

PAVILION

Sample Collection Record

To be completed by the sample collector

1703041-01

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	Gesd
Name of School	IMES
Building (name/number)	D
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	North
Sample Identification Number (ensure this number is also on the sample container)	1EIS #1
Date of Collection	3/8/2017
Time of Collection	4:50 AM
Name of Sample Collector	Joel Swartz
Signature Sample Collector	<i>Joel Swartz</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>Arac</i>
Notes:	

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.

1703041-02

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	Gesd
Name of School	Imes
Building (name/number)	D
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	South
Sample Identification Number (ensure this number is also on the sample container)	1e15 #2
Date of Collection	3-8-17
Time of Collection	0450 AM
Name of Sample Collector	Joel Siordine
Signature Sample Collector	<i>Joel Siordine</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	LSA 3/16/17
Date and Time Lab received	3-15-17 3:15 171400
Signature	<i>Alan</i>
Notes:	

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.

1703041-03

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	Gesd
Name of School	Imes
Building (name/number)	H
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain west side
Location of Fixture (example, room number)	Feis # 3
Sample Identification Number (ensure this number is also on the sample container)	
Date of Collection	3/8/2017
Time of Collection	4:40 AM
Name of Sample Collector	Joe Scandian
Signature Sample Collector	<i>Joe Scandian</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>ADL</i>
Notes:	

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.

1703041-04

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	GESD
Name of School	IMES
Building (name/number)	H TAP
Type of Fixture (tap, drinking fountain etc.)	EAST END DRINKING FOUNTAIN
Location of Fixture (example, room number)	1e1S # 4
Sample Identification Number (ensure this number is also on the sample container)	
Date of Collection	3/8/2017
Time of Collection	3:40 AM
Name of Sample Collector	Joel Siardis
Signature Sample Collector	Joel Siardis

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>[Signature]</i>
Notes:	

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.

1703091-05

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	Gesd
Name of School	IMES
Building (name/number)	P-300
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	1E1S # 5
Sample Identification Number (ensure this number is also on the sample container)	
Date of Collection	3/8/2017
Time of Collection	4:35 AM
Name of Sample Collector	Joel S. ...
Signature Sample Collector	<i>Joel S. ...</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-5-17 1400
Signature	<i>[Signature]</i>
Notes:	

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.

1703041-6

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	Gesd
Name of School	ISAAC E. Imes
Building (name/number)	M
Type of Fixture (tap, drinking fountain etc.)	Kitchen Sink
Location of Fixture (example, room number)	
Sample Identification Number (ensure this number is also on the sample container)	IEIS #6
Date of Collection	3-8-2017
Time of Collection	3:00 AM
Name of Sample Collector	Joel Joel Siorio
Signature Sample Collector	<i>Joel Siorio</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	ISA 03/15/17
Date and Time Lab received	3-17 3-15-17 1400
Signature	<i>AWL</i>
Notes:	

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

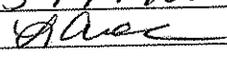
1703041-07

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	GESD
Name of School	IMPS
Building (name/number)	A
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	West End
Sample Identification Number (ensure this number is also on the sample container)	LEIS # 7
Date of Collection	3/18/2017
Time of Collection	5:00 AM
Name of Sample Collector	Joel Giodice
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	
Notes:	

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

1703041-07
 08
 USA 03/15/17

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	GESD
Name of School	IMES
Building (name/number)	A
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	EAST END
Sample Identification Number (ensure this number is also on the sample container)	ICIS # 8
Date of Collection	3/8/2017
Time of Collection	5:00 AM
Name of Sample Collector	Joel Spaulding
Signature Sample Collector	<i>Joel Spaulding</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>Rad</i>
Notes:	

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

1703041-09

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	Gesd
Name of School	Imes
Building (name/number)	E
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	inside
Sample Identification Number (ensure this number is also on the sample container)	IEIS #9
Date of Collection	3/8/2017
Time of Collection	5:05 AM
Name of Sample Collector	Joel Gonzalez
Signature Sample Collector	<i>Joel Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>Alan</i>
Notes:	

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

1703041-10

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	Gesd
Name of School	Times
Building (name/number)	E
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	OUTSIDE
Sample Identification Number (ensure this number is also on the sample container)	1E15 #10
Date of Collection	3/8/2017
Time of Collection	5:05 AM
Name of Sample Collector	Joel Spindler
Signature Sample Collector	<i>Joel Spindler</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>DAZ</i>
Notes:	

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

1703041-11

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	GESD
Name of School	Imes
Building (name/number)	I
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	EAST end
Sample Identification Number (ensure this number is also on the sample container)	1e15 # 11
Date of Collection	3/8/2017
Time of Collection	4:25 AM
Name of Sample Collector	Andy Acord
Signature Sample Collector	<i>Andy Acord</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>Acord</i>
Notes:	

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

1703041-12

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	Gesd
Name of School	Imes
Building (name/number)	I
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	west end
Sample Identification Number (ensure this number is also on the sample container)	leis #12
Date of Collection	3/8/2017
Time of Collection	4:25 AM
Name of Sample Collector	Andy Accord
Signature Sample Collector	<i>Andy Accord</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>James</i>
Notes:	

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

1703041-13

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	GESD
Name of School	IMES
Building (name/number)	J
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	EAST
Sample Identification Number (ensure this number is also on the sample container)	le IS # 15
Date of Collection	03/08/17
Time of Collection	4:20 AM
Name of Sample Collector	ANDY ACORD
Signature Sample Collector	<i>Andy Acord</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>And</i>
Notes:	

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.

