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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
04/03/2017



Eurofins Eaton
Analytical

TDF: Thomas.D.French
Project Manager



Report: 648519
Project: MAINE-CD
ADHS License #: AZ0778
Group: Maine Consolidated
PO#: School
PO#: ADEQ16-116686:3

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

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

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

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

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

STATE CERTIFICATION LIST

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

* NELAP/TNI Recognized Accreditation Bodies

ISO 17025 Accredited Method List

The tests listed below are accredited and meet the requirements of ISO 17025 as verified by the ANSI-ASQ National Accreditation Board/ANAB. Refer to Certificate and scope of accreditation (AT 1807) found at: <http://www.eatonanalytical.com>

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

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

Acknowledgement of Samples Received

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

Client ID: ADEQ-LEAD
 Folder #: 648519
 Project: MAINE-CD
 Sample Group: Maine Consolidated School

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

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

The following samples were received from you on **March 31, 2017** at **1040**. 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: Sink Facility ID: 600 Boys Sample Point ID: 600 Boys @ICPMS	
<u>201703310458</u>	1006-2	03/29/2017 0720
	Sample Type: Sink Facility ID: Restroom/Storage 600 Sample Point ID: 600 Girls @ICPMS	
<u>201703310459</u>	1007	03/29/2017 0748
	Sample Type: Outside Hose Tap Facility ID: Pump House Sample Point ID: Pumphouse @ICPMS	
<u>201703310460</u>	1007-1	03/29/2017 0721
	Sample Type: Hose Tap Facility ID: Pump House Sample Point ID: Pump House @ICPMS	
<u>201703310461</u>	1008-1	03/29/2017 0742
	Sample Type: Sink Facility ID: Admin Annex Sample Point ID: 800 Bathroom @ICPMS	
<u>201703310462</u>	1008-2	03/29/2017 0732
	Sample Type: Bathroom Sink Facility ID: 803 Sample Point ID: 803 @ICPMS	
<u>201703310463</u>	1010-1	03/29/2017 0738
	Sample Type: Bathroom Sink Facility ID: Cafeteria - Original Sample Point ID: 705 @ICPMS	
<u>201703310464</u>	1016	03/29/2017 0600
	Sample Type: Prep Sink Facility ID: Multi Purpose Bldg Sample Point ID: 1002	

Acknowledgement of Samples Received

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

Client ID: ADEQ-LEAD
 Folder #: 648519
 Project: MAINE-CD
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Sample #	Sample ID	Sample Date
	@ICPMS	

Test Description

@ICPMS -- ICPMS Metals

648519

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	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	MARY BEAM 1000
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	106 1ST GRD
Sample Identification Number (Write this number on the sample container and on this sheet)	1001
Date of Collection	3-29-17
Time of Collection	7:31 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>JS</i>
Notes: 19.5 °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	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	ADMINISTRATION
Type of Fixture (tap, drinking fountain etc.)	TAP 300
Location of Fixture (example, room number)	SINK NEXT TO COFFEE MAKER
Sample Identification Number (Write this number on the sample container and on this sheet)	1002-1
Date of Collection	3-10-17
Time of Collection	7:10 AM
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>Ja</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	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	ADMINISTRATION
Type of Fixture (tap, drinking fountain etc.)	BATHROOM SINK
Location of Fixture (example, room number)	BATHROOM (MENS) 302
Sample Identification Number (Write this number on the sample container and on this sheet)	1002-2
Date of Collection	9/29/17
Time of Collection	
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>SV</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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Name of School District	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	PRIMARY 202
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	202
Sample Identification Number (Write this number on the sample container and on this sheet)	1003-1 ✓ *MAN 3/31/17
Date of Collection	3-29-17
Time of Collection	7:15 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>Jm</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	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	203 PRE SCHOOL
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	203
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1003-2
Date of Collection	3-29-17
Time of Collection	7:18 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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Name of School District	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	GARLAND PRAIRIE (400)
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	401
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1004-1
Date of Collection	3-29-17
Time of Collection	7:18 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1640
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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Name of School District	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	401 GARIANO PARRY
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	401
Sample Identification Number (Write this number on the sample container and on this sheet)	1004-2
Date of Collection	3-29-17
Time of Collection	7:16 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>ju</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	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	600 BOYS
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	600 BOYS
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1006-1
Date of Collection	3-29-17
Time of Collection	7:22 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>ju</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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Name of School District	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	RESTROOM/STORAGE 600
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	600 GIRLS
Sample Identification Number (Write this number on the sample container and on this sheet)	1006-2
Date of Collection	3-29-17
Time of Collection	7:20
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 10:10
Signature	<i>ju</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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Name of School District	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	PUMP HOUSE
Type of Fixture (tap, drinking fountain etc.)	OUTSIDE HOSE TAP
Location of Fixture (example, room number)	PUMP HOUSE
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1007
Date of Collection	3-29-17
Time of Collection	7:48 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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Name of School District	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	PUMP HOUSE
Type of Fixture (tap, drinking fountain etc.)	HOSE TAP
Location of Fixture (example, room number)	PUMP HOUSE
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1007-1
Date of Collection	3-29-17
Time of Collection	7:21
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>SR</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	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	ADM: N ANNEX
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	300 BATHROOM
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1008-1
Date of Collection	3-29-17
Time of Collection	7:42
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>JA</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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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	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	803
Type of Fixture (tap, drinking fountain etc.)	BATHROOM SINK
Location of Fixture (example, room number)	803
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1008-2
Date of Collection	3-29-17
Time of Collection	7:32
Printed Name of Sample Collector	Scott Silverman
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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

