



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: 02/24/17

Date Reported: 03/16/17

Project: Patterson Elementary

RESULTS

Client ID: 1001-01
ACT Lab No.: BZ02153

Sample Type: Drinking Water
Sample Time: 02/22/17 21:00

<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	03/03/17	03/03/17	200.8	1.0	1.05	ug/L	SLM

Client ID: 1001-2
ACT Lab No.: BZ02154

Sample Type: Drinking Water
Sample Time: 02/22/17 21:05

<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	03/03/17	03/03/17	200.8	1.0	2.14	ug/L	SLM

Client ID: 1002-01
ACT Lab No.: BZ02155

Sample Type: Drinking Water
Sample Time: 02/22/17 21:10

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1002-2
ACT Lab No.: BZ02156

Sample Type: Drinking Water
Sample Time: 02/22/17 21:20

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: 1003-01
ACT Lab No.: BZ02157

Sample Type: Drinking Water
Sample Time: 02/22/17 21:30

<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	03/03/17	03/03/17	200.8	1.0	1.60	ug/L	SLM

Client ID: 1003-02
ACT Lab No.: BZ02158

Sample Type: Drinking Water
Sample Time: 02/22/17 21:35

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1004-01
ACT Lab No.: BZ02159

Sample Type: Drinking Water
Sample Time: 02/22/17 21:40

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1004-02
ACT Lab No.: BZ02160

Sample Type: Drinking Water
Sample Time: 02/22/17 21:45

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1005-01
ACT Lab No.: BZ02161

Sample Type: Drinking Water
Sample Time: 02/22/17 21:45

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1005-02
ACT Lab No.: BZ02162

Sample Type: Drinking Water
Sample Time: 02/22/17 21:50

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: 1006-01
ACT Lab No.: BZ02163

Sample Type: Drinking Water
Sample Time: 02/22/17 21:55

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1006-02
ACT Lab No.: BZ02164

Sample Type: Drinking Water
Sample Time: 02/22/17 22:00

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1011-01
ACT Lab No.: BZ02165

Sample Type: Drinking Water
Sample Time: 02/22/17 22:15

<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	03/03/17	03/03/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1012-01
ACT Lab No.: BZ02166

Sample Type: Drinking Water
Sample Time: 02/22/17 22:15

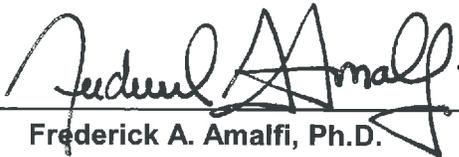
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 1014-01
ACT Lab No.: BZ02167

Sample Type: Drinking Water
Sample Time: 02/22/17 22:30

<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	03/06/17	03/06/17	200.8	1.0	<1.00	ug/L	SLM

Reviewed by: _____


Frederick A. Amalfi, Ph.D.

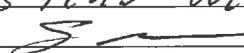
Laboratory Director

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	Patterson Elementary School
Building (name/number)	1001
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	NURSES OFFICE
Sample Identification Number (ensure this number is also on the sample container)	1001-01
Date of Collection	2-22-17
Time of Collection	9:00 PM
Name of Sample Collector	STEVE WELLS
Signature Sample Collector	

Notes Sample collector:	BZ-02153
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: 19:00 FEB 24 2017 HW 	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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

-028

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	Patterson Elementary School
Building (name/number)	1001
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)	1001-2
Date of Collection	2-22-17
Time of Collection	9:05 PM
Name of Sample Collector	STEVEN WALKER
Signature Sample Collector	

Notes Sample collector:	BZ-02154
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For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes: 15:00 FEB 24 2017 160 	

For relinquishing samples upon delivery to labs only

Relinquished date and 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	Patterson Elementary School
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	Room 1
Sample Identification Number (ensure this number is also on the sample container)	1002-01
Date of Collection	2-22-17
Time of Collection	9:10 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 style="text-align: center; font-size: 1.2em; font-weight: bold;">BZ-02155</p> <p style="text-align: right; font-size: 1.2em;">15:00 FEB 24 2017</p>	

1600

For relinquishing samples upon delivery to labs only

Relinquished date and 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	Patterson Elementary School
Building (name/number)	1002
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	ROOM 2
Sample Identification Number (ensure this number is also on the sample container)	1002-2
Date of Collection	2-22-17
Time of Collection	9:20 PM
Name of Sample Collector	STEVE 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 style="font-size: 24px; font-weight: bold; margin: 0;">BZ-02156</p> <p style="text-align: right; margin: 0;">15:00 FEB 24 2017</p>	

HW

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

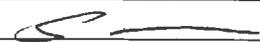
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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	Patterson Elementary School
Building (name/number)	1003
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	KITCHEN Food/MLP
Sample Identification Number (ensure this number is also on the sample container)	1003-01
Date of Collection	2-22-17
Time of Collection	9:30 PM
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>Notes:</p> <div style="text-align: right; padding-right: 50px;"> <p>BZ-02157</p> <p>15:00 FEB 24 2017</p> </div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

