana	C-CA-01	Tennessee	TN02839
Kansas *	E-10268	Texas *	T104704230-15-9
Kentucky	90107	Utah *	CA000062016-10
Louisiana *	LA16003	Vermont	VT0114
Maine	CA0006	Virginia *	460260
Maryland	224	Washington	C838
Commonwealth of Northern Marianas Is.	MP0004	Wyoming	Certified
Massachusetts	M-CA006	EPA Region 5	Certified
Michigan	9906	Los Angeles County Sanitation Districts	10264

* NELAP/TNI Recognized Accreditation Bodies

ISO 17025 Accredited Method List

The tests listed below are accredited and meet the requirements of ISO 17025 as verified by the ANSI-ASQ National Accreditation Board/ANAB.

Refer to Certificate and scope of accreditation (AT 1807) found at: <http://www.eatonanalytical.com>

SPECIFIC TESTS	METHOD OR TECHNIQUE USED	Environmental (Drinking Water)	Environmental (Waste Water)	Water as a Component of Food and Bev/Bev/ Bottled Water
1,4-Dioxane	EPA 522	x		x
2,3,7,8-TCDD	Modified EPA 1613B	x		x
Acrylamide	In House Method (2440)	x		x
Alkalinity	SM 2320B	x	x	x
Ammonia	EPA 350.1		x	x
Ammonia	SM 4500-NH3 H		x	x
Anions and DBPs by IC	EPA 300.0	x	x	x
Anions and DBPs by IC	EPA 300.1	x		x
Asbestos	EPA 100.2	x	x	
Bicarbonate Alkalinity as HCO3	SM 2320B	x	x	x
BOD / CBOD	SM 5210B		x	x
Bromate	In House Method (2447)	x		x
Carbamates	EPA 531.2	x		x
Carbonate as CO3	SM 2330B	x	x	x
Carbonyls	EPA 556	x		x
COD	EPA 410.4 / SM 5220D		x	
Chloramines	SM 4500-CL G	x	x	x
Chlorinated Acids	EPA 515.4	x		x
Chlorinated Acids	EPA 555	x		x
Chlorine Dioxide	SM 4500-CLO2 D	x		x
Chlorine -Total/Free/ Combined Residual	SM 4500-Cl G	x	x	x
Conductivity	EPA 120.1		x	
Conductivity	SM 2510B	x	x	x
Corrosivity (Langelier Index)	SM 2330B	x		x
Cryptosporidium	EPA 1623	x		x
Cyanide, Amenable	SM 4500-CN G	x	x	
Cyanide, Free	SM 4500CN F	x	x	x
Cyanide, Total	EPA 335.4	x	x	x
Cyanogen Chloride (screen)	In House Method (2470)	x		x
Diquat and Paraquat	EPA 549.2	x		x
DBP/HAA	SM 6251B	x		x
Dissolved Oxygen	SM 4500-O G		x	x
DOC	SM 5310C	x		x
E. Coli (MTF/EC+MUG)		x		x
E. Coli	CFR 141.21(f)(6)(i)	x		x
E. Coli	SM 9223		x	
E. Coli (Enumeration)	SM 9221B.1/ SM 9221F	x		x
E. Coli (Enumeration)	SM 9223B	x		x
EDB/DCBP	EPA 504.1	x		
EDB/DCBP and DBP	EPA 551.1	x		x
EDTA and NTA	In House Method (2454)	x		x
Endothall	EPA 548.1	x		x
Endothall	In-house Method (2445)	x		x
Enterococci	SM 9230B	x	x	
Fecal Coliform	SM 9221 E (MTF/EC)	x		
Fecal Coliform	SM 9221C, E (MTF/EC)		x	
Fecal Coliform (Enumeration)	SM 9221E (MTF/EC)	x		x
Fecal Coliform with Chlorine Present	SM 9221E		x	
Fecal Streptococci	SM 9230B	x	x	
Fluoride	SM 4500-F C	x	x	x
Giardia	EPA 1623	x		x
Glyphosate	EPA 547	x		x
Gross Alpha/Beta	EPA 900.0	x	x	x
Gross Alpha Coprecipitation	SM 7110 C	x	x	x
Hardness	SM 2340B	x	x	x
Heterotrophic Bacteria	In House Method (2439)	x		x
Heterotrophic Bacteria	SM 9215 B	x		x
Hexavalent Chromium	EPA 218.6	x	x	x

