



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: 02/10/17

Date Reported: 02/26/17

Project: Kyrene Ele. Dist, Kyrene del C

RESULTS

Client ID: 1001-01
ACT Lab No.: BZ01478

Sample Type: Drinking Water
Sample Time: 02/04/17 11:20

<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	02/16/17	02/16/17	200.8	0.0010	0.0032	mg/L	SLM

Client ID: 1001-02
ACT Lab No.: BZ01479

Sample Type: Drinking Water
Sample Time: 02/04/17 11:23

<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	0.0018	mg/L	SLM

Client ID: 1003-01
ACT Lab No.: BZ01480

Sample Type: Drinking Water
Sample Time: 02/04/17 11:28

<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.: BZ01481

Sample Type: Drinking Water
Sample Time: 02/04/17 05:30

<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

RESULTS

Client ID: 1009-01
ACT Lab No.: BZ01482

Sample Type: Drinking Water
Sample Time: 02/04/17 11:33

<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	0.0013	mg/L	SLM

Client ID: 1010-01
ACT Lab No.: BZ01483

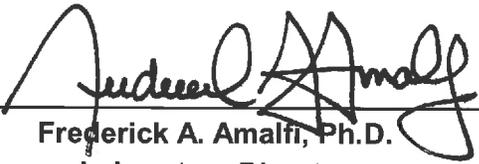
Sample Type: Drinking Water
Sample Time: 02/04/17 11:46

<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: 1011-01
ACT Lab No.: BZ01484

Sample Type: Drinking Water
Sample Time: 02/04/17 11:40

<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

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

lea

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 Cielo School
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	Health Office
Sample Identification Number (ensure this number is also on the sample container)	1001-01
Date of Collection	2-4-17
Time of Collection	11:20 AM.
Name of Sample Collector	Giuseppe M. Milla
Signature Sample Collector	<i>Giuseppe Milla</i>

Notes Sample collector:	BZ-01478
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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 *T. Johnson AC + T*

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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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 Cielo School
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	Sink Bubbler
Location of Fixture (example, room number)	Room A-3
Sample Identification Number (ensure this number is also on the sample container)	1001-02
Date of Collection	2-4-17
Time of Collection	11:23 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	<i>Giacomo Musella</i>

Notes Sample collector:	BZ-01479
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Date and Time Lab received	
Signature	
Notes:	@ 08:15 16°C FEB 10 2017

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Name of School District	Kyrene Elementary District
Name of School	Kyrene del Cielo School
Building (name/number)	1003
Type of Fixture (tap, drinking fountain etc.)	High Drinking Fountain
Location of Fixture (example, room number)	MPR
Sample Identification Number (ensure this number is also on the sample container)	1003-01
Date of Collection	2-4-17
Time of Collection	11:28 A.M.
Name of Sample Collector	Giacomo Misella
Signature Sample Collector	<i>Giacomo Misella</i>

Notes Sample collector:	BZ-01480
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Date and Time Lab received	
Signature	
Notes:	
@08:15 16°C FEB 10 2017	

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Relinquished date and signature *T. Johnson* AC+T

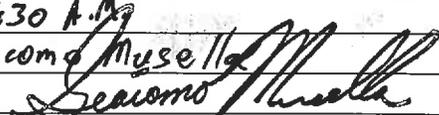
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Name of School District	Kyrene Elementary District
Name of School	Kyrene del Cielo School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	Kitchen Sink
Location of Fixture (example, room number)	On Site Apartment
Sample Identification Number (ensure this number is also on the sample container)	1004-01
Date of Collection	2-4-17
Time of Collection	05:30 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	BZ-01481
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
@08:15 ^{16C} FEB 10 2017	

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Name of School District	Kyrene Elementary District
Name of School	Kyrene del Cielo School
Building (name/number)	1009
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Outside Room A-3
Sample Identification Number (ensure this number is also on the sample container)	1009-01
Date of Collection	2-4-17
Time of Collection	11:33 A.M.
Name of Sample Collector	Gialdino [Signature]
Signature Sample Collector	[Signature]

Notes Sample collector:	BZ-01482
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Date and Time Lab received	
Signature	
Notes:	
16°C 08:15 FEB 10 2017	

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Name of School District	Kyrene Elementary District
Name of School	Kyrene del Cielo School
Building (name/number)	1010
Type of Fixture (tap, drinking fountain etc.)	Sink Bubbler
Location of Fixture (example, room number)	Room B-13
Sample Identification Number (ensure this number is also on the sample container)	1010-01
Date of Collection	2-4-17
Time of Collection	11:46 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	<i>Giacomo Musella</i>

Notes Sample collector:	BZ-01483
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
16°C @ 08:15 FEB 10 2017	

For relinquishing samples upon delivery to labs only

Relinquished date and signature *T. Johnson ACT*

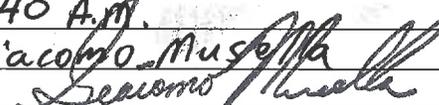
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Name of School District	Kyrene Elementary District
Name of School	Kyrene del Cielo School
Building (name/number)	1011
Type of Fixture (tap, drinking fountain etc.)	High Drinking Fountain
Location of Fixture (example, room number)	By Room C-3
Sample Identification Number (ensure this number is also on the sample container)	1011-01
Date of Collection	2-4-17
Time of Collection	11:40 A.M.
Name of Sample Collector	Giacomo Musella
Signature Sample Collector	

Notes Sample collector:	BZ-01484
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Date and Time Lab received	
Signature	
Notes:	
16°C @08:15 FEB 10 2017	

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