



June 20, 2017

Victor Scherer
Arizona Department of Environmental Quality-Phx
1110 W. Washington Street
Phoenix, AZ 85007

TEL (520) 398-2266
FAX (602) 207-2383

RE: Lead Analysis

Work Order No.: 17F0536
Flowing Wells Unified District
Flowing Wells Jr. High School

Dear Victor Scherer,

Turner Laboratories, Inc. received 29 sample(s) on 06/13/2017 for the analyses presented in the following report.

All results are intended to be considered in their entirety, and Turner Laboratories, Inc. is not responsible for use of less than the complete report. Results apply only to the samples analyzed. Samples will be disposed of 30 days after issue of our report unless special arrangements are made.

The pages that follow may contain sensitive, privileged or confidential information intended solely for the addressee named above. If you receive this message and are not the agent or employee of the addressee, this communication has been sent in error. Please do not disseminate or copy any of the attached and notify the sender immediately by telephone. Please also return the attached sheet(s) to the sender by mail.

Please call if you have any questions.

Respectfully submitted,

Turner Laboratories, Inc.
ADHS License AZ0066

Max DiSante
Laboratory Director

Client: Arizona Department of Environmental Quality-P
Project: Lead Analysis
Work Order: 17F0536
Date Received: 06/13/2017

Order: Flowing Wells Unified District

Work Order Sample Summary

Lab Sample ID	Client Sample ID	Matrix	Collection Date/Time
17F0536-01	JR-1	Drinking Water	06/07/2017 0615
17F0536-02	JR-2	Drinking Water	06/07/2017 0615
17F0536-03	JR-3	Drinking Water	06/07/2017 0615
17F0536-04	JR-4	Drinking Water	06/07/2017 0615
17F0536-05	JR-5	Drinking Water	06/07/2017 0615
17F0536-06	JR-6	Drinking Water	06/07/2017 0615
17F0536-07	JR-7	Drinking Water	06/07/2017 0615
17F0536-08	JR-8	Drinking Water	06/07/2017 0615
17F0536-09	JR-9	Drinking Water	06/07/2017 0600
17F0536-10	JR-10	Drinking Water	06/07/2017 0600
17F0536-11	JR-11	Drinking Water	06/07/2017 0600
17F0536-12	JR-12	Drinking Water	06/07/2017 0600
17F0536-13	JR-13	Drinking Water	06/07/2017 0600
17F0536-14	JR-14	Drinking Water	06/07/2017 0600
17F0536-15	JR-15	Drinking Water	06/07/2017 0600
17F0536-16	JR-16	Drinking Water	06/08/2017 0600
17F0536-17	JR-17	Drinking Water	06/08/2017 0600
17F0536-18	JR-18	Drinking Water	06/08/2017 0600
17F0536-19	JR-19	Drinking Water	06/08/2017 0600
17F0536-20	JR-20	Drinking Water	06/08/2017 0600
17F0536-21	JR-21	Drinking Water	06/08/2017 0600
17F0536-22	JR-22	Drinking Water	06/08/2017 0600
17F0536-23	JR-23	Drinking Water	06/08/2017 0600
17F0536-24	JR-24	Drinking Water	06/08/2017 0600
17F0536-25	JR-25	Drinking Water	06/08/2017 0600
17F0536-26	JR-26	Drinking Water	06/08/2017 0600
17F0536-27	JR-27	Drinking Water	06/08/2017 0600
17F0536-28	JR-28	Drinking Water	06/08/2017 0600
17F0536-29	JR-29	Drinking Water	06/08/2017 0600

Client: Arizona Department of Environmental Quality-Phx
Project: Lead Analysis
Work Order: 17F0536
Date Received: 06/13/2017

Case Narrative

All soil, sludge, and solid matrix determinations are reported on a wet weight basis unless otherwise noted.

