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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  
04/03/2017



Eurofins Eaton  
Analytical

TDF: Thomas.D.French  
Project Manager



Report: 647973  
Project: WILCOX-UD  
ADHS License #: AZ0778  
Group: Wilcox 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
Arizona	AZ0778	Montana	Cert 0035
Arkansas	Certified	Nebraska	Certified
California-Monrovia-ELAP	2813	Nevada	CA00006-2016
California-Colton- ELAP	2812	New Hampshire *	2959
California-Folsom- ELAP	2820	New Jersey *	CA 008
California-Fresno- ELAP	2966	New Mexico	Certified
Colorado	Certified	New York *	11320
Connecticut	PH-0107	North Carolina	06701
Delaware	CA 006	North Dakota	R-009
Florida *	E871024	Oregon (Primary AB) *	ORELAP 4034
Georgia	947	Pennsylvania *	68-565
Guam	16-003r	Puerto Rico	Certified
Hawaii	Certified	Rhode Island	LAO00326
Idaho	Certified	South Carolina	87016
Illinois *	200033	South Dakota	Certified
Indiana	C-CA-01	Tennessee	TN02839
Kansas *	E-10268	Texas *	T104704230-15-9
Kentucky	90107	Utah *	CA000062016-10
Louisiana *	LA16003	Vermont	VT0114
Maine	CA0006	Virginia *	460260
Maryland	224	Washington	C838
Commonwealth of Northern Marianas Is.	MP0004	Wyoming	Certified
Massachusetts	M-CA006	EPA Region 5	Certified
Michigan	9906	Los Angeles County Sanitation Districts	10264

\* NELAP/TNI Recognized Accreditation Bodies

ISO 17025 Accredited Method List

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

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

SPECIFIC TESTS	METHOD OR TECHNIQUE USED	Environmental (Drinking Water)	Environmental (Waste Water)	Water as a Component of Food and Bev/Bev/ Bottled Water
1,4-Dioxane	EPA 522	x		x
2,3,7,8-TCDD	Modified EPA 1613B	x		x
Acrylamide	In House Method (2440)	x		x
Alkalinity	SM 2320B	x	x	x
Ammonia	EPA 350.1		x	x
Ammonia	SM 4500-NH3 H		x	x
Anions and DBPs by IC	EPA 300.0	x	x	x
Anions and DBPs by IC	EPA 300.1	x		x
Asbestos	EPA 100.2	x	x	
Bicarbonate Alkalinity as HCO <sub>3</sub>	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 <sub>3</sub>	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 <sub>2</sub> 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 <sub>2</sub> C	x	x	
Sulfide	SM 4500-S <sup>-</sup> D		x	
Sulfite	SM 4500-SO <sub>3</sub> 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 #: 647973  
Project: WILCOX-UD  
Sample Group: Wilcox High School

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

The following samples were received from you on **March 29, 2017** at **1206**. 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>201703290463</u>	1001-1	03/22/2017 1355
	Sample Type: Fountain Facility ID: 1001-1 Sample Point ID: Hallway	
	@ICPMS	Freight - Outbound
		Freight - Return
<u>201703290464</u>	1001-2	03/22/2017 1358
	Sample Type: Fountain Facility ID: 1001 Sample Point ID: Green Room	
	@ICPMS	
<u>201703290465</u>	1004-3	03/22/2017 1409
	Sample Type: Fountain Facility ID: 1004 Sample Point ID: Hallway	
	@ICPMS	
<u>201703290466</u>	1004-4	03/22/2017 1412
	Sample Type: Fountain Facility ID: 1004 Sample Point ID: Fine Arts	
	@ICPMS	
<u>201703290467</u>	1006-8	03/22/2017 1430
	Sample Type: Fountain Facility ID: 1006 Sample Point ID: GYM	
	@ICPMS	
<u>201703290468</u>	1006-9	03/22/2017 1435
	Sample Type: Fountain Facility ID: 1006 Sample Point ID: Foyer	
	@ICPMS	
<u>201703290469</u>	1009-5	03/22/2017 1419
	Sample Type: Fountain Outside Facility ID: 1009 Sample Point ID: Wood Shop	
	@ICPMS	
<u>201703290470</u>	1009-6	03/22/2017 1422



