

750 Royal Oaks Drive, Suite 100
Monrovia, California 91016-3629
Tel: (626) 386-1100
Fax: (626) 386-1101
1 800 566 LABS (1 800 566 5227)



Laboratory Report

for

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

Date of Issue
03/07/2017


Eurofins Eaton
Analytical

TDF: Thomas.D.French
Project Manager



Report: 642199
Project: MCOB-AD
ADHS License #: AZ0778
Group: Mary C. O' Brien
Elementary School

* 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
-----	-----	Montana	Cert 0035
Arizona	AZ0778	Nebraska	Certified
Arkansas	Certified	Nevada	CA00006-2016
California-Monrovia-ELAP	2813	New Hampshire *	2959
California-Colton- ELAP	2812	New Jersey *	CA 008
California-Folsom- ELAP	2820	New Mexico	Certified
California-Fresno- ELAP	2966	New York *	11320
Colorado	Certified	North Carolina	06701
Connecticut	PH-0107	North Dakota	R-009
Delaware	CA 006	Oregon (Primary AB) *	ORELAP 4034
Florida *	E871024	Pennsylvania *	68-565
Georgia	947	Puerto Rico	Certified
Guam	16-003r	Rhode Island	LAO00326
Hawaii	Certified	South Carolina	87016
Idaho	Certified	South Dakota	Certified
Illinois *	200033	Tennessee	TN02839
Indiana	C-CA-01	Texas *	T104704230-15-9
Kansas *	E-10268	Utah *	CA000062016-10
Kentucky	90107	Vermont	VT0114
Louisiana *	LA16003	Virginia *	460260
Maine	CA0006	Washington	C838
Maryland	224	-----	-----
Commonwealth of Northern Marianas Is.	MP0004	-----	-----
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 #: 642199
Project: MCOB-AD
Sample Group: Mary C. O' Brien Elementary School

Project Manager: Thomas.D.French
Phone: (480) 778-1558
Sampler: Jesse Salazar

The following samples were received from you on **March 01, 2017** at **1218**. 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>201703010769</u>	1A	02/26/2017 1230
	Sample Type: Drinking Fountain Facility ID: 1A Sample Point ID: 1A Outside	
	@ICPMS	Freight - Outbound
		Freight - Return
<u>201703010770</u>	2A	02/26/2017 1242
	Sample Type: Tap Facility ID: 2A Sample Point ID: 2A Nurse Office	
	@ICPMS	
<u>201703010772</u>	3B	02/26/2017 1308
	Sample Type: Tap Facility ID: 3B Sample Point ID: 3B Kindergarden	
	@ICPMS	
<u>201703010773</u>	3E	02/26/2017 1247
	Sample Type: Drinking Fountain Facility ID: 3E Sample Point ID: 3E	
	@ICPMS	
<u>201703010774</u>	4D	02/26/2017 1324
	Sample Type: Tap Facility ID: 4D Sample Point ID: 4D	
	@ICPMS	
<u>201703010775</u>	4F	02/26/2017 1255
	Sample Type: Drinking Fountain Facility ID: 4F Sample Point ID: 4F	
	@ICPMS	
<u>201703010776</u>	4G	02/26/2017 1320
	Sample Type: Tap Facility ID: 4G Sample Point ID: 4G	
	@ICPMS	
<u>201703010777</u>	5A	02/26/2017 1257
	Sample Type: Drinking Fountain Facility ID: 5A Sample Point ID: 5A	

Acknowledgement of Samples Received

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

Client ID: ADEQ-LEAD

Folder #: 642199

Project: MCOB-AD

Sample Group: Mary C. O' Brien Elementary School

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

Project Manager: Thomas.D.French

Phone: (480) 778-1558

Sampler: Jesse Salazar

The following samples were received from you on **March 01, 2017** at **1218**. 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
	@ICPMS	
201703010778	5D	02/26/2017 1301
	Sample Type: Tap Facility ID: 5D Sample Point ID: 5D Kitchen	
	@ICPMS	
201703010779	8	02/26/2017 1237
	Sample Type: Tap Facility ID: 8B Sample Point ID: 8B Break Room/Kitchen	
	@ICPMS	
201703010780	8B	02/26/2017 1235
	Sample Type: Drinking Fountain Facility ID: 8B Sample Point ID: 8B Outside	
	@ICPMS	
201703010781	10A	02/26/2017 0500
	Sample Type: Drinking Fountain Facility ID: 10A Sample Point ID: 10A	
	@ICPMS	

