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Laboratory Report

for

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

Date of Issue
03/14/2017



Eurofins Eaton
Analytical

TDF: Thomas.D.French
Project Manager



Report: 643951
Project: COOLIDGE-USD
ADHS License #: AZ0778
Group: West Elementary School
PO#: School
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
-----	-----	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 HCO ₃	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 CO ₃	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-CLO ₂ 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-SiO ₂ 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 #: 643951
Project: COOLIDGE-USD
Sample Group: West Elementary School School

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

The following samples were received from you on **March 08, 2017** at **1243**. 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>201703090523</u>	1001	03/02/2017 0600
	Sample Type: Sink Facility ID: Office Sample Point ID: Front Office	
	@ICPMS	Freight - Outbound
		Freight - Return
<u>201703090524</u>	1001	03/02/2017 0600
	Sample Type: Fountain Facility ID: Office Sample Point ID: Office	
	@ICPMS	
<u>201703090525</u>	1002	03/02/2017 0600
	Sample Type: Fountain Facility ID: Classroom #18 Sample Point ID: Rm 18	
	@ICPMS	
<u>201703090526</u>	1002	03/02/2017 0600
	Sample Type: Fountain Facility ID: Classroom Rm 8 Sample Point ID: Rm #8	
	@ICPMS	
<u>201703090527</u>	1003	03/02/2017 0600
	Sample Type: Fountain Facility ID: Classroom 6 Sample Point ID: Classroom 6	
	@ICPMS	
<u>201703090528</u>	1003	03/02/2017 0600
	Sample Type: Fountain Facility ID: Classroom Rm 13 Sample Point ID: Room #13	
	@ICPMS	
<u>201703090529</u>	1004	03/02/2017 0600
	Sample Type: Sink Facility ID: Library Sample Point ID: Library	
	@ICPMS	
<u>201703090530</u>	1004	03/02/2017 0600

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Sample #	Sample ID	Sample Date
	Sample Type: Fountain Facility ID: Library Sample Point ID: Library @ICPMS	
<u>201703090531</u>	1005	03/02/2017 0600
	Sample Type: Fountain Facility ID: East Classroom Sample Point ID: East Classroom @ICPMS	
<u>201703090532</u>	1005	03/02/2017 0600
	Sample Type: Fountain Facility ID: West Classroom Sample Point ID: West Classroom @ICPMS	
<u>201703090533</u>	1006	03/02/2017 0600
	Sample Type: Fountain Facility ID: South Classroom Sample Point ID: South Classroom @ICPMS	
<u>201703090534</u>	1006	03/02/2017 0600
	Sample Type: Fountain Facility ID: Classrooms (N-S) Sample Point ID: North Side of Building @ICPMS	
<u>201703090535</u>	1007	03/02/2017 0600
	Sample Type: Fountain Facility ID: Rm 2 Kinder Wing Sample Point ID: #2 @ICPMS	
<u>201703090536</u>	1012	03/02/2017 0600
	Sample Type: Fountain Facility ID: GYM Sample Point ID: GYM @ICPMS	
<u>201703090537</u>	1013	03/02/2017 0600
	Sample Type: Fountain Facility ID: Cafeteria Sample Point ID: Cafeteria	

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Sample #	Sample ID	Sample Date
	@ICPMS	

Test Description

@ICPMS -- ICPMS Metals


643951

Collection Log

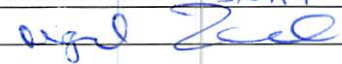
for experienced sample collectors

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	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Office
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Front Office
Sample Identification Number (<u>Write the number here and on sample container</u>)	1001
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Salvador Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:43
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

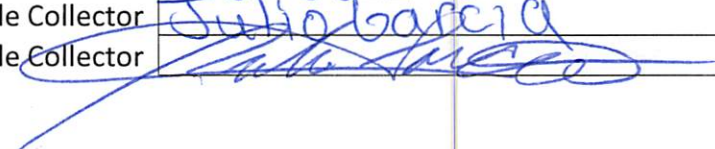
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

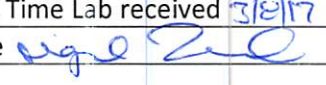
for experienced sample collectors

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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	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Office
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Office
Sample Identification Number (<u>Write the number here and on sample container</u>)	1001
Date of Collection	3/2/2017
Time of Collection	6:00 AM
Printed Name of Sample Collector	Julio Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 10:43
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