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Sample #	Sample ID	Sample Date
	Sample Type: Fountain Facility ID: 1009 Sample Point ID: Wood Shop @ICPMS	
<u>201703290471</u>	1013-13	03/22/2017 1450
	Sample Type: Fountain Facility ID: 1013 Sample Point ID: Foyer @ICPMS	
<u>201703290472</u>	1022-12	03/22/2017 1446
	Sample Type: Fountain Facility ID: Agriculture 1022 Sample Point ID: AG @ICPMS	
<u>201703290473</u>	1023-7	03/22/2017 1428
	Sample Type: Fountain Facility ID: 1023 Sample Point ID: Hallway @ICPMS	
<u>201703290474</u>	1024-10	03/22/2017 1439
	Sample Type: Fountain Facility ID: 1024 Sample Point ID: New GYM @ICPMS	
<u>201703290475</u>	1021-11	03/22/2017 1442
	Sample Type: Fountain Facility ID: 1024 Sample Point ID: New Gym @ICPMS	

### Test Description

@ICPMS -- ICPMS Metals

**Collection Log**  
*for experienced sample collectors*

647973

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	WILLCOX
School Name	HIGH
Building (name/number)	1001-1
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	HALLWAY
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1001-1
Date of Collection	3-22-17
Time of Collection	1355
Printed Name of Sample Collector	THOMAS CURRIE
Signature Sample Collector	Thomas Currie

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	MA 3-29-17 12:06
Signature	MAV
Notes: 20.3 °C	

For relinquishing samples upon delivery to labs only

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

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

## Collection Log

*for experienced sample collectors*

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Name of School District	WILLCOX
School Name	H164
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	GREEN ROOM
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1001-2
Date of Collection	3-22-17
Time of Collection	1358
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	Thomas Currin

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAN
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	WILLCOX
School Name	HIGH
Building (name/number)	100 Y
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	HALLWAY
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1004-3
Date of Collection	3-22-17
Time of Collection	1409
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	Thomas Currin

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAV
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	WILCOX
School Name	HIGH
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	FINE ARTS
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1004-4
Date of Collection	3-22-17
Time of Collection	1412
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	Thomas Currin

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAV
Notes:	

For relinquishing samples upon delivery to labs only

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

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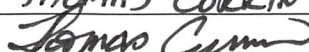


## Collection Log

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Name of School District	WILLCOX
School Name	HIGH
Building (name/number)	1006
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	Gym
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1006-8
Date of Collection	3-22-17
Time of Collection	1430
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAN
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	WILLCOX
School Name	HIGH
Building (name/number)	1006
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	FOYER
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1006-9
Date of Collection	3-22-17
Time of Collection	1435
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
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	W/LLCOX
School Name	HIGH
Building (name/number)	1009
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN OUTSIDE
Location of Fixture (example, room number)	WOOD SHOP
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1009-5
Date of Collection	3-22-17
Time of Collection	1419
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	<i>MAN</i>
Notes:	

For relinquishing samples upon delivery to labs only

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

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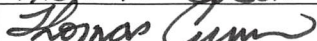


## Collection Log

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Name of School District	WILLCOX
School Name	HIGH
Building (name/number)	1009
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	WOOD SHOP
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1009-6
Date of Collection	3-22-17
Time of Collection	1422
Printed Name of Sample Collector	THOMAS GERRIN
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAC
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	WILLCOX
School Name	HIGH
Building (name/number)	1013
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	FOYER
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1013-13
Date of Collection	3-22-17
Time of Collection	1450
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