Test Description

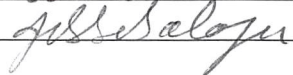
@ICPMS -- ICPMS Metals

Collection Log
for experienced sample collectors


642199

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	Mary C O'Brien Accommodation #90
School Name	MCOB
Building (name/number)	1 A
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	1 A outside
Sample Identification Number (Write the number here and on sample container)	1 A
Date of Collection	2/26/17
Time of Collection	12:30 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 1218
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

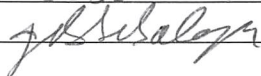
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

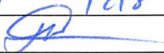
for experienced sample collectors

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	Mary C. O'Brien Accomadation #90
School Name	MLOB
Building (name/number)	2A
Type of Fixture (tap, drinking fountain etc.)	Tap
Location of Fixture (example, room number)	2A
Sample Identification Number (<u>Write the number here and on sample container</u>)	2A
Date of Collection	2/26/17
Time of Collection	12:42 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:	Nurse Office
-------------------------	--------------

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 12/8
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

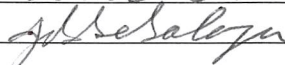
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Mary C. O'Brien Accommodation # 90
School Name	MCOB
Building (name/number)	3B
Type of Fixture (tap, drinking fountain etc.)	Tap
Location of Fixture (example, room number)	3B
Sample Identification Number (<u>Write the number here and on sample container</u>)	3B
Date of Collection	2/26/17
Time of Collection	1:08 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:	Kinder garden
-------------------------	---------------

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 1218
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

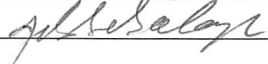
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

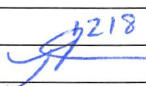
for experienced sample collectors

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	Mary C. O'Brien Accommodation #90
School Name	MCOB
Building (name/number)	3E
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	3E
Sample Identification Number (Write the number here and on sample container)	3E
Date of Collection	2/26/17
Time of Collection	12:47 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 1218
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

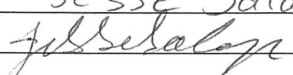
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Mary C. O'Brien Accomodation #90
School Name	MCOB
Building (name/number)	4D
Type of Fixture (tap, drinking fountain etc.)	Tap
Location of Fixture (example, room number)	4D
Sample Identification Number (<u>Write the number here and on sample container</u>)	4D
Date of Collection	2/26/17
Time of Collection	1:24 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 12:18
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

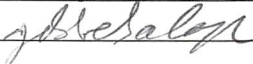
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

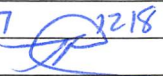
for experienced sample collectors

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	Mary C. O'Brien Accomodation #90
School Name	MCOB
Building (name/number)	4F
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	4F outside
Sample Identification Number (Write the number here and on sample container)	4F
Date of Collection	2/26/17
Time of Collection	12:55 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 12:18
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	Mary C. O'Brien Accomadation #90
School Name	MCOB
Building (name/number)	4 G
Type of Fixture (tap, drinking fountain etc.)	Tap
Location of Fixture (example, room number)	4G
Sample Identification Number (<u>Write the number here and on sample container</u>)	4G
Date of Collection	2/26/17
Time of Collection	1:20 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	<i>Jesse Salazar</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3.1.17 1218
Signature	<i>JR</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

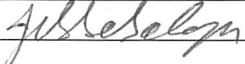
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Mary C. O'Brien Accommodation #90
School Name	MCOB
Building (name/number)	5A
Type of Fixture (tap, drinking fountain etc.)	drinking fountain outside
Location of Fixture (example, room number)	5A
Sample Identification Number (Write the number here and on sample container)	5A
Date of Collection	2/26/17
Time of Collection	12:57 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 12:18
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.

