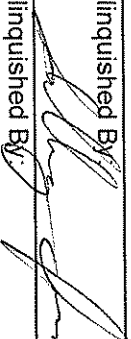
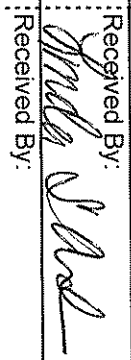


CITY OF GLENDALE
CHAIN-OF-CUSTODY RECORD

Client: COG/AZDEQ		Project: Lead in Arizona Schools		Analysis Requested					
		Challenger Middle School							
Project Manager: J. Williams		Compliance: No		ICP/MS: Pb					
Sampler: Joel Siorda		Regulation: None							
Sample ID	Date Sampled	Time Sampled	Element Accession Number						
CMS #1	3/9/2017	6:40	1703055-01	X					
CMS #2	3/9/2017	6:40	1703055-02	X					
CMS #3	3/9/2017	6:10	1703055-03	X					
CMS #4	3/9/2017	6:10	1703055-04	X					
CMS #5	3/9/2017	6:15	1703055-05	X					
CMS #6	3/9/2017	6:20	1703055-06	X					
CMS #7	3/9/2017	6:30	1703055-07	X					
CMS #8	3/9/2017	6:30	1703055-08	X					
CMS #9	3/9/2017	3:05	1703055-09	X					
CMS #10	3/9/2017	6:45	1703055-10	X					
CMS #11	3/9/2017	6:50	1703055-11	X					
CMS #12	3/9/2017	6:55	1703055-12	X					
CMS #13	3/9/2017	6:35	1703055-13	X					
CMS #14	3/9/2017	6:35	1703055-14	X					
Relinquished By: 		Received By: 		Date/Time: 03/15/17 1400		Sample Temp: NA			
Relinquished By:		Received By:		Date/Time:		Serial No.: NA			
Relinquished By:		Received By:		Date/Time:		1:1 HCl Lot #: NA			
						Blue Ice: (No) Yes			
						Wet Ice: (No) Yes			
						Exp. Date:			
						Comments:			

W. Maryland Ave

Google earth

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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

6PSD	Name of School District
Challenger	Name of School
1001-A	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
EAST Side	Location of Fixture (example, room number)
CMS #1	Sample Identification Number (ensure this number is also on the sample container)
3-9-2017	Date of Collection
6:40 AM	Time of Collection
Joe L. Sordani	Name of Sample Collector
Joe L. Sordani	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	Joe L. Sordani
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.

1703055-02

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

Geisd	Name of School District
Challenger	Name of School
1001 - H	Building (name/number)
TAD	Type of Fixture (tap, drinking fountain etc.)
West Side	Location of Fixture (example, room number)
CMS #2	Sample Identification Number (ensure this number is also on the sample container)
3-9-2017	Date of Collection
6:40 AM	Time of Collection
5001 Stoddard	Name of Sample Collector
Joel A. Becker	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

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
Challenger
1002-B
drinking fountain
Office
CMS #3
3-9-2017
6:10 AM
Joe L. Smith

Name of School District
 Name of School
 Building (name/number)
 Type of Fixture (tap, drinking fountain etc.)
 Location of Fixture (example, room number)
 Sample Identification Number (ensure this number is also on the sample container)
 Date of Collection
 Time of Collection
 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	3-15-17 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

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

633 d	Name of School District
Challenger	Name of School
1002-B	Building (name/number)
drinking fountain	Type of Fixture (tap, drinking fountain etc.)
East side	Location of Fixture (example, room number)
CMS # 4	Sample Identification Number (ensure this number is also on the sample container)
3-9-2017	Date of Collection
6:10 AM	Time of Collection
Joe L. Scardio	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	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

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

6815	3-9-2017	6815	Joe L. Stordis
Challenger	1003 C & D	Drinking Fountain	NORTH Side C
CMS #5			

Name of School District
 Name of School
 Building (name/number)
 Type of Fixture (tap, drinking fountain etc.)
 Location of Fixture (example, room number)
 Sample Identification Number (ensure this number is also on the sample container)
 Date of Collection
 Time of Collection
 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	Notes:
		3-15-17 1400		

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.