ONLY 1 SOURCE OF DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	<i>MAV</i>
Notes:	

For relinquishing samples upon delivery to labs only

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

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## Collection Log

*for experienced sample collectors*

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

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Name of School District	WILL COX
School Name	HIGH
Building (name/number)	AGRICULTURE 1022
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	AG
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1022-12
Date of Collection	3-22-17
Time of Collection	1446
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	Thomas Currin

Notes Sample collector:

ONLY 1 SAMPLE LOCATION

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAV
Notes:	

For relinquishing samples upon delivery to labs only

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

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Name of School District	WILLCOX
School Name	HIGH
Building (name/number)	1023
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	HALLWAY
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	1023-7
Date of Collection	3-22-17
Time of Collection	1428
Printed Name of Sample Collector	THOMAS CYRIL
Signature Sample Collector	Thomas Cyril

Notes Sample collector:

ONLY 1 SAMPLE FOR THIS BLDG REQUESTED

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAV
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	WILLCOX
School Name	HIGH
Building (name/number)	1024
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	NEW GYM
Sample Identification Number ( <b>Write this number on the sample container and on this sheet</b> )	1024-10
Date of Collection	3-22-17
Time of Collection	1439
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAV
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	WILLCOX
School Name	HIGH
Building (name/number)	1024
Type of Fixture (tap, drinking fountain etc.)	FOUNTAIN
Location of Fixture (example, room number)	NEW GYM
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	10-24-11
Date of Collection	3-22-17
Time of Collection	1442
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	Thomas Currin

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAN
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	WILLCOX
School Name	HIGH
Building (name/number)	1014
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	PAINT STORAGE
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

NO WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	<i>MAV</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	WILLCOX
School Name	HIGH
Building (name/number)	AG STORAGE 1015
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

NO WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	<i>MAV</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	WILLCOX
School Name	HIGH
Building (name/number)	1017
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	Thomas Currin

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAN
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	WILLOX
School Name	HIGH
Building (name/number)	1019
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	<i>MAV</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	WILLCOX
School Name	HIGH
Building (name/number)	1020
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	Thomas Currin

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAN
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	WILLCOX HIGH
School Name	HIGH
Building (name/number)	1021
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	<i>MAN</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	WILL COX
School Name	HIGH
Building (name/number)	1025
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIE
Signature Sample Collector	Thomas Currie

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAV
Notes:	

For relinquishing samples upon delivery to labs only

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

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## Collection Log

*for experienced sample collectors*

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

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

Name of School District	WILL COX
School Name	HIGH
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRAN
Signature Sample Collector	<i>Thomas Curran</i>

Notes Sample collector:	NO DRINKING WATER
-------------------------	-------------------

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	<i>mm</i>
Notes:	

For relinquishing samples upon delivery to labs only

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

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

## Collection Log

*for experienced sample collectors*

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

Name of School District	WILLCOX
School Name	HIGH
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	<i>MAN</i>
Notes:	

For relinquishing samples upon delivery to labs only

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

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## Collection Log

*for experienced sample collectors*

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- ☐ 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	WILL COX
School Name	HIGH
Building (name/number)	1007
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	Thomas Currin

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 12:06
Signature	MAV
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	WILL COX
School Name	4164
Building (name/number)	1010
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	<i>Thomas Currin</i>

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3.29.17 12:06
Signature	<i>MAV</i>
Notes:	

For relinquishing samples upon delivery to labs only

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

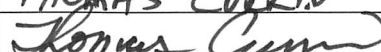
*These samples were collected for lead screening purposes only and cannot be used for compliance.*

## Collection Log

*for experienced sample collectors*

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

Name of School District	WILLCOX
School Name	HIGH
Building (name/number)	1011
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b>Write this number on the sample container and on this sheet</b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS CURRIN
Signature Sample Collector	