Collection Log

for experienced sample collectors

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

Name of School District	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	CAFETERIA - ORIGINAL
Type of Fixture (tap, drinking fountain etc.)	BATHROOM SINK
Location of Fixture (example, room number)	705
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1010-1 MAN X ✓
Date of Collection	3-29-17
Time of Collection	7:38 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>JA</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	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	MULTI-PURPOSE BLDG
Type of Fixture (tap, drinking fountain etc.)	PREP SINK
Location of Fixture (example, room number)	1002
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1016
Date of Collection	3-29-17
Time of Collection	6:00
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>JA</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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

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

Name of School District	MCSO 10
School Name	MAINE CONSOLIDATED
Building (name/number)	MAINTENANCE
Type of Fixture (tap, drinking fountain etc.)	OUTSIDE TAP HOSE
Location of Fixture (example, room number)	900
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1009 X
Date of Collection	3-29-17
Time of Collection	7:44
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>jm</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Collection Log

for experienced sample collectors

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

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

Name of School District	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	MAINTENANCE
Type of Fixture (tap, drinking fountain etc.)	OUTDOOR WATER TAP
Location of Fixture (example, room number)	OUTSIDE 900
Sample Identification Number (Write this number on the sample container and on this sheet)	1009 X
Date of Collection	3-29-17
Time of Collection	7:44 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>JA</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	MCS D 10
School Name	MAINE CONSOLIDATED
Building (name/number)	MARY BEAM 107
Type of Fixture (tap, drinking fountain etc.)	BATHROOM SINK
Location of Fixture (example, room number)	GIRLS BR
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	1011 X
Date of Collection	3-29-17
Time of Collection	7:40 A
Printed Name of Sample Collector	SCOTT SILVERMAN
Signature Sample Collector	<i>Scott Silverman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/31/17 1040
Signature	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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

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

Kit #: 162953 

Created By: Thomas.D.French - [TDF]
Deliver By: 03/27/2017

STG: Bottle Orders
Ice Type: W

Note: Sampler Please return this paper with your samples

Client ID: ADEQ-LEAD
Project Code: MAINE-CD Bottle Orders
Group Name: Maine Consolidated School
PO#/JOB#:

Ship Sample Kits to
Maine Consolidated District
10 N. Spring Valley Road
Parks, AZ 86018
Attn: Scott Silverman
Phone: (928) 635-2115

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 29 @ICPMS Bottle Qty - Type [preservative information] 1 - 250ml poly [no preservative] UN DOT

Comments

Maine Consolidated School - Include Maine Consolidated District School-Specific Sample list, 29 Lead Sampling Plan Records, packing instructions for return shipment to Eurofins Eaton Analytical, Inc. 750 Royal Oaks Drive, Suite C, Monrovia, CA 91016. 29 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.

UPS return

INTERNAL CHAIN OF CUSTODY RECORD

EUROFINS | Eaton Analytical

Box Folder Number: Eaton Analytical

SAMPLES REC'D DAY OF COLLECTION?

