

750 Royal Oaks Drive, Suite 100  
Monrovia, California 91016-3629  
Tel: (626) 386-1100  
Fax: (626) 386-1101  
1 800 566 LABS (1 800 566 5227)



AT-1807

## Laboratory Report

for

Arizona Department of Environmental Quality  
1110 West Washington Street  
Phoenix, AZ 85007  
Attention: David Burchard

Date of Issue  
04/07/2017



Eurofins Eaton  
Analytical

TDF: Thomas.D.French  
Project Manager



Report: 649196  
Project: MV-ED  
ADHS License #: AZ0778  
Group: Mohave Valley  
PO#: Elementary  
PO#: ADEQ16-116686:3

\* Accredited in accordance with TNI 2009 and ISO/IEC 17025:2005.

\* Laboratory certifies that the test results meet all **TNI 2009 and ISO/IEC 17025:2005** requirements unless noted under the individual analysis.

\* Following the cover page are State Certification List, ISO 17025 Accredited Method List, Acknowledgement of Samples Received, Comments, Hits Report, Data Report, QC Summary, QC Report and Regulatory Forms, as applicable.

\* Test results relate only to the sample(s) tested.

\* This report shall not be reproduced except in full, without the written approval of the laboratory.

### STATE CERTIFICATION LIST

State	Certification Number	State	Certification Number
Alabama	41060	Mississippi	Certified
Arizona	AZ0778	Montana	Cert 0035
Arkansas	Certified	Nebraska	Certified
California-Monrovia-ELAP	2813	Nevada	CA00006-2016
California-Colton- ELAP	2812	New Hampshire *	2959
California-Folsom- ELAP	2820	New Jersey *	CA 008
California-Fresno- ELAP	2966	New Mexico	Certified
Colorado	Certified	New York *	11320
Connecticut	PH-0107	North Carolina	06701
Delaware	CA 006	North Dakota	R-009
Florida *	E871024	Oregon (Primary AB) *	ORELAP 4034
Georgia	947	Pennsylvania *	68-565
Guam	16-003r	Puerto Rico	Certified
Hawaii	Certified	Rhode Island	LAO00326
Idaho	Certified	South Carolina	87016
Illinois *	200033	South Dakota	Certified
Indiana	C-CA-01	Tennessee	TN02839
Kansas *	E-10268	Texas *	T104704230-15-9
Kentucky	90107	Utah *	CA000062016-10
Louisiana *	LA16003	Vermont	VT0114
Maine	CA0006	Virginia *	460260
Maryland	224	Washington	C838
Commonwealth of Northern Marianas Is.	MP0004	Wyoming	Certified
Massachusetts	M-CA006	EPA Region 5	Certified
Michigan	9906	Los Angeles County Sanitation Districts	10264

\* NELAP/TNI Recognized Accreditation Bodies

ISO 17025 Accredited Method List

The tests listed below are accredited and meet the requirements of ISO 17025 as verified by the ANSI-ASQ National Accreditation Board/ANAB. Refer to Certificate and scope of accreditation (AT 1807) found at: <http://www.eatonanalytical.com>

