



# 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:** 02/10/17

**Date Reported:** 02/26/17

**Project:** Kyrene Ele. Dist, Kyrene del P

## RESULTS

**Client ID:** 1001-01  
**ACT Lab No.:** BZ01498

**Sample Type:** Drinking Water  
**Sample Time:** 02/04/17 07:07

<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:** 1001-02  
**ACT Lab No.:** BZ01499

**Sample Type:** Drinking Water  
**Sample Time:** 02/04/17 07:08

<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:** 1002-01  
**ACT Lab No.:** BZ01500

**Sample Type:** Drinking Water  
**Sample Time:** 02/04/17 07:23

<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:** 1002-02  
**ACT Lab No.:** BZ01501

**Sample Type:** Drinking Water  
**Sample Time:** 02/04/17 07:26

<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

## RESULTS

Client ID: 1003-01  
ACT Lab No.: BZ01502

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:30

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

Client ID: 1003-02  
ACT Lab No.: BZ01503

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:35

<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.: BZ01504

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:39

<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: 1004-02  
ACT Lab No.: BZ01505

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:42

<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: 1005-01  
ACT Lab No.: BZ01506

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:44

<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	0.0012	mg/L	SLM

Client ID: 1005-02  
ACT Lab No.: BZ01507

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:48

<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

## RESULTS

Client ID: 1006-01  
ACT Lab No.: BZ01508

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:15

<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: 1006-02  
ACT Lab No.: BZ01509

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:18

<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: 1007-01  
ACT Lab No.: BZ01510

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:54

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

Client ID: 1007-02  
ACT Lab No.: BZ01511

Sample Type: Drinking Water  
Sample Time: 02/04/17 07:58

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

Client ID: 1008-01  
ACT Lab No.: BZ01512

Sample Type: Drinking Water  
Sample Time: 02/04/17 08:00

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

Client ID: 1008-02  
ACT Lab No.: BZ01513

Sample Type: Drinking Water  
Sample Time: 02/04/17 08:03

<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	0.0052	mg/L	SLM

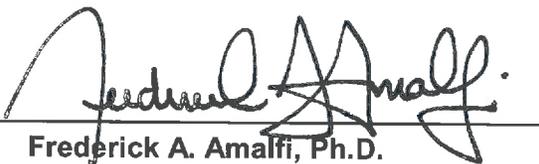
## RESULTS

Client ID: 1009-01  
ACT Lab No.: BZ01514

Sample Type: Drinking Water  
Sample Time: 02/04/17 08:07

<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

ba

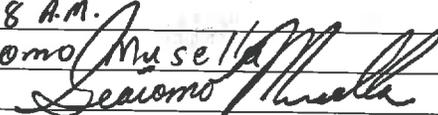


## Sample Collection Record

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 del Pueblo Middle School
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	Bubbler on sink
Location of Fixture (example, room number)	I.S.S.
Sample Identification Number (ensure this number is also on the sample container)	1001-02
Date of Collection	2-4-17
Time of Collection	07:08 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	<b>BZ-01499</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
16°C @ 08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature Johnson ACTT

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 del Pueblo Middle School
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Library West Side by Double Doors
Sample Identification Number (ensure this number is also on the sample container)	1002-01
Date of Collection	2-4-17
Time of Collection	07:23 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	<i>Giacomo Musella</i>

Notes Sample collector:	<b>BZ-01500</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	16°C @ 8:20 FEB 10 2017

For relinquishing samples upon delivery to labs only

Relinquished date and signature *Giacomo Musella* ACT

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## 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 del Pueblo Middle School
Building (name/number)	1003
Type of Fixture (tap, drinking fountain etc.)	Bubbler on sink
Location of Fixture (example, room number)	Basement D-5
Sample Identification Number (ensure this number is also on the sample container)	1003-01
Date of Collection	2-4-17
Time of Collection	07:30 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	<i>Giacomo Musella</i>

Notes Sample collector:	<b>BZ-01502</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
@ 08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature *D. Johnson ACT*

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

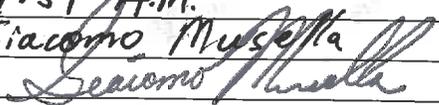


## Sample Collection Record

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 del Pueblo Middle School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	Bubbler on sink
Location of Fixture (example, room number)	B-5
Sample Identification Number (ensure this number is also on the sample container)	1004-01
Date of Collection	2-4-17
Time of Collection	07:39 A.M.
Name of Sample Collector	Giacomo Muscolta
Signature Sample Collector	

Notes Sample collector:	<b>BZ-01504</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
1160 @08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature           *J. Johnson* ACT          

