

Google earth

© 2015 Google

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)	1815 #1
Date of Collection	3/8/2017
Time of Collection	4:50 AM
Name of Sample Collector	Joel Sherrin
Signature Sample Collector	Joel Sherrin

Notes Sample collector:

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

1703041-02

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

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

Name of School District	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	Joel Siordine

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 PM
Signature	Alan
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

1703041-03

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

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

Name of School District	Gesd
Name of School	Imes
Building (name/number)	H
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain westside
Location of Fixture (example, room number)	Teis #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 Siciliano
Signature Sample Collector	Joe Siciliano

Notes Sample collector:

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

1703041-04

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

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

Name of School District	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 Siondin
Signature Sample Collector	Joel Siondin

Notes Sample collector:

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

1703041-05

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

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

Name of School District	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	Jocelyn S. Anderson
Signature Sample Collector	Jocelyn S. Anderson

Notes Sample collector:

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

1703041-6

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)	1EIS #6
Date of Collection	3-8-2017
Time of Collection	300. AM
Name of Sample Collector	Joel Sordic
Signature Sample Collector	Joel Sordic

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	AWL
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.

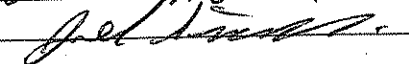
Sample Collection Record

To be completed by the sample collector

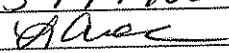
170304-07

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	GED
Name of School	IMES
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 Giedra
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	IMPS
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)	1E1S #8
Date of Collection	3/8/2017
Time of Collection	5:00 AM
Name of Sample Collector	Paul Spaulding
Signature Sample Collector	<i>Paul 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>Paul Spaulding</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

1703041-09

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	3/5/2017
Time of Collection	5:05 AM
Name of Sample Collector	Joel Gonzalez
Signature Sample Collector	Joel Gonzalez

Notes Sample collector:

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

1703041-10

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	Joel Spindler

Notes Sample collector:

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

1703041-11

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	Andy Acord

Notes Sample collector:

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

1703041-12

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	Times
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	Andy Accord

Notes Sample collector:

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

1703041-13

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)	leis # 15
Date of Collection	03/08/17
Time of Collection	4:20 AM
Name of Sample Collector	Andy Acord
Signature Sample Collector	Andy Acord

Notes Sample collector:

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

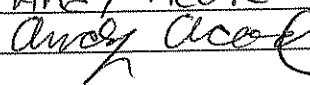
Sample Collection Record

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)	1818 #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	D 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)	leis #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	3-15-17 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

1703041-16

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 Serrano
Signature Sample Collector	Joel Serrano

Notes Sample collector:

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

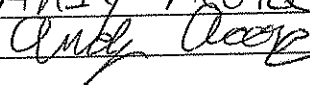
Sample Collection Record

To be completed by the sample collector


1703041-17

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)	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)	1e15 # 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.

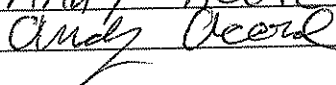
Sample Collection Record

To be completed by the sample collector

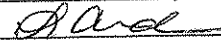
1703041-18

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	Gesd
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.

Sample Collection Record

To be completed by the sample collector

1703041-19

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

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

Name of School District	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 AM
Name of Sample Collector	Joel S. Silva
Signature Sample Collector	Joel S. Silva

Notes Sample collector:

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

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

These samples 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

1703041-20

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

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

Name of School District	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)	1ES1 # 22
Date of Collection	3/8/2017
Time of Collection	3:50 AM
Name of Sample Collector	Joel Spindler
Signature Sample Collector	Joel Spindler

Notes Sample collector:

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

1703041-21

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

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

Name of School District	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 1615 #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 Sindiga
Signature Sample Collector	<i>Joel Sindiga</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>daa</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.

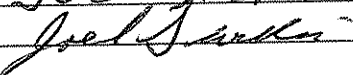
Sample Collection Record

To be completed by the sample collector

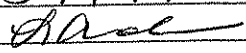
1703041-22

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

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

Name of School District	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 Granada
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

1703041-23

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

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

Name of School District	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)	1e1S # 25
Date of Collection	3/8/2017
Time of Collection	3:45 AM
Name of Sample Collector	Joel Spaulding
Signature Sample Collector	Joel Spaulding

Notes Sample collector:

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

Notes Sample collector:

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