



AQUATIC CONSULTING & TESTING, INC.

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P.O. Box 1510
Tempe, Arizona 85281
Phone: (480) 921-8044 • Fax: (480) 921-0049

Lic. No. AZ0003

LABORATORY REPORT

Client: ADEQ
Lead in Drinking Water School Proj.
1110 W. Washington Street
Phoenix, AZ 85007
Attn: David Burchard

Date Submitted: 03/09/17
Date Reported: 03/27/17

Project: Greenfield Elementary Sch.

RESULTS

Client ID: 1001-01
ACT Lab No.: BZ02988

Sample Type: Drinking Water
Sample Time: 02/26/17 10:00

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1005-01
ACT Lab No.: BZ02989

Sample Type: Drinking Water
Sample Time: 02/26/17 10:10

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1005-02
ACT Lab No.: BZ02990

Sample Type: Drinking Water
Sample Time: 02/26/17 10:10

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1006-01
ACT Lab No.: BZ02991

Sample Type: Drinking Water
Sample Time: 02/26/17 10:15

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: 1006-02
ACT Lab No.: BZ02992

Sample Type: Drinking Water
Sample Time: 02/26/17 10:20

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1007-01
ACT Lab No.: BZ02993

Sample Type: Drinking Water
Sample Time: 02/26/17 10:25

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1007-02
ACT Lab No.: BZ02994

Sample Type: Drinking Water
Sample Time: 02/26/17 10:25

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1008-01
ACT Lab No.: BZ02995

Sample Type: Drinking Water
Sample Time: 02/26/17 10:40

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1008-02
ACT Lab No.: BZ02996

Sample Type: Drinking Water
Sample Time: 02/26/17 10:50

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1009-01
ACT Lab No.: BZ02997

Sample Type: Drinking Water
Sample Time: 02/26/17 11:00

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: 1009-02
ACT Lab No.: BZ02998

Sample Type: Drinking Water
Sample Time: 02/26/17 11:05

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1010-01
ACT Lab No.: BZ02999

Sample Type: Drinking Water
Sample Time: 02/26/17 11:10

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1010-02
ACT Lab No.: BZ03000

Sample Type: Drinking Water
Sample Time: 02/26/17 11:15

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1011-01
ACT Lab No.: BZ03001

Sample Type: Drinking Water
Sample Time: 02/26/17 11:20

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1011-02
ACT Lab No.: BZ03002

Sample Type: Drinking Water
Sample Time: 02/26/17 11:25

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/20/17	03/20/17	200.8	1.0	<1.00	ug/L	SLM

Reviewed by: _____



Frederick A. Amalfi, Ph.D.
Laboratory Director

Sample Collection Record

To be completed by the sample collector

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.

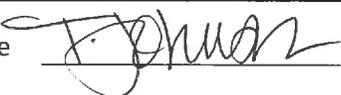
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	MAIN CORRIDOR
Sample Identification Number (ensure this number is also on the sample container)	1001-01
Date of Collection	2-26-17
Time of Collection	10:00 AM
Name of Sample Collector	STEVEN WILLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02988</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  ACT 12:00
MAR 09 2017


These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.



Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	CORRIDOR 114
Sample Identification Number (ensure this number is also on the sample container)	1005-01
Date of Collection	2-26-17
Time of Collection	10:10 Am
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-02989	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ MAR 09 2017

12:00
220

These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	114
Sample Identification Number (ensure this number is also on the sample container)	1005-02
Date of Collection	2-26-17
Time of Collection	10:10 AM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02990</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

MAR 09 2017

12:00
22°C

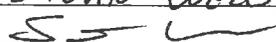
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1006
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	202
Sample Identification Number (ensure this number is also on the sample container)	1006-01
Date of Collection	2-26-17
Time of Collection	10:15 AM
Name of Sample Collector	STEVEN WELLS,
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02991</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

12:00
MAR 09 2017
220

These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1006
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	EXTENSION OF RLD. ON WALK
Sample Identification Number (ensure this number is also on the sample container)	1006-02
Date of Collection	2-26-17
Time of Collection	10:20 AM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02992</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____


 MAR 09 2017


These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1007
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	307
Sample Identification Number (ensure this number is also on the sample container)	1007-01
Date of Collection	2-26-17
Time of Collection	10:25 AM
Name of Sample Collector	STEVEN WELLS
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	
Signature	
<p>BZ-02993</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

12:00
MAR 09 2017
[Signature]

These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1007
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	EXTENSION OF P.L.D. ON WALK
Sample Identification Number (ensure this number is also on the sample container)	1007-02
Date of Collection	2-26-17
Time of Collection	10:25 AM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02994</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

12:00
MAR 09 2017

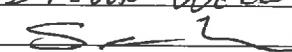

These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1008
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	240 KITCHEN
Sample Identification Number (ensure this number is also on the sample container)	1008-01
Date of Collection	2-26-17
Time of Collection	10:40 AM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02995</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

MAR 09 2017

12:00
22°C

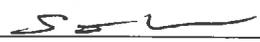
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1008
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	MULTI-PURPOSE ROOM
Sample Identification Number (ensure this number is also on the sample container)	1008-02
Date of Collection	2-26-17
Time of Collection	10:50
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-02996	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

12:00
MAR 09 2017


These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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

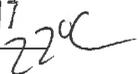
Name of School District	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1009
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	103
Sample Identification Number (ensure this number is also on the sample container)	1009-01
Date of Collection	2-26-17
Time of Collection	11:00 AM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02997</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

12:00
 MAR 09 2017


These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

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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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1009
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	106
Sample Identification Number (ensure this number is also on the sample container)	1009-02
Date of Collection	2-26-17
Time of Collection	11:05 AM
Name of Sample Collector	STEVEN WISLU
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02998</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

12:00
MAR 09 2017
226

These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

To be completed by the sample collector

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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1010
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	WORK ROOM
Sample Identification Number (ensure this number is also on the sample container)	1010-01
Date of Collection	2-21-17
Time of Collection	11:10 AM
Name of Sample Collector	STAN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-02999</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

MAR 09 2017

12:00


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Sample Collection Record

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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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1010
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	220 HEALTH OFFICE
Sample Identification Number (ensure this number is also on the sample container)	1010-02
Date of Collection	2-26-17
Time of Collection	11:15 AM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03000</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ 12:00
MAR 09 2017


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Sample Collection Record

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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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1011
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	130
Sample Identification Number (ensure this number is also on the sample container)	1011-01
Date of Collection	2-26-17
Time of Collection	11:20 AM
Name of Sample Collector	STEVEN WELLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03001</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

12:00
 MAR 09 2017


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Sample Collection Record

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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	Gilbert Unified District
Name of School	Greenfield Elementary School
Building (name/number)	1011
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	EXTENSION OF BUILDING ON WALL
Sample Identification Number (ensure this number is also on the sample container)	101K02
Date of Collection	2-26-17
Time of Collection	11:25 AM
Name of Sample Collector	STEVEN WISLU
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03002</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ 12:00
MAR 09 2017


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