



# 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:** 01/12/17

**Date Reported:** 02/06/17

**Project:** Western Valley Middle

## RESULTS

**Client ID:** WVMS-1  
**ACT Lab No.:** BZ00389

**Sample Type:** Surface Water  
**Sample Time:** 01/10/17 07:00

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

**Client ID:** WVMS-2  
**ACT Lab No.:** BZ00390

**Sample Type:** Surface Water  
**Sample Time:** 01/10/17 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	<0.0010	mg/L	SLM

**Client ID:** WVMS-3  
**ACT Lab No.:** BZ00391

**Sample Type:** Surface Water  
**Sample Time:** 01/10/17 07:10

<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

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

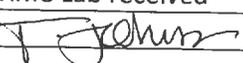
Name of School District	Fowler Elementary District
Name of School	Western Valley Middle School
Name (or number) of Building	Bld 100
Type of Fixture (tap, drinking fountain etc..)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	OUTSIDE ADMIN/NURSES OFFICE
Sample Identification Number (ensure this number is also on the sample container)	WVMS-1
Date of Collection	1/10/17
Time of Collection	7:00 AM
Name of Sample Collector	Yakov Scherer
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

**BZ-00389**

Notes Building 100 - Admin/nurses office

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 @ 15:07

24°C  
NOISE

-031

## 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	Western Valley Middle School
Name (or number) of Building	Bld 200 -
Type of Fixture (tap, drinking fountain etc..)	DRINKING WATER fountain
Location of Fixture (example, room number)	Library
Sample Identification Number (ensure this number is also on the sample container)	WUMS-2
Date of Collection	1/10/17
Time of Collection	7:05
Name of Sample Collector	Victor Scheren
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

**BZ-00390**

Notes

Library - Bld 200 - used by both schools (middle/Elem)

Bld #200 shared by Elem & middle students

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 @ 15:01

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	Western Valley Middle School
Name (or number) of Building	Bld #500
Type of Fixture (tap, drinking fountain etc..)	Fountain
Location of Fixture (example, room number)	8 <sup>th</sup> grade AREA
Sample Identification Number (ensure this number is also on the sample container)	WVMS-3
Date of Collection	1/10/17
Time of Collection	7:10 AM
Name of Sample Collector	Victor Scherer
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

**BZ-00391**

Notes	(Bld 500) AREA BY 8 <sup>th</sup> grade - NEXT TO Double entry DOORS  ( MIDDLE school )
-------	---

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 @ 15:01

24<sup>hr</sup>  
No Ice