



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: 04/24/17
Date Reported: 05/04/17

Attn: David Burchard

Project: Sossaman Middle School

RESULTS

Client ID: Bldg 400-03
ACT Lab No.: BZ05463

Sample Type: Drinking Water
Sample Time: 03/23/17 06:45

<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	1.04	ug/L	SLM

Client ID: Bldg 500-01
ACT Lab No.: BZ05464

Sample Type: Drinking Water
Sample Time: 03/23/17 06:30

<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: Bldg 500-02
ACT Lab No.: BZ05465

Sample Type: Drinking Water
Sample Time: 03/23/17 06:40

<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: Bldg 600-04
ACT Lab No.: BZ05466

Sample Type: Drinking Water
Sample Time: 03/23/17 06:55

<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

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	Sossaman Middle School
Building (name/number)	BUILDING A
Type of Fixture (tap, drinking fountain etc.)	HAND WASH SINK
Location of Fixture (example, room number)	ROOM 411 NURSE OFFICE
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	BLDG 400-03
Date of Collection	3/23/17
Time of Collection	6:45 AM
Printed Name of Sample Collector	DANIEL COUTREIAS
Signature Sample Collector	<i>Daniel Coutreias</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	APR 24 2017 @ 14:40 <i>UC</i>
Signature <i>[Signature]</i>	ACT
Notes:	
BZ-05463	

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

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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	Sossaman Middle School
Building (name/number)	BUILDING B
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	ROOM 502 GYM
Sample Identification Number (Write this number on the sample container and on this sheet)	BLOG 500-01
Date of Collection	3/23/17
Time of Collection	6:30AM
Printed Name of Sample Collector	DANIEL CONTRERAS
Signature Sample Collector	<i>Daniel Contreras</i>

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-05464	

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Relinquished date and signature _____

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Collection Log

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Name of School District	Higley Unified District
School Name	Sossaman Middle School
Building (name/number)	BUILDING B
Type of Fixture (tap, drinking fountain etc.)	WASH SINK
Location of Fixture (example, room number)	ROOM 515 KITCHEN
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	BLDG 500-02
Date of Collection	3/23/17
Time of Collection	6:40 AM
Printed Name of Sample Collector	DANIEL COSTEIRAS
Signature Sample Collector	<i>Daniel Costeiras</i>

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-05465	

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Name of School District	Higley Unified District
School Name	Sossaman Middle School
Building (name/number)	BUILDING C
Type of Fixture (tap, drinking fountain etc.)	WASH SINK
Location of Fixture (example, room number)	ROOM 601 CONCESSION
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	BLDG 600-04
Date of Collection	3/23/17
Time of Collection	6:55 AM
Printed Name of Sample Collector	DANIEL COITREKS
Signature Sample Collector	<i>Daniel Coitreks</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	APR 24 2017 @ 14:40 260
Signature	
Notes:	
BZ-05466	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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