SAMPLE TEMP: RECEIVED: IR Gun ID = 570A (Observation = 19.6 °C) (Corr. Factor = 0) (Final = 19.5 °C) Thawed N/A

CONDITION OF ICE: Frozen Partially Frozen
 TYPE OF ICE: Real Synthetic No. Ice
 METHOD OF SHIPMENT: Pick-Up / Walk-In / FedEx (UPS) / DHL / Area Fast. / Top Line / Other:

UPS GROUND
 TRACKING # 9501 1Z R04-336 90 4123-6356

COMPLIANCE ACCEPTANCE CRITERIA: (If received after 24 hrs of sample collection, within 8 hours)

- 1) Chemistry: >0, ≤ 0°C, not frozen (can be ≥ 10°C if received on ice the same day as sample collection, within 8 hours)
- 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 = observations	(Corr. Factor)	(Final =) (Final =
2 = observations	(Corr. Factor)	(Final =) (Final =
3 = observations	(Corr. Factor)	(Final =) (Final =
4 = observations	(Corr. Factor)	(Final =) (Final =

if you 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) (if received after 48 hours of sample collection, measuring temperature for each method above)

if you if received within 48 hours of sample collection (not the same business day) ≤ 0°C if received after 48 hours of sample collection

- 5) LT2: Giardia (Cryptosporidium): < 20 °C, not frozen (received after 8 hours of sample collection) (Final = _____ °C)
- E. Coli: < 10 °C, not frozen (if received after 2 hours of sample collection) (Corr. Factor = _____ °C) (Final = _____ °C)
- Giardia/Crypto: (Observation = _____ °C) (Corr. Factor = _____ °C) (Final = _____ °C)
- E. Coli: (Observation = _____ °C) (Corr. Factor = _____ °C) (Final = _____ °C) (if received after 24 hrs of sample collection)

Must be between 0-4 °C, not frozen (if received after 24 hrs of sample collection)

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

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

RECEIVED BY:	DATE: <u>3/31/17</u>	TIME: <u>1040</u>	COMPARTMENT: <u>Eaton Eaton Analytical</u>
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Maine Consolidated District	Maine Consolidated School	1001	Mary Beam, original	Classrooms, play area	1991	P O Box 50010	Parks	86018-0010	Coconino	1
Maine Consolidated District	Maine Consolidated School	1002	Administration	Administration	1987	P O Box 50010	Parks	86018-0010	Coconino	2
Maine Consolidated District	Maine Consolidated School	1003	Primary	classrooms	1987	P O Box 50010	Parks	86018-0010	Coconino	2
Maine Consolidated District	Maine Consolidated School	1004	Garland Prairie - Original	Classroom/Sped	1912	P O Box 50010	Parks	86018-0010	Coconino	2
Maine Consolidated District	Maine Consolidated School	1005	Old Maine	Classrooms	1922	P O Box 50010	Parks	86018-0010	Coconino	2
Maine Consolidated District	Maine Consolidated School	1006	Restroom/Storage	Restrooms/record storage	1968	P O Box 50010	Parks	86018-0010	Coconino	2
Maine Consolidated District	Maine Consolidated School	1007	Pump House	Water Pump Protection	1981	P O Box 50010	Parks	86018-0010	Coconino	2
Maine Consolidated District	Maine Consolidated School	1008	Admin Annex	Administrative offices	1922	P O Box 50010	Parks	86018-0010	Coconino	2
Maine Consolidated District	Maine Consolidated School	1009	Maintenance - Original	Maintenance	1924	P O Box 50010	Parks	86018-0010	Coconino	2
Maine Consolidated District	Maine Consolidated School	1010	Cafeteria - Original	Cafeteria/Kitchen	1917	P O Box 50010	Parks	86018-0010	Coconino	2

no WATER

Maine Consolidated District	Maine Consolidated School	1011	Mary Beam - Restroom Addition	restrooms	1998	P O Box 50010	Parks	86018-0010	Coconino	1	<i>no WATER</i>
Maine Consolidated District	Maine Consolidated School	1012	Garland Prairie - Addition	classroom	1954	P O Box 50010	Parks	86018-0010	Coconino	2	
Maine Consolidated District	Maine Consolidated School	1013	Admin. Annex - Restroom Addition	Restroom	1954	P O Box 50010	Parks	86018-0010	Coconino	2	<i>1 Soaks</i>
Maine Consolidated District	Maine Consolidated School	1014	Maintenance - Garage Addition	Garage/workshop	1954	P O Box 50010	Parks	86018-0010	Coconino	2	<i>NO WATER</i>
Maine Consolidated District	Maine Consolidated School	1015	Cafeteria - Kitchen Addition	Kitchen	1968	P O Box 50010	Parks	86018-0010	Coconino	2	
Maine Consolidated District	Maine Consolidated School	1016	Multi-Purpose Building	Multi-Purpose	2000	P O Box 50010	Parks	86018-0010	Coconino	1	
Total Containers										29	

