



# 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

**Date Submitted:** 04/14/17  
**Date Reported:** 05/04/17

**Attn:** David Burchard

**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>
	<u>Start</u>	<u>End</u>					
Lead	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>
	<u>Start</u>	<u>End</u>					
Lead	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>
	<u>Start</u>	<u>End</u>					
Lead	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

*ba*

Reviewed by:   
Frederick A. Amalfi, Ph.D.  
Laboratory Director

## Collection Log

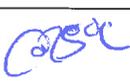
*for experienced sample collectors*

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.

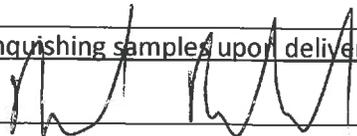
- Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	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 ( <b><u>Write this number on the sample container and on this sheet</u></b> )	100.00
Date of Collection	4/10/2017
Time of Collection	3:55 AM
Printed Name of Sample Collector	Heather Gates
Signature Sample Collector	

Notes Sample collector:	<b>BZ-05101</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	 16:00 <b>APR 14 2017</b> 

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)	1001
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	300.01
Date of Collection	4/10/2017
Time of Collection	3:58 PM
Printed Name of Sample Collector	Karen Lopez
Signature Sample Collector	

Notes Sample collector:	<b>BZ-05102</b>
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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 ( <b><u>Write this number on the sample container and on this sheet</u></b> )	400.01
Date of Collection	4/10/2017
Time of Collection	4:00 AM
Printed Name of Sample Collector	Kenn Walker
Signature Sample Collector	

Notes Sample collector:	<b>BZ-05103</b>
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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.*