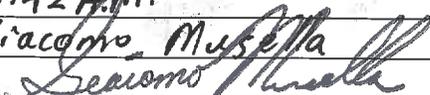
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

## 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 del Pueblo Middle School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	Bubbler on sink
Location of Fixture (example, room number)	A-3
Sample Identification Number (ensure this number is also on the sample container)	1004-02
Date of Collection	2-4-17
Time of Collection	07:42 AM.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	<b>BZ-01505</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
@ 08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature                                         

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 del Pueblo Middle School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	Outside Drinking Fountain
Location of Fixture (example, room number)	By Room A-10
Sample Identification Number (ensure this number is also on the sample container)	1005-01
Date of Collection	2-4-17
Time of Collection	07:44 A.M.
Name of Sample Collector	Giovanna Miscella
Signature Sample Collector	

Notes Sample collector:	<b>BZ-01506</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
16°C @ 08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  ACT

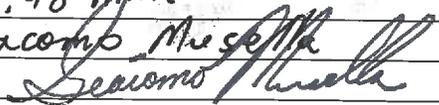
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

## Sample Collection Record

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 del Pueblo Middle School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	Bubbler on SINK
Location of Fixture (example, room number)	A-9
Sample Identification Number (ensure this number is also on the sample container)	1005-02
Date of Collection	2-4-17
Time of Collection	07:48 AM
Name of Sample Collector	Giacomo Mesoffa
Signature Sample Collector	

Notes Sample collector:	<b>BZ-01507</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
16°C @08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature                                         

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## Sample Collection Record

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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 del Pueblo Middle School
Building (name/number)	1006
Type of Fixture (tap, drinking fountain etc.)	Prep Sink
Location of Fixture (example, room number)	By Commodities Storage Room
Sample Identification Number (ensure this number is also on the sample container)	1006-02
Date of Collection	2-4-17
Time of Collection	07:18 A.M.
Name of Sample Collector	Giacomo Masella
Signature Sample Collector	<i>Giacomo Masella</i>

Notes Sample collector:	<b>BZ-01509</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
160 @08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature *J. 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 del Pueblo Middle School
Building (name/number)	1007
Type of Fixture (tap, drinking fountain etc.)	Bubbler on sink
Location of Fixture (example, room number)	G-5
Sample Identification Number (ensure this number is also on the sample container)	1007-01
Date of Collection	2-4-17
Time of Collection	07:54 A.M.
Name of Sample Collector	Giacomo Mysella
Signature Sample Collector	<i>Giacomo Mysella</i>

Notes Sample collector:	<b>BZ-01510</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
160 @ 08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_ *Johansen ACT*

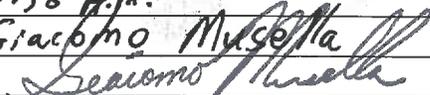
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

## 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 del Pueblo Middle School
Building (name/number)	1007
Type of Fixture (tap, drinking fountain etc.)	Bubbler on sink
Location of Fixture (example, room number)	H-2
Sample Identification Number (ensure this number is also on the sample container)	1007-02
Date of Collection	2-4-17
Time of Collection	07:58 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	<b>BZ-01511</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>160</span> <span>@08:20</span> </div> <div style="text-align: center;"> <b>FEB 10 2017</b> </div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

 ACT

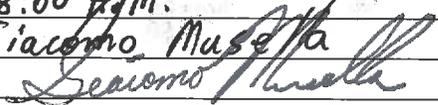
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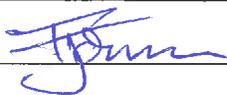
Name of School District	Kyrene Elementary District
Name of School	Kyrene del Pueblo Middle School
Building (name/number)	1008
Type of Fixture (tap, drinking fountain etc.)	Outside Drinking Fountain
Location of Fixture (example, room number)	By Room H-9
Sample Identification Number (ensure this number is also on the sample container)	1008-01
Date of Collection	2-4-17
Time of Collection	08:00 AM.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	<b>BZ-01512</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
 @08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

 ACT

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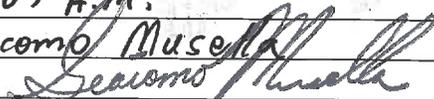


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Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Kyrene Elementary District
Name of School	Kyrene del Pueblo Middle School
Building (name/number)	1009
Type of Fixture (tap, drinking fountain etc.)	SINK Bubbler
Location of Fixture (example, room number)	J-2
Sample Identification Number (ensure this number is also on the sample container)	1009-01
Date of Collection	2-4-17
Time of Collection	08:07 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	<b>BZ-01514</b>
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
16°C @08:20 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature                                         ACT

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