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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  
03/14/2017



Eurofins Eaton  
Analytical

TDF: Thomas.D.French  
Project Manager



Report: 643963  
Project: COOLIDGE-USD  
ADHS License #: AZ0778  
Group: Coolidge High 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
-----	-----	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 <sup>-</sup> D		x	
Sulfite	SM 4500-SO <sup>3</sup> 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

Client ID: ADEQ-LEAD  
 Folder #: 643963  
 Project: COOLIDGE-USD  
 Sample Group: Coolidge High School

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

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 **1340**. 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: Fountain Facility ID: Dome Sample Point ID: Boys Locker Room @ICPMS	
<u>201703090696</u>	1007	03/01/2017 0545
	Sample Type: Fountain Facility ID: Cafeteria/Auditorium Sample Point ID: Lobby Cafeteria @ICPMS	
<u>201703090697</u>	1007	03/01/2017 0545
	Sample Type: Fountain Facility ID: Cafeteria/Auditorium Sample Point ID: Green Room @ICPMS	
<u>201703090698</u>	1007	03/01/2017 0545
	Sample Type: Not Provided Facility ID: Not Provided Sample Point ID: Restroom F @ICPMS	
<u>201703090699</u>	1014	03/01/2017 0545
	Sample Type: Fountain Facility ID: Library Sample Point ID: Library @ICPMS	
<u>201703090700</u>	1015	03/01/2017 0545
	Sample Type: Sink Facility ID: Culinary Sample Point ID: Culinary Rm # @ICPMS	
<u>201703090701</u>	1016	03/01/2017 0545
	Sample Type: Fountain Facility ID: Gymnasium Sample Point ID: Gymnasium @ICPMS	
<u>201703090702</u>	1017	03/01/2017 0545
	Sample Type: Fountain Facility ID: Administrarion Sample Point ID: Administration Hallway	

### Acknowledgement of Samples Received

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Sample #	Sample ID	Sample Date
	@ICPMS	
201703090703	1018	03/01/2017 0545
	Sample Type: Fountain Facility ID: Classroom Sample Point ID: 300 Bld Hallway	
	@ICPMS	
201703090704	1019	03/01/2017 0545
	Sample Type: Sink Facility ID: Concession Stand Sample Point ID: Concession Stand	
	@ICPMS	

### Test Description

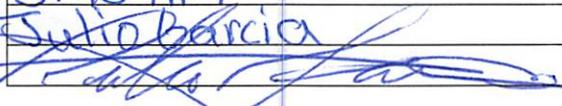
@ICPMS -- ICPMS Metals

643963

**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	Coolidge High School
Building (name/number)	Pre-School Rm 511
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Rm 511
Sample Identification Number ( <b><u>Write the number here and on sample container</u></b> )	1001
Date of Collection	3/1/17
Time of Collection	5:45 AM
Printed Name of Sample Collector	Sutro 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 13:00
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	Coolidge High School
Building (name/number)	Pre-School Rm 511
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	511
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1001
Date of Collection	3/1/17
Time of Collection	5:45 AM
Printed Name of Sample Collector	<del>Sally Barber</del>
Signature Sample Collector	<del>[Signature]</del>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/1/17 1:40
Signature	[Signature]
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

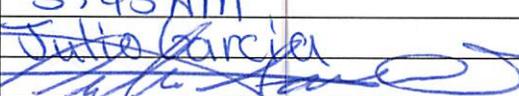
*These samples were collected for lead screening purposes only and cannot be used for compliance.*

### Collection Log

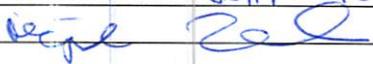
*for experienced sample collectors*

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	Coolidge High School
Building (name/number)	500 Wing Rm: 510
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Rm 510
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1003
Date of Collection	3/1/17
Time of Collection	5:45 AM
Printed Name of Sample Collector	Julia Garcia
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 1:30
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

