Seaside School District 10
Lead Testing Results in a Water Analysis Report 7/1/2019

Results for lead testing in water are provided in an *Analysis Report* from Alexin Analytical ORELAP Accredited Lab# OR-100013. Use the information below to determine from which location each sample was taken, as well as the type of sample taken.

Location Number: This number designates the site from which the sample was taken (GES=004 Gearhart Elementary, SHE=005 Seaside Heights Elementary, BMS=006 Broadway Middle School, SHS=007 Seaside High School).

Sample Number and Collection Site:

1 GES S Hall Fountain	14 BMS Gym 2 Fountain	27 SHE Kitchen Dish Faucet
2 GES N Hall Fountain	15 SHS Kitchen Faucet South	28 SHE Staff Rm Faucet
3 GES Rm 9 Fountain	16 SHS Kitchen Faucet East	29 SHE Rm C6 Fountain
4 GES Rm 7 Fountain	17 SHS Hall Rm 15 Fountain	30 SHE W Hall Fountain
5 GES Rm 6 Fountain	18 SHS Hall Rm 6 Fountain	31 SHE Rm B4 Fountain
6 GES Kitchen E Faucet	19 SHS Rm 5 SE Faucet	32 SHE Rm A3 Fountain
7 GES Boiler Rm Flush	20 SHS Hall Rm 1 Fountain	33 SHE E Hall Fountain
8 BMS SW Entry Fountain	21 SHS Staff Rm Faucet	34 SHE Gym Fountain
9 BMS Hall Rm 14 Fountain	22 SHS Hall Rm 19 Fountain	35 SHE Boys Locker Fountain
10 BMS Hall Rm 6 Fountain	23 SHS Lower Gym Fountain	36 SHE Girls Locker Fountain
11 BMS Kitchen Dish Faucet	24 SHS Boiler Rm Flush	37 SHE Boiler Rm Flush
12 BMS Kitchen Prep Faucet	25 SHS Concession Faucet	38 DO Kitchen Faucet
13 BMS Staff Rm Faucet	26 SHE Kitchen S Faucet	39 DO Supply Rm Faucet

Outlet Type:	WF	Water Fountain (not chilled)
	WC	Water Fountain (chilled)
	KF	Kitchen Faucet
	CF	Custodial Faucet
	HB	Hose Bib
Sample Type:	P	Primary Sample (first draw)
	F	Flush Sample (30 second pre-flush)

For school, daycare, or non-residential building testing the EPA recommends outlets be taken out of service if the lead level exceeds 20ppb; this is a maximum contamination level for lead in samples based on a 250 mL first-draw sample, exceedences require remediation or further sampling. This is not an acceptance level for health based exposure.

Alexin Analytical LABORATORIES, INC.
Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: _____

Page 1 of 7

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: Seaside School Dist 10	Project Manager: Chuck Lockett	Accounts Payable Contact:
Address: 1801 S Franklin	Mailing Address:	Mailing Address:
City/State/Zip: Seaside OR	City/State/Zip:	City/State/Zip:
phone: 503-738-5576	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:		P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:	Permit #:

Send results to OR State Health Division? (Please circle) Yes (No)

Lab ID (Lab use only)	Sample Identification (Please enter a unique ID per line for each separate sample)	Date Collected	Time Collected (Begin-End if comp.)	Sample Matrix*	# of cont. rec'd	Analysis Requested** Lead	SEE ATTACHED	Sample Specific Notes/Field Data (for each WW sample, specify Grab / Composite; for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE)
	01-004-WF-P	6/20	10:35					
	02-004-WF-P							
	02-004-WF-F							
	03-004-WF-P							
	04-004-WF-P							
	05-004-WF-P							
	06-004-KF-P							
	06-004-KF-F							
	07-004-HB-F							

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

The most current revision of SOP-10-003 was used when these samples were collected ☐

Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: _____ °C On ice? Y N

Containers Intact? Y N ID: TRM-10-_____

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

Alexin Analytical LABORATORIES, INC. Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: _____

Page 2 of ____

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: SEASIDE SCHOOL DIST 10	Project Manager: CHUCK LOEST	Accounts Payable Contact:
Address: 1801 S FRANKLIN	Mailing Address:	Mailing Address:
City/State/Zip: SEASIDE OR	City/State/Zip:	City/State/Zip:
phone: 503-738-5591	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:		P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:	Permit #:

Send results to OR State Health Division? (Please circle) Yes (No)

Lab ID (Lab use only)	Sample Identification (Please enter a unique ID per line for each separate sample)	Date Collected	Time Collected (Begin-End if comp.)	Sample Matrix*	# of cont. rec'd	Analysis Requested**: LEAD	SEE ATTACHED	Sample Specific Notes/Field Data (for each WW sample, specify Grab / Composite; for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE)
	08-006-WF-P	6/20	10:00 AM					
	09-006-WF-P							
	10-006-WF-P							
	11-006-KF-P							
	12-006-KF-P							
	13-006-KF-P							
	14-006-WF-P							

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

The most current revision of SOP-10-003 was used when these samples were collected ☐

Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: _____ °C On ice? Y N Containers Intact? Y N ID: TRM-10-_____

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

Alexin Analytical LABORATORIES, INC. Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: _____

Page 3 of ____

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: SEASIDE SCHOOL DIST 10	Project Manager: CHUCK LORETH	Accounts Payable Contact:
Address: 1801 S FRANKLIN	Mailing Address:	Mailing Address:
City/State/Zip: SEASIDE OR	City/State/Zip:	City/State/Zip:
phone: 503-738-5591	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:		P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:	Permit #:

Send results to OR State Health Division? (Please circle) Yes (No)

Lab ID (Lab use only)	Sample Identification (Please enter a unique ID per line for each separate sample)	Date Collected	(Begin-End if comp.) Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested** LEAD	SEE ATTACHED	Sample Specific Notes/Field Data (for each WW sample, specify Grab / Composite; for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE)
	15-007-KF-P	6/20	115 pm					
	16-007-KF-P							
	17-007-WF-P							
	18-007-WF-P							
	19-007-KF-P							
	19-007-KF-F							
	20-007-WF-P							
	21-007-KF-P							
	22-007-WF-P							
	23-007-WC-P							

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

The most current revision of SOP-10-003 was used when these samples were collected ☐

Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: _____ °C On ice? Y N Containers Intact? Y N ID: TRM-10-_____

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

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Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: _____

Page 4 of ____

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: SEASIDE School DIST 10	Project Manager: CHUCK LEISER	Accounts Payable Contact:
Address: 1801 S FRANKLIN	Mailing Address:	Mailing Address:
City/State/Zip: SEASIDE OR	City/State/Zip:	City/State/Zip:
phone: 503-738-5591	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:		P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:	Permit #:

Send results to OR State Health Division? (Please circle) Yes No

Lab ID (Lab use only)	Sample Identification (Please enter a unique ID per line for each separate sample)	Date Collected	Time Collected (Begin-End if comp.)	Sample Matrix*	# of cont. rec'd	Analysis Requested** Lead	SEE ATTACHED	Sample Specific Notes/Field Data (for each WW sample, specify Grab / Composite; for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE)
	24-007-CF-P							
	25-007-KF-P							
	25-007-KF-F							

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

The most current revision of SOP-10-003 was used when these samples were collected ☐

Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: _____ °C On ice? Y N

Containers Intact? Y N ID: TRM-10-_____

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

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Alexin Analytical Laboratories, Inc.
Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: _____

Page 5 of _____

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: SEASIDE SANITARY DISTRICT	Project Manager: CHUCK COSSETT	Accounts Payable Contact:
Address: 1801 S FRANKLIN	Mailing Address:	Mailing Address:
City/State/Zip: SEASIDE OR	City/State/Zip:	City/State/Zip:
phone: 503-738-5591	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:	P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:	Permit #:

Send results to OR State Health Division? (Please circle) Yes (No)

Lab ID (Lab use only)	Sample Identification (Please enter a unique ID per line for each separate sample)	Date Collected	Time Collected (Begin-End if comp.)	Sample Matrix*	# of cont. rec'd	Analysis Requested**: CEMD	SEE ATTACHED	Sample Specific Notes/Field Data (for each WW sample, specify Grab / Composite; for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE)
	32-005-WF-F	6/20	930					
	33-005-WF-P							
	34-005-WF-P							
	35-005-WF-P							
	35-005-WF-F							
	36-005-WF-P							
	36-005-WF-F							
	37-005-HB-P							
	37-005-HB-F							

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

The most current revision of SOP-10-003 was used when these samples were collected ☐

Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: _____ °C On ice? Y N

Containers Intact? Y N ID: TRM-10-_____

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

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Chain of Custody Record

Laboratory Job Number: _____

Page 6 of _____

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: SEASIDE School Dist	Project Manager: CHUCK LORSCH	Accounts Payable Contact:
Address: 1801 S. FRANKLIN	Mailing Address:	Mailing Address:
City/State/Zip: SEASIDE OR 97138	City/State/Zip:	City/State/Zip:
phone: 503-738-5591	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:		P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:	Permit #:

Send results to OR State Health Division? (Please circle) Yes (No)

Lab ID (Lab use only)	Sample Identification (Please enter a unique ID per line for each separate sample)	Date Collected	(Begin-End if comp.) Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested**: Lead	SEE ATTACHED	Sample Specific Notes/Field Data (for each WW sample, specify Grab / Composite; for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE)
	26-005-KF-P	6/20	8:50					
	27-005-KF-P							
	27-005-KF-F							
	28-005-KF-P							
	28-005-KF-F							
	29-005-WF-P							
	30-005-WF-P							
	30-005-WF-F							
	31-005-WF-P		9:15					
	32-005-WF-P		"					

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

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Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: _____ °C On ice? Y N

Containers Intact? Y N ID: TRM-10-_____

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** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

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Laboratory Job Number: _____

Page 7 of _____

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1588 email:mail@alexinlabs.com

Client Contact Information	Results Reporting Information	Invoicing Information
Company/Client Name: SEASIDE SCHOOL DIST	Project Manager: Mark Cosgrove	Accounts Payable Contact:
Address: 1801 S FRANKLIN	Mailing Address:	Mailing Address:
City/State/Zip: SEASIDE OR 97138	City/State/Zip:	City/State/Zip:
phone: 503-738-5991	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location:		P.O. #:	PWSID #:
Sampled By:	Project Name:	Project #:	Permit #:

Send results to OR State Health Division? (Please circle) Yes (No)

Lab ID (Lab use only)	Sample Identification (Please enter a unique ID per line for each separate sample)	Date Collected	Time Collected (Begin-End if comp.)	Sample Matrix*	# of cont. rec'd	Analysis Requested**: Lead	SEE ATTACHED	Sample Specific Notes/Field Data (for each WW sample, specify Grab / Composite; for each DW sample, specify Raw / Treated, Source / Distribution, Single / Combined WHERE APPLICABLE)
	38-008-KF-P	6/20/19	8:05AM					
	39-008-KF-P	6/20/19	8:05AM					

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:

The most current revision of SOP-10-003 was used when these samples were collected ☐

Received by Laboratory Log-In Staff: Date/Time: Temp. on receipt: _____ °C On ice? Y N

Containers Intact? Y N ID: TRM-10-_____

* Drinking water (DW), effluent (EFF), ground water (GW), influent (INF), non-aqueous liquid (NAL), paint chips, raw water (RW), sludge, soil, solid, source water (SOURCE), spring, stormwater (SW), surface water, wastewater (WW), well water (WELL)

** Analyses for SOC, Radionuclide, Radon, and Asbestos are subcontracted out to other accredited laboratories.

Alexin Analytical LABORATORIES, INC.
Professional Laboratory Services
13035 SW Pacific Hwy
Tigard, OR 97223
Tel.: (503) 639-9311 Fax: (503) 684-1588

ANALYSIS REPORT

Reported: 07/01/2019
Received: 06/21/2019
Sampled By:
Work Order: 9172003

CLIENT
Seaside School District
Attn: Chuck Loesch
1801 S Franklin
Seaside OR, 97138
Phone: (503) 791-5190

Project:
Project # : N/A
Sample Type :

Sampling Location:

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
9172003-01	**Sample Name:** 01-004-wf-p **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	4	ppb	2	20 ppb	06/24/19 15:23
9172003-02	**Sample Name:** 02-004-wf-p **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	**30**	ppb	2	20 ppb	06/24/19 15:23 **MCLE**
9172003-03	**Sample Name:** 02-004-wf-f **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-04	**Sample Name:** 03-004-wf-p **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	2	ppb	2	20 ppb	06/24/19 15:23
9172003-05	**Sample Name:** 04-004-wf-p **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	10	ppb	2	20 ppb	06/24/19 15:23
9172003-06	**Sample Name:** 05-004-wf-p **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-07	**Sample Name:** 06-004-kf-p **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	8	ppb	2	20 ppb	06/24/19 15:23
9172003-08	**Sample Name:** 06-004-kf-f **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-09	**Sample Name:** 07-004-hb-f **Sampled:** 6/20/19 10:35						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	**28**	ppb	2	20 ppb	06/24/19 15:23 **MCLE**
9172003-10	**Sample Name:** 08-006-wf-p **Sampled:** 6/20/19 10:00						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23