SPECIFIC TESTS	METHOD OR TECHNIQUE USED	Environmental (Drinking Water)	Environmental (Waste Water)	Water as a Component of Food and Bev/Bev/ Bottled Water
Hexavalent Chromium	EPA 218.7	x		x
Hexavalent Chromium	SM 3500-Cr B		x	
Hormones	EPA 539	x		x
Hydroxide as OH Calc.	SM 2330B	x		x
Kjeldahl Nitrogen	EPA 351.2		x	
Legionella	CDC Legionella	x		x
Mercury	EPA 245.1	x	x	x
Metals	EPA 200.7 / 200.8	x	x	x
Microcystin LR	ELISA (2360)	x		x
NDMA	EPA 521	x		x
NDMA	TQ In house method based on EPA 521 (2425)	x		x
Nitrate/Nitrite Nitrogen	EPA 353.2	x	x	x
OCL, Pesticides/PCB	EPA 505	x		x
Ortho Phosphate	EPA 365.1	x	x	x
Ortho Phosphate	SM 4500P E			x
Ortho Phosphorous	SM 4500P E	x		
Oxyhalides Disinfection Byproducts	EPA 317.0	x		x
Perchlorate	EPA 331.0	x		x
Perchlorate (low and high)	EPA 314.0	x		x
Perfluorinated Alkyl Acids	EPA 537	x		x
pH	EPA 150.1	x		
pH	SM 4500-H+B	x	x	x
Phenylurea Pesticides/ Herbicides	In House Method, based on EPA 532 (2448)	x		x
Pseudomonas	IDEXX Pseudalert (2461)	x		x
Radium-226	GA Institute of Tech	x		x
Radium-228	GA Institute of Tech	x		x
Radon-222	SM 7500RN	x		x
Residue, Filterable	SM 2540C	x	x	x
Residue, Non-filterable	SM 2540D		x	
Residue, Total	SM 2540B		x	x
Residue, Volatile	EPA 160.4		x	
Semi-VOC	EPA 525.2	x		x
Semi-VOC	EPA 625		x	x
Silica	SM 4500-Si D	x	x	
Silica	SM 4500-SiO2 C	x	x	
Sulfide	SM 4500-S ⁻ D		x	
Sulfite	SM 4500-SO ³ B	x	x	x
Surfactants	SM 5540C	x	x	x
Taste and Odor Analytes	SM 6040E	x		x
Total Coliform (P/A)	SM 9221 A, B	x		x
Total Coliform (Enumeration)	SM 9221 A, B, C	x		x
Total Coliform / E. coli	Colisure SM 9223	x		x
Total Coliform	SM 9221B		x	
Total Coliform with Chlorine Present	SM 9221B		x	
Total Coliform / E.coli (P/A and Enumeration)	SM 9223	x		x
TOC	SM 5310C	x	x	x
TOX	SM 5320B		x	
Total Phenols	EPA 420.1		x	
Total Phenols	EPA 420.4	x	x	x
Total Phosphorous	SM 4500 P E		x	
Turbidity	EPA 180.1	x	x	x
Turbidity	SM 2130B	x	x	
Uranium by ICP/MS	EPA 200.8	x		x
UV 254	SM 5910B	x		
VOC	EPA 524.2/EPA 524.3	x		x
VOC	EPA 624		x	x
VOC	EPA SW 846 8260	x		x
VOC	In House Method (2411)	x		x
Yeast and Mold	SM 9610	x		x

Acknowledgement of Samples Received

Addr: **Arizona Department of Environmental Quality**
1110 West Washington Street
Phoenix, AZ 85007

Attn: David Burchard
Phone: (602) 771-4298

Client ID: ADEQ-LEAD
Folder #: 663740
Project: INDIANOASIS-BUD
Sample Group: Indian Oasis Primary School

Project Manager: Thomas.D.French
Phone: (480) 778-1558
PO #: ADEQ16-116686:3
Sampler: Joseph Mease

The following samples were received from you on **June 01, 2017 at 1252**. They have been scheduled for the tests listed below each sample. If this information is incorrect, please contact your service representative. Thank you for using Eurofins Eaton Analytical.