ND Not Detected at or above the PQL

PQL Practical Quantitation Limit

DF Dilution Factor

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-01

Client Sample ID: JR-1
Collection Date/Time: 06/07/2017 0615
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.63	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1148	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-02

Client Sample ID: JR-2
Collection Date/Time: 06/07/2017 0615
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.63	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1223	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-03

Client Sample ID: JR-3
Collection Date/Time: 06/07/2017 0615
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.3	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1239	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-04

Client Sample ID: JR-4
Collection Date/Time: 06/07/2017 0615
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.94	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1244	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-05

Client Sample ID: JR-5
Collection Date/Time: 06/07/2017 0615
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.6	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1252	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-06

Client Sample ID: JR-6
Collection Date/Time: 06/07/2017 0615
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.1	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1257	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-07

Client Sample ID: JR-7
Collection Date/Time: 06/07/2017 0615
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.3	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1303	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-08

Client Sample ID: JR-8
Collection Date/Time: 06/07/2017 0615
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	3.1	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1308	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-09

Client Sample ID: JR-9
Collection Date/Time: 06/07/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.96	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1356	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-10

Client Sample ID: JR-10
Collection Date/Time: 06/07/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.74	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1401	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-11

Client Sample ID: JR-11
Collection Date/Time: 06/07/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.75	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1334	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-12

Client Sample ID: JR-12
Collection Date/Time: 06/07/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.73	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1340	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-13

Client Sample ID: JR-13
Collection Date/Time: 06/07/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.1	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1408	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-14

Client Sample ID: JR-14
Collection Date/Time: 06/07/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.64	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1413	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-15

Client Sample ID: JR-15
Collection Date/Time: 06/07/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	2.5	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1448	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-16

Client Sample ID: JR-16
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.86	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1624	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-17

Client Sample ID: JR-17
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.98	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1509	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-18

Client Sample ID: JR-18
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.78	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1532	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-19

Client Sample ID: JR-19
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.84	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1537	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-20

Client Sample ID: JR-20
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.0	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1545	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-21

Client Sample ID: JR-21
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.1	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1551	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-22

Client Sample ID: JR-22
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.86	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1556	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-23

Client Sample ID: JR-23
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.99	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1603	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-24

Client Sample ID: JR-24
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	3.1	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1608	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-25

Client Sample ID: JR-25
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.4	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1631	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-26

Client Sample ID: JR-26
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.72	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1636	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-27

Client Sample ID: JR-27
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.89	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1643	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-28

Client Sample ID: JR-28
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	1.6	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1648	MH

Client: Arizona Department of Environmental Qual
Project: Lead Analysis
Work Order: 17F0536
Lab Sample ID: 17F0536-29

Client Sample ID: JR-29
Collection Date/Time: 06/08/2017 0600
Matrix: Drinking Water
Order Name: Flowing Wells Unified District

Analyses	Result	PQL	Qual	Units	DF	Prep Date	Analysis Date	Analyst
ICP/MS Total Metals-E200.8 (5.4)								
Lead	0.78	0.50		ug/L	1	06/15/2017 0930	06/15/2017 1654	MH

Client: Arizona Department of Environmental Quality-Phx
Project: Lead Analysis
Work Order: 17F0536
Date Received: 06/13/2017

QC Summary

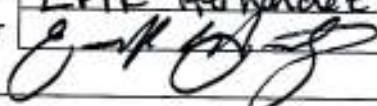
Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC Limits	RPD	RPD Limit	Qual
Batch 1706161 - E200.8 (5.4)									
Blank (1706161-BLK1)				Prepared & Analyzed: 06/15/2017					
Lead	ND	0.50	ug/L						
LCS (1706161-BS1)				Prepared & Analyzed: 06/15/2017					
Lead	51	0.50	ug/L	50.00		102	85-115		
LCS Dup (1706161-BSD1)				Prepared & Analyzed: 06/15/2017					
Lead	51	0.50	ug/L	50.00		102	85-115	0.8	20
Matrix Spike (1706161-MS1)				Source: 17F0534-01		Prepared & Analyzed: 06/15/2017			
Lead	52	0.50	ug/L	50.00	3.1	97	70-130		
Matrix Spike (1706161-MS2)				Source: 17F0536-01		Prepared & Analyzed: 06/15/2017			
Lead	48	0.50	ug/L	50.00	0.63	95	70-130		
Batch 1706162 - E200.8 (5.4)									
Blank (1706162-BLK1)				Prepared & Analyzed: 06/15/2017					
Lead	ND	0.50	ug/L						
LCS (1706162-BS1)				Prepared & Analyzed: 06/15/2017					
Lead	47	0.50	ug/L	50.00		94	85-115		
LCS Dup (1706162-BSD1)				Prepared & Analyzed: 06/15/2017					
Lead	48	0.50	ug/L	50.00		95	85-115	2	20
Matrix Spike (1706162-MS1)				Source: 17F0536-17		Prepared & Analyzed: 06/15/2017			
Lead	46	0.50	ug/L	50.00	0.98	90	70-130		
Matrix Spike (1706162-MS2)				Source: 17F0523-01		Prepared & Analyzed: 06/15/2017			
Lead	47	0.50	ug/L	50.00	0.46	93	70-130		

