



**Professional
Laboratory
Services**

13035 SW Pacific Hwy
Tigard, OR 97223
Tel.: (503) 639-9311 Fax: (503) 684-1588

ANALYSIS REPORT

Reported: 07/12/2022
Received: 06/16/2022
Sampled By: David Lang
Work Order: 2168002

C **Kelsay Environmental**
L Attn: Brad Kelsay/Lisa Janik
I 833 SE Main St Ste 410
E Portland OR, 97214
N Phone: (503) 705-0514
T

Project:
Project # : N/A
Sample Type : Non-Compliance

Sampling Location: Gladstone Health Clinic

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time	
2168002-01	Sample Name: 19310501 - 001BF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	6	ppb	1	15 ppb	07/11/22 17:02	
2168002-02	Sample Name: 19310501 - 002BF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	ND	ppb	1	15 ppb	07/11/22 17:02	
2168002-03	Sample Name: 19310501 - 003CF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	3	ppb	1	15 ppb	07/11/22 17:02	
2168002-04	Sample Name: 19310501 - 004CF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	12	ppb	1	15 ppb	07/11/22 17:02	
2168002-05	Sample Name: 19310501 - 005CF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	6	ppb	1	15 ppb	07/11/22 17:02	
2168002-06	Sample Name: 19310501 - 006CF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	17	ppb	1	15 ppb	07/11/22 17:02 MCLE	
2168002-07	Sample Name: 19310501 - 007CF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	22	ppb	2	15 ppb	07/11/22 17:02 MCLE	
2168002-08	Sample Name: 19310501 - 008BF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	2	ppb	1	15 ppb	07/11/22 17:02	
2168002-09	Sample Name: 19310501 - 009BF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	4	ppb	1	15 ppb	07/11/22 17:02	
2168002-10	Sample Name: 19310501 - 010CF Sampled: 6/16/22 0:00							Matrix: Drinking Water
<i>Lead</i>	1030	EPA 200.9	ND	ppb	1	15 ppb	07/11/22 17:02	



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Project:
Project # : N/A
Sample Type : Non-Compliance

Sampling Location: Gladstone Health Clinic

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
2168002-11	Sample Name: 19310501 - 011CF Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>Lead</i>	1030	EPA 200.9	24	ppb	2	15 ppb	07/11/22 17:02 MCLE
2168002-12	Sample Name: 19310501 - 012KF Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>Lead</i>	1030	EPA 200.9	3	ppb	1	15 ppb	07/11/22 17:02
2168002-13	Sample Name: 19310501 - 013BF Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>Lead</i>	1030	EPA 200.9	ND	ppb	1	15 ppb	07/11/22 17:02
2168002-14	Sample Name: 19310501 - 014OT Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>Lead</i>	1030	EPA 200.9	28	ppb	2	15 ppb	07/11/22 17:02 MCLE
2168002-15	Sample Name: 19310501 - 015OT Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>+Lead</i>	1030	EPA 200.9	32	ppb	4	15 ppb	07/11/22 17:02 MCLE
2168002-16	Sample Name: 19310501 - 016OT Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>+Lead</i>	1030	EPA 200.9	15	ppb	1	15 ppb	07/11/22 17:02 MCL
2168002-17	Sample Name: 19310501 - 017BF Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>+Lead</i>	1030	EPA 200.9	1	ppb	1	15 ppb	07/11/22 17:02
2168002-18	Sample Name: 19310501 - 018OT Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>+Lead</i>	1030	EPA 200.9	4	ppb	1	15 ppb	07/11/22 17:02
2168002-19	Sample Name: 19310501 - 019OT Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>+Lead</i>	1030	EPA 200.9	5	ppb	1	15 ppb	07/11/22 17:02
2168002-20	Sample Name: 19310501 - 020OT Sampled: 6/16/22 0:00		Matrix: Drinking Water				
<i>+Lead</i>	1030	EPA 200.9	2	ppb	1	15 ppb	07/11/22 17:02



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Sampling Location: Gladstone Health Clinic

Lab Number

	Code	Method	Result	Units	MRL	EPA MCL*	Analysis Date/ Time
2168002-21	Sample Name: 19310501 - 021OT Sampled: 6/16/22 0:00		Matrix: Drinking Water				
†Lead	1030	EPA 200.9	32	ppb	4	15 ppb	07/11/22 17:02 MCLE
2168002-22	Sample Name: 19310501 - 022OT Sampled: 6/16/22 0:00		Matrix: Drinking Water				
†Lead	1030	EPA 200.9	30	ppb	10	15 ppb	07/11/22 17:02 MCLE
2168002-23	Sample Name: 19310501 - 023CS Sampled: 6/16/22 0:00		Matrix: Drinking Water				
Lead	1030	EPA 200.9	6	ppb	1	15 ppb	07/11/22 17:02
2168002-24	Sample Name: 19310501 - 024BF Sampled: 6/16/22 0:00		Matrix: Drinking Water				
Lead	1030	EPA 200.9	9	ppb	1	15 ppb	07/11/22 17:02

MCL This analyte is at the Maximum Contamination Limit

MCLE This analyte exceeds the MCL limit.

