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: 03/13/17
Date Reported: 04/07/17

Project: Avondale Middle School

RESULTS

Client ID: North #2
ACT Lab No.: BZ03213
Sample Type: Drinking Water
Sample Time: 03/06/17 06:32

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Library #2
ACT Lab No.: BZ03214
Sample Type: Drinking Water
Sample Time: 03/06/17 06:41

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Southwing #1
ACT Lab No.: BZ03215
Sample Type: Drinking Water
Sample Time: 03/06/17 06:40

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Outside Gym
ACT Lab No.: BZ03216
Sample Type: Drinking Water
Sample Time: 03/06/17 06:05

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: Gym #1
ACT Lab No.: BZ03217
Sample Type: Drinking Water
Sample Time: 03/06/17 06:09

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 708 Staff Restrooms
ACT Lab No.: BZ03218
Sample Type: Drinking Water
Sample Time: 03/06/17 06:25

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Library #1
ACT Lab No.: BZ03219
Sample Type: Drinking Water
Sample Time: 03/06/17 06:41

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	1.45	ug/L	SLM

Client ID: 804B
ACT Lab No.: BZ03220
Sample Type: Drinking Water
Sample Time: 03/06/17 06:07

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	19.2	ug/L	SLM

Client ID: Gym #2
ACT Lab No.: BZ03221
Sample Type: Drinking Water
Sample Time: 03/06/17 06:09

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Southwing #2
ACT Lab No.: BZ03222
Sample Type: Drinking Water
Sample Time: 03/06/17 06:40

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: Northwing #1
ACT Lab No.: BZ03223
Sample Type: Drinking Water
Sample Time: 03/06/17 06:31

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Handwash Sink #1
ACT Lab No.: BZ03224
Sample Type: Drinking Water
Sample Time: 03/06/17 06:49

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Cafeteria
ACT Lab No.: BZ03225
Sample Type: Drinking Water
Sample Time: 03/06/17 06:08

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	4.66	ug/L	SLM

Client ID: Handwash Sink #2
ACT Lab No.: BZ03226
Sample Type: Drinking Water
Sample Time: 03/06/17 06:50

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 712
ACT Lab No.: BZ03227
Sample Type: Drinking Water
Sample Time: 03/06/17 06:22

Parameter	Analysis Date Start	Analysis Date End	Method No.	MDL	Result	Unit	Analyst
Lead	03/28/17	03/28/17	200.8	1.0	2.44	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	Avondale Middle School
Building (name/number)	~~South~~wing North
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	100-200- Bathrooms
Sample Identification Number (ensure this number is also on the sample container)	North ~~South~~ #2
Date of Collection	3-6-17
Time of Collection	6:32
Name of Sample Collector	Mark
Signature Sample Collector	Mark Lumbreck

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03213	

23°C

For relinquishing samples upon delivery to labs only

Relinquished date and signature T Johnsen ACT MAR 1 3 2017

15:10

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

-023

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 <u>not</u> been used at this tap or other taps in the area for 6 hours and <u>no</u> flushing was done prior to sampling

Name of School District	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Library
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Library
Sample Identification Number (ensure this number is also on the sample container)	Library #2
Date of Collection	3-6-17
Time of Collection	6:41
Name of Sample Collector	Mark
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03214	

23°C

For relinquishing samples upon delivery to labs only

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	South Building
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	~~100 + 200~~ ~~Bathrooms~~ Teacher Bathrooms
Sample Identification Number (ensure this number is also on the sample container)	South wing #1
Date of Collection	3-6-17
Time of Collection	6:40
Name of Sample Collector	Marla
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03215	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Cafe/Classrooms/office/weightRoom Outside Gym
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Hallway
Sample Identification Number (ensure this number is also on the sample container)	Outside Gym
Date of Collection	3-6-17
Time of Collection	6:05 AM
Name of Sample Collector	Mark Lambrecht
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03216	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Gym
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Gym
Sample Identification Number (ensure this number is also on the sample container)	Gym #1
Date of Collection	3-6-17
Time of Collection	6:09
Name of Sample Collector	Mark Lambrecht
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03217	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ 23C MAR 1 3 2017 15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Staff Restrooms
Type of Fixture (tap, drinking fountain etc.)	Faucet
Location of Fixture (example, room number)	Admin.
Sample Identification Number (ensure this number is also on the sample container)	708 Staff Restrooms
Date of Collection	3-6-17
Time of Collection	6:25
Name of Sample Collector	Mark
Signature Sample Collector	Mark Lamluelt

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03218	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Library
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Library
Sample Identification Number (ensure this number is also on the sample container)	Library #1
Date of Collection	3-6-17
Time of Collection	6:41
Name of Sample Collector	Mark Lambrecht
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03219	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017 15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	804B Classroom
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	804B
Sample Identification Number (ensure this number is also on the sample container)	804B
Date of Collection	3-6-17
Time of Collection	6:07
Name of Sample Collector	Mark Lambrecht
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03220	

For relinquishing samples upon delivery to labs only

Relinquished date and signature 23C MAR 1 3 2017 15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Gym
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Gym
Sample Identification Number (ensure this number is also on the sample container)	Gym #2
Date of Collection	3-6-17
Time of Collection	6:09
Name of Sample Collector	Mark Lambrecht
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03221	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	South Building
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	Teacher bathrooms
Sample Identification Number (ensure this number is also on the sample container)	Southwing #2
Date of Collection	3-6-17
Time of Collection	6:40
Name of Sample Collector	Mark
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03222	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	~~Southwing~~ North
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	100-200 Bathrooms
Sample Identification Number (ensure this number is also on the sample container)	North ~~Southwing~~ #1
Date of Collection	3-6-17
Time of Collection	6:31
Name of Sample Collector	Mark
Signature Sample Collector	Mark Lunhuck

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03223	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Central Classrooms
Type of Fixture (tap, drinking fountain etc.)	sink
Location of Fixture (example, room number)	Quads
Sample Identification Number (ensure this number is also on the sample container)	Handwash sink #1
Date of Collection	3-6-17
Time of Collection	6:49
Name of Sample Collector	Mark
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03224	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Cafeteria
Type of Fixture (tap, drinking fountain etc.)	sink
Location of Fixture (example, room number)	Kitchen
Sample Identification Number (ensure this number is also on the sample container)	Cafeteria
Date of Collection	3-6-17
Time of Collection	6:08
Name of Sample Collector	Mark Lambrecht
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03225	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017 15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Central Classrooms
Type of Fixture (tap, drinking fountain etc.)	sink
Location of Fixture (example, room number)	Quad 3
Sample Identification Number (ensure this number is also on the sample container)	Handwash sink #2
Date of Collection	3-6-17
Time of Collection	6:50
Name of Sample Collector	Mark
Signature Sample Collector	Mark Lumbreck

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03226	

For relinquishing samples upon delivery to labs only

23C

Relinquished date and signature MAR 1 3 2017

15:10

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	Avondale Elementary District
Name of School	Avondale Middle School
Building (name/number)	Admin.
Type of Fixture (tap, drinking fountain etc.)	sink
Location of Fixture (example, room number)	office
Sample Identification Number (ensure this number is also on the sample container)	712
Date of Collection	3-6-17
Time of Collection	6:22
Name of Sample Collector	Mark
Signature Sample Collector	Mark Lambrecht

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: BZ-03227	

For relinquishing samples upon delivery to labs only

23°C

Relinquished date and signature MAR 1 3 2017 15:10

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