



AQUATIC CONSULTING & TESTING, INC.

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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: 01/12/17

Date Reported: 02/06/17

Project: Sunridge Elementary

RESULTS

Client ID: SRES1
ACT Lab No.: BZ00360

Sample Type: Surface Water
Sample Time: 01/06/17 06:41

<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	01/19/17	01/19/17	200.8	0.0010	0.0011	mg/L	SLM

Client ID: SRES2
ACT Lab No.: BZ00361

Sample Type: Surface Water
Sample Time: 01/06/17 06:44

<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	01/19/17	01/19/17	200.8	0.0010	0.0027	mg/L	SLM

Client ID: SRES3
ACT Lab No.: BZ00362

Sample Type: Surface Water
Sample Time: 01/06/17 06:46

<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	01/19/17	01/19/17	200.8	0.0010	0.0018	mg/L	SLM

Client ID: SRES4
ACT Lab No.: BZ00363

Sample Type: Surface Water
Sample Time: 01/06/17 06:48

<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	01/19/17	01/19/17	200.8	0.0010	0.0025	mg/L	SLM

Client ID: SRES5
ACT Lab No.: BZ00364

Sample Type: Surface Water
Sample Time: 01/06/17 06:51

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

RESULTS

Client ID: SRES6
ACT Lab No.: BZ00365

Sample Type: Surface Water
Sample Time: 01/06/17 06:54

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: SRES7
ACT Lab No.: BZ00366

Sample Type: Surface Water
Sample Time: 01/06/17 06:56

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: SRES8
ACT Lab No.: BZ00367

Sample Type: Surface Water
Sample Time: 01/06/17 07:03

<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	01/19/17	01/19/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: SRES9
ACT Lab No.: BZ00368

Sample Type: Surface Water
Sample Time: 01/06/17 07:05

<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	01/19/17	01/19/17	200.8	0.0010	0.0022	mg/L	SLM

Client ID: SRES10
ACT Lab No.: BZ00369

Sample Type: Surface Water
Sample Time: 01/06/17 07:07

<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	01/19/17	01/19/17	200.8	0.0010	0.0027	mg/L	SLM

Reviewed by: _____


Frederick A. Amalfi, Ph.D.
Laboratory Director

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sunridge Elementary
Name (or number) of Building	200
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	out side building
Sample Identification Number (ensure this number is also on the sample container)	SR551
Date of Collection	1/06/17
Time of Collection	6:41 am
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>[Signature]</i>

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 ☒

Notes	BZ-00360
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 14:50

24°C
No Ice

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sunridge Elementary
Name (or number) of Building	500
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	out side building
Sample Identification Number (ensure this number is also on the sample container)	SRES2
Date of Collection	1/05/17
Time of Collection	6:44 am
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>[Signature]</i>

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



Notes	BZ-00361
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 14:50

24°C
No Ice

Sample Recordkeeping Form

For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sumridge Elementary
Name (or number) of Building	500 Kitchen
Type of Fixture (tap, drinking fountain etc..)	Tap
Location of Fixture (example, room number)	Kitchen Sink
Sample Identification Number (ensure this number is also on the sample container)	SR ES 3
Date of Collection	1/06/17
Time of Collection	6:46 am
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>[Signature]</i>

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



Notes

BZ-00362

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 14:50

24°C
No Ice

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sunridge Elementary
Name (or number) of Building	600 West
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	West side
Sample Identification Number (ensure this number is also on the sample container)	SPES 4
Date of Collection	1/15/17
Time of Collection	6:45
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>[Signature]</i>

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



Notes	BZ-00363
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>T. John</i>	JAN 12 2017 14:50

24°C
No IC

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sunridge Elementary
Name (or number) of Building	600 North
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	North side
Sample Identification Number (ensure this number is also on the sample container)	SRES 5
Date of Collection	10/6/17
Time of Collection	6:51 am
Name of Sample Collector	David Burghard
Signature Sample Collector	<i>[Signature]</i>

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 ☒

Notes	BZ-00364
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>T. Johnson</i>	JAN 12 2017 @ 14:50

*No IC
24°C*

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sunridge Elementary
Name (or number) of Building	# 501
Type of Fixture (tap, drinking fountain etc..)	Tap/Drinking fountain
Location of Fixture (example, room number)	Pre School
Sample Identification Number (ensure this number is also on the sample container)	SRES 6
Date of Collection	1/15/17
Time of Collection	6:54 am
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>David Burchard</i>

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 ☒

Notes	BZ-00365
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 14:50

24°C
No Ice

Sample Recordkeeping Form

For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Fowler Elementary
Name of School	Sunridge Elementary
Name (or number) of Building	502
Type of Fixture (tap, drinking fountain etc..)	Tap/Drinking fountain
Location of Fixture (example, room number)	Preschool
Sample Identification Number (ensure this number is also on the sample container)	SRES # 7
Date of Collection	1/16/17
Time of Collection	6:56 am
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>[Signature]</i>

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



Notes

BZ-00366

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.


For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 1 2 2017 @ 14:50

24°C
No ICP

Sample Recordkeeping Form

For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Fowler Elementary
Name of School	Sundridge Elementary
Name (or number) of Building	400
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	South side
Sample Identification Number (ensure this number is also on the sample container)	SRES 8
Date of Collection	1/06/17
Time of Collection	7:03 am
Name of Sample Collector	David Burghard
Signature Sample Collector	

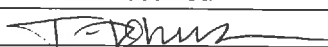
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling



Notes

BZ-00367

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:50

24°C
NOIC

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sunridge ES Elementary
Name (or number) of Building	400
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	South side
Sample Identification Number (ensure this number is also on the sample container)	SRES 9
Date of Collection	1/6/17
Time of Collection	7:05 am
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>[Signature]</i>

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 ☒

Notes	BZ-00368
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One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 14:50

24C
NITE

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sunridge Elementary
Name (or number) of Building	100
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	near office
Sample Identification Number (ensure this number is also on the sample container)	SRES 10
Date of Collection	1/6/17
Time of Collection	7:07 am
Name of Sample Collector	David Burchard
Signature Sample Collector	<i>[Signature]</i>

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



Notes

BZ-00369

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 14:50

2400
No Ice