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-29-17 16:06
Signature	MAC
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	WILLCOX
School Name	HIGH
Building (name/number)	1012
Type of Fixture (tap, drinking fountain etc.)	
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	
Date of Collection	
Time of Collection	
Printed Name of Sample Collector	THOMAS GILLIN
Signature Sample Collector	

Notes Sample collector:

NO DRINKING WATER

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3.29.17 12:06
Signature	MAV
Notes:	

For relinquishing samples upon delivery to labs only

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

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

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

Kit #: 160426



**Created By:** Thomas.D.French - [TDF]  
**Deliver By:** 03/01/2017  
**STG:** Bottle Orders  
**Ice Type:** W

**Note: Sampler Please return this paper with your samples**

**Client ID:** ADEQ-LEAD  
**Project Code:** WILCOX-UD Bottle Orders  
**Group Name:** Wilcox High School  
**PO#/JOB#:**

**Ship Sample Kits to**  
Wilcox Unified District  
480 N. Bisbee Avenue  
Wilcox, AZ 84643  
  
Attn: Tom Currin  
Phone: (520) 384-8854

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

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

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

**Comments**

Wilcox High School - Include Wilcox Unified District Sample list, 35 Lead Sampling Plan Records, packing instructions for return shipment to Eurofins Eaton Analytical, Inc. 750 Royal Oaks Drive, Suite C, Monrovia, CA 91016. 35 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.



# INTERNAL CHAIN OF CUSTODY RECORD

**eurolins** | Eaton Analytical

BEA Folder Number:

SAMPLES REC'D DAY OF COLLECTION?

SAMPLE TEMP RECEIVED:

IR Gun ID = 569A (Observation = 20.5 °C) (Corr. Factor = -2.2 °C) (Final = 10.3 °C)

Thawed N/A

CONDITION OF ICE: Frozen            Partially Frozen            Thawed           

TYPE OF ICE: Real            Synthetic            No Ice           

           UPS /            DHL / Area Fast / Top Line / Other:           

TRK# 7204 7946 4431

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)

1 = (Observation = <u>          </u> °C) (Corr. Factor = <u>          </u> °C) (Final = <u>          </u> °C)	2 = (Observation = <u>          </u> °C) (Corr. Factor = <u>          </u> °C) (Final = <u>          </u> °C)
3 = (Observation = <u>          </u> °C) (Corr. Factor = <u>          </u> °C) (Final = <u>          </u> °C)	4 = (Observation = <u>          </u> °C) (Corr. Factor = <u>          </u> °C) (Final = <u>          </u> °C)

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

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 ASMF know, ASMF will determine whether to proceed with analysis or not.

RECEIVED BY: <u>          </u>	SIGNATURE: <u>          </u>	PRINT NAME Eurolins Eaton Analytical	DATE <u>3-29-17</u>	TIME <u>12:06</u>
		COMPANY TITLE		

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

**Laboratory Comments**  
**Report: 647973**

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: 647973

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

Samples Received on:  
03/29/2017 1206

Analyzed	Analyte	Sample ID	Result	Federal MCL	Units	MRL
04/01/2017 12:54	Lead Total ICAP/MS	<b>201703290463</b> <b><u>1001-1</u></b>	0.76	15	ug/L	0.5
04/01/2017 12:55	Lead Total ICAP/MS	<b>201703290464</b> <b><u>1001-2</u></b>	110	15	ug/L	0.5
04/01/2017 12:56	Lead Total ICAP/MS	<b>201703290465</b> <b><u>1004-3</u></b>	1.3	15	ug/L	0.5
04/01/2017 12:56	Lead Total ICAP/MS	<b>201703290466</b> <b><u>1004-4</u></b>	19	15	ug/L	0.5
04/01/2017 12:57	Lead Total ICAP/MS	<b>201703290467</b> <b><u>1006-8</u></b>	0.50	15	ug/L	0.5
04/01/2017 13:04	Lead Total ICAP/MS	<b>201703290469</b> <b><u>1009-5</u></b>	1.1	15	ug/L	0.5
04/01/2017 13:06	Lead Total ICAP/MS	<b>201703290470</b> <b><u>1009-6</u></b>	0.71	15	ug/L	0.5
04/01/2017 13:07	Lead Total ICAP/MS	<b>201703290472</b> <b><u>1022-12</u></b>	0.70	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: 647973