Collection Log
for experienced sample collectors


17F0536-01

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	A-Administration Bldg.
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Admin Hallway
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-1
Date of Collection	6-7-17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	6/13/17 14:24
Signature	 23.2°C
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

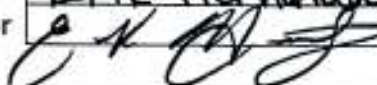
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17F0536-02

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	A-Administration
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain - Admin Hall
Location of Fixture (example, room number)	admin hallway
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-2
Date of Collection	6-7-17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

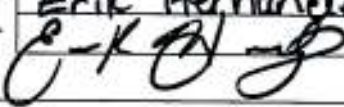
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17FDS36-03

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	B-B P02 Sample 2
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	NW Wall library
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-3
Date of Collection	6-7-17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

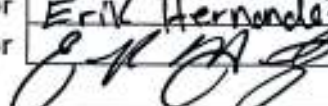
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17F0536-04

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	B. Building - B- Pool Sample 1
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	NW Wall Library
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR- 3 4
Date of Collection	6-7-17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

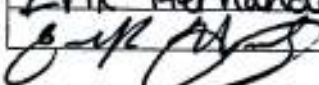
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17F0536-05

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	C-Pod
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Center pod
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-5
Date of Collection	6-7-17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

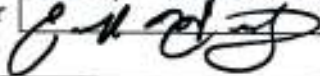
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors 17F0536-06

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	C-Pod - C-1
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Center pod area
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-6
Date of Collection	6-7-17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

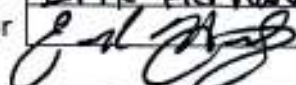
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

~~17F0537~~
17F0536-07

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	D-Pod Sample 1
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain Sample 2
Location of Fixture (example, room number)	North wall D2
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-7
Date of Collection	6-7-17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

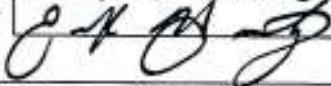
Collection Log

for experienced sample collectors

17F0536-08

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	D Pod Sample 2
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain Sample 1
Location of Fixture (example, room number)	West Wall D2
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-8
Date of Collection	6-7-17
Time of Collection	6:15 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

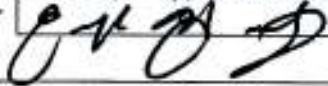
Collection Log

for experienced sample collectors

17F0536-09

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	E Pod Sample 1
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Center pod west wall
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-9
Date of Collection	6-7-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

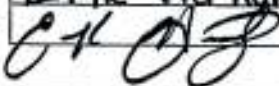
Collection Log

for experienced sample collectors

17F0536-10

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	E Pod
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Center pod West wall
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-10
Date of Collection	6-7-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

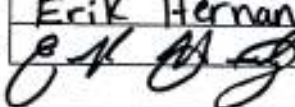
Collection Log

for experienced sample collectors

17FOS36-11

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	F-Pod Sample 1
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Center pod
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-11
Date of Collection	6-7-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

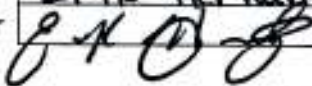
Collection Log

for experienced sample collectors

17FOS36-12

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	F Pod Sample 2
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Center pod
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-12
Date of Collection	6-7-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

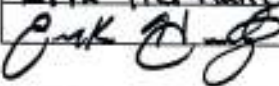
Collection Log

for experienced sample collectors

17F0536-13

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	G Pod Sample 1
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Center pod
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-13
Date of Collection	6-7-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

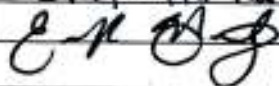
Collection Log

for experienced sample collectors

17F0536-14

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	G-P02 Sample 2
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	JR-center 14
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-14
Date of Collection	6-7-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

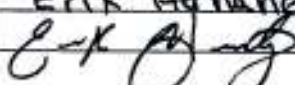
Collection Log

for experienced sample collectors

17FOS36-15

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	H Pod sample 1
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Center pod
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-15
Date of Collection	6-7-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log


Collection Log

for experienced sample collectors

17F0536-16

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	H Pod Sample 2
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Center pod
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-16
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.