Sample #	Sample ID	Sample Date
<u>201706011015</u>	Cafeteria - Prim Sample Type: Tap Facility ID: Cafeteria Sample Point ID: Cafeteria Kitchen @ICPMS Freight - Outbound Freight - Return	05/15/2017 0600
<u>201706011016</u>	Gymnasium (500) Drinking Fountain Sample Type: Drinking Fountain Facility ID: Gym (500) Sample Point ID: Outside Gym Fountain @ICPMS	05/15/2017 0620
<u>201706011017</u>	100 Building Drinking Fountain Sample Type: Drinking Fountain Facility ID: 100 Sample Point ID: 100 Hallway Fountain @ICPMS	05/15/2017 0617
<u>201706011018</u>	Rm 205 Sample Type: Drinking Fountain Facility ID: 200 Sample Point ID: 205 @ICPMS	05/15/2017 0615
<u>201706011019</u>	West Drinking Fountain - Playground Sample Type: Drinking Fountain Facility ID: Playground - West Sample Point ID: West Playground @ICPMS	05/15/2017 0601
<u>201706011020</u>	Rm 410 Sample Type: Drinking Fountain Facility ID: 400 Sample Point ID: 410 @ICPMS	05/15/2017 0558
<u>201706011021</u>	Drinking Fountain Main Office Sample Type: Drinking Office Facility ID: Main Office Sample Point ID: Main Office @ICPMS	05/15/2017 0555
<u>201706011022</u>	Library Drinking Fountain	05/15/2017 0611

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Client ID: ADEQ-LEAD
Folder #: 663740
Project: INDIANOASIS-BUD
Sample Group: Indian Oasis Primary School

Project Manager: Thomas.D.French
Phone: (480) 778-1558
PO #: ADEQ16-116686:3
Sampler: Joseph Mease

The following samples were received from you on **June 01, 2017 at 1252**. They have been scheduled for the tests listed below each sample. If this information is incorrect, please contact your service representative. Thank you for using Eurofins Eaton Analytical.

Sample #	Sample ID	Sample Date
	Sample Type: Drinking Fountain Facility ID: Library Sample Point ID: South Door - Library @ICPMS	
<u>201706011023</u>	East Drinking Fountain - Playground	05/15/2017 0606
	Sample Type: Drinking Fountain Facility ID: Playground Sample Point ID: Playground - East @ICPMS	
<u>201706011024</u>	Drinking Fountain Lunch Room (700)	05/15/2017 0620
	Sample Type: Drinking Fountain Facility ID: 700 Sample Point ID: Lunch Room @ICPMS	
<u>201706011025</u>	Nurse Office Rm 304	05/15/2017 0556
	Sample Type: Tap Facility ID: Main Office Sample Point ID: Nurses Office @ICPMS	
<u>201706011026</u>	Rm 406	05/15/2017 0600
	Sample Type: Drinking Fountain Facility ID: 400 Sample Point ID: 406 @ICPMS	
<u>201706011027</u>	IOPS Warehouse 3	05/15/2017 0715
	Sample Type: Tap Facility ID: Warehouse Sample Point ID: Warehouse Work Room @ICPMS	
<u>201706011028</u>	IOPS Warehouse Office	05/15/2017 0714
	Sample Type: Tap Facility ID: Warehouse Sample Point ID: Warehouse Office @ICPMS	

Test Description

@ICPMS -- ICPMS Metals

Acknowledgement of Samples Received

Addr: **Arizona Department of Environmental Quality**
1110 West Washington Street
Phoenix, AZ 85007

Client ID: ADEQ-LEAD
Folder #: 663740
Project: INDIANOASIS-BUD
Sample Group: Indian Oasis Primary School

Attn: David Burchard
Phone: (602) 771-4298

Project Manager: Thomas.D.French
Phone: (480) 778-1558
PO #: ADEQ16-116686:3
Sampler: Joseph Mease

The following samples were received from you on **June 01, 2017** at **1252**. They have been scheduled for the tests listed below each sample. If this information is incorrect, please contact your service representative. Thank you for using Eurofins Eaton Analytical.