ADEQ Public School
Sampling Plan & Co

Invoice:
Customer: K#159644
Dept:
PO Number:

Date: 17Feb17
Wgt: 9.00 LBS
COD:
DV:

SHIPPING: 0.00
SPECIAL: 0.00
HANDLING: 0.00
TOTAL: 0.00

Sub: GND PPD RMGR
TRCK: 720479463619

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	Mary C. O'Brien Accomodation # 90
School Name	MCOB
Building (name/number)	5 D
Type of Fixture (tap, drinking fountain etc.)	Tap
Location of Fixture (example, room number)	5 D
Sample Identification Number (<u>Write the number here and on sample container</u>)	5 D
Date of Collection	2/26/17
Time of Collection	1:01 Pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	<i>Jesse Salazar</i>

Notes Sample collector:

Kitchen

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 1218
Signature	<i>FW</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

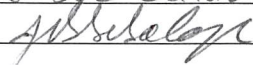
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Mary C. O'Brien Accomadation #90
School Name	MCOB
Building (name/number)	8B
Type of Fixture (tap, drinking fountain etc.)	Tap
Location of Fixture (example, room number)	8B
Sample Identification Number (<u>Write the number here and on sample container</u>)	8
Date of Collection	2/26/17
Time of Collection	12:37 PM
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:

Break room/kitchen

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 1218
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	Mary C. O'Brien Accomodation #90
School Name	MCOB
Building (name/number)	8 B
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	8 B outside
Sample Identification Number (<u>Write the number here and on sample container</u>)	8 B
Date of Collection	2/26/17
Time of Collection	12:35 pm
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	J Salazar

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 12:18
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

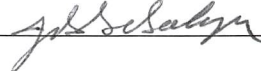
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Mary C. O'Brien Accomadation #90
School Name	MCOB
Building (name/number)	10A
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	10A
Sample Identification Number (<u>Write the number here and on sample container</u>)	10A
Date of Collection	2/27/2017
Time of Collection	5:00 Am
Printed Name of Sample Collector	Jesse Salazar
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-1-17 1218
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.



Eaton Analytical

Kit Order for Arizona Department of Environmental Quality

Thomas.D.French is your Eurofins Eaton Analytical Service Manager

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

Kit #: 159644



Created By: Thomas.D.French - [TDF]
Deliver By: 02/21/2017

STG: Bottle Orders

Ice Type: W

Client ID: ADEQ-LEAD

Project Code: MCOB-AD Bottle Orders

Group Name: Mary C. O' Brien Elementary School
PO#/JOB#:

Note: Sampler Please return this paper with your samples

Ship Sample Kits to
Mary C. O' Brien Accomodation District
BATTs Building
3740 N. Toltec Road
Eloy, AZ 85131
Attn: Jesse Salazar - Facility Manger
Phone: (520) 450-4467

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

12

@ICPMS

Bottle Qty - Type [preservative information]

1 - 250ml poly [no preservative]

UN DOT #

Comments

Mary C. O'Brien Elementary School - Include Mary C. O'Brien Accomodation District Sample list, 12 Lead Sampling Plan Records, packing instructions for return shipment to Eurofins Eaton Analytical, Inc. 750 Royal Oaks Drive, Suite C, Monrovia, CA 91016. 12 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.

Code

Status

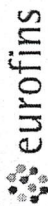
Date Shipped

Via

Tracking #

of Coolers

Prepared By



Eaton Analytical

INTERNAL CHAIN OF CUSTODY RECORD

EEA Folder Number:

SAMPLE TEMP RECEIVED:

SAMPLES REC'D DAY OF COLLECTION?

IR Gun ID = 461A (Observation = 16.6 °C) (Corr.Factor -0.1 °C) (Final = 16.5 °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: FedEx

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)