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### Collection Log

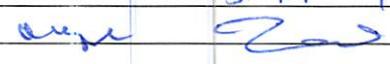
*for experienced sample collectors*

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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	Coolidge Unified School Dist
School Name	Coolidge High School
Building (name/number)	500 Wing Rm 503
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Rm 507
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1003
Date of Collection	3/1/17
Time of Collection	5:45 AM
Printed Name of Sample Collector	Sutro Garcia
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 12:40
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

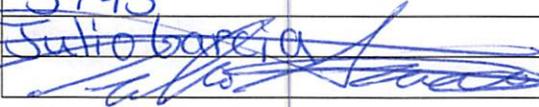
*These samples were collected for lead screening purposes only and cannot be used for compliance.*

## Collection Log

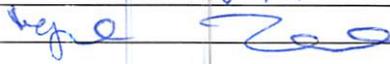
*for experienced sample collectors*

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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	Coonidge Unified School Dist
School Name	Coonidge High School
Building (name/number)	Girls Locker Room
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Girls Locker Room
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1004
Date of Collection	3/1/17
Time of Collection	5:45
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	3/1/17 13:40
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

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## Collection Log

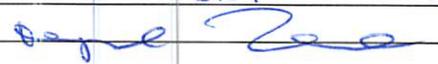
*for experienced sample collectors*

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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	Coon Valley Unified School Dist
School Name	Coon Valley High School
Building (name/number)	Boys Locker Room
Type of Fixture (tap, drinking fountain etc.)	Tap/Sink
Location of Fixture (example, room number)	Boys Locker Room
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1004
Date of Collection	3/1/17
Time of Collection	5:45
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	3/1/17 12:40
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

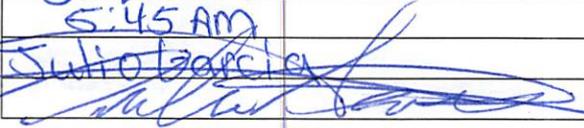
*These samples were collected for lead screening purposes only and cannot be used for compliance.*

### Collection Log

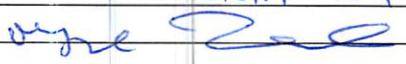
*for experienced sample collectors*

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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	Coolidge High School
Building (name/number)	Dome
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	gym locker room
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1005
Date of Collection	3/1/2017
Time of Collection	5:45 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	3/1/17 13:40
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

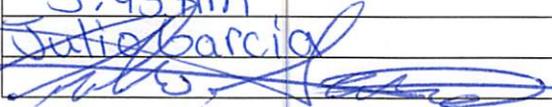
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## Collection Log

*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	Coolidge Unified School Dist
School Name	Coolidge High School
Building (name/number)	Dome
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Boys Locker room
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1005
Date of Collection	3/1/2017
Time of Collection	5:45 AM
Printed Name of Sample Collector	Julie Garcia
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 12:00
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	Coolidge Unified School Dist
School Name	Coolidge High School
Building (name/number)	Cafeteria/Auditorium
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Lobby Cafeteria
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1007
Date of Collection	3/1/2017
Time of Collection	5:45 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	3/1/17 13:40
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

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## Collection Log

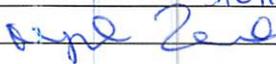
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Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and no flushing was done prior to sampling

Name of School District	Coolidge Unified School Dist
School Name	Coolidge High School
Building (name/number)	Cafeteria/Auditorium
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Green Room
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1007
Date of Collection	3/1/2017
Time of Collection	5:45 AM
Printed Name of Sample Collector	Jalio Garcia
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 13:40
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	Coolidge High School
Building (name/number)	
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	Restroom F
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1007
Date of Collection	3-1-17
Time of Collection	05:45
Printed Name of Sample Collector	
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 20:46
Signature	MAU EEA-mm
Notes:	* NO COC Rec'd.
all the information was taken from label on bottle.	

