



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: 02/10/17

Date Reported: 02/26/17

Project: Kyrene Ele. Dist, Kyrene Apre

RESULTS

Client ID: 1002-01
ACT Lab No.: BZ01488

Sample Type: Drinking Water
Sample Time: 02/04/17 08:40

<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	02/16/17	02/16/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1003-01
ACT Lab No.: BZ01489

Sample Type: Drinking Water
Sample Time: 02/04/17 08:32

<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	02/16/17	02/16/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1004-01
ACT Lab No.: BZ01490

Sample Type: Drinking Water
Sample Time: 02/04/17 08:27

<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	02/16/17	02/16/17	200.8	0.0010	<0.0010	mg/L	SLM

Reviewed by:



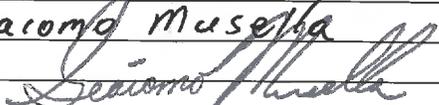
Frederick A. Amalfi, Ph.D.
Laboratory Director

Sample Collection Record

To be completed by the sample collector

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	Kyrene Elementary District
Name of School	Kyrene Aprende Middle School
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Library High Drinking Fountain East Side
Sample Identification Number (ensure this number is also on the sample container)	1002-01
Date of Collection	2-4-17
Time of Collection	08:40 A.M.
Name of Sample Collector	Giacomo Musepa
Signature Sample Collector	

Notes Sample collector:	BZ-01488
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	@ 08:15 FEB 10 2017

For relinquishing samples upon delivery to labs only

Relinquished date and signature T. Johnson Act

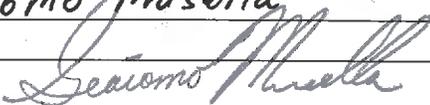
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Kyrene Elementary District
Name of School	Kyrene Aprende Middle School
Building (name/number)	1003
Type of Fixture (tap, drinking fountain etc.)	SINK Bubbler
Location of Fixture (example, room number)	Room 202
Sample Identification Number (ensure this number is also on the sample container)	1003-01
Date of Collection	2-4-17
Time of Collection	08:32 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	BZ-01489
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
@ 08:15 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

 ACT

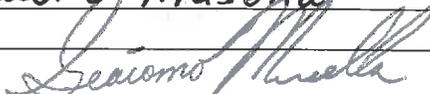
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

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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	Kyrene Elementary District
Name of School	Kyrene Aprende Middle School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Gym Lobby
Sample Identification Number (ensure this number is also on the sample container)	1004-01
Date of Collection	2-4-17
Time of Collection	08:27 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	BZ-01490
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
@ 08:15 ^{16°C} FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature Johns ACT

These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.