



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: Brad Kelsay
Work Order: 2167031

CLIENT
Kelsay Environmental
Attn: Brad Kelsay/Lisa Janik
833 SE Main St Ste 410
Portland OR, 97214
Phone: (503) 705-0514

Project:
Project #: N/A
Sample Type:

Sampling Location: KRAX BERGER MS
Sample Matrix: Drinking Water

Lab Number

Table with 7 columns: Lab Number, Code, Method, Result, Units, MRL, EPA MCL*, Analysis Date/ Time. Row 1: 2167031-01, Sample Name: 19310300 - 077BF, Matrix: Drinking Water. Row 2: †Lead, 1030, EPA 200.9, 8, ppb, 1, 15 ppb, 07/11/22 17:02

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; 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: [Signature]
Adriana Gonzalez-Gray
Laboratory Director



Professional Laboratory Services

Chain of Custody Record

Laboratory Job Number: 2167031-01

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

Client Contact Information

Company/Client Name: KEESHY EVIDO

Project Manager:

Accounts Payable Contact:

Address: 8335B ALVIN ST SE

Mailing Address:

Mailing Address:

City/State/Zip: PRVO OR 97214

City/State/Zip:

City/State/Zip:

phone:

phone:

phone:

fax or email: keeshyevido@comcast.net

fax or email:

fax or email:

SAMPLING INFORMATION

Sampling Location: KAXX BAKER MS

Project Name: DRXD KESSTN

Project Name:

P.O. #:

Project #:

Analysis Requested***

PWSID #:

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

Yes No

Lead

Copper

SEE ATTACHED

Source / Distribution, Single / Combined WHERE APPLICABLE

Lab ID	Sample	Date Collected	Time Collected (Begin/End if comp.)	Sample Matrix*	# of cont. rec'd
<u>01</u>	<u>19310300-077BF</u>	<u>6/18/02</u>	<u>1:15</u>		<input checked="" type="checkbox"/>

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

Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	Company:	Date/Time:	Signature:
<u>Bond Killian</u>	<u>KESHY EVIDO</u>	<u>6/18/02</u>	<u>[Signature]</u>	<u>STG</u>		<u> </u>	<u>[Signature]</u>

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)

Received by Laboratory Log-In Staff: STG Date/Time: 6/18/02 Temp. on receipt: °C On ice? Y
Containers intact? Y ID: TRM-10-