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
Attn: David Burchard

Date Submitted: 02/24/17
Date Reported: 03/16/17

Project: Superstition Springs Elementa

RESULTS

Client ID: 1001A
ACT Lab No.: BZ02088

Sample Type: Drinking Water
Sample Time: 02/14/17 21:29

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

Client ID: 1002B
ACT Lab No.: BZ02089

Sample Type: Drinking Water
Sample Time: 02/14/17 21:23

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/03/17	03/03/17	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	Superstition Springs Elementary
Building (name/number)	SUPERSTITION SPRINGS 1001A
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	CLASSROOM 103
Sample Identification Number (ensure this number is also on the sample container)	1001A
Date of Collection	2-14-17
Time of Collection	9:29 P.M.
Name of Sample Collector	MARK JENKINS
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-02088 14:55 FEB 24 2017	

16C

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	Superstition Springs Elementary
Building (name/number)	SUPERSTITION SPRINGS 1002B
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	MAIN HALLWAY
Sample Identification Number (ensure this number is also on the sample container)	1002B
Date of Collection	2-14-17
Time of Collection	9:23 P.M.
Name of Sample Collector	MARK JENKINS
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-02089 14:55 FEB 2 4 2017	

16 ppb

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