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

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

Samples Received on:
03/31/2017 1040

Analyzed	Analyte	Sample ID	Result	Federal MCL	Units	MRL
04/01/2017 16:19	Lead Total ICAP/MS	<u>201703310438</u> <u>1001</u>	1.9	15	ug/L	0.5
04/01/2017 16:22	Lead Total ICAP/MS	<u>201703310439</u> <u>1002-1</u>	0.95	15	ug/L	0.5
04/01/2017 16:23	Lead Total ICAP/MS	<u>201703310452</u> <u>1002-2</u>	0.94	15	ug/L	0.5
04/01/2017 16:27	Lead Total ICAP/MS	<u>201703310453</u> <u>1003-1</u>	1.5	15	ug/L	0.5
04/01/2017 16:29	Lead Total ICAP/MS	<u>201703310454</u> <u>1003-2</u>	0.85	15	ug/L	0.5
04/01/2017 16:31	Lead Total ICAP/MS	<u>201703310455</u> <u>1004-1</u>	1.7	15	ug/L	0.5
04/01/2017 16:32	Lead Total ICAP/MS	<u>201703310456</u> <u>1004-2</u>	1.1	15	ug/L	0.5
04/01/2017 16:33	Lead Total ICAP/MS	<u>201703310457</u> <u>1006-1</u>	6.6	15	ug/L	0.5
04/01/2017 16:34	Lead Total ICAP/MS	<u>201703310458</u> <u>1006-2</u>	5.3	15	ug/L	0.5
04/01/2017 16:35	Lead Total ICAP/MS	<u>201703310460</u> <u>1007-1</u>	1.5	15	ug/L	0.5
04/01/2017 16:36	Lead Total ICAP/MS	<u>201703310461</u> <u>1008-1</u>	1.4	15	ug/L	0.5
04/01/2017 16:37	Lead Total ICAP/MS	<u>201703310462</u> <u>1008-2</u>	36	15	ug/L	0.5
04/01/2017 16:38	Lead Total ICAP/MS	<u>201703310463</u> <u>1010-1</u>	46	15	ug/L	0.5
04/01/2017 16:42	Lead Total ICAP/MS	<u>201703310464</u> <u>1016</u>	0.62	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)

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

Samples Received on:
03/31/2017 1040

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
1001 (201703310438)						Sampled on 03/29/2017 0731			
Sample Type: Drinking Fountain Facility ID: Mary Beam 1000 Sample Point ID: 106 1st GRD									
EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:19	982971	983062	(EPA 200.8)	Lead Total ICAP/MS	1.9	ug/L	0.5	1
1002-1 (201703310439)						Sampled on 03/29/2017 0710			
Sample Type: Tap 300 Facility ID: Administration Sample Point ID: Sink Next to Coffee Maker									
EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:22	982971	983062	(EPA 200.8)	Lead Total ICAP/MS	0.95	ug/L	0.5	1
1002-2 (201703310452)						Sampled on 03/29/2017 0000			
Sample Type: Bathroom Sink Facility ID: Administration Sample Point ID: Bathroom (mens) 302									
EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:23	982971	983062	(EPA 200.8)	Lead Total ICAP/MS	0.94	ug/L	0.5	1
1003-1 (201703310453)						Sampled on 03/29/2017 0715			
Sample Type: Sink Facility ID: Primary 202 Sample Point ID: 202									
EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:27	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	1.5	ug/L	0.5	1
1003-2 (201703310454)						Sampled on 03/29/2017 0718			
Sample Type: Drinking Fountain Facility ID: 203 Pre-School Sample Point ID: 203									
EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:29	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	0.85	ug/L	0.5	1
1004-1 (201703310455)						Sampled on 03/29/2017 0718			
Sample Type: Drinking Fountain Facility ID: Garland Prairie (400) Sample Point ID: 401									
EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:31	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	1.7	ug/L	0.5	1
1004-2 (201703310456)						Sampled on 03/29/2017 0716			
Sample Type: Sink Facility ID: 401 Garland Prairy Sample Point ID: 401									
EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:32	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	1.1	ug/L	0.5	1
1006-1 (201703310457)						Sampled on 03/29/2017 0722			

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

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1 800 566 LABS (1 800 566 5227)

