



# 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:** 03/17/17  
**Date Reported:** 04/07/17

**Project:** Western Sky Middle School

## RESULTS

**Client ID:** WSMS A  
**ACT Lab No.:** BZ03575

**Sample Type:** Drinking Water  
**Sample Time:** 03/13/17 04:17

<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	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

**Client ID:** WSMS B  
**ACT Lab No.:** BZ03576

**Sample Type:** Drinking Water  
**Sample Time:** 03/13/17 04:22

<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	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

**Client ID:** WSMS C  
**ACT Lab No.:** BZ03577

**Sample Type:** Drinking Water  
**Sample Time:** 03/13/17 04:30

<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	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

**Client ID:** WSMS D  
**ACT Lab No.:** BZ03578

**Sample Type:** Drinking Water  
**Sample Time:** 03/13/17 04:36

<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	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

## RESULTS

Client ID: WSMS E  
ACT Lab No.: BZ03579

Sample Type: Drinking Water  
Sample Time: 03/13/17 04:39

<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	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: WSMS F  
ACT Lab No.: BZ03580

Sample Type: Drinking Water  
Sample Time: 03/13/17 04:46

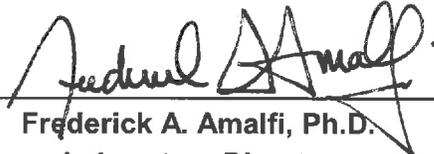
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: WSMS G  
ACT Lab No.: BZ03581

Sample Type: Drinking Water  
Sample Time: 03/13/17 04:52

<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	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Reviewed by: \_\_\_\_\_

  
Frederick A. Amalfi, Ph.D.  
Laboratory Director

### Collection Log

*for experienced sample collectors*

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	Litchfield Elementary District
School Name	Western Sky Middle School
Building (name/number)	500
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Rm 503
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	W9MSA
Date of Collection	03/13/17
Time of Collection	0417
Printed Name of Sample Collector	Thomas M Rooney
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:	<b>BZ-03575</b>
-------------------------	-----------------

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

For relinquishing samples upon delivery to labs only

Relinquished date and signature *T. Johnson ACT* **MAR 17 2017**

*These samples were collected for lead screening purposes only and cannot be used for compliance.*

*15:30  
24°C*

### Collection Log

*for experienced sample collectors*

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	Litchfield Elementary District
School Name	Western Sky Middle School
Building (name/number)	1003 Multi Purpose
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	in Foyer of Gym
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	WSMS B
Date of Collection	03/13/17
Time of Collection	0422
Printed Name of Sample Collector	Thomas M Rooney
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:

BZ-03576

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

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_ **MAR 17 2017**

*These samples were collected for lead screening purposes only and cannot be used for compliance.*

15:30  
24°C

**Collection Log**  
*for experienced sample collectors*

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	Litchfield Elementary District
School Name	Western Sky Middle School
Building (name/number)	1004 600 Pod
Type of Fixture (tap, drinking fountain etc.)	Drinking Water
Location of Fixture (example, room number)	Hallway By Girls RR
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	WSM 5 C
Date of Collection	03/13/17
Time of Collection	0430
Printed Name of Sample Collector	Thomas M Rooney
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:

**BZ-03577**

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

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_ **MAR 17 2017**

*These samples were collected for lead screening purposes only and cannot be used for compliance.*

15:30  
24°C

## Collection Log

*for experienced sample collectors*

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	Litchfield Elementary District
School Name	Western Sky Middle School
Building (name/number)	1005 <span style="float: right;">700 feet</span>
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Hallway By Boys Restroom
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	WSMSD
Date of Collection	03 / 13 / 17
Time of Collection	04:36
Printed Name of Sample Collector	Thomas M Rooney
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p><b>BZ-03578</b></p>	

For relinquishing samples upon delivery to labs only

MAR 17 2017

Relinquished date and signature \_\_\_\_\_

*15:30  
24°C*

*These samples were collected for lead screening purposes only and cannot be used for compliance.*

### Collection Log

*for experienced sample collectors*

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	Litchfield Elementary District
School Name	Western Sky Middle School
Building (name/number)	1006 800 po a
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Girls RR Hallway
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	WSMS E
Date of Collection	03/13/17
Time of Collection	0439
Printed Name of Sample Collector	Thomas M Rooney
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-03579	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_ **MAR 17 2017**

15:30  
24°C

*These samples were collected for lead screening purposes only and cannot be used for compliance.*

## Collection Log

*for experienced sample collectors*

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	Litchfield Elementary District
School Name	Western Sky Middle School
Building (name/number)	1001 Admin
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Hallway By Nurses office
Sample Identification Number ( <b>Write this number on the sample container and on this sheet</b> )	WSMSF
Date of Collection	03/13/17
Time of Collection	0446
Printed Name of Sample Collector	Thomas M Rooney
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p><b>BZ-03580</b></p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_

**MAR 17 2017**

15:30  
24°C

*These samples were collected for lead screening purposes only and cannot be used for compliance.*

### Collection Log

*for experienced sample collectors*

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	Litchfield Elementary District
School Name	Western Sky Middle School
Building (name/number)	1002 Medic
Type of Fixture (tap, drinking fountain etc.)	DRINKING fountain
Location of Fixture (example, room number)	
Sample Identification Number ( <b><u>Write this number on the sample container and on this sheet</u></b> )	WSMS G
Date of Collection	03/13/17
Time of Collection	0452
Printed Name of Sample Collector	THOMAS M ROONEY
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p><b>BZ-03581</b></p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature \_\_\_\_\_ **MAR 17 2017**

*15:30  
24°C*

*These samples were collected for lead screening purposes only and cannot be used for compliance.*