SPECIFIC TESTS	METHOD OR TECHNIQUE USED	Environmental (Drinking Water)	Environmental (Waste Water)	Water as a Component of Food and Bev/Bev/ Bottled Water
1,4-Dioxane	EPA 522	x		x
2,3,7,8-TCDD	Modified EPA 1613B	x		x
Acrylamide	In House Method (2440)	x		x
Alkalinity	SM 2320B	x	x	x
Ammonia	EPA 350.1		x	x
Ammonia	SM 4500-NH3 H		x	x
Anions and DBPs by IC	EPA 300.0	x	x	x
Anions and DBPs by IC	EPA 300.1	x		x
Asbestos	EPA 100.2	x	x	
Bicarbonate Alkalinity as HCO3	SM 2320B	x	x	x
BOD / CBOD	SM 5210B		x	x
Bromate	In House Method (2447)	x		x
Carbamates	EPA 531.2	x		x
Carbonate as CO3	SM 2330B	x	x	x
Carbonyls	EPA 556	x		x
COD	EPA 410.4 / SM 5220D		x	
Chloramines	SM 4500-CL G	x	x	x
Chlorinated Acids	EPA 515.4	x		x
Chlorinated Acids	EPA 555	x		x
Chlorine Dioxide	SM 4500-CLO2 D	x		x
Chlorine -Total/Free/ Combined Residual	SM 4500-Cl G	x	x	x
Conductivity	EPA 120.1		x	
Conductivity	SM 2510B	x	x	x
Corrosivity (Langelier Index)	SM 2330B	x		x
Cryptosporidium	EPA 1623	x		x
Cyanide, Amenable	SM 4500-CN G	x	x	
Cyanide, Free	SM 4500CN F	x	x	x
Cyanide, Total	EPA 335.4	x	x	x
Cyanogen Chloride (screen)	In House Method (2470)	x		x
Diquat and Paraquat	EPA 549.2	x		x
DBP/HAA	SM 6251B	x		x
Dissolved Oxygen	SM 4500-O G		x	x
DOC	SM 5310C	x		x
E. Coli (MTF/EC+MUG)		x		x
E. Coli	CFR 141.21(f)(6)(i)	x		x
E. Coli	SM 9223		x	
E. Coli (Enumeration)	SM 9221B.1/ SM 9221F	x		x
E. Coli (Enumeration)	SM 9223B	x		x
EDB/DCBP	EPA 504.1	x		
EDB/DCBP and DBP	EPA 551.1	x		x
EDTA and NTA	In House Method (2454)	x		x
Endothall	EPA 548.1	x		x
Endothall	In-house Method (2445)	x		x
Enterococci	SM 9230B	x	x	
Fecal Coliform	SM 9221 E (MTF/EC)	x		
Fecal Coliform	SM 9221C, E (MTF/EC)		x	
Fecal Coliform (Enumeration)	SM 9221E (MTF/EC)	x		x
Fecal Coliform with Chlorine Present	SM 9221E		x	
Fecal Streptococci	SM 9230B	x	x	
Fluoride	SM 4500-F C	x	x	x
Giardia	EPA 1623	x		x
Glyphosate	EPA 547	x		x
Gross Alpha/Beta	EPA 900.0	x	x	x
Gross Alpha Coprecipitation	SM 7110 C	x	x	x
Hardness	SM 2340B	x	x	x
Heterotrophic Bacteria	In House Method (2439)	x		x
Heterotrophic Bacteria	SM 9215 B	x		x
Hexavalent Chromium	EPA 218.6	x	x	x

SPECIFIC TESTS	METHOD OR TECHNIQUE USED	Environmental (Drinking Water)	Environmental (Waste Water)	Water as a Component of Food and Bev/Bev/ Bottled Water
Hexavalent Chromium	EPA 218.7	x		x
Hexavalent Chromium	SM 3500-Cr B		x	
Hormones	EPA 539	x		x
Hydroxide as OH Calc.	SM 2330B	x		x
Kjeldahl Nitrogen	EPA 351.2		x	
Legionella	CDC Legionella	x		x
Mercury	EPA 245.1	x	x	x
Metals	EPA 200.7 / 200.8	x	x	x
Microcystin LR	ELISA (2360)	x		x
NDMA	EPA 521	x		x
NDMA	TQ In house method based on EPA 521 (2425)	x		x
Nitrate/Nitrite Nitrogen	EPA 353.2	x	x	x
OCL, Pesticides/PCB	EPA 505	x		x
Ortho Phosphate	EPA 365.1	x	x	x
Ortho Phosphate	SM 4500P E			x
Ortho Phosphorous	SM 4500P E	x		
Oxyhalides Disinfection Byproducts	EPA 317.0	x		x
Perchlorate	EPA 331.0	x		x
Perchlorate (low and high)	EPA 314.0	x		x
Perfluorinated Alkyl Acids	EPA 537	x		x
pH	EPA 150.1	x		
pH	SM 4500-H+B	x	x	x
Phenylurea Pesticides/ Herbicides	In House Method, based on EPA 532 (2448)	x		x
Pseudomonas	IDEXX Pseudalert (2461)	x		x
Radium-226	GA Institute of Tech	x		x
Radium-228	GA Institute of Tech	x		x
Radon-222	SM 7500RN	x		x
Residue, Filterable	SM 2540C	x	x	x
Residue, Non-filterable	SM 2540D		x	
Residue, Total	SM 2540B		x	x
Residue, Volatile	EPA 160.4		x	
Semi-VOC	EPA 525.2	x		x
Semi-VOC	EPA 625		x	x
Silica	SM 4500-Si D	x	x	
Silica	SM 4500-SiO2 C	x	x	
Sulfide	SM 4500-S <sup>-</sup> D		x	
Sulfite	SM 4500-SO <sup>3</sup> B	x	x	x
Surfactants	SM 5540C	x	x	x
Taste and Odor Analytes	SM 6040E	x		x
Total Coliform (P/A)	SM 9221 A, B	x		x
Total Coliform (Enumeration)	SM 9221 A, B, C	x		x
Total Coliform / E. coli	Colisure SM 9223	x		x
Total Coliform	SM 9221B		x	
Total Coliform with Chlorine Present	SM 9221B		x	
Total Coliform / E.coli (P/A and Enumeration)	SM 9223	x		x
TOC	SM 5310C	x	x	x
TOX	SM 5320B		x	
Total Phenols	EPA 420.1		x	
Total Phenols	EPA 420.4	x	x	x
Total Phosphorous	SM 4500 P E		x	
Turbidity	EPA 180.1	x	x	x
Turbidity	SM 2130B	x	x	
Uranium by ICP/MS	EPA 200.8	x		x
UV 254	SM 5910B	x		
VOC	EPA 524.2/EPA 524.3	x		x
VOC	EPA 624		x	x
VOC	EPA SW 846 8260	x		x
VOC	In House Method (2411)	x		x
Yeast and Mold	SM 9610	x		x