Collection Log

for experienced sample collectors

17F0536-17

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Drinking J Bldg. Sample 1
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Cafeteria
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-17
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

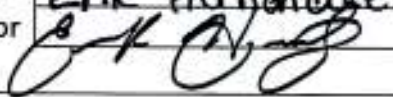
Collection Log

for experienced sample collectors

17F0536-18

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	J Bldg
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain Sample 2
Location of Fixture (example, room number)	Cafeteria
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-18
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erin Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

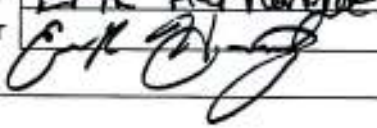
Collection Log

for experienced sample collectors

17FOS36-19

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	K Pod Sample 1
Type of Fixture (tap, drinking fountain etc.)	K5 Drinking Fountain
Location of Fixture (example, room number)	K5
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR - 19
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	
Notes Sample collector:	

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

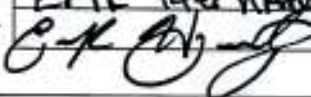
Collection Log

for experienced sample collectors

17F0536-20

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	K Pod
Type of Fixture (tap, drinking fountain etc.)	K5 drinking fountain
Location of Fixture (example, room number)	K5
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-20
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

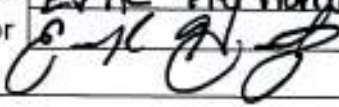
Collection Log

for experienced sample collectors

17F0536-21

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	L Bldg Sample 1
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Center Area L Bldg
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-21
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

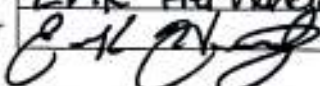
Collection Log

for experienced sample collectors

17F0536-22

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Restroom
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Side of Bldg.
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JL-22
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

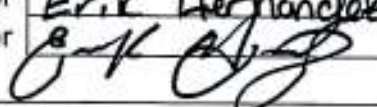
Collection Log

for experienced sample collectors

17F0536-23

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Gymnasium - Sample 1
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	NE Fountain
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-23
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

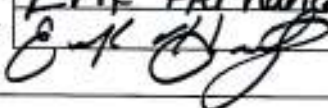
Collection Log

for experienced sample collectors

17F0536-24

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Gymnasium Sample 2
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	NE Fountain
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-24
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

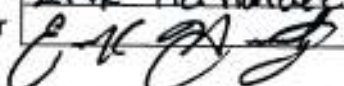
Collection Log

for experienced sample collectors

17FOS36-25

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Kitchen Sample 1
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Middle Compartment of 3 Comp. Sink
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-25
Date of Collection	6-8-17
Time of Collection	6:00AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

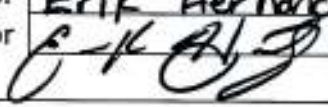
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

17F0536-26

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Kitchen Sample 2
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	MIDDLE SINK OF 3 COMP. SINK
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-26
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

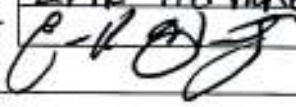
ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

Collection Log
for experienced sample collectors

17FOS36-27

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Pool Bldg. 3
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	inside pool area
Sample Identification Number (Write this number on the sample container and on this sheet)	JR-26 27
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

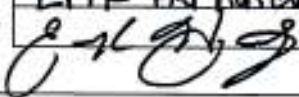
Collection Log

for experienced sample collectors

17F0536-28

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Concession stand Sample 1
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Concession stand
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-28
Date of Collection	6-8-17
Time of Collection	6:AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.

ADEQ Public School Drinking Water Lead Screening Program
Sampling Plan & Collection Log

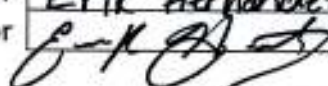
Collection Log

for experienced sample collectors

17F0536-29

Complete copy of this form for each sample collected. Your drinking water sample cannot be tested unless a copy of this form is shipped to the lab with each sample. In addition, the sample cannot be tested unless the Sample Identification Number matches the number on the sample container label.

- ☒ Check this box to confirm that **water had not been used at this tap or other taps in the area for 6 hours** and **no** flushing was done prior to sampling

Name of School District	Flowing Wells Unified District
School Name	Flowing Wells Jr. High School
Building (name/number)	Consession Stand Sample 2
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Consession Stand
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	JR-29
Date of Collection	6-8-17
Time of Collection	6:00 AM
Printed Name of Sample Collector	Erik Hernandez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples were collected for lead screening purposes only and cannot be used for compliance.