Sample #	Sample ID	Sample Date
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Invoice: Date: 10May17 SHIPPING: 0.00
 Customer: K#169889 Wgt: 9.00 LBS SPECIAL: 0.00
 Dept: COD: HANDLING: 0.00
 Sampling Plan & Cd PD Number: DV: 0.00 TOTAL: 0.00
 Svcs: GND PPD RMGR
 TRCK: 732498204680

Collection Log

for experienced sample collectors

663740

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	BMSD#40
School Name	INDIAN OASIS PRIMARY CAMPUS
Building (name/number)	CAFETERIA
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	CAFETERIA KITCHEN
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	CAFETERIA - PRIM.
Date of Collection	5/15/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	<i>Joseph Mease</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

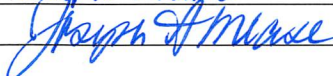
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log


for experienced sample collectors

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	BSUD #40
School Name	INDIAN OASIS - PRIMARY - 10ES
Building (name/number)	GYM(500)
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	OUTSIDE GYM FOUNTAIN
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	GYMNASIUM (500) DRINKING FOUNTAIN
Date of Collection	5/14/17
Time of Collection	6:20 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
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

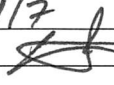
for experienced sample collectors

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Name of School District	BUSD #40
School Name	10ES-PRIMARY
Building (name/number)	100
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	100 HALLWAY FOUNTAIN
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	100 BUILDING DRINKING FOUNTAIN
Date of Collection	5/14/17
Time of Collection	6:17 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	Joseph Mease

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

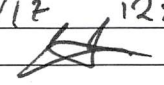
for experienced sample collectors

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- ☒ 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	BUSD#40
School Name	10ES - PRIMARY
Building (name/number)	200
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	205
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	Rm 205
Date of Collection	5/14/17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	Joseph Mease

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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- ☒ 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	BUSD #40
School Name	10ES - PRIMARY
Building (name/number)	PLAYGROUND - WEST
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	WEST PLAYGROUND
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	WEST DRINKING FOUNTAIN - PLAYGROUND
Date of Collection	5/14/17
Time of Collection	6:01 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	<i>Joseph Mease</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log


for experienced sample collectors

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Name of School District	BUSD #40
School Name	10ES - PRIMARY
Building (name/number)	400
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	410
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	Rm 410
Date of Collection	5/14/17
Time of Collection	5:58 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	Joseph A Mease

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
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

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- ☒ 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	BUSD#40
School Name	10ES - PRIMARY
Building (name/number)	MAIN OFFICE
Type of Fixture (tap, drinking fountain etc.)	DRINKING OFFICE
Location of Fixture (example, room number)	MAIN OFFICE
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	DRINKING FAUCET MAIN OFFICE
Date of Collection	5/14/17
Time of Collection	5:55 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	<i>Joseph Mease</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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	BUSD#40
School Name	IOES - PRIMARY
Building (name/number)	LIBRARY
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	SOUTH DOOR - LIBRARY
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	LIBRARY DRINKING FOUNTAIN
Date of Collection	5/14/17
Time of Collection	6:11 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	<i>Joseph Mease</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