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

Samples Received on:  
03/29/2017 1206

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
<b>1001-1 (201703290463)</b>						<b>Sampled on 03/22/2017 1355</b>			
Sample Type: Fountain Facility ID: 1001-1 Sample Point ID: Hallway									
<b>EPA 200.8 - ICPMS Metals</b>									
03/30/17	04/01/17 12:54	982172	983050	(EPA 200.8)	Lead Total ICAP/MS	0.76	ug/L	0.5	1
<b>1001-2 (201703290464)</b>						<b>Sampled on 03/22/2017 1358</b>			
Sample Type: Fountain Facility ID: 1001 Sample Point ID: Green Room									
<b>EPA 200.8 - ICPMS Metals</b>									
03/30/17	04/01/17 12:55	982172	983050	(EPA 200.8)	Lead Total ICAP/MS	110	ug/L	0.5	1
<b>1004-3 (201703290465)</b>						<b>Sampled on 03/22/2017 1409</b>			
Sample Type: Fountain Facility ID: 1004 Sample Point ID: Hallway									
<b>EPA 200.8 - ICPMS Metals</b>									
03/30/17	04/01/17 12:56	982172	983050	(EPA 200.8)	Lead Total ICAP/MS	1.3	ug/L	0.5	1
<b>1004-4 (201703290466)</b>						<b>Sampled on 03/22/2017 1412</b>			
Sample Type: Fountain Facility ID: 1004 Sample Point ID: Fine Arts									
<b>EPA 200.8 - ICPMS Metals</b>									
03/30/17	04/01/17 12:56	982172	983050	(EPA 200.8)	Lead Total ICAP/MS	19	ug/L	0.5	1
<b>1006-8 (201703290467)</b>						<b>Sampled on 03/22/2017 1430</b>			
Sample Type: Fountain Facility ID: 1006 Sample Point ID: GYM									
<b>EPA 200.8 - ICPMS Metals</b>									
03/30/17	04/01/17 12:57	982172	983050	(EPA 200.8)	Lead Total ICAP/MS	0.50	ug/L	0.5	1
<b>1006-9 (201703290468)</b>						<b>Sampled on 03/22/2017 1435</b>			
Sample Type: Fountain Facility ID: 1006 Sample Point ID: Foyer									
<b>EPA 200.8 - ICPMS Metals</b>									
03/30/17	04/01/17 12:58	982172	983050	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
<b>1009-5 (201703290469)</b>						<b>Sampled on 03/22/2017 1419</b>			
Sample Type: Fountain Outside Facility ID: 1009 Sample Point ID: Wood Shop									
<b>EPA 200.8 - ICPMS Metals</b>									
03/30/17	04/01/17 13:04	982172	983051	(EPA 200.8)	Lead Total ICAP/MS	1.1	ug/L	0.5	1
<b>1009-6 (201703290470)</b>						<b>Sampled on 03/22/2017 1422</b>			

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



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Laboratory Data  
Report: 647973