### Acknowledgement of Samples Received

Addr: **Arizona Department of Environmental Quality**  
 1110 West Washington Street  
 Phoenix, AZ 85007

Client ID: ADEQ-LEAD  
 Folder #: 649196  
 Project: MV-ED  
 Sample Group: Mohave Valley Elementary

Attn: David Burchard  
 Phone: (602) 771-4298

Project Manager: Thomas.D.French  
 Phone: (480) 778-1558  
 PO #: ADEQ16-116686:3  
 Sampler: David Berard

The following samples were received from you on **April 04, 2017 at 1506**. They have been scheduled for the tests listed below each sample. If this information is incorrect, please contact your service representative. Thank you for using Eurofins Eaton Analytical.

Sample #	Sample ID	Sample Date
201704041617	02 001514	03/21/2017 0620
	Sample Type: Drinking Fountain Facility ID: 1002 Sample Point ID: Cafe @ICPMS	Freight - Outbound Freight - Return
201704041618	10 002077	03/21/2017 0645
	Sample Type: Sink Facility ID: Residence Sample Point ID: Kitchen @ICPMS	
201704041619	11 002107	03/21/2017 0630
	Sample Type: Sink Facility ID: Bus Barn Sample Point ID: Kitchen @ICPMS	
201704041620	18 001513	03/21/2017 0735
	Sample Type: Drinking Fountain Facility ID: 1018 Sample Point ID: Gym @ICPMS	
201704041621	24 002038	03/21/2017 0735
	Sample Type: Sink Facility ID: 1020 Sample Point ID: Nurse's Office @ICPMS	

### Test Description

@ICPMS -- ICPMS Metals

Sample # 2  
 649196

**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	Mohave Valley El. Sch Dist 16
School Name	Mohave Valley Elementary
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Cafe
Sample Identification Number ( <b>Write this number on the sample container and on this sheet</b> )	02 001514
Date of Collection	3-21-17
Time of Collection	6:20
Printed Name of Sample Collector	David Beard
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	4-4-17 15:06
Signature	MRV
Notes:	20.5 °C

For relinquishing samples upon delivery to labs only

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

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

Sample #10

### 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	Mohave Valley El. Sch. Dist. 16
School Name	Mohave Valley Elementary
Building (name/number)	Residence
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Kitchen
Sample Identification Number ( <b>Write this number on the sample container and on this sheet</b> )	10
Date of Collection	Container 002077
Time of Collection	3-2-17 <del>6:45</del>
Printed Name of Sample Collector	6:45
Signature Sample Collector	David Bernard
	David Bernard

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	4-4-17 15:06
Signature	MAV
Notes:	

For relinquishing samples upon delivery to labs only

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

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

Sample # 11

### 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	Mohave Valley El. Sch. Dist. 16
School Name	Mohave Valley Elementary
Building (name/number)	Bus Barn
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Kitchen
Sample Identification Number ( <b>Write this number on the sample container and on this sheet</b> )	11
Date of Collection	3-21-17
Time of Collection	6:30
Printed Name of Sample Collector	David Berard
Signature Sample Collector	<i>David Berard</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	M 4-4-17 15:06
Signature	<i>MMV</i>
Notes:	