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

Samples Received on:
03/31/2017 1040

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
Sample Type: Sink Facility ID: 600 Boys Sample Point ID: 600 Boys EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:33	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	6.6	ug/L	0.5	1
1006-2 (201703310458)						Sampled on 03/29/2017 0720			
Sample Type: Sink Facility ID: Restroom/Storage 600 Sample Point ID: 600 Girls EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:34	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	5.3	ug/L	0.5	1
1007 (201703310459)						Sampled on 03/29/2017 0748			
Sample Type: Outside Hose Tap Facility ID: Pump House Sample Point ID: Pumphouse EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:35	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	ND	ug/L	0.5	1
1007-1 (201703310460)						Sampled on 03/29/2017 0721			
Sample Type: Hose Tap Facility ID: Pump House Sample Point ID: Pump House EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:35	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	1.5	ug/L	0.5	1
1008-1 (201703310461)						Sampled on 03/29/2017 0742			
Sample Type: Sink Facility ID: Admin Annex Sample Point ID: 800 Bathroom EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:36	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	1.4	ug/L	0.5	1
1008-2 (201703310462)						Sampled on 03/29/2017 0732			
Sample Type: Bathroom Sink Facility ID: 803 Sample Point ID: 803 EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:37	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	36	ug/L	0.5	1
1010-1 (201703310463)						Sampled on 03/29/2017 0738			
Sample Type: Bathroom Sink Facility ID: Cafeteria - Original Sample Point ID: 705 EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:38	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	46	ug/L	0.5	1
1016 (201703310464)						Sampled on 03/29/2017 0600			

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

Tel: (626) 386-1100
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Laboratory Data
 Report: 648519

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

Samples Received on:
 03/31/2017 1040

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
Sample Type: Prep Sink									
Facility ID: Multi Purpose Bldg									
Sample Point ID: 1002									
EPA 200.8 - ICPMS Metals									
04/01/17	04/01/17 16:42	982971	983063	(EPA 200.8)	Lead Total ICAP/MS	0.62	ug/L	0.5	1

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

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

Arizona Department of Environmental Quality

ICPMS Metals**Prep Batch: 982971 Analytical Batch: 983062**

201703310438	1001
201703310439	1002-1
201703310452	1002-2

Analysis Date: 04/01/2017

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

ICPMS Metals**Prep Batch: 982971 Analytical Batch: 983063**

201703310453	1003-1
201703310454	1003-2
201703310455	1004-1
201703310456	1004-2
201703310457	1006-1
201703310458	1006-2
201703310459	1007
201703310460	1007-1
201703310461	1008-1
201703310462	1008-2
201703310463	1010-1
201703310464	1016

Analysis Date: 04/01/2017

Analyzed by: RPD
Analyzed by: RPD

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

Arizona Department of Environmental Quality

QC Type	Analyte	Native	Spiked	Recovered	Units	Yield (%)	Limits (%)	RPDLimit (%)	RPD%
ICPMS Metals by EPA 200.8									
Analytical Batch: 983062					Analysis Date: 04/01/2017				
LCS1	Lead Total ICAP/MS		20	20.7	ug/L	104	(85-115)		
LCS2	Lead Total ICAP/MS		20	20.6	ug/L	103	(85-115)	20	0.48
MBLK	Lead Total ICAP/MS			<0.25	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.540	ug/L	108	(50-150)		
MS_201703310396	Lead Total ICAP/MS	ND	20	21.6	ug/L	108	(70-130)		
MS2_201703310419	Lead Total ICAP/MS	1.4	20	24.2	ug/L	114	(70-130)		
MSD_201703310396	Lead Total ICAP/MS	ND	20	21.9	ug/L	109	(70-130)	20	1.4
MSD2_201703310419	Lead Total ICAP/MS	1.4	20	24.0	ug/L	113	(70-130)	20	0.83
ICPMS Metals by EPA 200.8									
Analytical Batch: 983063					Analysis Date: 04/01/2017				
LCS1	Lead Total ICAP/MS		20	20.6	ug/L	103	(85-115)		
LCS2	Lead Total ICAP/MS		20	20.8	ug/L	104	(85-115)	20	0.97
MBLK	Lead Total ICAP/MS			<0.25	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.527	ug/L	105	(50-150)		
MS_201703310453	Lead Total ICAP/MS	1.5	20	23.2	ug/L	108	(70-130)		
MS2_201703310463	Lead Total ICAP/MS	46	20	67.7	ug/L	108	(70-130)		
MSD_201703310453	Lead Total ICAP/MS	1.5	20	23.2	ug/L	109	(70-130)	20	0.0
MSD2_201703310463	Lead Total ICAP/MS	46	20	67.8	ug/L	109	(70-130)	20	0.15

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.