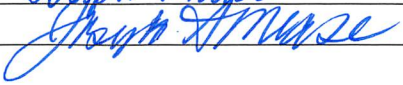
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log


for experienced sample collectors

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- ☒ 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	BUSD #40
School Name	10ES-PRIMARY
Building (name/number)	PLAYGROUND
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	PLAYGROUND-EAST
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	EAST DRINKING FOUNTAIN-PLAYGROUND
Date of Collection	5/14/17
Time of Collection	6:06 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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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	BUSD#40
School Name	10ES - PRIMARY
Building (name/number)	700
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	LUNCH ROOM
Sample Identification Number (Write this number on the sample container and on this sheet)	DRINKING FOUNTAIN LUNCH ROOM (700)
Date of Collection	5/14/17
Time of Collection	6:20 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	<i>Joseph A Mease</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	<i>[Signature]</i>
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

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	BUSD #40
School Name	10ES - PRIMARY
Building (name/number)	MAIN OFFICE
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	NURSES OFFICE
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	NURSE OFFICE Rm 304
Date of Collection	5/14/17
Time of Collection	5:56 AM
Printed Name of Sample Collector	Joseph Mease
Signature Sample Collector	Joseph A. Mease

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

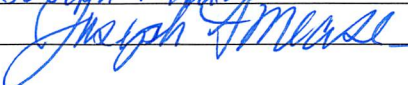
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log


for experienced sample collectors

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	BUSD #40
School Name	IOES - PRIMARY
Building (name/number)	400
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	406
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	Rm 406
Date of Collection	5/14/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Joseph Marse
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
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

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	BUSD 40
School Name	10ES PRIMARY
Building (name/number)	WAREHOUSE
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	WAREHOUSE WORKROOM
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	10PS WAREHOUSE 3
Date of Collection	5/16/17
Time of Collection	7:15 AM
Printed Name of Sample Collector	BARBARA CARDINAL
Signature Sample Collector	<i>Barbara Cardinal</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:52
Signature	<i>[Signature]</i>
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

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	BUSD 40
School Name	1025 PRIMARY
Building (name/number)	WAREHOUSE
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	WAREHOUSE OFFICE
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1025 WAREHOUSE OFFICE
Date of Collection	5/16/17
Time of Collection	7:14 AM
Printed Name of Sample Collector	BARBARA CARDINAL
Signature Sample Collector	<i>Barbara Cardinal</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/1/17 12:57
Signature	<i>[Signature]</i>
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.

750 Royal Oaks Drive, Suite 100
Monrovia, California 91016-3629
(626) 386-1100 FAX (626) 386-1101

Kit #: 169884 

Created By: Thomas.D.French - [TDF]
Deliver By: 05/12/2017
STG: Bottle Orders
Ice Type: W

Kit Order for Arizona Department of Environmental Quality
Thomas.D.French is your Eurofins Eaton Analytical Service Manager

Note: Sampler Please return this paper with your samples

Client ID: ADEQ-LEAD
Project Code: INDIANOASIS-BUD Bottle Orders
Group Name: Indian Oasis Primary School
PO#JOB#: ADEQ16-116686:3

Ship Sample Kits to
Indian Oasis-Baboquivari Unified District
Attention Highway 86, Mile Post 115.5
Sells, AZ 85634

Attn: Edna Morris-Superintendent

Send Report to
Arizona Department of Environmental
Quality
1110 West Washington Street
Phoenix, AZ 85007

Attn: David Burchard
Phone: (602) 771-4298

Billing Address
Arizona Department of Environmental
Quality
1110 West Washington Street
Phoenix, AZ 85007

Attn: ADEQ
Phone: (602) 771-1936

# of Sample	Tests	Bottle Qty - Type [preservative information]	UN DOT #
14	@ICPMS	1 - 250ml poly [no preservative]	

Comments

Indian Oasis Primary School - Include Indian Oasis-Baboquivari Unified District School-Specific Sample list, 14 Lead Sampling Plan Records, packing instructions for return shipment to Eurofins Eaton Analytical, Inc. 750 Royal Oaks Drive, Suite C, Monrovia, CA 91016. 14 sample containers. Return Shipment Fed EX

Sampler - please refer to Sampling Plan Records for instructions on completing paperwork and what to include with return shipment of the samples.



Eaton Analytical

INTERNAL CHAIN OF CUSTODY RECORD

EEA Folder Number:

663740

SAMPLE TEMP RECEIVED:

SAMPLES REC'D DAY OF COLLECTION?

