



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

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

Attn: David Burchard

Project: Barbara Robey Elem.

RESULTS

Client ID: BRE 1
ACT Lab No.: BZ03544

Sample Type: Drinking Water
Sample Time: 03/14/17 03:44

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

Client ID: BRE 2
ACT Lab No.: BZ03545

Sample Type: Drinking Water
Sample Time: 03/14/17 03:40

<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: BRE 3
ACT Lab No.: BZ03546

Sample Type: Drinking Water
Sample Time: 03/14/17 03:49

<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: BRE 4
ACT Lab No.: BZ03547

Sample Type: Drinking Water
Sample Time: 03/14/17 03:35

<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	Barbara Robey Elementary
Building (name/number)	1001 Media
Type of Fixture (tap, drinking fountain etc.)	DRINKING fountain
Location of Fixture (example, room number)	By Restrooms
Sample Identification Number (Write this number on the sample container and on this sheet)	BRE1
Date of Collection	03/14/17
Time of Collection	0344
Printed Name of Sample Collector	Thomas M Rooney
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:

BZ-03544

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	Barbara Robey Elementary
Building (name/number)	1002 200 Pod
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Rm 203
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	BREJ
Date of Collection	03/14/17
Time of Collection	0340
Printed Name of Sample Collector	THOMAS M ROONEY
Signature Sample Collector	<i>Thomas M Rooney</i>

Notes Sample collector:

BZ-03545

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

15:30
2400

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	Barbara Robey Elementary
Building (name/number)	1003 700 Pod
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Rm 701
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	BRE3
Date of Collection	03/14/17
Time of Collection	0349
Printed Name of Sample Collector	Thomas M. Rooney
Signature Sample Collector	<i>Thomas M. Rooney</i>

Notes Sample collector:

BZ-03546

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

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	Barbara Robey Elementary
Building (name/number)	1004 800 Pad
Type of Fixture (tap, drinking fountain etc.)	DRINKING fountain
Location of Fixture (example, room number)	Cafe
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	BRE4
Date of Collection	03/14/17
Time of Collection	0335
Printed Name of Sample Collector	Thomas M. Rooney
Signature Sample Collector	<i>Thomas M. Rooney</i>

Notes Sample collector:

BZ-03547

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**

15:30
240

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