



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: 03/13/17

Date Reported: 04/07/17

Project: Michael Anderson

RESULTS

Client ID: #1
ACT Lab No.: BZ03235

Sample Type: Drinking Water
Sample Time: 03/02/17 07:00

<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	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: #2
ACT Lab No.: BZ03236

Sample Type: Drinking Water
Sample Time: 03/02/17 07:00

<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	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: #3
ACT Lab No.: BZ03237

Sample Type: Drinking Water
Sample Time: 03/02/17 07:00

<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	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: #4
ACT Lab No.: BZ03238

Sample Type: Drinking Water
Sample Time: 03/02/17 07:00

<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	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: #5
ACT Lab No.: BZ03239

Sample Type: Drinking Water
Sample Time: 03/02/17 07:00

<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	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: #6
ACT Lab No.: BZ03240

Sample Type: Drinking Water
Sample Time: 03/02/17 07:00

<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	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: #7
ACT Lab No.: BZ03241

Sample Type: Drinking Water
Sample Time: 03/02/17 07:00

<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	03/28/17	03/28/17	200.8	1.0	<1.00	ug/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	Avondale Elementary District
Name of School	Michael Anderson (formerly Avondale Elementary School)
Building (name/number)	Bldg. B
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	next to boys R. Room.
Sample Identification Number (ensure this number is also on the sample container)	#1
Date of Collection	3/02/17
Time of Collection	7:00 AM
Name of Sample Collector	MARCELO GONZALEZ
Signature Sample Collector	<i>[Handwritten Signature]</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-03235	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

T. Johnson ACT

MAR 13 2017

15:10

230

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	Avondale Elementary District
Name of School	Michael Anderson (formerly Avondale Elementary School)
Building (name/number)	Teachers work Rm.
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	South corner Teachers work Rm.
Sample Identification Number (ensure this number is also on the sample container)	#2
Date of Collection	3/02/17
Time of Collection	7:AM.
Name of Sample Collector	Manuel Contreras
Signature Sample Collector	<i>Manuel Contreras</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03236</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____
 23°C
MAR 13 2017
 15:10

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	Avondale Elementary District
Name of School	Michael Anderson (formerly Avondale Elementary School)
Building (name/number)	Computer Room.
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	Fixture outside Computer Rm.
Sample Identification Number (ensure this number is also on the sample container)	#3
Date of Collection	3/02/17
Time of Collection	7:00 AM.
Name of Sample Collector	MANNES COUTERMAS
Signature Sample Collector	<i>Mannes Coutermas</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03237</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

23°C
MAR 13 2017
 15:10

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	Avondale Elementary District
Name of School	Michael Anderson (formerly Avondale Elementary School)
Building (name/number)	<i>bdg A.</i>
Type of Fixture (tap, drinking fountain etc.)	<i>drinking fountain</i>
Location of Fixture (example, room number)	<i>next to boy R. Room.</i>
Sample Identification Number (ensure this number is also on the sample container)	<i>#4</i>
Date of Collection	<i>3/02/17</i>
Time of Collection	<i>7:00AM.</i>
Name of Sample Collector	<i>Manuel Contreras</i>
Signature Sample Collector	<i>Manuel Contreras</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03238</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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MAR 13 2017

15:10

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	Avondale Elementary District
Name of School	Michael Anderson (formerly Avondale Elementary School)
Building (name/number)	6149g C
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	outside Room 302
Sample Identification Number (ensure this number is also on the sample container)	#5
Date of Collection	3/02/17
Time of Collection	7:AM
Name of Sample Collector	Isaac Cortez
Signature Sample Collector	<i>Isaac Cortez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03239</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____
 23C
MAR 13 2017
 15:10

Sample Collection Record

To be completed by the sample collector

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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	Avondale Elementary District
Name of School	Michael Anderson (formerly Avondale Elementary School)
Building (name/number)	<i>Bldg. C</i>
Type of Fixture (tap, drinking fountain etc.)	<i>drinking fountain</i>
Location of Fixture (example, room number)	<i>next to boys R. Room.</i>
Sample Identification Number (ensure this number is also on the sample container)	<i>#6</i>
Date of Collection	<i>3/02/17</i>
Time of Collection	<i>7:AM</i>
Name of Sample Collector	<i>Manuel Cortezovas</i>
Signature Sample Collector	<i>Manuel Cortezovas</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03240</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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MAR 13 2017

15:10

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	Avondale Elementary District
Name of School	Michael Anderson (formerly Avondale Elementary School)
Building (name/number)	Cafeteria
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	South/W. Corner outside
Sample Identification Number (ensure this number is also on the sample container)	#1
Date of Collection	3/02/17
Time of Collection	7:00 AM
Name of Sample Collector	Marcelo Castrejon
Signature Sample Collector	<i>Marcelo Castrejon</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03241</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

23°C
MAR 13 2017
15:10