



# 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:** 03/27/17

**Project:** Desert Thunder

## RESULTS

**Client ID:** Gym Inside  
**ACT Lab No.:** BZ03160

**Sample Type:** Drinking Water  
**Sample Time:** 03/03/17 06:40

| <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             | 03/20/17             | 03/20/17   | 200.8             | 1.0        | <1.00         | ug/L        | SLM            |

**Client ID:** C-107  
**ACT Lab No.:** BZ03161

**Sample Type:** Drinking Water  
**Sample Time:** 03/07/17 06:30

| <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             | 03/20/17             | 03/20/17   | 200.8             | 1.0        | <1.00         | ug/L        | SLM            |

**Client ID:** D-112  
**ACT Lab No.:** BZ03162

**Sample Type:** Drinking Water  
**Sample Time:** 03/03/17 06:35

| <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             | 03/20/17             | 03/20/17   | 200.8             | 1.0        | <1.00         | ug/L        | SLM            |

**Client ID:** A-117  
**ACT Lab No.:** BZ03163

**Sample Type:** Drinking Water  
**Sample Time:** 03/03/17 06:30

| <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             | 03/20/17             | 03/20/17   | 200.8             | 1.0        | <1.00         | ug/L        | SLM            |

## RESULTS

Client ID: D-123  
ACT Lab No.: BZ03164

Sample Type: Drinking Water  
Sample Time: 03/03/17 06:40

| <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             | 03/20/17             | 03/20/17   | 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  | Desert Thunder               |
| Building (name/number)  | F BLDG                       |
| Type of Fixture (tap, drinking fountain etc.)                                     | EL KAY                       |
| Location of Fixture (example, room number)  | Gym INSIDE                   |
| Sample Identification Number (ensure this number is also on the sample container) |                              |
| Date of Collection  | 3-3-17                       |
| Time of Collection  | 6:40                         |
| Name of Sample Collector  | JOE R DIEGLADILLO            |
| Signature Sample Collector  | <i>Joe R Diegladillo</i>     |

Notes Sample collector:

|   |  |
|---|--|
| For Lab use only                            |  |
| Analyze this drinking water sample for lead |  |
| Date and Time Lab received                  |  |
| Signature                                   |  |
| <p><b>BZ-03160</b></p>                      |  |

For relinquishing samples upon delivery to labs only

Relinquished date and signature *J. Johnson ACT* 23°C

**MAR 13 2017**

15:10

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

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|   |                              |
|---|------------------------------|
| Name of School District   | Avondale Elementary District |
| Name of School  | Desert Thunder               |
| Building (name/number)  | C BLDG                       |
| Type of Fixture (tap, drinking fountain etc.)                                     | ELKAY D.F                    |
| Location of Fixture (example, room number)  | C-107                        |
| Sample Identification Number (ensure this number is also on the sample container) |                              |
| Date of Collection  | 3-9-17                       |
| Time of Collection  | 6:30                         |
| Name of Sample Collector  | JOE R DELGADILLO             |
| Signature Sample Collector  | <i>Joe R Delgadillo</i>      |

Notes Sample collector:

| For Lab use only                            |  |
|---|--|
| Analyze this drinking water sample for lead |  |
| Date and Time Lab received                  |  |
| Signature                                   |  |
| <p><b>BZ-03161</b></p>                      |  |

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|   |                              |
|---|------------------------------|
| Name of School District   | Avondale Elementary District |
| Name of School  | Desert Thunder               |
| Building (name/number)  | D BLDG                       |
| Type of Fixture (tap, drinking fountain etc.)                                     | EL KAY D.F                   |
| Location of Fixture (example, room number)  | D-112                        |
| Sample Identification Number (ensure this number is also on the sample container) |                              |
| Date of Collection  | 3-3-17                       |
| Time of Collection  | 6:35                         |
| Name of Sample Collector  | JOE R DELGADILLO             |
| Signature Sample Collector  | <i>Joe R Delgadillo</i>      |

Notes Sample collector:

| For Lab use only                            |  |
|---|--|
| Analyze this drinking water sample for lead |  |
| Date and Time Lab received                  |  |
| Signature                                   |  |
| <p><b>BZ-03162</b></p>                      |  |

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|   |                              |
|---|------------------------------|
| Name of School District   | Avondale Elementary District |
| Name of School  | Desert Thunder               |
| Building (name/number)  | A BLDG                       |
| Type of Fixture (tap, drinking fountain etc.)                                     | EL-KAY D.F                   |
| Location of Fixture (example, room number)  | A-117                        |
| Sample Identification Number (ensure this number is also on the sample container) |                              |
| Date of Collection  | 3-3-17                       |
| Time of Collection  | 6:30                         |
| Name of Sample Collector  | JOE R. DELGADILLO            |
| Signature Sample Collector  | <i>Joe R. Delgadillo</i>     |

Notes Sample collector:

|   |  |
|---|--|
| For Lab use only                            |  |
| Analyze this drinking water sample for lead |  |
| Date and Time Lab received                  |  |
| Signature                                   |  |
| <p><b>BZ-03163</b></p>                      |  |

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|   |                              |
|---|------------------------------|
| Name of School District   | Avondale Elementary District |
| Name of School  | Desert Thunder               |
| Building (name/number)  | D-3LDB                       |
| Type of Fixture (tap, drinking fountain etc.)                                     | ELKAY D.F                    |
| Location of Fixture (example, room number)  | D-123                        |
| Sample Identification Number (ensure this number is also on the sample container) |                              |
| Date of Collection  | 3-3-17                       |
| Time of Collection  | 6:40                         |
| Name of Sample Collector  | JOE R DELGADILLO             |
| Signature Sample Collector  | <i>Joe R Delgadillo</i>      |

Notes Sample collector:

| For Lab use only                            |  |
|---|--|
| Analyze this drinking water sample for lead |  |
| Date and Time Lab received                  |  |
| Signature                                   |  |
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