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Alexin Analytical LABORATORIES, INC.
Professional Laboratory Services
13035 SW Pacific Hwy
Tigard, OR 97223
Tel.: (503) 639-9311 Fax: (503) 684-1588

ANALYSIS REPORT

Reported: 07/01/2019
Received: 06/21/2019
Sampled By:
Work Order: 9172003

CLIENT
Seaside School District
Attn: Chuck Loesch
1801 S Franklin
Seaside OR, 97138
Phone: (503) 791-5190

Project:
Project # : N/A
Sample Type :

Sampling Location:

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
9172003-11	**Sample Name:** 09-006-wf-p **Sampled:** 6/20/19 10:00						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-12	**Sample Name:** 10-006-wf-p **Sampled:** 6/20/19 10:00						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	7	ppb	2	20 ppb	06/24/19 15:23
9172003-13	**Sample Name:** 11-006-kf-p **Sampled:** 6/20/19 10:00						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-14	**Sample Name:** 12-006-kf-p **Sampled:** 6/20/19 10:00						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-15	**Sample Name:** 13-006-kf-p **Sampled:** 6/20/19 10:00						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-16	**Sample Name:** 14-006-wf-p **Sampled:** 6/20/19 10:00						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-17	**Sample Name:** 15-007-kf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-18	**Sample Name:** 16-007-kf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	8	ppb	2	20 ppb	06/24/19 15:23
9172003-19	**Sample Name:** 17-007-wf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	4	ppb	2	20 ppb	06/24/19 15:23
9172003-20	**Sample Name:** 18-007-wf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	2	ppb	2	20 ppb	06/24/19 15:23

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Alexin Analytical LABORATORIES, INC.
Professional Laboratory Services
13035 SW Pacific Hwy
Tigard, OR 97223
Tel.: (503) 639-9311 Fax: (503) 684-1588

ANALYSIS REPORT

Reported: 07/01/2019
Received: 06/21/2019
Sampled By:
Work Order: 9172003

CLIENT
Seaside School District
Attn: Chuck Loesch
1801 S Franklin
Seaside OR, 97138
Phone: (503) 791-5190

Project:
Project # : N/A
Sample Type :

Sampling Location:

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
9172003-21	**Sample Name:** 19-007-kf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	6	ppb	2	20 ppb	06/24/19 15:23
9172003-22	**Sample Name:** 19-007-kf-f **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-23	**Sample Name:** 20-007-wf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-24	**Sample Name:** 21-007-kf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-25	**Sample Name:** 22-007-wf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-26	**Sample Name:** 23-007-wc-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-27	**Sample Name:** 24-007-cf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-28	**Sample Name:** 25-007-kf-p **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	**32**	ppb	2	20 ppb	06/24/19 15:23 **MCLE**
9172003-29	**Sample Name:** 25-007-kf-f **Sampled:** 6/20/19 13:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-30	**Sample Name:** 26-005-kf-p **Sampled:** 6/20/19 8:50						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	2	ppb	2	20 ppb	06/24/19 15:23

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Alexin Analytical LABORATORIES, INC.
Professional Laboratory Services
13035 SW Pacific Hwy
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ANALYSIS REPORT

Reported: 07/01/2019
Received: 06/21/2019
Sampled By:
Work Order: 9172003

CLIENT
Seaside School District
Attn: Chuck Loesch
1801 S Franklin
Seaside OR, 97138
Phone: (503) 791-5190

Project:
Project # : N/A
Sample Type :

Sampling Location:

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
9172003-31	**Sample Name:** 27-005-kf-p **Sampled:** 6/20/19 8:50						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	5	ppb	2	20 ppb	06/24/19 15:23
9172003-32	**Sample Name:** 27-005-kf-f **Sampled:** 6/20/19 8:50						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	2	ppb	2	20 ppb	06/24/19 15:23
9172003-33	**Sample Name:** 28-005-kf-p **Sampled:** 6/20/19 8:50						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	9	ppb	2	20 ppb	06/24/19 15:23
9172003-34	**Sample Name:** 28-005-kf-f **Sampled:** 6/20/19 8:50						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/24/19 15:23
9172003-35	**Sample Name:** 29-005-wf-p **Sampled:** 6/20/19 8:50						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	9	ppb	2	20 ppb	06/24/19 15:23
9172003-36	**Sample Name:** 30-005-wf-p **Sampled:** 6/20/19 8:50						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	13	ppb	2	20 ppb	06/26/19 14:04
9172003-37	**Sample Name:** 30-005-wf-f **Sampled:** 6/20/19 8:50						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	3	ppb	2	20 ppb	06/26/19 14:04
9172003-38	**Sample Name:** 31-005-wf-p **Sampled:** 6/20/19 9:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	9	ppb	2	20 ppb	06/26/19 14:04
9172003-39	**Sample Name:** 32-005-wf-p **Sampled:** 6/20/19 9:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	20	ppb	2	20 ppb	06/26/19 14:04 **MCLE**
9172003-40	**Sample Name:** 32-005-wf-f **Sampled:** 6/20/19 9:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	2	ppb	2	20 ppb	06/26/19 14:04

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ANALYSIS REPORT

Reported: 07/01/2019
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Sampled By:
Work Order: 9172003

CLIENT
Seaside School District
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1801 S Franklin
Seaside OR, 97138
Phone: (503) 791-5190

Project:
Project # : N/A
Sample Type :

Sampling Location:

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
9172003-41	**Sample Name:** 33-005-wf-p **Sampled:** 6/20/19 9:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	6	ppb	2	20 ppb	06/26/19 14:04
9172003-42	**Sample Name:** 34-005-wf-p **Sampled:** 6/20/19 9:15						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	5	ppb	2	20 ppb	06/26/19 14:04
9172003-43	**Sample Name:** 35-005-wf-p **Sampled:** 6/20/19 9:30						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	8	ppb	2	20 ppb	06/26/19 14:04
9172003-44	**Sample Name:** 35-005-wf-f **Sampled:** 6/20/19 9:30						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/26/19 14:04
9172003-45	**Sample Name:** 36-005-wf-p **Sampled:** 6/20/19 9:30						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	15	ppb	2	20 ppb	06/26/19 14:04
9172003-46	**Sample Name:** 36-005-wf-f **Sampled:** 6/20/19 9:30						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	6	ppb	2	20 ppb	06/26/19 14:04
9172003-47	**Sample Name:** 37-005-hb-p **Sampled:** 6/20/19 9:30						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	15	ppb	2	20 ppb	06/26/19 14:04
9172003-48	**Sample Name:** 37-005-hb0f **Sampled:** 6/20/19 9:30						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	2	ppb	2	20 ppb	06/26/19 14:04
9172003-49	**Sample Name:** 38-008-kf-p **Sampled:** 6/20/19 8:05						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	ND	ppb	2	20 ppb	06/26/19 14:04
9172003-50	**Sample Name:** 39-008-kf-p **Sampled:** 6/20/19 8:05						**Matrix:** Drinking Water
†*Lead*	1030	EPA 200.9	9	ppb	2	20 ppb	06/26/19 14:04

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ANALYSIS REPORT

Reported: 07/01/2019
Received: 06/21/2019
Sampled By:
Work Order: 9172003

CLIENT
Seaside School District
Attn: Chuck Loesch
1801 S Franklin
Seaside OR, 97138
Phone: (503) 791-5190

Project:
Project # : N/A
Sample Type :

Sampling Location:

Lab Number

MCLE This analyte exceeds the MCL limit.

ND = None detected at the MRL **MRL** = Minimum Reporting Limit **MCL** = Maximum Contamination Limit

†All procedures for this analysis are in accordance with NELAP standards.

* The EPA MCL for Lead in Public Drinking Water Systems is 15 ppb. For school, daycare, or non-residential building testing the EPA recommends outlets be taken out of service if the lead level exceeds 20 ppb; this is a maximum contamination level for lead in samples based on a 250 mL first-draw sample, exceedences require remediation or further sampling. This is not an acceptance level for health based exposure.

Approved by: _____
Adriana Gonzalez-Gray
Laboratory Director

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