



AQUATIC CONSULTING & TESTING, INC.

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Lic. No. AZ0003

LABORATORY REPORT

Client: ADEQ
Lead in Drinking Water School Proj.
1110 W. Washington Street
Phoenix, AZ 85007

Date Submitted: 02/24/17

Date Reported: 03/16/17

Attn: David Burchard

Project: Pioneer Elementary

RESULTS

Client ID: 1001-1
ACT Lab No.: BZ02178

Sample Type: Drinking Water
Sample Time: 02/22/17 21:00

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1001-02
ACT Lab No.: BZ02179

Sample Type: Drinking Water
Sample Time: 02/22/17 21:42

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1002-01
ACT Lab No.: BZ02180

Sample Type: Drinking Water
Sample Time: 02/22/17 21:43

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1002-02
ACT Lab No.: BZ02181

Sample Type: Drinking Water
Sample Time: 02/22/17 21:44

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1003-01
ACT Lab No.: BZ02182

Sample Type: Drinking Water
Sample Time: 02/22/17 21:47

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	3.96	ug/L	SLM

RESULTS

Client ID: 1003-02
ACT Lab No.: BZ02183

Sample Type: Drinking Water
Sample Time: 02/22/17 21:48

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1004-01
ACT Lab No.: BZ02184

Sample Type: Drinking Water
Sample Time: 02/22/17 21:52

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1004-02
ACT Lab No.: BZ02185

Sample Type: Drinking Water
Sample Time: 02/22/17 21:53

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	13.4	ug/L	SLM

Client ID: 1005-01
ACT Lab No.: BZ02186

Sample Type: Drinking Water
Sample Time: 02/22/17 21:58

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1005-02
ACT Lab No.: BZ02187

Sample Type: Drinking Water
Sample Time: 02/22/17 22:00

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Reviewed by: _____



Frederick A. Amalfi, Ph.D.
Laboratory Director

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	NURSES OFFICE
Sample Identification Number (ensure this number is also on the sample container)	1001-1
Date of Collection	2-22-17
Time of Collection	4:00 PM
Name of Sample Collector	Brendan Damm
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <div style="text-align: center; font-size: 24px; font-weight: bold;">BZ-02178</div> <div style="text-align: right; font-size: 24px; font-weight: bold;">15:00 FEB 24 2017</div> <div style="text-align: right; font-size: 24px; font-weight: bold;">HCC</div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

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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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	Room 1
Sample Identification Number (ensure this number is also on the sample container)	1001-02
Date of Collection	2-22-17
Time of Collection	9:42 P.M.
Name of Sample Collector	Brenden Denn
Signature Sample Collector	<i>Brenden Denn</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <div style="text-align: right; font-size: 1.2em;"> BZ-02179 </div> <div style="text-align: right; font-size: 1.2em;"> FEB 24 2017 15:00 <i>H6</i> </div>	

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Sample Collection Record

To be completed by the sample collector

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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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	6
Sample Identification Number (ensure this number is also on the sample container)	1002-01
Date of Collection	2-22-17
Time of Collection	9:43 PM
Name of Sample Collector	Brendley Dumas
Signature Sample Collector	<i>Brendley D</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">BZ-02180</p> <div style="text-align: right; margin-top: 10px;"> <p style="font-size: 1.2em;">15:00</p> <p>FEB 24 2017</p> </div>	

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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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	7
Sample Identification Number (ensure this number is also on the sample container)	1002-02
Date of Collection	2-22-17
Time of Collection	9:44
Name of Sample Collector	Brendan Dunn
Signature Sample Collector	<i>Brendan Dunn</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">BZ-02181</p> <div style="text-align: right; margin-top: 10px;"> <p style="font-size: 1.5em; margin: 0;">15:00</p> <p style="margin: 0;">FEB 24 2017</p> <p style="font-size: 1.5em; margin: 0;"><i>HR</i></p> </div>	

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Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1003
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	15
Sample Identification Number (ensure this number is also on the sample container)	1003-01
Date of Collection	2-22-17
Time of Collection	9:47
Name of Sample Collector	Brendan R
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <p style="text-align: center; font-size: 1.2em;">BZ-02182</p> <p style="text-align: right;">15:00 FEB 24 2017</p>	

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Relinquished date and signature _____

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Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1003
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	16
Sample Identification Number (ensure this number is also on the sample container)	1003-02
Date of Collection	2-22-17
Time of Collection	9:48 P.M.
Name of Sample Collector	Brendan Dunn
Signature Sample Collector	<i>Brendan Dunn</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">BZ-02183</p> <div style="text-align: right; margin-top: 10px;"> <p style="font-size: 1.2em;">15:00</p> <p>FEB 24 2017</p> <p><i>llc</i></p> </div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

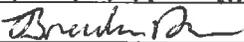
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	27
Sample Identification Number (ensure this number is also on the sample container)	1004-01
Date of Collection	2-22-17
Time of Collection	9:52 P.M.
Name of Sample Collector	Brendan Dum
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-02184	
15:00 FEB 24 2017	

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For relinquishing samples upon delivery to labs only

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Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	26
Sample Identification Number (ensure this number is also on the sample container)	1004-02
Date of Collection	2-22-17
Time of Collection	9:53 P.M.
Name of Sample Collector	Brenda Dunn
Signature Sample Collector	<i>Brenda D</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">BZ-02185</div> <div style="text-align: right;"> <p>15:00</p> <p>FEB 24 2017</p> <p><i>116°C</i></p> </div> </div>	

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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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	KITCHEN Food / Prep
Sample Identification Number (ensure this number is also on the sample container)	1005-01
Date of Collection	2-22-17
Time of Collection	9:58 P.M.
Name of Sample Collector	Brendan Dunn
Signature Sample Collector	<i>Brendan Dunn</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <p style="text-align: center; font-size: 1.2em;">BZ-02186</p> <p style="text-align: right;">15:00 FEB 24 2017</p>	

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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	Gilbert Unified District
Name of School	Pioneer Elementary School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	29
Sample Identification Number (ensure this number is also on the sample container)	1005-02
Date of Collection	2-22-17
Time of Collection	10:00 PM.
Name of Sample Collector	Brenden Dun
Signature Sample Collector	<i>Brenden Dun</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">BZ-02187</p> <p style="text-align: right; font-size: 1.2em;">15:00 FEB 24 2017</p>	

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