



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: 01/20/17

Date Reported: 02/06/17

Project: Santa Maria Middle

RESULTS

Client ID: SMMS-1
ACT Lab No.: BZ00682

Sample Type: Drinking Water
Sample Time: 01/13/17 07:27

<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	01/23/17	01/23/17	200.8	0.0010	0.0013	mg/L	SLM

Client ID: SMMS-2
ACT Lab No.: BZ00683

Sample Type: Drinking Water
Sample Time: 01/13/17 07:31

<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	01/23/17	01/23/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: SMMS-3
ACT Lab No.: BZ00684

Sample Type: Drinking Water
Sample Time: 01/13/17 07:34

<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	01/23/17	01/23/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: SMMS-4
ACT Lab No.: BZ00685

Sample Type: Drinking Water
Sample Time: 01/13/17 07:39

<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	01/23/17	01/23/17	200.8	0.0010	<0.0010	mg/L	SLM

RESULTS

Client ID: SMMS-5
ACT Lab No.: BZ00686

Sample Type: Drinking Water
Sample Time: 01/13/17 07:43

<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	01/23/17	01/23/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: SMMS-6
ACT Lab No.: BZ00687

Sample Type: Drinking Water
Sample Time: 01/13/17 07:48


<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	01/23/17	01/23/17	200.8	0.0010	<0.0010	mg/L	SLM

Reviewed by: 

Frederick A. Amalfi, Ph.D.
Laboratory Director

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

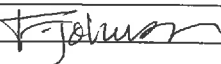
To be completed by the sample collector

Name of School District	Fowler Elementary
Name of School	Santa Maria Middle School
Name (or number) of Building	100
Type of Fixture (tap, drinking fountain etc..)	Tap
Location of Fixture (example, room number)	Nurses office sink
Sample Identification Number (ensure this number is also on the sample container)	SMMS - 1
Date of Collection	1/13/17
Time of Collection	7:27 am
Name of Sample Collector	DAVID BURCHARD
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-00682
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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 	JAN 20 2017 15:00	16°C

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

To be completed by the sample collector

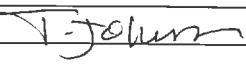
Name of School District	Fowler Elementary
Name of School	Santa Maria Middle School
Name (or number) of Building	200
Type of Fixture (tap, drinking fountain etc..)	Drinking Fountain
Location of Fixture (example, room number)	near Room 227 in hall
Sample Identification Number (ensure this number is also on the sample container)	SMMS-2
Date of Collection	1/13/17
Time of Collection	7:31 am
Name of Sample Collector	DAVID Burchard
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-00683
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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 	JAN 20 2017 15:00	16°C

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

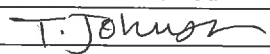
To be completed by the sample collector

Name of School District	Fowler Elementary
Name of School	SANTA MARIA Middle School
Name (or number) of Building	300
Type of Fixture (tap, drinking fountain etc..)	Drinking Fountain
Location of Fixture (example, room number)	near room 327 in hall
Sample Identification Number (ensure this number is also on the sample container)	SMMS-3
Date of Collection	1/13/17
Time of Collection	7:34 am
Name of Sample Collector	DAVID Burchard
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-00684

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 20 2017 15:00 16°C

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	SANTA MARIA Middle School
Name (or number) of Building	600
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	near room 612
Sample Identification Number (ensure this number is also on the sample container)	SMMS-4
Date of Collection	1/13/17
Time of Collection	7:39 am
Name of Sample Collector	David Buchanan
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-00685
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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 20 2017	15:00	16°C

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

To be completed by the sample collector

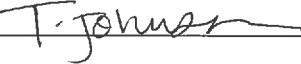
Name of School District	Fowler Elementary
Name of School	Santa Maria Middle School
Name (or number) of Building	Gym
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	Gym lobby
Sample Identification Number (ensure this number is also on the sample container)	SMMS-5
Date of Collection	11/13/17
Time of Collection	7:43 am
Name of Sample Collector	DAVID Buechard
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-00686
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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 	JAN 20 2017 15:00 16°C

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	Santa Maria Middle School
Name (or number) of Building	100
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)	SMMS-6
Date of Collection	1/13/17
Time of Collection	7:45
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-00687
Sampled food prep sink	

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 20 2017 15:00 16°C