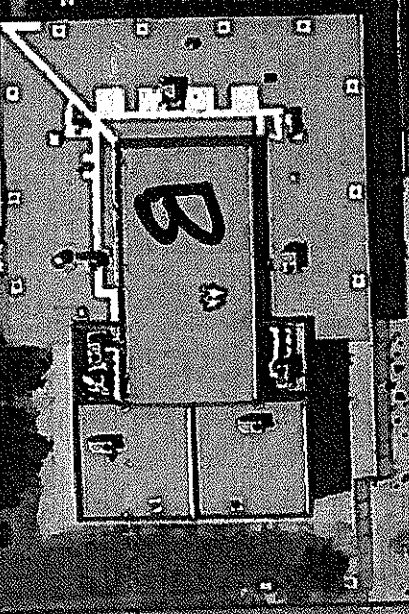
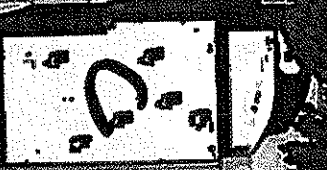
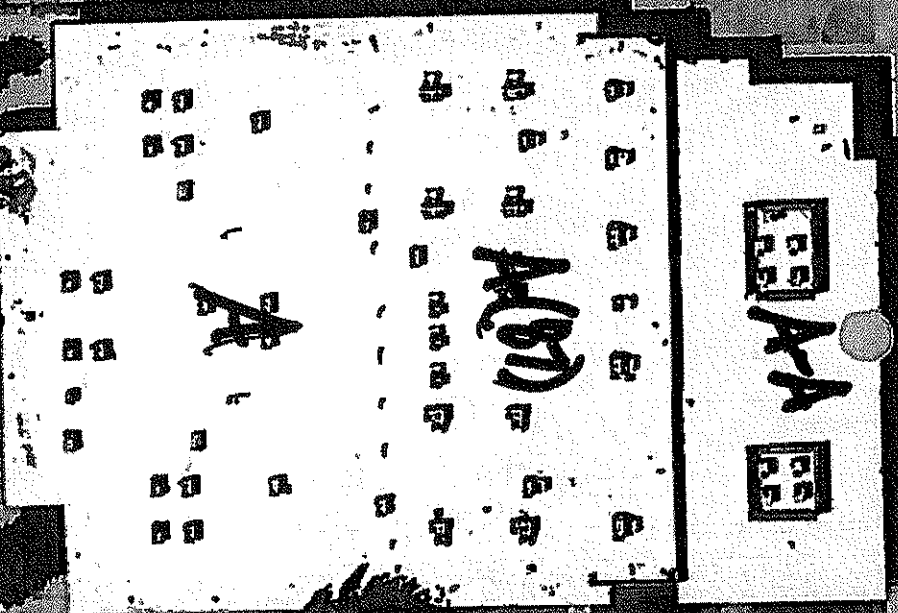
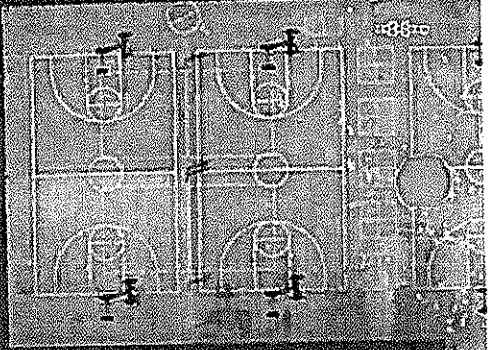


CITY OF GLENDALE
CHAIN-OF-CUSTODY RECORD

[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

GESD	Name of School District
Horizon	Name of School
1001-B	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
North Wall-B	Location of Fixture (example, room number)
HS #1	Sample Identification Number (ensure this number is also on the sample container)
3-13-17	Date of Collection
4:15 PM	Time of Collection
Joel S. [Signature]	Name of Sample Collector
[Signature]	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	[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

GESD	Name of School District
Horizon	Name of School
1001-B	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
Rm 41 South Wall	Location of Fixture (example, room number)
HS # 2	Sample Identification Number (ensure this number is also on the sample container)
3-13-17	Date of Collection
4:30 AM	Time of Collection
Joel Sanders	Name of Sample Collector
	Signature Sample Collector

Notes Sample collector:

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

GESD	Name of School District
140120N	Name of School
1011-A	Building (name/number)
DRINKING FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
RM 27	Location of Fixture (example, room number)
HS #5	Sample Identification Number (ensure this number is also on the sample container)
3-13-17	Date of Collection
4:35 AM	Time of Collection
JOEL STORICK	Name of Sample Collector
<i>[Signature]</i>	Signature Sample Collector

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
15694 03/15/17	Date and Time Lab received
3/14/17 1400	Signature
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

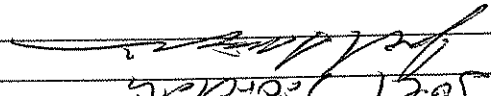
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

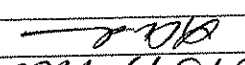
To be completed by the sample collector

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

GESD	Name of School District
HORIZON	Name of School
1011 A-(8-7)	Building (name/number)
DRINKING FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
NORTH HALL	Location of Fixture (example, room number)
# HS # 6	Sample Identification Number (ensure this number is also on the sample container)
3-13-17	Date of Collection
4:30 AM	Time of Collection
JOEL SERRANO	Name of Sample Collector
	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

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

GESD	Name of School District
Horizon	Name of School
1011-A	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
EAST Side Outside	Location of Fixture (example, room number)
HS #7	Sample Identification Number (ensure this number is also on the sample container)
3-13-17	Date of Collection
4:25	Time of Collection
East Side	Name of Sample Collector
East Side	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

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

GCSD	Name of School District
HORIZON	Name of School
1013-C	Building (name/number)
drinking fountain	Type of Fixture (tap, drinking fountain etc.)
OFFICE HALL - C	Location of Fixture (example, room number)
HS #8	Sample Identification Number (ensure this number is also on the sample container)
3-13-17	Date of Collection
4:10 AM	Time of Collection
John J. ...	Name of Sample Collector
	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

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