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

Samples Received on:  
03/29/2017 1206

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
Sample Type: Fountain Facility ID: 1009 Sample Point ID: Wood Shop									
EPA 200.8 - ICPMS Metals									
03/30/17	04/01/17 13:06	982172	983051	(EPA 200.8)	Lead Total ICAP/MS	0.71	ug/L	0.5	1
1013-13 (201703290471)						Sampled on 03/22/2017 1450			
Sample Type: Fountain Facility ID: 1013 Sample Point ID: Foyer									
EPA 200.8 - ICPMS Metals									
03/30/17	04/01/17 13:07	982172	983051	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1022-12 (201703290472)						Sampled on 03/22/2017 1446			
Sample Type: Fountain Facility ID: Agriculture 1022 Sample Point ID: AG									
EPA 200.8 - ICPMS Metals									
03/30/17	04/01/17 13:07	982172	983051	(EPA 200.8)	Lead Total ICAP/MS	0.70	ug/L	0.5	1
1023-7 (201703290473)						Sampled on 03/22/2017 1428			
Sample Type: Fountain Facility ID: 1023 Sample Point ID: Hallway									
EPA 200.8 - ICPMS Metals									
03/30/17	04/01/17 13:10	982172	983051	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1024-10 (201703290474)						Sampled on 03/22/2017 1439			
Sample Type: Fountain Facility ID: 1024 Sample Point ID: New GYM									
EPA 200.8 - ICPMS Metals									
03/30/17	04/01/17 13:11	982172	983051	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1021-11 (201703290475)						Sampled on 03/22/2017 1442			
Sample Type: Fountain Facility ID: 1024 Sample Point ID: New Gym									
EPA 200.8 - ICPMS Metals									
03/30/17	04/01/17 13:11	982172	983051	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1

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**ICPMS Metals**

**Prep Batch: 982172 Analytical Batch: 983050**

201703290463	1001-1
201703290464	1001-2
201703290465	1004-3
201703290466	1004-4
201703290467	1006-8
201703290468	1006-9

**Analysis Date: 04/01/2017**

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

**ICPMS Metals**

**Prep Batch: 982172 Analytical Batch: 983051**

201703290469	1009-5
201703290470	1009-6
201703290471	1013-13
201703290472	1022-12
201703290473	1023-7
201703290474	1024-10
201703290475	1021-11

**Analysis Date: 04/01/2017**

Analyzed by: RPD  
Analyzed by: RPD  
Analyzed by: RPD  
Analyzed by: RPD  
Analyzed by: RPD  
Analyzed by: RPD  
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: 983050</b>					<b>Analysis Date: 04/01/2017</b>				
LCS1	Lead Total ICAP/MS		20	20.6	ug/L	103	(85-115)		
LCS2	Lead Total ICAP/MS		20	20.6	ug/L	103	(85-115)	20	0.0
MBLK	Lead Total ICAP/MS			<0.25	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.528	ug/L	106	(50-150)		
MS_201703290276	Lead Total ICAP/MS	0.97	20	23.3	ug/L	112	(70-130)		
MS2_201703290286	Lead Total ICAP/MS	13	20	36.2	ug/L	116	(70-130)		
MSD_201703290276	Lead Total ICAP/MS	0.97	20	23.4	ug/L	112	(70-130)	20	0.43
MSD2_201703290286	Lead Total ICAP/MS	13	20	35.9	ug/L	114	(70-130)	20	0.83
<b>ICPMS Metals by EPA 200.8</b>									
<b>Analytical Batch: 983051</b>					<b>Analysis Date: 04/01/2017</b>				
LCS1	Lead Total ICAP/MS		20	20.6	ug/L	103	(85-115)		
LCS2	Lead Total ICAP/MS		20	20.4	ug/L	102	(85-115)	20	0.98
MBLK	Lead Total ICAP/MS			<0.25	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.539	ug/L	108	(50-150)		
MS_201703290469	Lead Total ICAP/MS	1.1	20	21.9	ug/L	104	(70-130)		
MS2_201703291084	Lead Total ICAP/MS	1.0	20	23.6	ug/L	113	(70-130)		
MSD_201703290469	Lead Total ICAP/MS	1.1	20	21.1	ug/L	100	(70-130)	20	3.7
MSD2_201703291084	Lead Total ICAP/MS	1.0	20	22.7	ug/L	109	(70-130)	20	3.9

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.