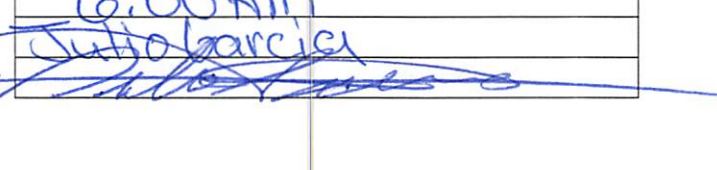
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Collection Log

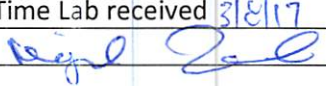
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Name of School District	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Classroom #18
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Rm 18
Sample Identification Number (Write the number here and on sample container)	1002
Date of Collection	3/2/2017
Time of Collection	6:00 AM
Printed Name of Sample Collector	Juli Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/8/17 10:43
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

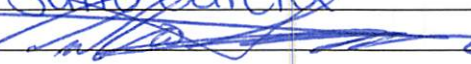
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log


for experienced sample collectors

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Name of School District	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Classroom Rm 8
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Rm #8
Sample Identification Number (Write the number here and on sample container)	1002
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Julio Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:43
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

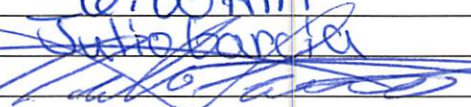
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

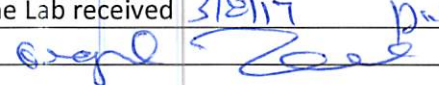
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Name of School District	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Classroom 6
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Classroom 6
Sample Identification Number (<u>Write the number here and on sample container</u>)	1003
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Juli Karpis
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 pm
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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Name of School District

School Name

Building (name/number)

Type of Fixture (tap, drinking fountain etc.)

Location of Fixture (example, room number)


Sample Identification Number (**Write the number here and on sample container**)

Date of Collection

Time of Collection

Printed Name of Sample Collector

Signature Sample Collector

Coolidge Unified School Dist
West Elementary
Classroom Rm 13
Fountain
Room #13
1003
3/2/17
6:00 AM
Julia Garcia


Notes Sample collector:

For Lab use only

Analyze this drinking water sample for lead

Date and Time Lab received 3/2/17 12:43

Signature  

Notes:

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____


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Collection Log

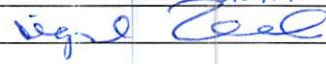
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Name of School District	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Library
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Library
Sample Identification Number (Write the number here and on sample container)	1004
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	José Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:43
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	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Library
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Library
Sample Identification Number (<u>Write the number here and on sample container</u>)	1004
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Julio Borgia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:43
Signature	
Notes:	HOT M&W 3-8-17

For relinquishing samples upon delivery to labs only


Relinquished date and signature _____

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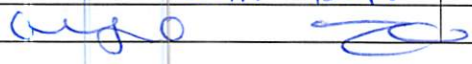
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Name of School District	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	East Classroom
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	East Classroom
Sample Identification Number (Write the number here and on sample container)	1005
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Sutia Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:55
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

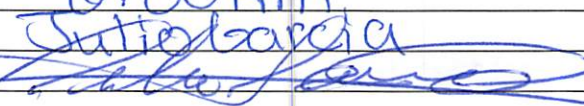
These samples were collected for lead screening purposes only and cannot be used for compliance.

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

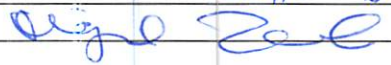
Name of School District	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	West Classroom
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	West Classroom
Sample Identification Number (<u>Write the number here and on sample container</u>)	1005
Date of Collection	3/2/17
Time of Collection	10:00 AM
Printed Name of Sample Collector	Sutia Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only

Analyze this drinking water sample for lead

Date and Time Lab received 3/2/17 12:43

Signature 

Notes:

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

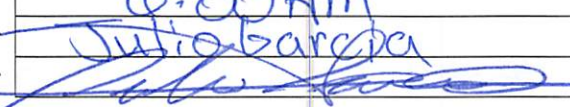
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

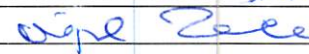
for experienced sample collectors

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	Cochise County School Dist
School Name	West Elementary
Building (name/number)	South Classroom
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	South Classroom
Sample Identification Number (<u>Write the number here and on sample container</u>)	1006
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Julio Garcia
Signature Sample Collector	

