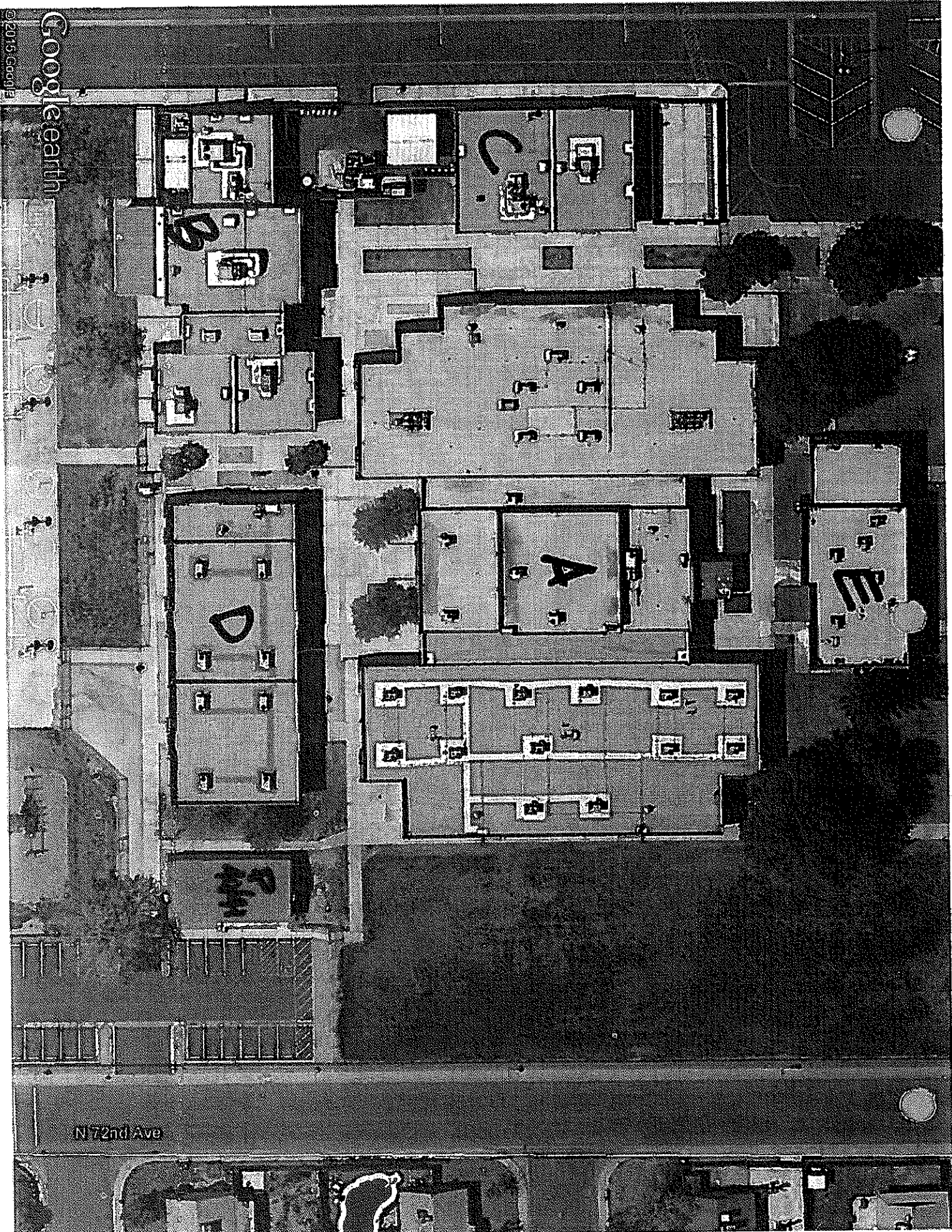


## CITY OF GLENDALE

[illegible]



# 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

GBD 40	Name of School District
B. Z. Adams	Name of School
1001/41	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
Song + water exposure	Location of Fixture (example, room number)
BUS 1	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
4:40	Time of Collection
SLM	Name of Sample Collector
MM	Signature Sample Collector

Notes Sample collector:

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

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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

65040	Name of School District
B.C. Mont	Name of School
1001/41	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
DM3	Location of Fixture (example, room number)
BUS 2	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
4:46	Time of Collection
Elliam	Name of Sample Collector
MM	Signature Sample Collector

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

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

GESD 40	Name of School District
B.C.I. NORTH	Name of School
1002/B-1	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
KITCHEN	Location of Fixture (example, room number)
BNS-3	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
4:26	Time of Collection
CLUM	Name of Sample Collector
MM	Signature Sample Collector

Notes Sample collector:
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For Lab use only	Analyze this drinking water sample for lead	Date and Time Lab received	Signature	Notes:
		3-15-17 11:00		

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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# Sample Collection Record

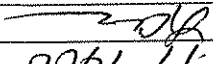
To be completed by the sample collector

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.

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65040	Name of School District
B:CI NMTA	Name of School
1002/B1	Building (name/number)
FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
SOUTH WALK EXTERIOR	Location of Fixture (example, room number)
BNS 4	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
4:28 A	Time of Collection
ELIAN	Name of Sample Collector
KM	Signature Sample Collector

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	Signature
3/5-17 1400	
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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ESD 40	Name of School District
B. C. NORVA	Name of School
1003/C1	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
RM 37	Location of Fixture (example, room number)
BNS 5	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
4:43A	Time of Collection
GILLIAM	Name of Sample Collector
RM	Signature Sample Collector

Notes Sample collector:
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For Lab use only	Analyze this drinking water sample for lead
Date and Time Lab received	Signature
3/5-17 1400	Notes:

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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Sample Collection Record

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15040	Name of School District
B.C. North	Name of School
1003/C1	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
EAST EXTERIOR	Location of Fixture (example, room number)
BNS 6	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
4:35 A	Time of Collection
CLIAM	Name of Sample Collector
MM	Signature Sample Collector

Notes Sample collector:

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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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### Sample Collection Record

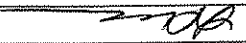
To be completed by the sample collector

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65040	Name of School District
B.C. N.M.T.A.	Name of School
1017 / P40-41	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
RM 40	Location of Fixture (example, room number)
BUS 7	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
4:35 A	Time of Collection
GUYAN	Name of Sample Collector
M	Signature Sample Collector

Notes Sample collector:

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

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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### Sample Collection Record

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GESD 40	Name of School District
B.C. NOKIA	Name of School
101810	Building (name/number)
FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
32 ROOM	Location of Fixture (example, room number)
BNS 8	Sample Identification Number (ensure this number is also on the sample container)
3/4	Date of Collection
4:31 P	Time of Collection
ELLAM	Name of Sample Collector
MM	Signature Sample Collector

Notes Sample collector:

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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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### Sample Collection Record

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65040	Name of School District
B.C. NORTH	Name of School
1091E	Building (name/number)
FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
4th WAY	Location of Fixture (example, room number)
BNS 10	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
4:56A	Time of Collection
COLLIAM	Name of Sample Collector
KMY	Signature Sample Collector

Notes Sample collector:
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For Lab use only	Analyze this drinking water sample for lead
Date and Time Lab received	Signature
3/5/17 1400	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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