AQUATIC CONSULTING & TESTING, INC.

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P.O. Box 1510
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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: 03/09/17
Date Reported: 03/27/17

Project: Highland High School

RESULTS

Client ID: 1028-01
ACT Lab No.: BZ03016

Sample Type: Drinking Water
Sample Time: 02/26/17 13:30

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1029-01
ACT Lab No.: BZ03017

Sample Type: Drinking Water
Sample Time: 02/26/17 13:40

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1003-01
ACT Lab No.: BZ03018

Sample Type: Drinking Water
Sample Time: 02/26/17 13:47

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1008-01
ACT Lab No.: BZ03019

Sample Type: Drinking Water
Sample Time: 02/26/17 13:10

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: 1007-01
ACT Lab No.: BZ03020
Sample Type: Drinking Water
Sample Time: 02/26/17 14:35

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1002-01
ACT Lab No.: BZ03021
Sample Type: Drinking Water
Sample Time: 02/26/17 13:39

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	19.5	ug/L	SLM

Client ID: 1010-01
ACT Lab No.: BZ03022
Sample Type: Drinking Water
Sample Time: 02/26/17 13:15

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	1.70	ug/L	SLM

Client ID: 1006-01
ACT Lab No.: BZ03023
Sample Type: Drinking Water
Sample Time: 02/26/17 14:24

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1004-01
ACT Lab No.: BZ03024
Sample Type: Drinking Water
Sample Time: 02/26/17 14:07

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	2.92	ug/L	SLM

Client ID: 1001-01
ACT Lab No.: BZ03025
Sample Type: Drinking Water
Sample Time: 02/26/17 13:58

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: 1005-01
ACT Lab No.: BZ03026

Sample Type: Drinking Water
Sample Time: 02/26/17 14:14

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/20/17	03/20/17	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 <u>not</u> been used at this tap or other taps in the area for 6 hours and <u>no</u> flushing was done prior to sampling

Name of School District	Gilbert Unified District
Name of School	Highland High School
Building (name/number)	1028
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	ATHLETIC WAREHOUSE
Sample Identification Number (ensure this number is also on the sample container)	1028-01
Date of Collection	2-26-17
Time of Collection	1:30 PM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	S. W.

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03016	

For relinquishing samples upon delivery to labs only

Relinquished date and signature F. Johnson ACT MAR 0 9 2017 1200 22°C

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

046

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	Highland High School
Building (name/number)	1029
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	CONCESSION ROOM
Sample Identification Number (ensure this number is also on the sample container)	1029-01
Date of Collection	2-26-17
Time of Collection	1:40 PM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	S — L

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature 12:00 MAR 0 9 2017 [illegible]

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

044

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	Highland High School
Building (name/number)	1003
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Room #3101
Sample Identification Number (ensure this number is also on the sample container)	1003-01
Date of Collection	2-26-17
Time of Collection	1:47 PM
Name of Sample Collector	Daniel Roberts
Signature Sample Collector	Daniel Roberts

Notes Sample collector:

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

BZ-03018

For relinquishing samples upon delivery to labs only

Relinquished date and signature 12:00 MAR 09 2017 [illegible]

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	Highland High School
Building (name/number)	1008-
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	BOYS ATHLETIC LOCKER ROOM
Sample Identification Number (ensure this number is also on the sample container)	1008-01
Date of Collection	2-26-17
Time of Collection	1:10 PM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	S. Wells

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03019	

For relinquishing samples upon delivery to labs only

Relinquished date and signature 12:00 MAR 0 9 2017 ZZC

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	Highland High School
Building (name/number)	1007
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Auditorium Lobby
Sample Identification Number (ensure this number is also on the sample container)	1007-01
Date of Collection	2-26-17
Time of Collection	2:35 PM
Name of Sample Collector	Daniel Robles
Signature Sample Collector	David Robles

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03020	

For relinquishing samples upon delivery to labs only

Relinquished date and signature 12:00 MAR 09 2017 22°C

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	Highland High School
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Room # 2107
Sample Identification Number (ensure this number is also on the sample container)	1002-01
Date of Collection	02-26-17
Time of Collection	1:39 PM
Name of Sample Collector	Daniel Robles
Signature Sample Collector	Daniel Robles

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03021	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ 12:00 MAR 0 9 2017 22°C

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	Highland High School
Building (name/number)	1010
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	CONCUSSION ROOM
Sample Identification Number (ensure this number is also on the sample container)	1010-01
Date of Collection	2-26-17
Time of Collection	1:15 PM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	S. L

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03022	

For relinquishing samples upon delivery to labs only

Relinquished date and signature 12:00 MAR 0 9 2017 22°C

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	Highland High School
Building (name/number)	1006
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Room # 6126
Sample Identification Number (ensure this number is also on the sample container)	1006-01
Date of Collection	2-26-17
Time of Collection	D.R 2:24 PM
Name of Sample Collector	Daniel Robles
Signature Sample Collector	Daniel Robles

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03023	

For relinquishing samples upon delivery to labs only

Relinquished date and signature 12:00 MAR 0 9 2017 22°C

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	Highland High School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Cafeteria / Break Room
Sample Identification Number (ensure this number is also on the sample container)	1004-01
Date of Collection	2-26-17
Time of Collection	2:07
Name of Sample Collector	Daniel Robles
Signature Sample Collector	Daniel Robles

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03024	

For relinquishing samples upon delivery to labs only

Relinquished date and signature 12:00 MAR 0 9 2017 22°C

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	Highland High School
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Room # 1227
Sample Identification Number (ensure this number is also on the sample container)	1001-01
Date of Collection	2-26-17
Time of Collection	1:58 PM
Name of Sample Collector	Daniel Robles
Signature Sample Collector	Daniel Robles

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03025	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ 12:00 MAR 0 9 2017 220

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	Highland High School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	5102 Room #
Sample Identification Number (ensure this number is also on the sample container)	1005-01
Date of Collection	2-26-17
Time of Collection	2:14 PM
Name of Sample Collector	Daniel Robles
Signature Sample Collector	Daniel Robles

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03026	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ 12:00 MAR 09 2017 22C

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