For relinquishing samples upon delivery to labs only

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

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

Sample # 18

**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	Mohave Valley El. Sch. District 16
School Name	Mohave Valley El. School
Building (name/number)	1018
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Gym
Sample Identification Number ( <b>Write this number on the sample container and on this sheet</b> )	18
Date of Collection	001513
Time of Collection	3-21-17
Printed Name of Sample Collector	7:35
Signature Sample Collector	David Beard
	David Beard

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	4-4-17 15:06
Signature	MKV
Notes:	

For relinquishing samples upon delivery to labs only

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

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

Sample #24

**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	Mohave Valley El. Sch. District 16
School Name	Mohave Valley El. School
Building (name/number)	1020
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Nurse's office
Sample Identification Number ( <b>Write this number on the sample container and on this sheet</b> )	24 002038
Date of Collection	3-21-17
Time of Collection	7:35
Printed Name of Sample Collector	David Beard
Signature Sample Collector	David Beard

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	4-4-17 15:06
Signature	MKV
Notes:	

For relinquishing samples upon delivery to labs only

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

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



# MOHAVE VALLEY SCHOOL DISTRICT #16

8450 S. Olive Ave ▪ PO Box 5070 ▪ Mohave Valley, Arizona 86446

Voice: (928) 768-2507 Fax 768-2510 Email: [admin@mvdistrict.net](mailto:admin@mvdistrict.net)

[www.mvesd16.org](http://www.mvesd16.org)

Camp Mohave Elementary 704-3600	Fort Mojave Elementary 768-3986	Mohave Valley Elementary 768-2211	Mohave Valley Junior High 768-9196	Food Services 768-1348	Special Services 768-4538	Transportation Services 768-8700
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March 24, 2017

To Whom It May Concern,

Mohave Valley Elementary School is a not student attended. The potable water to all classrooms has been shut off at the water meters to prevent any flooding of a building in case of a rupture in a water line. The following buildings are still being used and have the water turned on: café (1002), bus barn (1011), gym (1018), & Admin/Nurse 1020. I have provided water sample from these four buildings.

If you have any further questions and/or concerns feel free to contact me at (928) 768-2507.

Sincerely,

A handwritten signature in blue ink that reads "David Berard".

Mr. David E. Berard  
Director of Support Services  
Mohave Valley El. School Dist. #16



**Kit Order for Arizona Department of Environmental Quality**  
Thomas.D.French is your Eurofins Eaton Analytical Service Manager

750 Royal Oaks Drive, Suite 100  
Monrovia, California 91016-3629  
(626) 386-1100 FAX (626) 386-1101

Kit #: 162008 

Created By: Thomas.D.French - [TDF]  
Deliver By: 03/16/2017  
STG: Bottle Orders  
Ice Type: W

**Note: Sampler Please return this paper with your samples**

Client ID: ADEQ-LEAD  
Project Code: MV-ED Bottle Orders  
Group Name: Mohave Valley Elementary  
PO#JOB#: ADEQ16-116686:3

**Ship Sample Kits to**  
Mohave Valley Elementary District  
8450 S. Olive Avenue  
Mohave Valley, AZ 86440  
  
Attn: David Berard-Director of Support  
Services  
Phone: (928) 768-2510

**Send Report to**  
Arizona Department of Environmental  
Quality  
1110 West Washington Street  
Phoenix, AZ 85007  
  
Attn: David Burchard  
Phone: (602) 771-4298

**Billing Address**  
Arizona Department of Environmental  
Quality  
1110 West Washington Street  
Phoenix, AZ 85007  
  
Attn: ADEQ  
Phone: (602) 771-1936

# of Sample Tests 34 @ICPMS Bottle Qty - Type [ preservative information ] 1 - 250ml poly [ no preservative ] UN DOT #

**Comments**

Mohave Valley Elementary - Include Mohave Valley Elementary District Sample list, 34 Lead Sampling Plan Records, packing instructions for return shipment to Eurofins Eaton Analytical, Inc. 750 Royal Oaks Drive, Suite C, Monrovia, CA 91016. 34 sample containers. Return Shipment Fed EX  
Sampler - please refer to Sampling Plan Records for instructions on completing paperwork and what to include with return shipment of the samples.

