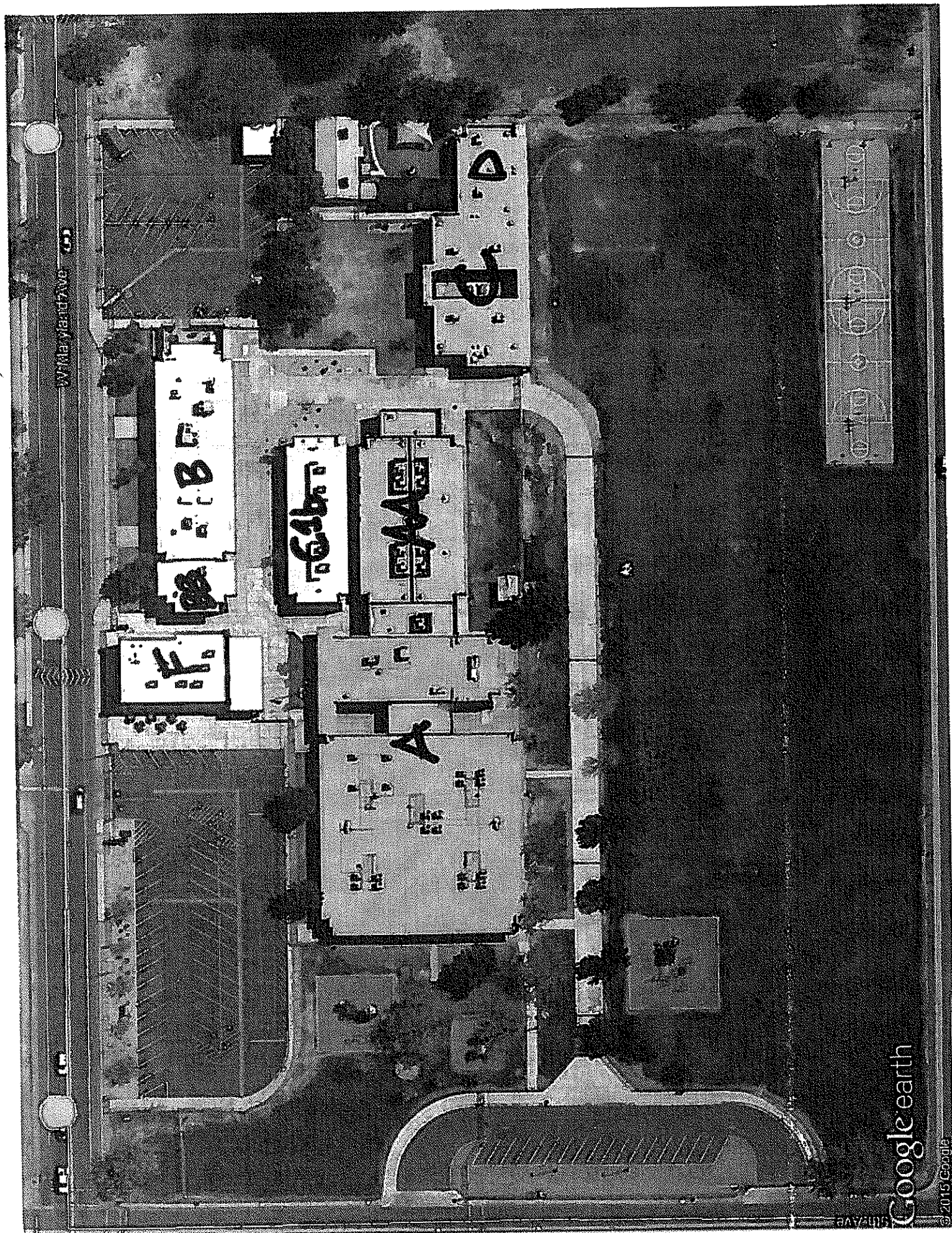


Client: COG/AZDEQ		Project: Lead in Arizona Schools		Analysis Requested						
		Glen F Burton School								
Project Manager: J. Williams		Compliance: No								
Sampler: Joel Siordia		Regulation: None								
				ICP/MS: Pb						
Sample ID	Date Sampled	Time Sampled	Element Accession Number							
GFBS #1	3/14/2017	4:15	1703051-01	X						
GFBS #2	3/14/2017	4:20	1703051-02	X						
GFBS #3	3/14/2017	3:45	1703051-03	X						
GFBS #4	3/14/2017	3:45	1703051-04	X						
GFBS #5	3/14/2017	4:00	1703051-05	X						
GFBS #7	3/14/2017	4:05	1703051-06	X						
GFBS #8	3/14/2017	4:10	1703051-07	X						
GFBS #9	3/14/2017	3:30	1703051-08	X						
GFBS #10	3/14/2017	3:55	1703051-09	X						
Relinquished By:		Received By:		Date/Time:		Sample Temp:	N/A	Blue Ice:	(No)	Yes
Relinquished By:		Received By:		Date/Time:		Serial No.:	N/A	Wet Ice:	(No)	Yes
Relinquished By:		Received By:		Date/Time:		1:1 HCl Lot #:	N/A	Exp. Date:	-	
Comments:										