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

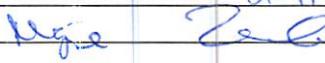
*for experienced sample collectors*

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	Coolidge High School
Building (name/number)	Library
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Library
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1014
Date of Collection	3/1/12
Time of Collection	5:45 AM
Printed Name of Sample Collector	Julia Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/1/12 13:40
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

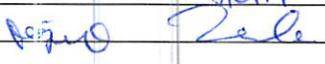
*for experienced sample collectors*

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	Coolidge High School
Building (name/number)	Culinary
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Culinary Rm#
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1015
Date of Collection	3/1/2017
Time of Collection	5:45 AM
Printed Name of Sample Collector	Jutto Barcena
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 13:40
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	Coolidge High School
Building (name/number)	Gymnasium
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Gymnasium
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1016
Date of Collection	3/1/2017
Time of Collection	5:45 AM
Printed Name of Sample Collector	Sutis Garcia
Signature Sample Collector	<i>[Signature]</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/1/17 13:40
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

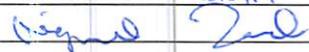
*for experienced sample collectors*

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	Coolidge Unified School Dist
School Name	Coolidge High School
Building (name/number)	Administration
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Administration hallway
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1017
Date of Collection	3/1/17
Time of Collection	5:45 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	3/1/17 13:40
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

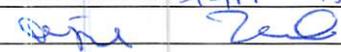
*for experienced sample collectors*

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	Coolidge High School
Building (name/number)	Classroom
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	300 Bld Hallway
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1018
Date of Collection	3/1/2017
Time of Collection	5:45 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	3/1/17 13:40
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

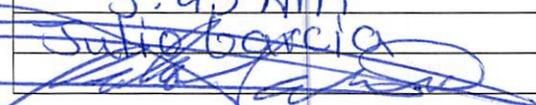
*These samples were collected for lead screening purposes only and cannot be used for compliance.*

### Collection Log

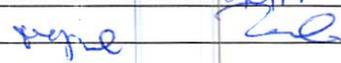
*for experienced sample collectors*

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	Coolidge High School
Building (name/number)	Concession Stand
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Concession Stand
Sample Identification Number ( <b>Write the number here and on sample container</b> )	1019
Date of Collection	3/1/17
Time of Collection	5:45 AM
Printed Name of Sample Collector	Sally Garcia
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 13:40
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 #: 158526

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-JSD Bottle Orders  
Group Name: Coolidge High School  
PO#/JOB#:

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

**Send Report to**  
Arizona Department of Environmental  
Quality  
1110 West Washington Street  
Phoenix, AZ 85007  
Attr: David Burchard  
Phone: (602) 771-4298

**Billing Address**  
Arizona Department of Environmental  
Quality  
1110 West Washington Street  
Phoenix, AZ 85007  
Attr: ADEQ  
Phone: (602) 771-1936

# of Sample Tests 17 @ICPMS Bottle Qty - Type [ preservative information ] 1 - 250ml poly [ no preservative ] UN DOT #

**Comments**

Coolidge High School - Include Coolidge Unified School District Sample list, 17 Lead Sampling Plan Records, packing instructions for return shipment to Eurofins Eaton Analytical, Inc. 750 Royal Oaks Drive, Suite C, Monrovia, CA 91016. 17 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 = 5694 (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: \_\_\_\_\_

### 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)
- 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: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	PRINT NAME	COMPANY/TITLE Eurofins Eaton Analytical	DATE	TIME
--	------------	--	------	------