IR Gun ID = 5694 (Observation = 25.9 °C) (Corr.Factor = 0.2 °C) (Final = 25.7 °C)

TYPE OF ICE: Real Synthetic No Ice ☒ CONDITION OF ICE: Frozen Partially Frozen Thawed ☒ N/A

METHOD OF SHIPMENT: Pick-Up / Walk-In / FedEx / UPS / DHL / Area Fast / Top Line / Other:

Compliance Acceptance Criteria:

- 1) Chemistry: >0, ≤ 6°C, not frozen (NELAP) (if received after 24 hrs of sample collection)
- 2) Microbiology, Distribution: < 10°C, not frozen (can be ≥ 10°C if received on ice the same day as sample collection, within 8 hours)
- 3) Microbiology, Surface Water: < 10°C (if received after 2 hours of sample collection)

If out of temperature range for both Chemistry and Microbiology samples and temperature does not confirm, then measure the temperature of each quadrant and record each temperature of the quadrants

1 = (Observation = _____ °C) (Corr.Factor = _____ °C) (Final = _____ °C)	2 = (Observation = _____ °C) (Corr.Factor = _____ °C) (Final = _____ °C)
3 = (Observation = _____ °C) (Corr.Factor = _____ °C) (Final = _____ °C)	4 = (Observation = _____ °C) (Corr.Factor = _____ °C) (Final = _____ °C)

4) UCMR3 : 524.3: (Observation = _____ °C) (Corr.Factor = _____ °C) (Final = _____ °C) (non-GLEC)

522: (Observation = _____ °C) (Corr.Factor = _____ °C) (Final = _____ °C)

≤ 10°C if received within 48 hours of sample collection (not the same business day); ≤ 6°C if received after 48 hours of sample collection. Measure temperature for each method above.

5) LT2: Giardia /Cryptosporidium: <20 °C, not frozen (received after 8 hours of sample collection)

E. Coli: < 10°C, not frozen (if received after 2 hours of sample collection)

Giardia/Crypto: (Observation = _____ °C) (Corr.Factor = _____ °C) (Final = _____ °C)

E.Coli: (Observation = _____ °C) (Corr.Factor = _____ °C) (Final = _____ °C)

6) Dioxin (1613 or 2,3,7,8 TCDD): must be between 0-4 °C, not frozen (if received after 24 hrs of sample collection)

Note: If samples are out of temperature range, let the ASMs know. ASMs will determine whether to proceed with analysis or not.

RECEIVED BY:	SIGNATURE	PRINT NAME	COMPANY/TITLE	DATE	TIME
		Chris Garcia	Eurofins Eaton Analytical	6/11/12	12:52

Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1001	10101-administration	admin., lounge, nurse, offices	1991	Pima	1
Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1002	10102-west wing	classrooms	1960	Pima	2
Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1003	10103-central wing	classrooms	1950	Pima	2
Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1004	10104-east wing	classrooms	1991	Pima	1
Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1005	10105-gymnasium	p.e., restrooms, community gatherings	1960	Pima	2
Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1006	10106- library, media center	library, media center, classroom	1991	Pima	1
Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1007	10107-cafeteria, computer lab	cafeteria, computer lab, community building	1991	Pima	1
Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1008	10108-warehouse	maintenance, freezer storage dist. warehouse	1980	Pima	2
Indian Oasis- Baboquivari Unified District	Indian Oasis Primary School	1009	10111- rock house	housing student teachers	1930	Pima	2

Total Containers

14

Tel: (626) 386-1100
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Laboratory Comments

Report: 663740
Project: INDIANOASIS-BUD
Group: Indian Oasis Primary School

Arizona Department of Environmental Quality
David Burchard
1110 West Washington Street
Phoenix, AZ 85007

Tel: (626) 386-1100
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Report: 663740
Project: INDIANOASIS-BUD
Group: Indian Oasis Primary School

Arizona Department of Environmental Quality
David Burchard
1110 West Washington Street
Phoenix, AZ 85007

