



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: 04/24/17

Date Reported: 05/04/17

Project: Gateway Pointe

RESULTS

Client ID: 100-01A
ACT Lab No.: BZ05453

Sample Type: Drinking Water
Sample Time: 03/23/17 06:07

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 200-01D
ACT Lab No.: BZ05454

Sample Type: Drinking Water
Sample Time: 03/23/17 06:22

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 300-01B
ACT Lab No.: BZ05455

Sample Type: Drinking Water
Sample Time: 03/23/17 06:17

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 400-01C
ACT Lab No.: BZ05456

Sample Type: Drinking Water
Sample Time: 03/23/17 06:28

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

ba


Reviewed by: _____

Frederick A. Amalfi, Ph.D.
Laboratory Director

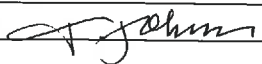
Collection Log
for experienced sample collectors

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	Higley Unified District
School Name	Gateway Pointe
Building (name/number)	100
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN A
Location of Fixture (example, room number)	GYM
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	100-01A
Date of Collection	3/23/17
Time of Collection	6:07 AM
Printed Name of Sample Collector	MARK E. ZEMANS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	APR 24 2017 @ 14:40 JEC
Signature 	
Notes:	
BZ-05453	

For relinquishing samples upon delivery to labs only

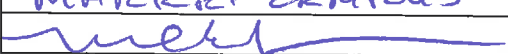
Relinquished date and signature _____

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

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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	Higley Unified District
School Name	Gateway Pointe
Building (name/number)	200
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	LIBRARY / MEDIA CENTER
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	200-01 D
Date of Collection	3/23/17
Time of Collection	6:22 AM
Printed Name of Sample Collector	MARK E. ZRNUKUS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	APR 24 2017 @ 14:40 26°C
Signature	
Notes:	
BZ-05454	

For relinquishing samples upon delivery to labs only

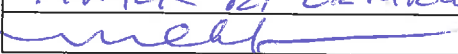
Relinquished date and signature _____

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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	Higley Unified District
School Name	Gateway Pointe
Building (name/number)	300
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN B
Location of Fixture (example, room number)	HALLWAY
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	300-01B
Date of Collection	3/23/17
Time of Collection	6:17 AM
Printed Name of Sample Collector	MARK E. ZEMRAS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	APR 24 2017 @ 14:40 26°C
Signature	
Notes:	
BZ-05455	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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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	Higley Unified District
School Name	Gateway Pointe
Building (name/number)	400
Type of Fixture (tap, drinking fountain etc.)	HANICAP DRINKING FOUNTAIN C
Location of Fixture (example, room number)	HALLWAY
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	400-01C
Date of Collection	3-23-17
Time of Collection	@ 06:28 *per bottle
Printed Name of Sample Collector	
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	APR 24 2017 @ 14:40 26C
Signature	
Notes:	
BZ-05456	

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.