Notes Sample collector:	
-------------------------	--

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:42
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	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Classrooms (N=5)
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	North Side of Building
Sample Identification Number (<u>Write the number here and on sample container</u>)	1006
Date of Collection	3/2/2016
Time of Collection	6:00 AM
Printed Name of Sample Collector	Julio Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:43
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

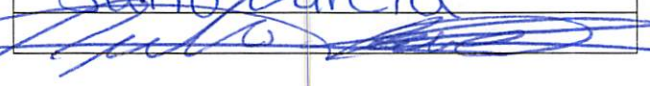
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

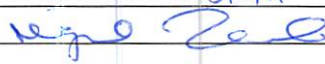
for experienced sample collectors

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	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Rm 2 Kinder Wing
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	#2
Sample Identification Number (<u>Write the number here and on sample container</u>)	1007
Date of Collection	3/2/2017
Time of Collection	6:00 AM
Printed Name of Sample Collector	Julio Garcia
Signature Sample Collector	

Notes Sample collector:	
-------------------------	--

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:43
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

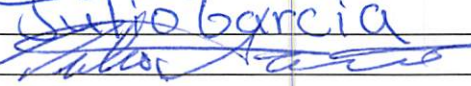
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Gym
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Gym
Sample Identification Number (<u>Write the number here and on sample container</u>)	1012
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Julio Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/8/17 12:43
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

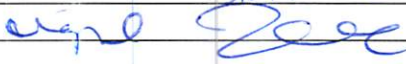
for experienced sample collectors

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	Coolidge Unified School Dist
School Name	West Elementary
Building (name/number)	Cafeteria
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Cafeteria
Sample Identification Number (<u>Write the number here and on sample container</u>)	1013
Date of Collection	3/2/17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Santiago Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/2/17 12:43
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.



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

750 Royal Oaks Drive, Suite 100
Menlo Park, California 94025-3829
(626) 386-1100 FAX (626) 386-1101

Eaton Analytical

Kit #: 158528

Created By: Thomas.D.French - [TDF]
Deliver By: 02/10/2017

STG: Bottle Orders

Ice Type: W

Note: Sampler Please return this paper with your samples

Client ID: ADEQ-LEAD
Project Code: COOLIDGE-USD Bottle Orders
Group Name: West Elementary School School
PO#/JOB#:

Ship Sample Kits to
Coolidge Unified School District
595 N. 9th Street
Coolidge, AZ 85128
Attn: Michael Schmitt/Support Services
Phone: (520) 723-2068

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

15

@ICPMS

Bottle Qty - Type [preservative information]

1 - 250ml poly [no preservative]

UN DOT #

Comments

West Elementary School - Include Coolidge Unified School District Sample list, 15 Lead Sampling Plan Records, packing instructions for return shipment to Eurofins Eaton Analytical, Inc. 750 Royal Oaks Drive, Suite C, Menlo Park, CA 94025. 15 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 = 569A (Observation = 20.2 °C) (Corr. Factor = -0.2 °C) (Final = 20.0 °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.

SIGNATURE	PRINT NAME	COMPANY/TITLE	DATE	TIME
		Eurofins Eaton Analytical		

District	School	Building No	Building Desc	Building Use	Year Built	street	City	zip	County	Number of Containers per building
Coolidge Unified District	West Elementary School	1001	W-001 A	Cafeteria/Offices	1963	P O Box 1499	Coolidge	85228-	Pinal	2
Coolidge Unified District	West Elementary School	1002	W-100 B	classrooms	1963	P O Box 1499	Coolidge	85228-	Pinal	2
Coolidge Unified District	West Elementary School	1003	W-200 C	classrooms	1963	P O Box 1499	Coolidge	85228-	Pinal	2
Coolidge Unified District	West Elementary School	1004	W-500 D	Library	1975	P O Box 1499	Coolidge	85228-	Pinal	2
Coolidge Unified District	West Elementary School	1005	W-400 F	classrooms (E-W)	1975	P O Box 1499	Coolidge	85228-	Pinal	2
Coolidge Unified District	West Elementary School	1006	W-300 E	classrooms (N-S)	1975	P O Box 1499	Coolidge	85228-	Pinal	2
Coolidge Unified District	West Elementary School	1007	W-900 L	Kindergarten Wing	1990	P O Box 1499	Coolidge	85228-	Pinal	1
Coolidge Unified District	West Elementary School	1012	Gym	Gym	2007	P O Box 1499	Coolidge	85228-	Pinal	1
Coolidge Unified District	West Elementary School	1013	Cafeteria	Cafeteria	2007	P O Box 1499	Coolidge	85228-	Pinal	1
Total Containers										15

