

# SUBURBAN LABORATORIES, Inc.



1950 S. Batavia Ave., Suite 150 Geneva, Illinois 60134  
Tel. (708) 544-3260 • Toll Free (800) 783-LABS  
Fax (708) 544-8587  
www.suburbanlabs.com

March 17, 2017

Carlos Cruz  
Roselle School District 12  
100 East Walnut Street  
Roselle, IL 60172

**Workorder: 1701C45**

TEL: (630) 529-2091

FAX:

RE: Drinking Water Lead Analysis

Dear Carlos Cruz:

Suburban Laboratories, Inc. received 20 sample(s) on 1/23/2017 for the analyses presented in the following report.

Customer has provided 250 mL volume sample bottles for all samples collected. Please note, all sample results that exceed 5.00 ug/L should be promptly reported to parents or guardians of all enrolled students. Results that are below 5.00 ug/L should be reported on the school website. Please refer to Public Act 099-0922 or the Illinois Department of Public Health for specific reporting requirements. Suburban Laboratories will forward all results to the IDPH within seven (7) business days from the date of this report.

This report may not be reproduced, except in full, without the prior written approval of Suburban Laboratories, Inc. If you have any questions regarding these test results, please call me at (708) 544-3260.

Sincerely,

Pat Rodriguez  
Project Manager  
708-544-3260 ext 214  
pat@suburbanlabs.com



# SUBURBAN LABORATORIES, Inc.



1950 S. Batavia Ave., Suite 150 Geneva, Illinois 60134  
Tel. (708) 544-3260 • Toll Free (800) 783-LABS  
Fax (708) 544-8587  
www.suburbanlabs.com

**Client ID:** Roselle School District 12

**Project Name:** Drinking Water Lead Analysis

**Report Date:** March 17, 2017

**Workorder:** 1701C45

**Analyte:** Lead

**Matrix:** Drinking Water

Sample ID	Client Sample ID	Result	MRL	Units	Date & Time Water System Last Used	Date Collected	Date Analyzed
1701C45-001A	Location 1	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-002A	Location 2	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-003A	Location 3	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-004A	Location 4	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-005A	Location 5	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-006A	Location 6	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-007A	Location 7	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-008A	Location 8	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-009A	Location 9	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-010A	Location 10	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-011A	Location 11	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-012A	Location 12	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-013A	Location 13	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-014A	Location 14	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-015A	Location 15	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-016A	Location 16	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-017A	Location 17	11.6	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-018A	Location 18	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-019A	Location 19	6.12	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017
1701C45-020A	Location 20	ND	2.00	µg/L	01/20/17 22:00	1/23/2017	1/24/2017

ND - Not Detected Down to the Laboratory Minimum Reporting Limit (MRL)



# SUBURBAN LABORATORIES, Inc.

1950 S Batavia Ave Ste 150 Geneva IL 60134

Tel: 708.544.3260

Fax: 708.544.8587

Toll Free: 800.783.LABS

www.suburbanlabs.com

## CHAIN OF CUSTODY RECORD #

Electronic Version

Company Name <b>Roselle School District 12</b>		TURNAROUND TIME REQUESTED <input checked="" type="checkbox"/> Normal <input type="checkbox"/> RUSH* *Additional Rush Charges Approved.		ANALYSIS & METHOD REQUESTED Enter an "X" in box below for request		Page <b>1</b> of <b>1</b>
Company Address <b>100 E WALNUT ST.</b>		<input checked="" type="checkbox"/> Date & Time Needed: _____				PO No.
City <b>ROSELLE</b> State <b>IL</b> Zip <b>60172</b>		Normal: TAT is 5-7 work days for most work. Rush work must be pre-approved and additional charges apply.				Shipping Method
Phone <b>630 529-2091</b> Fax <b>630 529-2467</b> <input type="checkbox"/> Fax Report		Specify Regulatory Program: (Required) <input checked="" type="checkbox"/> None/Info only				GC Reporting Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Email Address <b>ccruz@sd12.k12.il.us</b>		<input type="checkbox"/> LUST <input type="checkbox"/> SRP <input type="checkbox"/> SDWA				<b>LAB USE ONLY</b>
Project ID / Location <b>Drinking Water Lead Analysis</b>		<input type="checkbox"/> 503 Sludge <input type="checkbox"/> NPDES <input type="checkbox"/> MWRDGC				SLI Order No. <b>1701C45</b>
Project Manager (Report to)		<input type="checkbox"/> Disposal <input type="checkbox"/> Other <small>*Please specify in comment section below.</small>				Sample containers supplied by customer? <input type="checkbox"/> Yes
Sample Collector(s) <b>CARLOS CRUZ</b>						Temperature of Received Samples _____ °C

SAMPLE IDENTIFICATION <small>Use One Line Per Preservation &amp; Container Type</small>	COLLECTION		MATRIX	GRAB/ COMP.	CONTAINERS		PRESERVATIVE	200.8DW Lead	LAB USE ONLY			
	DATE	TIME			Qty	SIZE & TYPE			R	Condition	Split	LAB #
1 LOCATION 1	1/23/17	6:24 AM	DW	G	1	8 Ounce Plastic	HNO3	X				1A
2 LOCATION 2	1/23/17	6:25 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
3 LOCATION 3	1/23/17	6:26 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
4 LOCATION 4	1/23/17	6:27 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
5 LOCATION 5	1/23/17	6:28 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
6 LOCATION 6	1/23/17	6:29 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
7 LOCATION 7	1/23/17	6:30 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
8 LOCATION 8	1/23/17	6:31 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
9 LOCATION 9	1/23/17	6:32 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
10 LOCATION 10	1/23/17	6:33 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
11 LOCATION 11	1/23/17	6:45 AM	DW	G	1	8 Ounce Plastic	HNO3	X				
12 LOCATION 12	1/23/17	6:47 AM	DW	G	1	8 Ounce Plastic	HNO3	X				12A

<b>MATRIX:</b> Drinking Water (DW), Soil (S), Waste Water (WW), Surface Water (SW), Ground Water (GW), Solid Waste (WA), Sludge (U), Wipe (P) <b>CONTAINER:</b> 2oz, 4oz, 8oz, 40oz, 500ml, Liter (L), Tube, Glass (G), Plastic (P) <b>PRESERVATIVE:</b> H <sub>2</sub> SO <sub>4</sub> , HCl, HNO <sub>3</sub> , Methanol (MeOH), NaOH, Sodium Bisulfate (NaB), NaThio	<b>COMMENTS &amp; SPECIAL INSTRUCTIONS:</b> PLEASE COMPLETE THE HIGHLIGHTED SECTIONS  COLLECT EACH BOTTLE FROM A SEPARATE SITE  \$615.00 PAYMENT DUE WITH SAMPLE SUBMITTAL		<b>CONDITION CODES</b> 1. Improper/damaged container/cap 2. Improper preservation 3. Insufficient sample volume 4. Headspace/air bubbles for VOCs 5. Received past holding time 6. Received frozen 7. Label conflicts with COC
	Paid in full check # 258 046832		

1. Relinquished By <b>CARLOS CRUZ</b>	Date <b>1/23/17</b>	2. Relinquished By	Date	3. Relinquished By	Date	4. Relinquished By	Date
Received By <b>JCE</b>	Time <b>11:30</b>	Received By	Time	Received By	Time	Received By	Time