*UPS return*

Code Status Date Shipped Via Tracking # # of Coolers Prepared By



Eaton Analytical

# INTERNAL CHAIN OF CUSTODY RECORD

IEEA Folder Number:

**SAMPLE TEMP RECEIVED:**

IR Gun ID = 569A (Observation= 20.7 °C) (Corr.Factor 0.2 °C) (Final = 20.5 °C)

SAMPLES REC'D DAY OF COLLECTION?

TYPE OF ICE: Real  Synthetic  No Ice  CONDITION OF ICE: Frozen  Partially Frozen  Thawed  N/A

METHOD OF SHIPMENT: Pick-Up / Walk-In / FedEx UPS DHL / Area Fast / Top Line / Other: \_\_\_\_\_

**Compliance Acceptance Criteria:**

- 1) **Chemistry:** >0, ≤6°C, not frozen (NELAP) (if received after 24 hrs of sample collection)
- 2) **Microbiology, Distribution:** < 10°C, not frozen (can be ≥10°C if received on ice the same day as sample collection, within 8 hours)
- 3) **Microbiology, Surface Water:** < 10°C (if received after 2 hours of sample collection)

If out of temperature range for both Chemistry and Microbiology samples and temperature does not confirm, then measure the temperature of each quadrant and record each temperature of the quadrants

1 = (Observation= _____ °C) (Corr.Factor _____ °C) (Final = _____ °C)	2 = (Observation= _____ °C) (Corr.Factor _____ °C) (Final = _____ °C)
3 = (Observation= _____ °C) (Corr.Factor _____ °C) (Final = _____ °C)	4 = (Observation= _____ °C) (Corr.Factor _____ °C) (Final = _____ °C)

- 4) UCMR3: **524.3:** (Observation= \_\_\_\_\_ °C) (Corr.Factor \_\_\_\_\_ °C) (Final = \_\_\_\_\_ °C)
- 522:** (Observation= \_\_\_\_\_ °C) (Corr.Factor \_\_\_\_\_ °C) (Final = \_\_\_\_\_ °C)

≤ 10°C if received within 48 hours of sample collection (not the same business day); ≤ 6°C if received after 48 hours of sample collection. Measure temperature for each method above.

- 5) **LT2: Giardia /Cryptosporidium:** <20 °C, not frozen (received after 8 hours of sample collection )