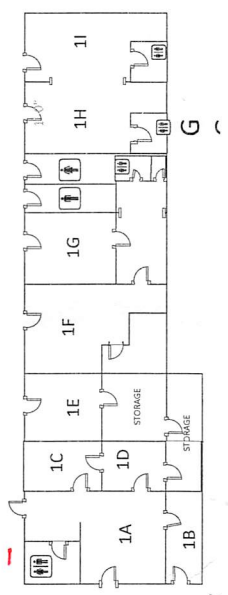
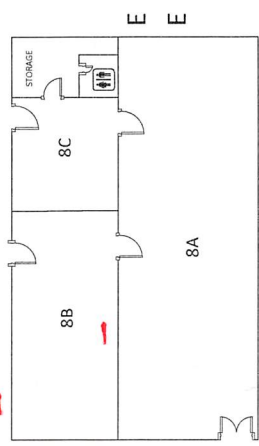
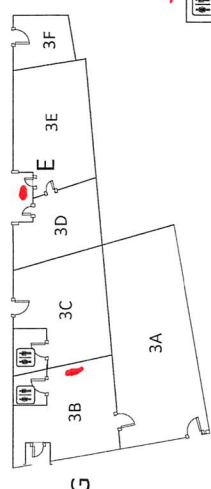
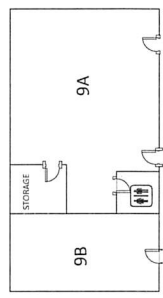
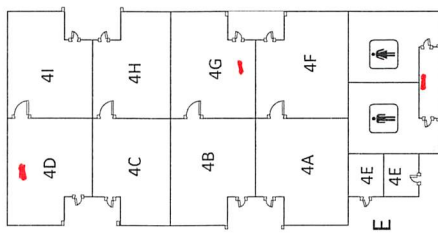
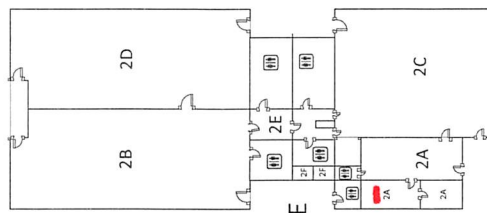
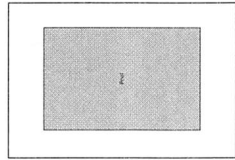
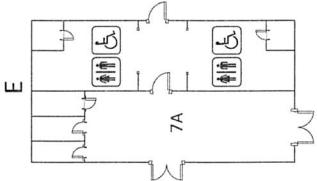
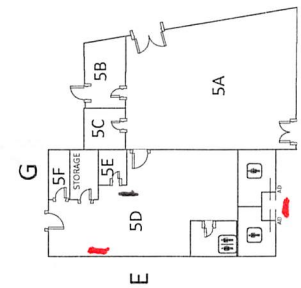
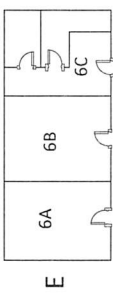
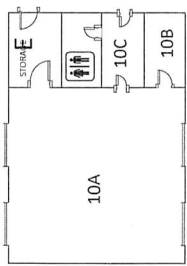
Note: If samples are out of temperature range, let the ASMs know. ASMs will determine whether to proceed with analysis or not.

RECEIVED BY: <u>[Signature]</u>	PRINT NAME <u>Josap</u>	COMPANY/TITLE <u>Eurofins Eaton Analytical</u>	DATE <u>3/1/17</u>	TIME <u>1218</u>
---------------------------------	-------------------------	--	--------------------	------------------

Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1001	Gym		P.E.	1954	1400 N Eleven Mile Corner Rd	Casa Grande	85194-	Pinal	2
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School						1400 N Eleven Mile Corner Rd	Casa Grande			2
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1004	Building C		Classes, Office	1984	1400 N Eleven Mile Corner Rd	Casa Grande	85194	Pinal	2
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1006	Building H		Classes, Office	1998	1400 N Eleven Mile Corner Rd	Casa Grande	85194	Pinal	1
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School						1400 N Eleven Mile Corner Rd	Casa Grande			2
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1007	Lounge		Lounge	1954	1400 N Eleven Mile Corner Rd	Casa Grande	85194	Pinal	2
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1008	Cafeteria - SFB-funded		Cafeteria	2005	1400 N Eleven Mile Corner Rd	Casa Grande	85194	Pinal	1
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1009	Classroom SFB-funded		Classroom	2005	1400 N Eleven Mile Corner Rd	Casa Grande	85194	Pinal	1
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1010	Classroom 2 SFB-funded		Classroom	2005	1400 N Eleven Mile Corner Rd	Casa Grande	85194	Pinal	1
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1011	Replacement Building D		Classrooms, nurse	2003	1400 N Eleven Mile Corner Rd	Casa Grande	85194	Pinal	1
Mary C O'Brien Accommodation District	Mary C O'Brien Elementary School	1012	Portable		Therapy / pool shower	2007	1400 N Eleven Mile Corner Rd	Casa Grande	85194	Pinal	1
Total Containers											12

