



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: Centerra Mirage

RESULTS

Client ID: 1001
ACT Lab No.: BZ03190

Sample Type: Drinking Water
Sample Time: 03/06/17 05:40

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

Client ID: 1002
ACT Lab No.: BZ03191

Sample Type: Drinking Water
Sample Time: 03/06/17 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	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1003
ACT Lab No.: BZ03192

Sample Type: Drinking Water
Sample Time: 03/06/17 05:50

<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: 1004
ACT Lab No.: BZ03193

Sample Type: Drinking Water
Sample Time: 03/06/17 05:45

<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: 1005
ACT Lab No.: BZ03194

Sample Type: Drinking Water
Sample Time: 03/06/17 05:52

<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: 1006
ACT Lab No.: BZ03195

Sample Type: Drinking Water
Sample Time: 03/06/17 05:57

<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: 1007
ACT Lab No.: BZ03196

Sample Type: Drinking Water
Sample Time: 03/06/17 05:55

<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: 1008
ACT Lab No.: BZ03197

Sample Type: Drinking Water
Sample Time: 03/06/17 06:00

<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: 1009
ACT Lab No.: BZ03198

Sample Type: Drinking Water
Sample Time: 03/06/17 06:05

<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	Centerra Mirage
Building (name/number)	A Building
Type of Fixture (tap, drinking fountain etc.)	Tap drinking fountain
Location of Fixture (example, room number)	next to room #108#
Sample Identification Number (ensure this number is also on the sample container)	1001
Date of Collection	3/6/17
Time of Collection	5:40 Am
Name of Sample Collector	Carlos Gomez
Signature Sample Collector	<i>Carlos Gomez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03190</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature *F. Johnson ACT* 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	Centerra Mirage
Building (name/number)	B Building
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	drinking 8112
Sample Identification Number (ensure this number is also on the sample container)	1002
Date of Collection	3/6/17
Time of Collection	5:30 AM
Name of Sample Collector	Carmel Garcia
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	
<p>BZ-03191</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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Name of School District	Avondale Elementary District
Name of School	Centerra Mirage
Building (name/number)	< Building
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	C205A
Sample Identification Number (ensure this number is also on the sample container)	1003
Date of Collection	3/6/17
Time of Collection	5:50 Am
Name of Sample Collector	Carlos Garcia
Signature Sample Collector	<i>Carlos Garcia</i>

Notes Sample collector: collected from tap as this is the only room in the building that uses water for coffee from tap & has no drinking fountain.

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
BZ-03192	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

MAR 13 2017

23°C

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	Centerra Mirage
Building (name/number)	D Building
Type of Fixture (tap, drinking fountain etc.)	Class room drinking fountain
Location of Fixture (example, room number)	D308A
Sample Identification Number (ensure this number is also on the sample container)	1004
Date of Collection	3/6/17
Time of Collection	5:45 AM
Name of Sample Collector	Carlos Garcia
Signature Sample Collector	<i>Carlos Garcia</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03193</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

230
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	Centerra Mirage
Building (name/number)	E Building
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	E404A
Sample Identification Number (ensure this number is also on the sample container)	1005
Date of Collection	3/6/17
Time of Collection	5:52 Am
Name of Sample Collector	CC1905 Garcia
Signature Sample Collector	<i>CC1905 Garcia</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03194</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ 239
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	Centerra Mirage
Building (name/number)	F Building
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	F504A
Sample Identification Number (ensure this number is also on the sample container)	1006
Date of Collection	3/6/17
Time of Collection	5:57 AM
Name of Sample Collector	Cathy Garcia
Signature Sample Collector	<i>Cathy Garcia</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03195</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____
JBC
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	Centerra Mirage
Building (name/number)	6 Bullseye
Type of Fixture (tap, drinking fountain etc.)	room drinking fountain
Location of Fixture (example, room number)	6806A
Sample Identification Number (ensure this number is also on the sample container)	1007
Date of Collection	3/6/17
Time of Collection	5:55 Am
Name of Sample Collector	Carlos Garcia
Signature Sample Collector	<i>Carlos Garcia</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03196</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____
23⁰⁰
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	Centerra Mirage
Building (name/number)	H Building
Type of Fixture (tap, drinking fountain etc.)	CLASS ROOM drinking fountain
Location of Fixture (example, room number)	H 702 A
Sample Identification Number (ensure this number is also on the sample container)	1008
Date of Collection	3/6/17
Time of Collection	6:00 Am
Name of Sample Collector	Carlos Garcia
Signature Sample Collector	<i>Carlos Garcia</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03197</p>	

For relinquishing samples upon delivery to labs only

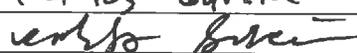
Relinquished date and signature _____
230
MAR 13 2017
15:10

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	Centerra Mirage
Building (name/number)	Gymnasium
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	F100
Sample Identification Number (ensure this number is also on the sample container)	1009
Date of Collection	3/6/15
Time of Collection	6:05 AM
Name of Sample Collector	Carlos Garcia
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03198</p>	

For relinquishing samples upon delivery to labs only

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