E. Coli: < 10°C, not frozen (if received after 2 hours of sample collection)

**Giardia/Crypto:** (Observation= \_\_\_\_\_ °C) (Corr.Factor \_\_\_\_\_ °C) (Final = \_\_\_\_\_ °C)

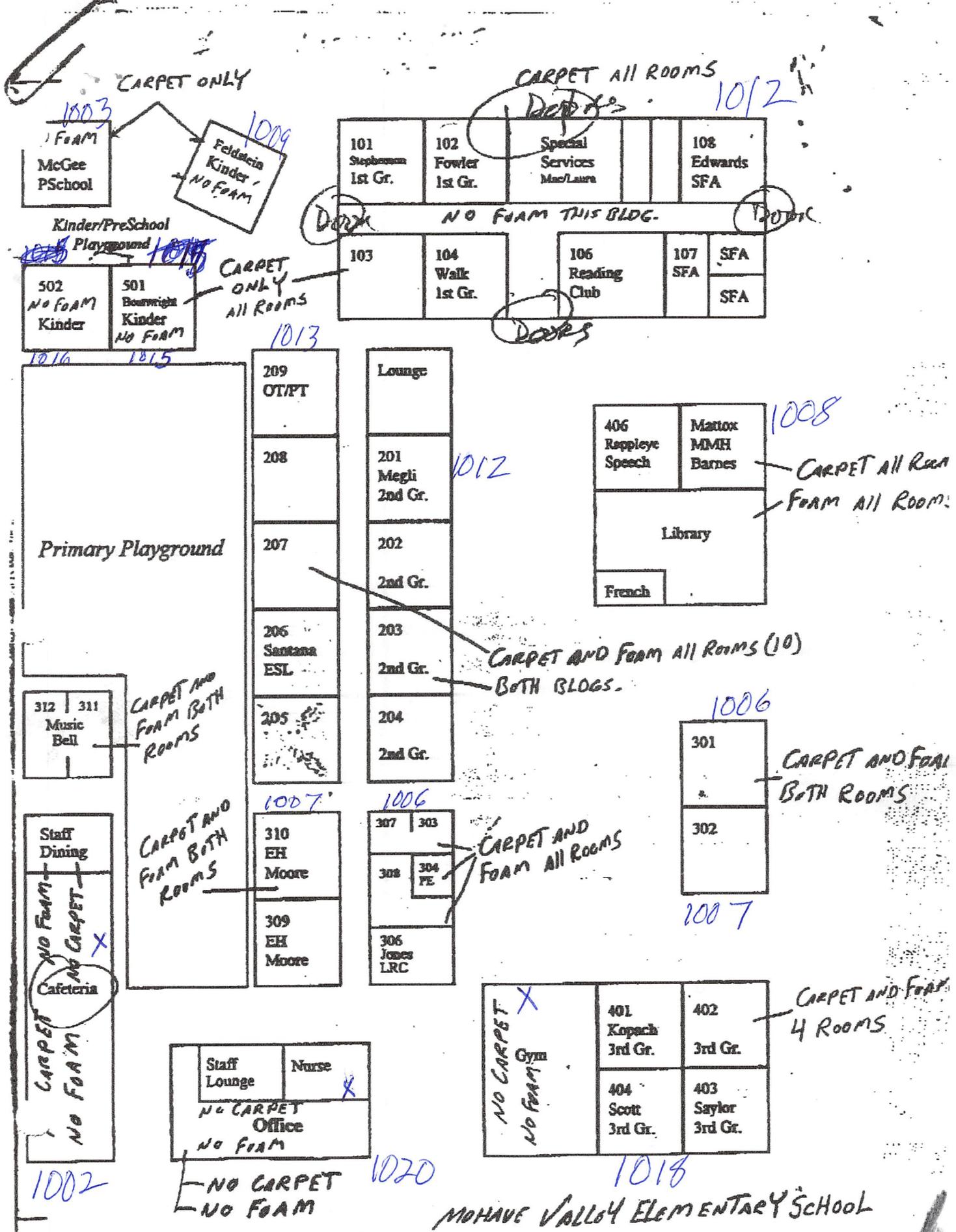
**E.Coli:** (Observation= \_\_\_\_\_ °C) (Corr.Factor \_\_\_\_\_ °C) (Final = \_\_\_\_\_ °C)

- 6) **Dioxin (1613 or 2,3,7,8 TCDD):** must be between 0-4 °C, not frozen (if received after 24 hrs of sample collection)

Note: If samples are out of temperature range, let the ASMs know. ASMs will determine whether to proceed with analysis or not.

RECEIVED BY: <u>MAN</u>	PRINT NAME: <u>MAN</u>	COMPANY/TITLE: Eurofins Eaton Analytical	DATE: <u>4-4-17</u>	TIME: <u>15:06</u>
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MOHAVE VALLEY ELEMENTARY SCHOOL

Res<sup>x</sup>

Bus Barn<sup>x</sup>

Tel: (626) 386-1100  
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1 800 566 LABS (1 800 566 5227)

Arizona Department of Environmental Quality  
David Burchard  
1110 West Washington Street  
Phoenix, AZ 85007

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Laboratory Hits  
 Report: 649196

Arizona Department of Environmental Quality  
 David Burchard  
 1110 West Washington Street  
 Phoenix, AZ 85007

Samples Received on:  
 04/04/2017 1506

Analyzed	Analyte	Sample ID	Result	Federal MCL	Units	MRL
04/06/2017 14:11	Lead Total ICAP/MS	<b><u>201704041617</u></b> <b><u>02 001514</u></b>	1.9	15	ug/L	0.5
04/06/2017 14:11	Lead Total ICAP/MS	<b><u>201704041618</u></b> <b><u>10 002077</u></b>	1.2	15	ug/L	0.5
04/06/2017 14:14	Lead Total ICAP/MS	<b><u>201704041619</u></b> <b><u>11 002107</u></b>	5.5	15	ug/L	0.5
04/06/2017 14:14	Lead Total ICAP/MS	<b><u>201704041620</u></b> <b><u>18 001513</u></b>	3.3	15	ug/L	0.5
04/06/2017 14:17	Lead Total ICAP/MS	<b><u>201704041621</u></b> <b><u>24 002038</u></b>	52	15	ug/L	0.5

Tel: (626) 386-1100  
 Fax: (626) 386-1101  
 1 800 566 LABS (1 800 566 5227)