6/26/2017

Mary C. O'Brien Elementary School



E-Electricity
G-Natural Gas
W-Water

WW

WW

Tel: (626) 386-1100
Fax: (626) 386-1101
1 800 566 LABS (1 800 566 5227)

Laboratory Comments
Report: 642199

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

Tel: (626) 386-1100
Fax: (626) 386-1101
1 800 566 LABS (1 800 566 5227)

Laboratory Hits
Report: 642199

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

Samples Received on:
03/01/2017 1218

Analyzed	Analyte	Sample ID	Result	Federal MCL	Units	MRL
03/04/2017 12:42	Lead Total ICAP/MS	201703010769 <u>1A</u>	2.0	15	ug/L	0.5
03/04/2017 12:43	Lead Total ICAP/MS	201703010770 <u>2A</u>	1.3	15	ug/L	0.5
03/04/2017 12:43	Lead Total ICAP/MS	201703010772 <u>3B</u>	1.3	15	ug/L	0.5
03/04/2017 12:44	Lead Total ICAP/MS	201703010773 <u>3E</u>	2.6	15	ug/L	0.5
03/04/2017 12:50	Lead Total ICAP/MS	201703010774 <u>4D</u>	0.59	15	ug/L	0.5
03/04/2017 12:52	Lead Total ICAP/MS	201703010775 <u>4F</u>	1.2	15	ug/L	0.5
03/04/2017 12:53	Lead Total ICAP/MS	201703010776 <u>4G</u>	2.1	15	ug/L	0.5
03/04/2017 12:54	Lead Total ICAP/MS	201703010777 <u>5A</u>	1.1	15	ug/L	0.5
03/04/2017 12:56	Lead Total ICAP/MS	201703010778 <u>5D</u>	1.2	15	ug/L	0.5
03/04/2017 12:57	Lead Total ICAP/MS	201703010779 <u>8</u>	3.7	15	ug/L	0.5

SUMMARY OF POSITIVE DATA ONLY

Tel: (626) 386-1100
Fax: (626) 386-1101
1 800 566 LABS (1 800 566 5227)

Laboratory Data
Report: 642199

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

Samples Received on:
03/01/2017 1218

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
1A (201703010769)						Sampled on 02/26/2017 1230			
Sample Type: Drinking Fountain Facility ID: 1A Sample Point ID: 1A Outside									
EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:42	974567	975225	(EPA 200.8)	Lead Total ICAP/MS	2.0	ug/L	0.5	1
2A (201703010770)						Sampled on 02/26/2017 1242			
Sample Type: Tap Facility ID: 2A Sample Point ID: 2A Nurse Office									
EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:43	974567	975225	(EPA 200.8)	Lead Total ICAP/MS	1.3	ug/L	0.5	1
3B (201703010772)						Sampled on 02/26/2017 1308			
Sample Type: Tap Facility ID: 3B Sample Point ID: 3B Kindergarden									
EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:43	974567	975225	(EPA 200.8)	Lead Total ICAP/MS	1.3	ug/L	0.5	1
3E (201703010773)						Sampled on 02/26/2017 1247			
Sample Type: Drinking Fountain Facility ID: 3E Sample Point ID: 3E									
EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:44	974567	975225	(EPA 200.8)	Lead Total ICAP/MS	2.6	ug/L	0.5	1
4D (201703010774)						Sampled on 02/26/2017 1324			
Sample Type: Tap Facility ID: 4D Sample Point ID: 4D									
EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:50	974567	975227	(EPA 200.8)	Lead Total ICAP/MS	0.59	ug/L	0.5	1
4F (201703010775)						Sampled on 02/26/2017 1255			
Sample Type: Drinking Fountain Facility ID: 4F Sample Point ID: 4F									
EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:52	974567	975227	(EPA 200.8)	Lead Total ICAP/MS	1.2	ug/L	0.5	1
4G (201703010776)						Sampled on 02/26/2017 1320			
Sample Type: Tap Facility ID: 4G Sample Point ID: 4G									
EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:53	974567	975227	(EPA 200.8)	Lead Total ICAP/MS	2.1	ug/L	0.5	1
5A (201703010777)						Sampled on 02/26/2017 1257			