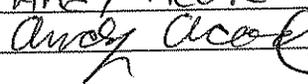
Sample Collection Record

To be completed by the sample collector

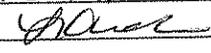
170.3041-14

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	Gesd
Name of School	IMPS
Building (name/number)	F
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	west end
Sample Identification Number (ensure this number is also on the sample container)	1E1S #16
Date of Collection	
Time of Collection	4:20 AM
Name of Sample Collector	Andy Acord
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	
Notes:	

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

1703041-15

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	GESD
Name of School	IMES
Building (name/number)	C
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	EAST end
Sample Identification Number (ensure this number is also on the sample container)	1e1S #17
Date of Collection	3-8-2017
Time of Collection	5:15 AM
Name of Sample Collector	Joel Scordica
Signature Sample Collector	<i>Joel Scordica</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3/5/17 1400
Signature	<i>[Signature]</i>
Notes:	

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

1703041-16

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	Gesd
Name of School	Imes
Building (name/number)	C
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	West end
Sample Identification Number (ensure this number is also on the sample container)	1e1S #18
Date of Collection	3/8/17
Time of Collection	5:15 AM
Name of Sample Collector	Joel Santia
Signature Sample Collector	<i>Joel Santia</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>J. And</i>
Notes:	

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.

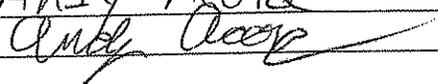
1703041-17

Sample Collection Record

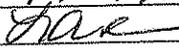
To be completed by the sample collector

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	Gesd
Name of School	IMES
Building (name/number)	F
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	West
Sample Identification Number (ensure this number is also on the sample container)	1EIS # 19
Date of Collection	3/8/2017
Time of Collection	4:10 AM
Name of Sample Collector	ANLY Acord
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	
Notes:	

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.

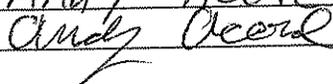
Sample Collection Record

To be completed by the sample collector

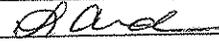
1703041-18

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	Gpsd
Name of School	IAES
Building (name/number)	F
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	EAST
Sample Identification Number (ensure this number is also on the sample container)	1e1s #20
Date of Collection	3/8-2017
Time of Collection	4:10 AM
Name of Sample Collector	Andy Acord
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	
Notes:	

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.

1703041-19

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	Gesd
Name of School	Imes
Building (name/number)	K
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	West End
Sample Identification Number (ensure this number is also on the sample container)	Leis # 21
Date of Collection	3/8/2017
Time of Collection	4:30 3:50 AM
Name of Sample Collector	Joel Szwedca
Signature Sample Collector	<i>Joel Szwedca</i>

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 _____

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1703041-20

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	Gesd
Name of School	IMES
Building (name/number)	K
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	EAST END
Sample Identification Number (ensure this number is also on the sample container)	TEST # 22
Date of Collection	3/8/2017
Time of Collection	3:50 AM
Name of Sample Collector	Joel Spindler
Signature Sample Collector	<i>Joel Spindler</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>Hand</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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1703041-21

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	Ges d
Name of School	Imes
Building (name/number)	B
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	EAST END 1E1S #23
Sample Identification Number (ensure this number is also on the sample container)	
Date of Collection	3/8/2017
Time of Collection	3:28 AM 0320
Name of Sample Collector	Joel Sindler
Signature Sample Collector	<i>Joel Sindler</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>Joel</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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1703041-22

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	Gesd
Name of School	TONES
Building (name/number)	B
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	WEST END 1515 #24
Sample Identification Number (ensure this number is also on the sample container)	
Date of Collection	3/8/2017
Time of Collection	3:20 AM
Name of Sample Collector	Joel Grandia
Signature Sample Collector	<i>Joel Grandia</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>Joel</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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1703041-23

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	Gesd
Name of School	IMES
Building (name/number)	L
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	EAST end
Sample Identification Number (ensure this number is also on the sample container)	leis # 25
Date of Collection	3/8/2017
Time of Collection	3:45 AM
Name of Sample Collector	Joel Spindler
Signature Sample Collector	<i>Joel Spindler</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>[Signature]</i>
Notes:	

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

1703041-24

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	GESD
Name of School	IMES
Building (name/number)	L
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	WEST
Sample Identification Number (ensure this number is also on the sample container)	IEIS # 26
Date of Collection	3/8-2017
Time of Collection	3:45 AM
Name of Sample Collector	Joel Siordia
Signature Sample Collector	<i>Joel Siordia</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	3-15-17 1400
Signature	<i>Alan</i>
Notes:	

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.