District	School	Building No	Building Desc	Building Use	Year Built	street	City	zip	County	Number of Containers per building
Coolidge Unified District	Coolidge High School (formerly North_Preschool)	1001	North Pre-School	classrooms	1936	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>2</del>
Coolidge Unified District	Coolidge High School	1003	C-500	500 Wing	1962	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>2</del>
Coolidge Unified District	Coolidge High School	1004	C-600	Lockers	1965	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>2</del>
Coolidge Unified District	Coolidge High School	1005	C-700	Dome	1965	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>2</del>
Coolidge Unified District	Coolidge High School	1007	D-100/200a	Cafeteria, Auditorium	1978	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>2</del>
Coolidge Unified District	Coolidge High School	1014	C-900	Library	2003	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>1</del>
Coolidge Unified District	Coolidge High School	1015	C-1000	Culinary Arts	2003	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>1</del>
Coolidge Unified District	Coolidge High School	1016	C-800	Training Gymnasium	2003	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>1</del>
Coolidge Unified District	Coolidge High School	1017	Admin Bldg (100)	ADMINISTRAT ION	2011	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>1</del>
Coolidge Unified District	Coolidge High School	1018	CLASSROOM BLDG	CLASSROOMS	2011	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>1</del>
Coolidge Unified District	Coolidge High School	1019	CONCESSIONS/R ESTROOMS	Concessions/R estroom	2011	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>1</del>
Coolidge Unified District	Coolidge High School	1020	RESTROOMS	RESTROOMS	2011	684 W. Northern Ave	Coolidge	85228-	Pinal	<del>1</del>
<b>Total Containers</b>										17

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

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

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

Laboratory Hits  
 Report: 643963

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

Samples Received on:  
 03/08/2017 1340

Analyzed	Analyte	Sample ID	Result	Federal MCL	Units	MRL
03/12/2017 12:57	Lead Total ICAP/MS	<b><u>201703090689</u></b> <b><u>1001</u></b>	1.3	15	ug/L	0.5
03/12/2017 12:57	Lead Total ICAP/MS	<b><u>201703090690</u></b> <b><u>1003</u></b>	0.86	15	ug/L	0.5
03/12/2017 13:00	Lead Total ICAP/MS	<b><u>201703090693</u></b> <b><u>1004</u></b>	0.67	15	ug/L	0.5
03/12/2017 13:00	Lead Total ICAP/MS	<b><u>201703090694</u></b> <b><u>1005</u></b>	0.56	15	ug/L	0.5
03/12/2017 13:16	Lead Total ICAP/MS	<b><u>201703090704</u></b> <b><u>1019</u></b>	0.70	15	ug/L	0.5

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 1 800 566 LABS (1 800 566 5227)

Laboratory Data  
 Report: 643963

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

Samples Received on:  
 03/08/2017 1340

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
<b>1001 (201703090688)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: PreSchool Rm 511 Sample Point ID: Rm 511									
<b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 12:54	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1001 (201703090689)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Sink Facility ID: PresSchool Rm 511 Sample Point ID: 511									
<b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 12:57	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	1.3	ug/L	0.5	1
<b>1003 (201703090690)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: 500 Wing Rm 510 Sample Point ID: Rm 510									
<b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 12:57	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	0.86	ug/L	0.5	1
<b>1003 (201703090691)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: 500 Wing Rm 503 Sample Point ID: Rm 507									
<b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 12:58	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1004 (201703090692)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: Girls Locker Room Sample Point ID: Girls Locker Room									
<b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 12:59	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1004 (201703090693)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Tap/Sink Facility ID: Boys Locker Room Sample Point ID: Boys Locker Room									
<b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:00	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	0.67	ug/L	0.5	1
<b>1005 (201703090694)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: Dome Sample Point ID: Girls Locker Room									
<b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:00	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	0.56	ug/L	0.5	1
<b>1005 (201703090695)</b>						<b>Sampled on 03/01/2017 0545</b>			

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

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 1 800 566 LABS (1 800 566 5227)

Laboratory Data  
 Report: 643963

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

Samples Received on:  
 03/08/2017 1340

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
Sample Type: Fountain Facility ID: Dome Sample Point ID: Boys Locker Room <b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:01	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1007 (201703090696)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: Cafeteria/Auditorium Sample Point ID: Lobby Cafeteria <b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:02	977245	977552	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1007 (201703090697)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: Cafeteria/Auditorium Sample Point ID: Green Room <b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:08	977245	977553	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1007 (201703090698)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Not Provided Facility ID: Not Provided Sample Point ID: Restroom F <b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:10	977245	977553	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1014 (201703090699)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: Library Sample Point ID: Library <b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:11	977245	977553	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1015 (201703090700)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Sink Facility ID: Culinary Sample Point ID: Culinary Rm # <b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:11	977245	977553	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1016 (201703090701)</b>						<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: Gymnasium Sample Point ID: Gymnasium <b>EPA 200.8 - ICPMS Metals</b>									
03/13/17	03/12/17 13:12	977245	977553	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1017 (201703090702)</b>						<b>Sampled on 03/01/2017 0545</b>			