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

Laboratory Comments
Report: 643951

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: 643951

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

Samples Received on:
03/08/2017 1243

Analyzed	Analyte	Sample ID	Result	Federal MCL	Units	MRL
	201703090523	<u>1001</u>				
03/12/2017 12:20	Lead Total ICAP/MS		12	15	ug/L	0.5
	201703090532	<u>1005</u>				
03/12/2017 12:31	Lead Total ICAP/MS		0.71	15	ug/L	0.5
	201703090535	<u>1007</u>				
03/12/2017 12:33	Lead Total ICAP/MS		50	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: 643951

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

Samples Received on:
03/08/2017 1243

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
1001 (201703090523)						Sampled on 03/02/2017 0600			
Sample Type: Sink Facility ID: Office Sample Point ID: Front Office									
EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:20	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	12	ug/L	0.5	1
1001 (201703090524)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: Office Sample Point ID: Office									
EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:21	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1002 (201703090525)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: Classroom #18 Sample Point ID: Rm 18									
EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:22	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1002 (201703090526)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: Classroom Rm 8 Sample Point ID: Rm #8									
EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:23	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1003 (201703090527)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: Classroom 6 Sample Point ID: Classroom 6									
EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:23	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1003 (201703090528)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: Classroom Rm 13 Sample Point ID: Room #13									
EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:24	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1004 (201703090529)						Sampled on 03/02/2017 0600			
Sample Type: Sink Facility ID: Library Sample Point ID: Library									
EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:25	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1004 (201703090530)						Sampled on 03/02/2017 0600			

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

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Laboratory Data
Report: 643951

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

Samples Received on:
03/08/2017 1243

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
Sample Type: Fountain Facility ID: Library Sample Point ID: Library EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:29	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1005 (201703090531)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: East Classroom Sample Point ID: East Classroom EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:30	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1005 (201703090532)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: West Classroom Sample Point ID: West Classroom EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:31	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	0.71	ug/L	0.5	1
1006 (201703090533)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: South Classroom Sample Point ID: South Classroom EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:31	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1006 (201703090534)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: Classrooms (N-S) Sample Point ID: North Side of Building EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:32	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1007 (201703090535)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: Rm 2 Kinder Wing Sample Point ID: #2 EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:33	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	50	ug/L	0.5	1
1012 (201703090536)						Sampled on 03/02/2017 0600			
Sample Type: Fountain Facility ID: GYM Sample Point ID: GYM EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:34	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1013 (201703090537)						Sampled on 03/02/2017 0600			

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Laboratory Data
Report: 643951

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

Samples Received on:
 03/08/2017 1243

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
Sample Type: Fountain Facility ID: Cafeteria Sample Point ID: Cafeteria EPA 200.8 - ICPMS Metals									
03/13/17	03/12/17 12:34	977245	977550	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1

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

Arizona Department of Environmental Quality

ICPMS Metals

Prep Batch: 977245 Analytical Batch: 977550

201703090523	1001
201703090524	1001
201703090525	1002
201703090526	1002
201703090527	1003
201703090528	1003
201703090529	1004
201703090530	1004
201703090531	1005
201703090532	1005
201703090533	1006
201703090534	1006
201703090535	1007
201703090536	1012
201703090537	1013

Analysis Date: 03/12/2017

Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
Analyzed by: RPD
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Arizona Department of Environmental Quality

QC Type	Analyte	Native	Spiked	Recovered	Units	Yield (%)	Limits (%)	RPDLimit (%)	RPD%
ICPMS Metals by EPA 200.8									
Analytical Batch: 977550					Analysis Date: 03/12/2017				
LCS1	Lead Total ICAP/MS		20	19.7	ug/L	99	(85-115)		
LCS2	Lead Total ICAP/MS		20	20.0	ug/L	100	(85-115)	20	2.0
MBLK	Lead Total ICAP/MS			<0.5	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.496	ug/L	99	(50-150)		
MS_201703090495	Lead Total ICAP/MS	0.56	20	21.9	ug/L	107	(70-130)		
MS2_201703090529	Lead Total ICAP/MS	ND	20	22.0	ug/L	110	(70-130)		
MSD_201703090495	Lead Total ICAP/MS	0.56	20	21.5	ug/L	105	(70-130)	20	1.8
MSD2_201703090529	Lead Total ICAP/MS	ND	20	22.3	ug/L	112	(70-130)	20	1.4

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.