1:1 HCl Lot #:

17

Exp. Date: _____



Google earth

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1703051-01

Sample Collection Record

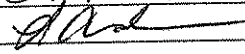
To be completed by the sample collector

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	BURTON
Building (name/number)	1001-A
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	EAST side outside
Sample Identification Number (ensure this number is also on the sample container)	GFBS #1
Date of Collection	3-14-17
Time of Collection	4:15
Name of Sample Collector	Joel Sigurdson
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 _____

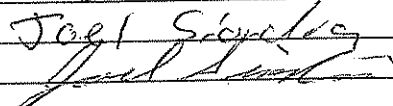
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

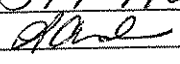
To be completed by the sample collector

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	Burton
Building (name/number)	1001-A
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	west end outside
Sample Identification Number (ensure this number is also on the sample container)	GFBS #2
Date of Collection	3-14-17
Time of Collection	4:20 AM
Name of Sample Collector	Joel Sanchez
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 _____

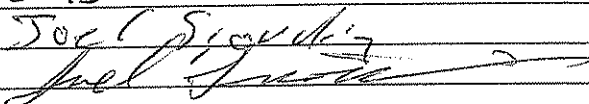
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

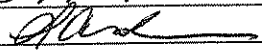
To be completed by the sample collector

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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	Burton
Building (name/number)	1002-B
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	South OUT side
Sample Identification Number (ensure this number is also on the sample container)	GFBs #3
Date of Collection	3-14-17
Time of Collection	3:45
Name of Sample Collector	Joel Sordley
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 _____

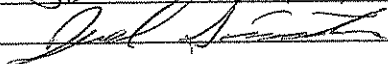
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

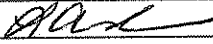
To be completed by the sample collector

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	Burton
Building (name/number)	1002-B
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	Kitchen
Sample Identification Number (ensure this number is also on the sample container)	GFBS #4
Date of Collection	3-14-17
Time of Collection	3:45 AM
Name of Sample Collector	Joel Scindia
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 _____

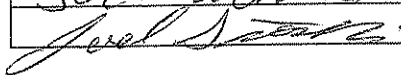
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

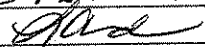
To be completed by the sample collector

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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	Burton
Building (name/number)	1012 - AA
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	South Side outside
Sample Identification Number (ensure this number is also on the sample container)	GFB S#5
Date of Collection	03-14-17
Time of Collection	4:00 AM
Name of Sample Collector	Joel Siordke
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	15 LAB 3/15/17
Date and Time Lab received	3-14-17 1400
Signature	
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

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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	Burton
Building (name/number)	1014-C
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	North End outside
Sample Identification Number (ensure this number is also on the sample container)	GFBS #7
Date of Collection	3-14-17
Time of Collection	4:05
Name of Sample Collector	Joel Scapler
Signature Sample Collector	<i>Joel Scapler</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>Al</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____


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Sample Collection Record

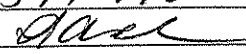
To be completed by the sample collector

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	Burton
Building (name/number)	1015 - D
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	North end outside
Sample Identification Number (ensure this number is also on the sample container)	GFBS #8
Date of Collection	3-14-17
Time of Collection	4:10 AM
Name of Sample Collector	Joel Singel
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 _____

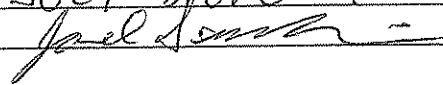
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

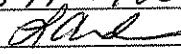
To be completed by the sample collector

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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	BURTON
Building (name/number)	1016 - F
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	OFFICE HALLWAY
Sample Identification Number (ensure this number is also on the sample container)	GFBS #9
Date of Collection	3-14-17
Time of Collection	3:30 AM
Name of Sample Collector	Joel Sponchia
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 _____

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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	Gesd
Name of School	Burton.
Building (name/number)	1017-C26
Type of Fixture (tap, drinking fountain etc.)	TAP
Location of Fixture (example, room number)	EAST side Rm 31
Sample Identification Number (ensure this number is also on the sample container)	GFBS #10
Date of Collection	3-14-17
Time of Collection	3:55 3:55 AM
Name of Sample Collector	Joel Scordis
Signature Sample Collector	Joel Scordis

Notes Sample collector:

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

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

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