Samples Received on:
06/01/2017 1252

Analyzed	Analyte	Sample ID	Result	Federal MCL	Units	MRL
		<u>201706011015</u>				
06/02/2017 13:24	Lead Total ICAP/MS	<u>Cafeteria - Prim</u>	1.1	15	ug/L	0.5
		<u>201706011018</u>				
06/02/2017 13:26	Lead Total ICAP/MS	<u>Rm 205</u>	2.8	15	ug/L	0.5
		<u>201706011019</u>				
06/02/2017 13:27	Lead Total ICAP/MS	<u>West Drinking Fountain - Playground</u>	1.1	15	ug/L	0.5
		<u>201706011020</u>				
06/02/2017 13:28	Lead Total ICAP/MS	<u>Rm 410</u>	1.5	15	ug/L	0.5
		<u>201706011022</u>				
06/02/2017 13:31	Lead Total ICAP/MS	<u>Library Drinking Fountain</u>	0.71	15	ug/L	0.5
		<u>201706011025</u>				
06/02/2017 13:35	Lead Total ICAP/MS	<u>Nurse Office Rm 304</u>	1.7	15	ug/L	0.5
		<u>201706011027</u>				
06/02/2017 13:37	Lead Total ICAP/MS	<u>IOPS Warehouse 3</u>	0.76	15	ug/L	0.5
		<u>201706011028</u>				
06/02/2017 13:37	Lead Total ICAP/MS	<u>IOPS Warehouse Office</u>	0.76	15	ug/L	0.5

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Laboratory Data

Report: 663740
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Arizona Department of Environmental Quality
David Burchard
1110 West Washington Street
Phoenix, AZ 85007

Samples Received on:
06/01/2017 1252

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
<u>Cafeteria - Prim (201706011015)</u>						Sampled on 05/15/2017 0600			
Sample Type: Tap Facility ID: Cafeteria Sample Point ID: Cafeteria Kitchen									
EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:24	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	1.1	ug/L	0.5	1
<u>Gymnasium (500) Drinking Fountain (201706011016)</u>						Sampled on 05/15/2017 0620			
Sample Type: Drinking Fountain Facility ID: Gym (500) Sample Point ID: Outside Gym Fountain									
EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:25	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<u>100 Building Drinking Fountain (201706011017)</u>						Sampled on 05/15/2017 0617			
Sample Type: Drinking Fountain Facility ID: 100 Sample Point ID: 100 Hallway Fountain									
EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:26	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<u>Rm 205 (201706011018)</u>						Sampled on 05/15/2017 0615			
Sample Type: Drinking Fountain Facility ID: 200 Sample Point ID: 205									
EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:26	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	2.8	ug/L	0.5	1
<u>West Drinking Fountain - Playground (201706011019)</u>						Sampled on 05/15/2017 0601			
Sample Type: Drinking Fountain Facility ID: Playground - West Sample Point ID: West Playground									
EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:27	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	1.1	ug/L	0.5	1
<u>Rm 410 (201706011020)</u>						Sampled on 05/15/2017 0558			
Sample Type: Drinking Fountain Facility ID: 400 Sample Point ID: 410									
EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:28	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	1.5	ug/L	0.5	1
<u>Drinking Fountain Main Office (201706011021)</u>						Sampled on 05/15/2017 0555			
Sample Type: Drinking Office Facility ID: Main Office Sample Point ID: Main Office									
EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:29	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<u>Library Drinking Fountain (201706011022)</u>						Sampled on 05/15/2017 0611			

Rounding on totals after summation.
(c) - indicates calculated results

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Report: 663740
Project: INDIANOASIS-BUD
Group: Indian Oasis Primary School

Arizona Department of Environmental Quality
David Burchard
1110 West Washington Street
Phoenix, AZ 85007