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	GCS D
Name of School	Challenger
Building (name/number)	
Type of Fixture (tap, drinking fountain etc.)	drinking Fountain
Location of Fixture (example, room number)	West Side D
Sample Identification Number (ensure this number is also on the sample container)	CMS #6
Date of Collection	8-9-2017
Time of Collection	6:30 AM
Name of Sample Collector	J. J. Soria
Signature Sample Collector	[Signature]

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.

1703055-07

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

6esd	Name of School District
CHALLENGER	Name of School
1005 - E1	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
SOUTH ROOM	Location of Fixture (example, room number)
CMS # 7	Sample Identification Number (ensure this number is also on the sample container)
3-9-2017	Date of Collection
6:30 AM	Time of Collection
Joel Stordis	Name of Sample Collector
Joel Stordis	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	[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.

1703055-08

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
CHALLENGER	Name of School
1005 - E1	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
EAST ROOM	Location of Fixture (example, room number)
CMS #8	Sample Identification Number (ensure this number is also on the sample container)
3-9-2017	Date of Collection
6:30 AM	Time of Collection
Joel S. ...	Name of Sample Collector
Joel S. ...	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 1:00	
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.

1703055-09

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
Challenger	Name of School
1005 - Fag	Building (name/number)
Kitchen Tap	Type of Fixture (tap, drinking fountain etc.)
	Location of Fixture (example, room number)
1005 CMS #9	Sample Identification Number (ensure this number is also on the sample container)
3-9-201	Date of Collection
8:05 AM	Time of Collection
1001 Sierra	Name of Sample Collector
<i>[Signature]</i>	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 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

GSD	Name of School District
Challenger	Name of School
1006-F+G	Building (name/number)
drinking fountain	Type of Fixture (tap, drinking fountain etc.)
East Side	Location of Fixture (example, room number)
CMS #10	Sample Identification Number (ensure this number is also on the sample container)
3-9-2017	Date of Collection
6:45	Time of Collection
Joel Sienkiewicz	Name of Sample Collector
Joel Sienkiewicz	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	<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.

1703055-11

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

Resd	Name of School District
CHARLENGER	Name of School
1008 - H	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
NORTH END	Location of Fixture (example, room number)
CMS # 11	Sample Identification Number (ensure this number is also on the sample container)
3-9-2017	Date of Collection
6:50 AM	Time of Collection
JOEL S. BUCKLEY	Name of Sample Collector
<i>[Signature]</i>	Signature Sample Collector

Notes Sample collector:

For Lab use only	Analyze this drinking water sample for lead
Date and Time Lab received	Signature
8-15-17 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

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

6:55 AM	3-9-2017	6:55 AM	3-9-2017
Time of Collection	Date of Collection	Time of Collection	Date of Collection
Name of Sample Collector	Name of Sample Collector	Name of Sample Collector	Name of Sample Collector
Signature Sample Collector	Signature Sample Collector	Signature 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	Notes:

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

Relinquished date and signature

For relinquishing samples upon delivery to labs only

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

6ESD
Challenger
1009-E2
TAP
North Side
CMS #13
3-9-2017
6:38 AM
Joe L. Scialoja
Joe L. Scialoja

Name of School District
Name of School
Building (name/number)
Type of Fixture (tap, drinking fountain etc.)
Location of Fixture (example, room number)
Sample Identification Number (ensure this number is also on the sample container)
Date of Collection
Time of Collection
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
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

GED
Challenger
1009-E2
TAP
SOUTH SIDE
CMS #14
3-9-2017
6:38
Joel S. Smith
Joel Smith

Name of School District
Name of School
Building (name/number)
Type of Fixture (tap, drinking fountain etc.)
Location of Fixture (example, room number)
Sample Identification Number (ensure this number is also on the sample container)
Date of Collection
Time of Collection
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
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.