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

Tel: (626) 386-1100
Fax: (626) 386-1101
1 800 566 LABS (1 800 566 5227)

Laboratory Data
Report: 642199

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

Samples Received on:
03/01/2017 1218

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
Sample Type: Drinking Fountain Facility ID: 5A Sample Point ID: 5A EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:54	974567	975227	(EPA 200.8)	Lead Total ICAP/MS	1.1	ug/L	0.5	1
<u>5D (201703010778)</u>						Sampled on 02/26/2017 1301			
Sample Type: Tap Facility ID: 5D Sample Point ID: 5D Kitchen EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:56	974567	975227	(EPA 200.8)	Lead Total ICAP/MS	1.2	ug/L	0.5	1
<u>8 (201703010779)</u>						Sampled on 02/26/2017 1237			
Sample Type: Tap Facility ID: 8B Sample Point ID: 8B Break Room/Kitchen EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:57	974567	975227	(EPA 200.8)	Lead Total ICAP/MS	3.7	ug/L	0.5	1
<u>8B (201703010780)</u>						Sampled on 02/26/2017 1235			
Sample Type: Drinking Fountain Facility ID: 8B Sample Point ID: 8B Outside EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:58	974567	975227	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<u>10A (201703010781)</u>						Sampled on 02/26/2017 0500			
Sample Type: Drinking Fountain Facility ID: 10A Sample Point ID: 10A EPA 200.8 - ICPMS Metals									
03/02/17	03/04/17 12:58	974567	975227	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1

Tel: (626) 386-1100
Fax: (626) 386-1101
1 800 566 LABS (1 800 566 5227)

Arizona Department of Environmental Quality

ICPMS Metals

Prep Batch: 974567 Analytical Batch: 975225

201703010769	1A
201703010770	2A
201703010772	3B
201703010773	3E

Analysis Date: 03/04/2017

Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD

ICPMS Metals

Prep Batch: 974567 Analytical Batch: 975227

201703010774	4D
201703010775	4F
201703010776	4G
201703010777	5A
201703010778	5D
201703010779	8
201703010780	8B
201703010781	10A

Analysis Date: 03/04/2017

Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD

Tel: (626) 386-1100
Fax: (626) 386-1101
1 800 566 LABS (1 800 566 5227)

Arizona Department of Environmental Quality

QC Type	Analyte	Native	Spiked	Recovered	Units	Yield (%)	Limits (%)	RPDLimit (%)	RPD%
ICPMS Metals by EPA 200.8									
Analytical Batch: 975225					Analysis Date: 03/04/2017				
LCS1	Lead Total ICAP/MS		20	19.8	ug/L	99	(85-115)		
LCS2	Lead Total ICAP/MS		20	20.1	ug/L	100	(85-115)	20	1.5
MBLK	Lead Total ICAP/MS			<0.5	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.513	ug/L	103	(50-150)		
MS_201703010700	Lead Total ICAP/MS	1.7	20	23.0	ug/L	106	(70-130)		
MS2_201703010710	Lead Total ICAP/MS	5.8	20	27.0	ug/L	106	(70-130)		
MSD_201703010700	Lead Total ICAP/MS	1.7	20	22.9	ug/L	106	(70-130)	20	0.44
MSD2_201703010710	Lead Total ICAP/MS	5.8	20	26.9	ug/L	106	(70-130)	20	0.37
ICPMS Metals by EPA 200.8									
Analytical Batch: 975227					Analysis Date: 03/04/2017				
LCS1	Lead Total ICAP/MS		20	20.0	ug/L	100	(85-115)		
LCS2	Lead Total ICAP/MS		20	20.0	ug/L	100	(85-115)	20	0.0
MBLK	Lead Total ICAP/MS			<0.5	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.523	ug/L	105	(50-150)		
MS_201703010774	Lead Total ICAP/MS	0.59	20	21.1	ug/L	103	(70-130)		
MS2_201703010833	Lead Total ICAP/MS	2.6	20	23.7	ug/L	105	(70-130)		
MSD_201703010774	Lead Total ICAP/MS	0.59	20	23.2	ug/L	113	(70-130)	20	9.5
MSD2_201703010833	Lead Total ICAP/MS	2.6	20	23.9	ug/L	107	(70-130)	20	0.84

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.