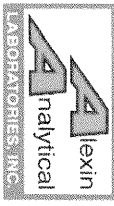
WC Sample was received in a container not provided by the laboratory.

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

* The EPA MCL for Lead in Public Drinking Water Systems is 15 ppb; this is a maximum contamination level for lead in samples, this is not an acceptance level for health based exposure.

Note: Please make sure to send your results to the appropriate agency; Alexin Analytical does not forward these results to any program or person other than the above listed client. It is your responsibility to make sure these results get sent to whichever agency, city, or organization has requested them if these results are for compliance purposes.

Approved by: 
Adriana Gonzalez-Gray
Laboratory Director



Alexin Analytical Laboratories, Inc. Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 2168882-0140-10

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:	Project Manager:	Accounts Payable Contact:
Address:	Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
phone:	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: Gladstone Health Clinic P.O. #: _____ PWSID #: _____

Sampled By: David Long Project Name: _____ Project #: _____ Permit #: _____

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

Please send CSV + pdf files
** Non-Alexin Bottle*

Lab ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested**				Sample Specific Notes/Field Data for each WW sample, specify <u>Grab</u> / <u>Composite</u> for each DW sample, specify <u>Raw</u> / <u>Treated</u> , <u>Source</u> / <u>Distribution</u> , <u>Single</u> / <u>Combined</u> WHERE APPLICABLE	
						Lead	Other	Other	Other		
01	19310501-001BF	6/16		DW	X						
02	19310501-002BF				X						
03	19310501-003CF				X						
04	19310501-004CF				X						
05	19310501-005CF				X						
06	19310501-006CF				X						
07	19310501-007CF				X						
08	19310501-008BF				X						
09	19310501-009BF				X						
10	19310501-010CF				X						

Relinquished By (print): David Long Company: Kelsey Env Date/Time: 6/16 Signature: [Signature]

Received By: _____ Company: _____ Date/Time: _____ Signature: _____

Received by Laboratory Log-In Staff: [Signature] Date/Time: 6/16 Temp. on receipt: _____ °C On ice? Y N

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

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

* 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.

COC-90-006r



Alexin Analytical Laboratories
Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 2168002-11-20

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:	Project Manager:	Accounts Payable Contact:
Address:	Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
phone:	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: Gladstone Health Clinic P.O. #: _____ PWSID #: _____

Sampled By: David Long Project Name: _____ Project #: _____ Permit #: _____

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

Lab ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont. rec'd	Analysis Requested***				Sample Specific Notes/Field Data for each WW sample, specify <u>Grab / Composite</u> for each DW sample, specify <u>Raw / Treated</u> , <u>Source / Distribution, Single / Combined</u> WHERE APPLICABLE
11	19310501-011CF	6/16		DW	X					SEE ATTACHED
12	19310501-012KF				X					
13	19310501-013BF				X					
14	19310501-014OT				X					
15	19310501-015OT				X					
16	19310501-016OT				X					
17	19310501-017BF				X					
18	19310501-018OT				X					
19	19310501-019OT				X					
20	19310501-020OT				X					

* New - Axxin Bottle

Relinquished By (print): David Long Company: Kelvey Env. Date/Time: 6/16 Signature: [Signature]

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

Received by Laboratory Log-in Staff: [Signature] Date/Time: 6/16/22 Temp. on receipt: _____ °C On ice? Y AW

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

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

* 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.

COC-90-006rev0.1



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 2168002-2/6-24

Page 3 of 3

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:	Project Manager:	Accounts Payable Contact:
Address:	Mailing Address:	Mailing Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
phone:	phone:	phone:
fax or email:	fax or email:	fax or email:

SAMPLING INFORMATION

Sampling Location: Gledstone Mealm Circle P.O. #: _____ PWSID #: _____
 Sampled By: David Long Project Name: _____ Permit #: _____
 Send results to OR State Health Division? (Please circle) Yes No

Lab ID	Sample Identification	Date Collected	Time Collected (Begin/End if comp.)	Sample Matrix*	# of cont. rec'd	Analysis Requested**	Sample Specific Notes/Field Data for each WW sample, specify <u>Grab / Composite</u> for each DW sample, specify <u>Raw / Treated</u> , <u>Source / Distribution, Single / Combined</u> WHERE APPLICABLE
21	19310501-0210T	6/16		DW	X		SEE ATTACHED
22	19310501-0220T				X		
23	19310501-023CS				X		
24	19310501-024BF				X		

new Alexin Bottle

Relinquished By (print): David Long Company: Kelsey Env. Co. Date/Time: 6/16/22 Signature: [Signature]
 Relinquished By (print): _____ 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: [Signature] Date/Time: 6/16/22 Temp. on receipt: _____ °C On ice? Y N
 Received by: _____ Date/Time: _____ Company: _____ Date/Time: _____ Signature: _____

* 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.
 COC-90-006rev0.1