



AQUATIC CONSULTING & TESTING, INC.

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P.O. Box 1510
Tempe, Arizona 85281
Phone: (480) 921-8044 • Fax: (480) 921-0049

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: 01/12/17

Date Reported: 02/06/17

Project: Riverside Traditional School

RESULTS

Client ID: RSTS 1
ACT Lab No.: BZ00331

Sample Type: Surface Water
Sample Time: 01/10/17 06:47

<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	01/19/17	01/19/17	200.8	0.0010	0.0033	mg/L	SLM

Client ID: RSTS 2
ACT Lab No.: BZ00332

Sample Type: Surface Water
Sample Time: 01/10/17 06:51

<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	01/19/17	01/19/17	200.8	0.0010	0.0021	mg/L	SLM

Client ID: RSTS 4.5
ACT Lab No.: BZ00333

Sample Type: Surface Water
Sample Time: 01/10/17 06:54

<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	01/19/17	01/19/17	200.8	0.0010	0.0014	mg/L	SLM

Client ID: RSTS 4
ACT Lab No.: BZ00334

Sample Type: Surface Water
Sample Time: 01/10/17 06:59

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

RESULTS

Client ID: RSTS 5
ACT Lab No.: BZ00335

Sample Type: Surface Water
Sample Time: 01/10/17 07:05

<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	01/19/17	01/19/17	200.8	0.0010	0.0010	mg/L	SLM

Client ID: RSTS 6
ACT Lab No.: BZ00336

Sample Type: Surface Water
Sample Time: 01/10/17 07:09

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: RSTS 7
ACT Lab No.: BZ00337

Sample Type: Surface Water
Sample Time: 01/10/17 07:12

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: RSTS 8
ACT Lab No.: BZ00338

Sample Type: Surface Water
Sample Time: 01/10/17 07:16

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: RSTS 9
ACT Lab No.: BZ00339

Sample Type: Surface Water
Sample Time: 01/10/17 07:20

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

Reviewed by: _____


Frederick A. Amalfi, Ph.D.
Laboratory Director

Sample Recordkeeping Form For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	600
Type of Fixture (tap, drinking fountain etc..)	tap
Location of Fixture (example, room number)	kitchen sink
Sample Identification Number (ensure this number is also on the sample container)	RSTS 1
Date of Collection	1/10/17
Time of Collection	6:47am
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>[Handwritten Signature]</i>

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

Notes	BZ-00331
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Handwritten Signature]</i>	JAN 12 2017 @ 14:26

*15°C
no Ice*

Sample Recordkeeping Form For initial lead drinking water samples

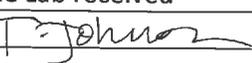
To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	400
Type of Fixture (tap, drinking fountain etc..)	Drinking Fountain
Location of Fixture (example, room number)	South side
Sample Identification Number (ensure this number is also on the sample container)	RSTS2
Date of Collection	1/10/17
Time of Collection	6:51 am
Name of Sample Collector	David Burchard
Signature Sample Collector	

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

Notes	BZ-00332
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:26

15°C
No Ice

Sample Recordkeeping Form For initial lead drinking water samples

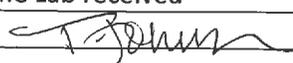
To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	500
Type of Fixture (tap, drinking fountain etc..)	Drinking Fountain
Location of Fixture (example, room number)	room 513 Pre school Sink
Sample Identification Number (ensure this number is also on the sample container)	RSTS# 4.5
Date of Collection	1/10/17
Time of Collection	6:54 am
Name of Sample Collector	David Burchard
Signature Sample Collector	

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

Notes	BZ-00333
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 14:26

16°C
No Ice

Sample Recordkeeping Form For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	500
Type of Fixture (tap, drinking fountain etc..)	Drinking Fountain
Location of Fixture (example, room number)	office hall
Sample Identification Number (ensure this number is also on the sample container)	RSTS 4
Date of Collection	1/10/17
Time of Collection	6:59 am
Name of Sample Collector	David Burchard
Signature Sample Collector	

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

Notes	BZ-00334
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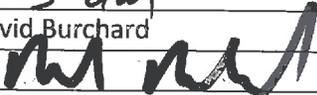
One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature	JAN 12 2017 @ 14:26

16°C
No Ice

Sample Recordkeeping Form For initial lead drinking water samples

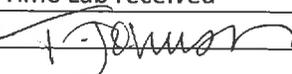
To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	100
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Hall near rest room
Sample Identification Number (ensure this number is also on the sample container)	RST55
Date of Collection	1/10/17
Time of Collection	7:05 am
Name of Sample Collector	David Burchard
Signature Sample Collector	

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

Notes	BZ-00335
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:26

15L
No IQ

Sample Recordkeeping Form For initial lead drinking water samples

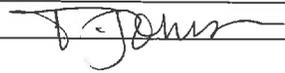
To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	100
Type of Fixture (tap, drinking fountain etc..)	Drinking Fountain
Location of Fixture (example, room number)	near restrooms 129/130
Sample Identification Number (ensure this number is also on the sample container)	RSTS 6
Date of Collection	1/10/17
Time of Collection	7:09 am
Name of Sample Collector	David Burchard
Signature Sample Collector	

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

Notes	BZ-00336
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:26

16°C
No Ice

Sample Recordkeeping Form For initial lead drinking water samples

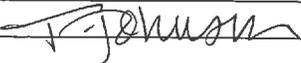
To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	200
Type of Fixture (tap, drinking fountain etc..)	Drinking Fountain
Location of Fixture (example, room number)	East side near 213
Sample Identification Number (ensure this number is also on the sample container)	RSTS 7
Date of Collection	1/10/17
Time of Collection	7:12 am
Name of Sample Collector	David Burchard
Signature Sample Collector	

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

Notes	BZ-00337
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:26

15°C
No Ice

Sample Recordkeeping Form For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	300
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	South side: near room 308
Sample Identification Number (ensure this number is also on the sample container)	RSTS 8
Date of Collection	1/10/17
Time of Collection	7:16 am
Name of Sample Collector	David Burchard
Signature Sample Collector	

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

Notes	BZ-00338
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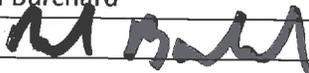
One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 (a) 14:26

16°
No Ice

Sample Recordkeeping Form For initial lead drinking water samples

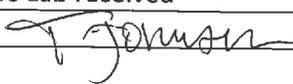
To be completed by the sample collector

Name of School District	Riverside Elementary District
Name of School	Riverside Traditional School
Name (or number) of Building	800
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	near Gym
Sample Identification Number (ensure this number is also on the sample container)	RSTS 9
Date of Collection	1/10/17
Time of Collection	7:20 am
Name of Sample Collector	David Burchard
Signature Sample Collector	

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

Notes	BZ-00339
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:26

16°C
No Ice