



**Professional
Laboratory
Services**

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

ANALYSIS REPORT
ORELAP Accredited Lab#: OR-100013

Reported: 12/08/2011
Received: 12/05/2011
Sampled By: Don Smethers
Work Order: 1339004

**C
L
I
E
N
T**
Riverbend-Riverbank WD
Attn: Don Smethers
31180 SW Riverlane Rd
West Linn OR, 97068
Phone: 503-349-2000

Project: -
Project # : N/A
PWSID # : -
PO # : -

Sampling Location: 31180 SW Riverlane Rd. West Linn, OR
Sample Matrix: Well Water

Lab Number **Sample Name** **Sampled: 12/5/11 0:00** **Sample Composition:**
1339004-01 **Hardness Test**

Wet Chemistry	Code	Method	Units	Result	MRL	EPA	MCL	Secondary Standard*	Analysis Date/ Time
Hardness	1915	EPA 130.2	mg/L	122	4.00	-	-	250	12/06/11 12:00 z-01

Z-01 Sample was received in a container not provided by the laboratory.

*This is a secondary standard and has no contaminant level. This is a guideline that is associated with aesthetic effect such as staining of plumbing fixtures, tastes, and odors.

*** 80-100 mg/l. is considered medium hard.

ND = None detected **MRL** = Minimum Reporting Limit **MCL** = Maximum Contaminant Limit

Approved by: _____

Scott Dickman
Lab Director

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



Professional Analytical Laboratory Services

Chain of Custody Record

Laboratory Job Number: 12539004-01

13035 SW Pacific Hwy Tigard, OR 97223 ph: 503.639.9311 fax: 503.684.1598 email: mail@alexinlabs.com

Client Contact Information		Results Reporting Information		Invoicing Information	
Company/Client Name: <u>Riverview Harbor Water Dist</u>		Project Manager:		Accounts Payable Contact:	
Address: <u>503-399-2000</u>		Mailing Address:		Mailing Address:	
City/State/Zip: <u>Don Smethers, com</u>		City/State/Zip:		City/State/Zip:	
phone: <u>Don Smethers, com</u>		phone:		phone:	
fax or email:		fax or email:		fax or email:	

SAMPLING INFORMATION

Sampling Location: 31180 SW Riverview Dr West Linn, P.O. #:

Sampled By: Don Smethers Project Name: OR Project #: PWSID #:

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

Permit #: _____

NOT in lab container - run 12/5/11

Lab ID	Sample Identification	Date Collected	Time Collected	Sample Matrix*	# of cont	Analysis Requested**	Sample Specific Notes/Field Data
<small>Lab use only</small>	<small>Please enter a unique ID per line for each separate sample</small>		<small>(Begin/End Time)</small>				<small>for each WW sample, specify Grab/Composite for each DW sample, specify Raw/Treated. Source / Distribution, Single / Combined WHERE APPLICABLE.</small>
	<u>hardness test</u>	<u>12/5/11</u>		<u>well</u>	<u>1</u>		<u>SEE ATTACHED</u>
Relinquished By (print):	Company:	Date/Time:	Signature:	Received By:	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, Radon, and Asbestos are subcontracted out to other accredited laboratories.