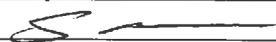
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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	Patterson Elementary School
Building (name/number)	1003
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)	1003-02
Date of Collection	2-22-17
Time of Collection	9:35 PM
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 style="text-align: center; font-size: 24px; margin: 0;">BZ-02158</p> <p style="text-align: right; margin: 0;">15:00 FEB 24 2017</p>	

16^e

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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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	Patterson Elementary School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	ROOM 11
Sample Identification Number (ensure this number is also on the sample container)	1004-01
Date of Collection	2-22-17
Time of Collection	9:40 PM
Name of Sample Collector	STEVEN WEBB
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <div style="text-align: right; font-size: 1.2em; font-weight: bold;"> BZ-02159 </div> <div style="text-align: right; font-size: 1.2em;"> 15:00 FEB 22 2017 </div>	

162

For relinquishing samples upon delivery to labs only

Relinquished date and 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	Patterson Elementary School
Building (name/number)	1004
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	ROOM 10
Sample Identification Number (ensure this number is also on the sample container)	1004-02
Date of Collection	2-22-17
Time of Collection	9:45 PM
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>Notes:</p> <div style="text-align: center; font-size: 24px; font-weight: bold;">BZ-02160</div> <div style="text-align: right; margin-top: 20px;"> <p>15°C</p> <p>FEB 24 2017</p> <p>16°C</p> </div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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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	Patterson Elementary School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	Room 15
Sample Identification Number (ensure this number is also on the sample container)	1005-01
Date of Collection	2-22-17
Time of Collection	9:45 PM
Name of Sample Collector	STACY 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 style="text-align: center; font-size: 24px; font-weight: bold;">BZ-02161</p> <p style="text-align: right; font-size: 18px;">15:00 FEB 24 2017</p> <p style="text-align: right; font-size: 24px; font-weight: bold;">162</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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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	Patterson Elementary School
Building (name/number)	1005
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	Room 16
Sample Identification Number (ensure this number is also on the sample container)	1005-02
Date of Collection	2-22-17
Time of Collection	9:50 PM
Name of Sample Collector	STEVEN WILKES
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <div style="text-align: center; font-size: 24px; font-weight: bold;">BZ-02162</div> <div style="text-align: right; font-size: 18px;"> 15:00 FEB 24 2017 </div> <div style="text-align: right; font-size: 24px; font-weight: bold;">Hoe</div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

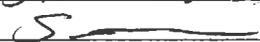
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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	Patterson Elementary School
Building (name/number)	1006
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	Room 27
Sample Identification Number (ensure this number is also on the sample container)	1006-01
Date of Collection	2-22-17
Time of Collection	9:55 PM
Name of Sample Collector	STEVEN WILKINS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p style="text-align: center; font-size: 1.2em; font-weight: bold;">BZ-02163</p> <div style="text-align: right; margin-top: 10px;"> <p>15:00</p> <p>FEB 24 2017</p> <p></p> </div>	

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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	Patterson Elementary School
Building (name/number)	1006
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	Room 28
Sample Identification Number (ensure this number is also on the sample container)	1006-02
Date of Collection	2-22-17
Time of Collection	10:00 PM
Name of Sample Collector	STEVEN WOLLS
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <div style="text-align: right; font-size: 1.2em; font-weight: bold;">BZ-02164</div> <div style="text-align: right; font-size: 0.8em;"> 15:00 FEB 24 2017 16⁰⁰ </div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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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	Patterson Elementary School
Building (name/number)	1011
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)	1011-01
Date of Collection	2-22-17
Time of Collection	10:15 AM
Name of Sample Collector	STEVEN BUBEL
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>Notes:</p> <div style="text-align: right; font-size: 1.2em; font-weight: bold;"> BZ-02165 15:00 </div> <div style="text-align: right; font-size: 1.2em;"> FEB 22 2017 160 </div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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Sample Collection Record

To be completed by the sample collector

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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	Patterson Elementary School
Building (name/number)	1012
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	REST ROOMS (STUDY)
Sample Identification Number (ensure this number is also on the sample container)	1012-01
Date of Collection	2-22-17
Time of Collection	10:15 PM
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 style="text-align: center; font-size: 1.2em; font-weight: bold;">BZ-02166</p> <div style="display: flex; justify-content: space-between; align-items: center;"> 15:00 FEB 21 2017 </div> <div style="text-align: right; margin-top: 5px;">  </div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

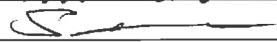
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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	Patterson Elementary School	
Building (name/number)	1014	
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN	
Location of Fixture (example, room number)	KINDERGARTEN CLASSROOM BLDG. #417	
Sample Identification Number (ensure this number is also on the sample container)	1014-01	
Date of Collection	2-22-17	
Time of Collection	10:30 PM	
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>Notes:</p> <div style="text-align: right; font-size: 1.2em;"> BZ-02167 15:00 FEB 24 2017 <i>llc</i> </div>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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