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: 643963

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

Samples Received on:  
 03/08/2017 1340

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution	
Sample Type: Fountain Facility ID: Administrarion Sample Point ID: Administration Hallway <b>EPA 200.8 - ICPMS Metals</b>										
03/13/17	03/12/17	13:13	977245	977553	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1018 (201703090703)</b>							<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Fountain Facility ID: Classroom Sample Point ID: 300 Bld Hallway <b>EPA 200.8 - ICPMS Metals</b>										
03/13/17	03/12/17	13:15	977245	977553	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1019 (201703090704)</b>							<b>Sampled on 03/01/2017 0545</b>			
Sample Type: Sink Facility ID: Concession Stand Sample Point ID: Concession Stand <b>EPA 200.8 - ICPMS Metals</b>										
03/13/17	03/12/17	13:16	977245	977553	(EPA 200.8)	Lead Total ICAP/MS	0.70	ug/L	0.5	1

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

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**ICPMS Metals****Prep Batch: 977245 Analytical Batch: 977552**

201703090688	1001
201703090689	1001
201703090690	1003
201703090691	1003
201703090692	1004
201703090693	1004
201703090694	1005
201703090695	1005
201703090696	1007

**Analysis Date: 03/12/2017**

Analyzed by: RPD  
Analyzed by: RPD

**ICPMS Metals****Prep Batch: 977245 Analytical Batch: 977553**

201703090697	1007
201703090698	1007
201703090699	1014
201703090700	1015
201703090701	1016
201703090702	1017
201703090703	1018
201703090704	1019

**Analysis Date: 03/12/2017**

Analyzed by: RPD  
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QC Type	Analyte	Native	Spiked	Recovered	Units	Yield (%)	Limits (%)	RPDLimit (%)	RPD%
<b>ICPMS Metals by EPA 200.8</b>									
<b>Analytical Batch: 977552</b>					<b>Analysis Date: 03/12/2017</b>				
LCS1	Lead Total ICAP/MS		20	19.8	ug/L	99	(85-115)		
LCS2	Lead Total ICAP/MS		20	19.9	ug/L	100	(85-115)	20	0.50
MBLK	Lead Total ICAP/MS			<0.5	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.486	ug/L	97	(50-150)		
MS_201703090668	Lead Total ICAP/MS	2.1	20	23.9	ug/L	109	(70-130)		
MS2_201703090678	Lead Total ICAP/MS	12	20	33.6	ug/L	108	(70-130)		
MSD_201703090668	Lead Total ICAP/MS	2.1	20	23.7	ug/L	108	(70-130)	20	0.84
MSD2_201703090678	Lead Total ICAP/MS	12	20	33.7	ug/L	108	(70-130)	20	0.30

<b>ICPMS Metals by EPA 200.8</b>									
<b>Analytical Batch: 977553</b>					<b>Analysis Date: 03/12/2017</b>				
LCS1	Lead Total ICAP/MS		20	20.0	ug/L	100	(85-115)		
LCS2	Lead Total ICAP/MS		20	19.9	ug/L	99	(85-115)	20	0.50
MBLK	Lead Total ICAP/MS			<0.5	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.482	ug/L	97	(50-150)		
MS_201703090697	Lead Total ICAP/MS	ND	20	22.3	ug/L	111	(70-130)		
MS2_201703090743	Lead Total ICAP/MS	ND	20	22.2	ug/L	111	(70-130)		
MSD_201703090697	Lead Total ICAP/MS	ND	20	22.0	ug/L	110	(70-130)	20	1.4
MSD2_201703090743	Lead Total ICAP/MS	ND	20	22.1	ug/L	110	(70-130)	20	0.45

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.