

78950

Collection Log
for experienced sample collectors

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	Benson Unified Dist
School Name	P.S.
Building (name/number)	Old Office Wing - 1001
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Class Room 403
Sample Identification Number (Write this number on the sample container and on this sheet)	P.S. 1
Date of Collection	3-7-17
Time of Collection	12:45
Printed Name of Sample Collector	Peter Meyer
Signature Sample Collector	Peter Meyer

Notes Sample collector:

550-78950 Chain of Custody



For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17 1
Signature	[Signature]
Notes:	20°C FE Gr

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.

①

Collection Log
for experienced sample collectors

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	Unified Dist.
School Name	Denson 00000
Building (name/number)	P.S.
Type of Fixture (tap, drinking fountain etc.)	Old Office wing - 1001
Location of Fixture (example, room number)	Drinking Fountain
Sample Identification Number (Write this number on the sample container and on this sheet)	Outside Room 403
Date of Collection	P.S. 2
Time of Collection	3-7-17
Printed Name of Sample Collector	12:45
Signature Sample Collector	Peter Mera

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17
Signature	<i>[Signature]</i>
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.

(2)

Collection Log
for experienced sample collectors

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	Benson Unified Dist
School Name	P.S.
Building (name/number)	Brick wing - 1002
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Out side Brick wing
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	P.S. 3
Date of Collection	2-7-17
Time of Collection	12:50
Printed Name of Sample Collector	John Mena
Signature Sample Collector	<i>[Signature]</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17
Signature	<i>[Signature]</i>
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.

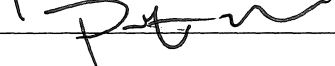
3

Collection Log

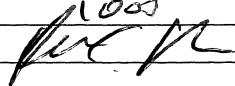
for experienced sample collectors

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	Benson Unified Dist
School Name	P.S.
Building (name/number)	Activity Center - 1004
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Office - Activity Center
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	P.S. 5
Date of Collection	3-7-17
Time of Collection	1 pm
Printed Name of Sample Collector	Peter McQua
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

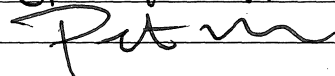


These samples were collected for lead screening purposes only and cannot be used for compliance.

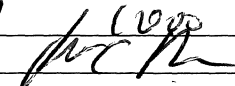
Collection Log
for experienced sample collectors

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	Benson Unified Dist
School Name	P.S.
Building (name/number)	Activity Center - 1004
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Office Rest Room
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	P.S. 6
Date of Collection	3-7-17
Time of Collection	1 PM
Printed Name of Sample Collector	Peter Meert
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17 / 10:00
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.

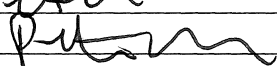
6

Collection Log

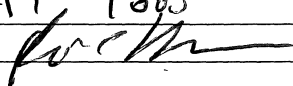
for experienced sample collectors

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	Benson Unified Dist
School Name	P.S.
Building (name/number)	Janitor/Restroom - 1005
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	Girls Rest Room
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	P.S. 7
Date of Collection	3-9-17
Time of Collection	1:05 pm
Printed Name of Sample Collector	P. J. Ar
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17 1:00
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

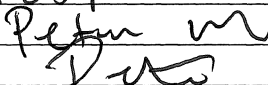
These samples were collected for lead screening purposes only and cannot be used for compliance.

7


Collection Log
for experienced sample collectors

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	Benson Unified Dist
School Name	PS
Building (name/number)	Janitor / Restroom - 1005
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Janitor - Closet
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	P.S. 8
Date of Collection	3-7-17
Time of Collection	1:05 pm
Printed Name of Sample Collector	Peter M
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17 10:00
Signature	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

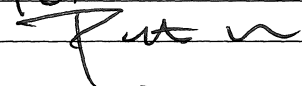
These samples were collected for lead screening purposes only and cannot be used for compliance.

8

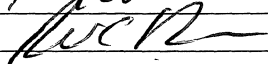
Collection Log
for experienced sample collectors

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	Benson Unified Dist
School Name	P.S.
Building (name/number)	Admin Support - New Office - 1010
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Office - PS
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	P.S. 9
Date of Collection	3-7-17
Time of Collection	1:20 pm
Printed Name of Sample Collector	Peter Mewer
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17 10:00
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.

9

Collection Log

for experienced sample collectors

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	Denson Unified Dist
School Name	P.S.
Building (name/number)	Class Rooms - 1011
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Room - 106
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	P.S. 10
Date of Collection	3-7-17
Time of Collection	12:5
Printed Name of Sample Collector	Robert Mena
Signature Sample Collector	[Signature]

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17
Signature	[Signature]
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

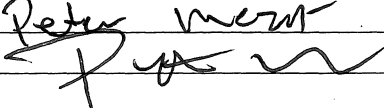
These samples were collected for lead screening purposes only and cannot be used for compliance.

10

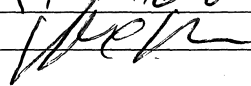
Collection Log
for experienced sample collectors

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	Benson Unified Dist
School Name	P.S.
Building (name/number)	Class Rooms - 1012
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Room - 105
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	P.S. 11
Date of Collection	3-7-17
Time of Collection	1:25 pm
Printed Name of Sample Collector	Peter Mena
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-9-17 - 1000
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.

(11)

District	School	Building No	Building Desc	Building Use	Year Built	Number of Bottles Per Building
Benson Unified District	Benson Primary School	1001	Office Wing	Office/Classrooms	1953 ✓	2
Benson Unified District	Benson Primary School	1002	Brick Wing	Classrooms	1953 ✓	2
Benson Unified District	Benson Primary School	1004	Activity Center	P.E./Assembly	1953 ✓	2
Benson Unified District	Benson Primary School	1005	Janitor/Restroom	Bathroom/Custodial	1953 ✓	2
Benson Unified District	Benson Primary School	1010	Building 101	Adm. Support	2003 ✓	1
Benson Unified District	Benson Primary School	1011	Building 200	Classrooms	2003 ✓	1
Benson Unified District	Benson Primary School	1012	Building 300	Classrooms	2003 ✓	1
Address:	360 S. Patagonia Street, Benson, AZ 85602-2030				Number of Bottles Per Kit:	11