Samples Received on:
06/01/2017 1252

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
Sample Type: Drinking Fountain Facility ID: Library Sample Point ID: South Door - Library EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:31	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	0.71	ug/L	0.5	1
<u>East Drinking Fountain - Playground (201706011023)</u>						Sampled on 05/15/2017 0606			
Sample Type: Drinking Fountain Facility ID: Playground Sample Point ID: Playground - East EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:32	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<u>Drinking Fountain Lunch Room (700) (201706011024)</u>						Sampled on 05/15/2017 0620			
Sample Type: Drinking Fountain Facility ID: 700 Sample Point ID: Lunch Room EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:33	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<u>Nurse Office Rm 304 (201706011025)</u>						Sampled on 05/15/2017 0556			
Sample Type: Tap Facility ID: Main Office Sample Point ID: Nurses Office EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:35	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	1.7	ug/L	0.5	1
<u>Rm 406 (201706011026)</u>						Sampled on 05/15/2017 0600			
Sample Type: Drinking Fountain Facility ID: 400 Sample Point ID: 406 EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:36	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<u>IOPS Warehouse 3 (201706011027)</u>						Sampled on 05/15/2017 0715			
Sample Type: Tap Facility ID: Warehouse Sample Point ID: Warehouse Work Room EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:37	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	0.76	ug/L	0.5	1
<u>IOPS Warehouse Office (201706011028)</u>						Sampled on 05/15/2017 0714			
Sample Type: Tap Facility ID: Warehouse Sample Point ID: Warehouse Office EPA 200.8 - ICPMS Metals									
06/02/17	06/02/17 13:37	999650	999877	(EPA 200.8)	Lead Total ICAP/MS	0.76	ug/L	0.5	1

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Laboratory QC Summary

Report: 663740
Project: INDIANOASIS-BUD
Group: Indian Oasis Primary School

Arizona Department of Environmental Quality

ICPMS Metals

Prep Batch: 999650 Analytical Batch: 999877

Analysis Date: 06/02/2017

201706011015	Cafeteria - Prim
201706011016	Gymnasium (500) Drinking Fountain
201706011017	100 Building Drinking Fountain
201706011018	Rm 205
201706011019	West Drinking Fountain - Playground
201706011020	Rm 410
201706011021	Drinking Fountain Main Office
201706011022	Library Drinking Fountain
201706011023	East Drinking Fountain - Playground
201706011024	Drinking Fountain Lunch Room (700)
201706011025	Nurse Office Rm 304
201706011026	Rm 406
201706011027	IOPS Warehouse 3
201706011028	IOPS Warehouse Office

Analyzed by: RPD
Analyzed by: RPD
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Report: 663740
Project: INDIANOASIS-BUD
Group: Indian Oasis Primary School

Arizona Department of Environmental Quality

QC Type	Analyte	Native	Spiked	Recovered	Units	Yield (%)	Limits (%)	RPDLimit (%)	RPD%
ICPMS Metals by EPA 200.8									
Analytical Batch: 999877					Analysis Date: 06/02/2017				
LCS1	Lead Total ICAP/MS		20	19.8	ug/L	99	(85-115)		
LCS2	Lead Total ICAP/MS		20	19.7	ug/L	99	(85-115)	20	0.51
MBLK	Lead Total ICAP/MS			<0.25	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.527	ug/L	105	(50-150)		
MS_201706011001	Lead Total ICAP/MS	3.9	20	25.3	ug/L	107	(70-130)		
MS2_201706011024	Lead Total ICAP/MS	ND	20	21.8	ug/L	109	(70-130)		
MSD_201706011001	Lead Total ICAP/MS	3.9	20	25.4	ug/L	108	(70-130)	20	0.39
MSD2_201706011024	Lead Total ICAP/MS	ND	20	21.6	ug/L	108	(70-130)	20	0.92

Spike recovery is already corrected for native results.

Spikes which exceed Limits and Method Blanks with positive results are highlighted by Underlining.

Criteria for MS and Dup are advisory only, batch control is based on LCS. Criteria for duplicates are advisory only, unless otherwise specified in the method.

RPD not calculated for LCS2 when different a concentration than LCS1 is used.

RPD not calculated for Duplicates when the result is not five times the MRL (Minimum Reporting Level).

(S) - Indicates surrogate compound.

(I) - Indicates internal standard compound.