Laboratory Data  
 Report: 649196

Arizona Department of Environmental Quality  
 David Burchard  
 1110 West Washington Street  
 Phoenix, AZ 85007

Samples Received on:  
 04/04/2017 1506

Prepped	Analyzed	Prep Batch	Analytical Batch	Method	Analyte	Result	Units	MRL	Dilution
<b>02 001514 (201704041617)</b>						<b>Sampled on 03/21/2017 0620</b>			
Sample Type: Drinking Fountain Facility ID: 1002 Sample Point ID: Cafe <b>EPA 200.8 - ICPMS Metals</b>									
04/05/17	04/06/17 14:11	983728	984556	(EPA 200.8)	Lead Total ICAP/MS	1.9	ug/L	0.5	1
<b>10 002077 (201704041618)</b>						<b>Sampled on 03/21/2017 0645</b>			
Sample Type: Sink Facility ID: Residence Sample Point ID: Kitchen <b>EPA 200.8 - ICPMS Metals</b>									
04/05/17	04/06/17 14:11	983728	984556	(EPA 200.8)	Lead Total ICAP/MS	1.2	ug/L	0.5	1
<b>11 002107 (201704041619)</b>						<b>Sampled on 03/21/2017 0630</b>			
Sample Type: Sink Facility ID: Bus Barn Sample Point ID: Kitchen <b>EPA 200.8 - ICPMS Metals</b>									
04/05/17	04/06/17 14:14	983728	984556	(EPA 200.8)	Lead Total ICAP/MS	5.5	ug/L	0.5	1
<b>18 001513 (201704041620)</b>						<b>Sampled on 03/21/2017 0735</b>			
Sample Type: Drinking Fountain Facility ID: 1018 Sample Point ID: Gym <b>EPA 200.8 - ICPMS Metals</b>									
04/05/17	04/06/17 14:14	983728	984556	(EPA 200.8)	Lead Total ICAP/MS	3.3	ug/L	0.5	1
<b>24 002038 (201704041621)</b>						<b>Sampled on 03/21/2017 0735</b>			
Sample Type: Sink Facility ID: 1020 Sample Point ID: Nurse's Office <b>EPA 200.8 - ICPMS Metals</b>									
04/05/17	04/06/17 14:17	983728	984556	(EPA 200.8)	Lead Total ICAP/MS	52	ug/L	0.5	1

Rounding on totals after summation.  
 (c) - indicates calculated results

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**ICPMS Metals****Prep Batch: 983728 Analytical Batch: 984556****Analysis Date: 04/06/2017**

201704041617	02 001514
201704041618	10 002077
201704041619	11 002107
201704041620	18 001513
201704041621	24 002038

Analyzed by: RPD  
Analyzed by: RPD  
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QC Type	Analyte	Native	Spiked	Recovered	Units	Yield (%)	Limits (%)	RPDLimit (%)	RPD%
<b>ICPMS Metals by EPA 200.8</b>									
<b>Analytical Batch: 984556</b>					<b>Analysis Date: 04/06/2017</b>				
LCS1	Lead Total ICAP/MS		20	20.2	ug/L	101	(85-115)		
LCS2	Lead Total ICAP/MS		20	19.9	ug/L	99	(85-115)	20	1.5
MBLK	Lead Total ICAP/MS			<0.25	ug/L				
MRL_CHK	Lead Total ICAP/MS		0.5	0.539	ug/L	108	(50-150)		
MS_201704041513	Lead Total ICAP/MS	0.61	20	21.7	ug/L	105	(70-130)		
MS2_201704041618	Lead Total ICAP/MS	1.2	20	22.6	ug/L	107	(70-130)		
MSD_201704041513	Lead Total ICAP/MS	0.61	20	21.7	ug/L	106	(70-130)	20	0.0
MSD2_201704041618	Lead Total ICAP/MS	1.2	20	22.5	ug/L	107	(70-130)	20	0.44

Spike recovery is already corrected for native results.

Spikes which exceed Limits and Method Blanks with positive results are highlighted by Underlining.

Criteria for MS and Dup are advisory only, batch control is based on LCS. Criteria for duplicates are advisory only, unless otherwise specified in the method.

RPD not calculated for LCS2 when different a concentration than LCS1 is used.

RPD not calculated for Duplicates when the result is not five times the MRL (Minimum Reporting Level).

(S) - Indicates surrogate compound.

(I) - Indicates internal standard compound.