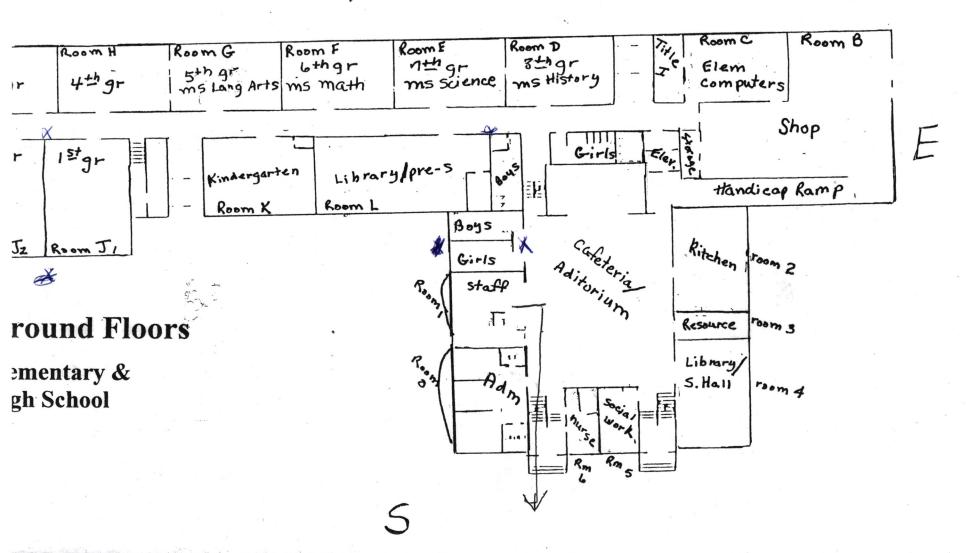
ECHO Charter School Emergency Escape Routes Primary and Alternate Routes

N



| Twin City Water Clinic Laboratory Test Report Minnesota State Laboratory ID# 027-053-119 Wisconsin State Laboratory ID# 105-10117 Wisconsin DNR Lab ID #399073400 | | | | | | | | | X No samples were subcontracted; or the above test | | | |
|--|----------------|-----------------------------------|---|-----------|--------------------|---|-------|---------|--|--|--|--|
| Client: Address: | Advanced | I Health Safety & Security Street | Report Number: Sample Receipt Date: Sample Prep. Date: Sample Prep. Time: | | 2/13/18 2/13/18 | Twin City Water Clinic Inc. 617 13th Avenue South Hopkins, MN 55343 Phone: (952)935-3556 | | | | result(s) with ** designation were produced by a subcontracted laboratory. [Laboratory name; address MDH Lab ID#]. The subcontracted laboratory maintains MDH Certification for the field(s) of testing performed. | | |
| Balaton, MN 56115 | | Report Issue Date: | | 03/13/18 | Fax: (952)935-5077 | | | | | | | |
| Laboratory | Analyte Sample | | Parameter | Sample Co | ollection | Sample Analysis Test | | | Approved methods used in analyzing the | | | |
| Sample ID | | Location | | Date | Time | Date | Time | Results | Units | samples listed above have the following | | |
| 18-02291 | Lead | Bathroom by Library | Drinking Water | 02/05/18 | 13:43 | 03/01/18 | 13:34 | <2.0 | μg/L | reporting levels: | | |
| 18-02292 | Lead | Next to Kitchen | Drinking Water | 02/05/18 | 13:45 | 03/01/18 | 13:19 | <2.0 | μg/L | SM3113 - Lead, 2.0 μg / L | | |
| 18-02293 | Lead | Kitchen | Drinking Water | 02/05/18 | 13:55 | 03/01/18 | 13:24 | <2.0 | μg/L | Maximum contaminant level: Lead, 15.0 μg /L | | |
| 18-02294 | Lead | Cafeteria Bathroom | Drinking Water | 02/05/18 | 14:05 | 03/01/18 | 13:29 | <2.0 | μg/L | | | |
| 18-02295 | Lead | Gym | Drinking Water | 02/05/18 | 14:10 | 03/01/18 | 13:39 | <2.0 | μg/L | Sample Collected by: _X_ Client TCWC | | |
| | | | | | | | | | | Sample Temp.: 12 ° C | | |
| | | | | | | | | | | Notes: | | |
| | | | | | | | | | | Discussion: | | |
| | | | | | | | | | | Approved By: | | |
| | | | | | | | | | | Approved By: Bill Van Arsdale Laboratory Manager | | |
| | | | | | | | | | | | | |

The results listed in this report apply only to the above listed samples. All routine quality assurance procedures were followed, unless otherwise noted. This analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health, unless otherwise noted.

Twin City Water Clinic 617 13th Ave South Hopkins, MN 55343 (952) 935-3556 FAX (952) 935-5077

CHAIN-OF-CUSTODY RECORD

| Client: Advanced Health Safety & Security | Contract Lab |
|--|------------------------|
| Client Address: 105 Third Street Balaton, MN 56115 | Information Ship To: |
| Customer Phone No: Brian Parrie 605-430-8842 | Ship Date: Courier: |

| Lab ID # Lab use only | Date | Time | Sample ID | Sample Location | Lead | Sample by |
|--|----------|------|--------------|--------------------------------------|------|--------------|
| | 02-41-18 | 2.35 | COI | UBTURS HALL | X | SC |
| Paragraphic Committee | 2-1-19 | 2.30 | 002 | Good Cafalera Hall Kitchen GSM | X | 50 |
| | 1-1-18 | 2135 | 003 | Kitchen | X | SC |
| | 1-418 | 455 | 004 | GSM | X | SC |
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| Date | Time | Relinquish To: | Date | Time |
|------|------|----------------|--------------------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | Date | Date Time | Date Time Relinquish To: | Date Time Relinquish To: Date |

| Container Intact | Yes | No | Correct Container | Yes | No | | Comments: |
|---------------------|-----|----|----------------------|-----|----|-------|-----------|
| Cooled | Yes | No | Temperature Blank | Yes | No | (°C) | |

Field of testing: Lead SM3113B

TCWC Rev. 1.0a