



AQUATIC CONSULTING & TESTING, INC.

1525 W. University Drive, Suite 106
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: 04/14/17

Date Reported: 05/04/17

Project: Westar Elementary

RESULTS

Client ID: 100.01
ACT Lab No.: BZ05101

Sample Type: Drinking Water
Sample Time: 04/10/17 03:55

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
Lead	<u>Start</u>	<u>End</u>					
	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 300.01
ACT Lab No.: BZ05102

Sample Type: Drinking Water
Sample Time: 04/10/17 03:58

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
Lead	<u>Start</u>	<u>End</u>					
	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 400.01
ACT Lab No.: BZ05103

Sample Type: Drinking Water
Sample Time: 04/10/17 04:00

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
Lead	<u>Start</u>	<u>End</u>					
	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Reviewed by:




Frederick A. Amalfi, Ph.D.
Laboratory Director

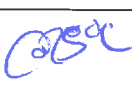

Collection Log
for experienced sample collectors

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

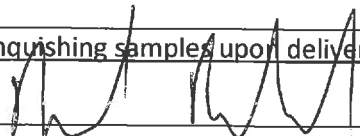
Name of School District	Liberty Elementary District
School Name	Westar Elementary
Building (name/number)	100
Type of Fixture (tap, drinking fountain etc.)	Nurse tap
Location of Fixture (example, room number)	Nurse office
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	100.00
Date of Collection	4/10/2017
Time of Collection	3:55 AM
Printed Name of Sample Collector	Heather Bates
Signature Sample Collector	

Notes Sample collector:	BZ-05101
-------------------------	-----------------

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: <div style="text-align: right;"> 16:00 APR 14 2017 </div>	

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
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	Liberty Elementary District
School Name	Westar Elementary
Building (name/number)	300
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	main
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	300.01
Date of Collection	4/10/2017
Time of Collection	3:58 PM
Printed Name of Sample Collector	Karen Gaudes
Signature Sample Collector	

Notes Sample collector:	BZ-05102
-------------------------	-----------------

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

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
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	Liberty Elementary District
School Name	Westar Elementary
Building (name/number)	400
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	South
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	400.01
Date of Collection	4/10/2017
Time of Collection	4:00 AM
Printed Name of Sample Collector	Karen Baker
Signature Sample Collector	

Notes Sample collector:

BZ-05103

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

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.