
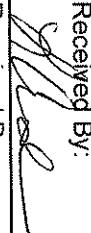

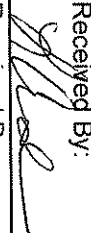

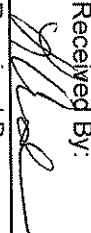

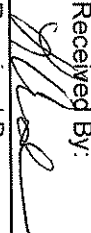

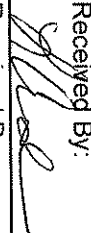

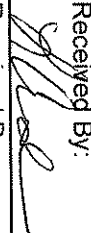

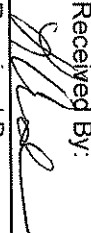
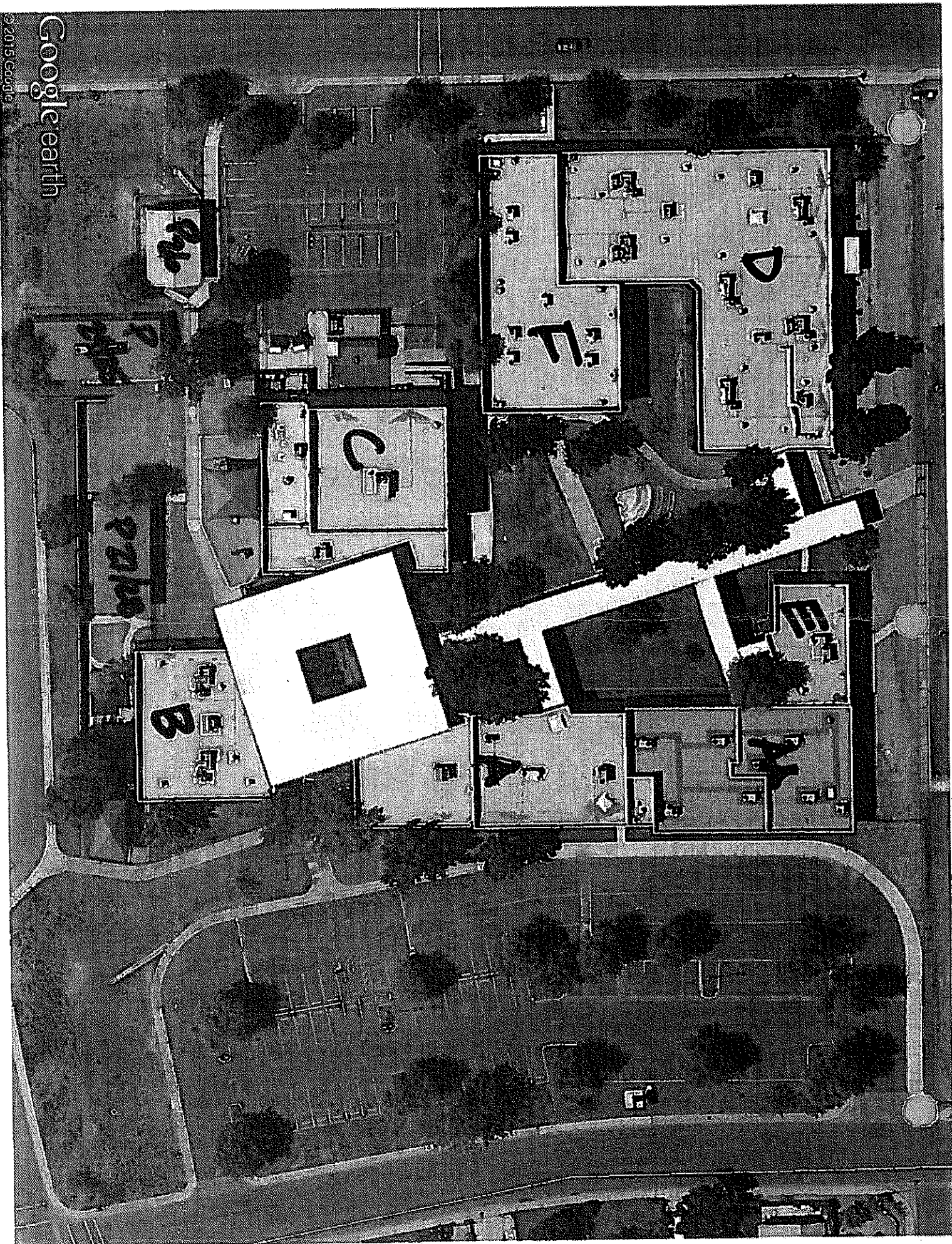


CITY OF GLENDALE CHAIN-OF-CUSTODY RECORD

Client: COG/AZDEQ		Project: Lead in Arizona Schools		Analysis Requested					
		Bicentennial South School							
Project Manager: J. Williams		Compliance: No							
Sampler: Joel Siordia		Regulation: None		ICP/MS: Pb					
Sample ID	Date Sampled	Time Sampled	Element Accession Number						
BSS #1	3/9/2017	5:17	1703063-01	X					
BSS #2	3/9/2017	5:20	1703063-02	X					
BSS #3	3/9/2017	6:00	1703063-03	X					
BSS #4	3/9/2017	6:03	1703063-04	X					
BSS #5	3/9/2017	5:11	1703063-05	X					
BSS #7	3/9/2017	5:35	1703063-07	X					
BSS #8	3/9/2017	5:38	1703063-08	X					
BSS #9	3/9/2017	5:30	1703063-09	X					
BSS #10	3/9/2017	5:31	1703063-10	X					
BSS #11	3/9/2017	5:54	1703063-11	X					
BSS #12	3/9/2017	5:22	1703063-12	X					
BSS #13	3/9/2017	5:58	1703063-13	X					
BSS #14	3/9/2017	6:49	1703063-14	X					
BSS #15	3/9/2017	5:43	1703063-15	X					
Relinquished By: 		Received By: 		Date/Time: 3-15-17 1400		Sample Temp: NA			
Relinquished By: 		Received By: 		Date/Time: 3-15-17 1400		Serial No.: NA			
Relinquished By: 		Received By: 		Date/Time: 3-15-17 1400		1:1 HCl Lot #: NA			
Relinquished By: 		Received By: 		Date/Time: 3-15-17 1400		Blue Ice: <input checked="" type="radio"/> No <input type="radio"/> Yes			
Relinquished By: 		Received By: 		Date/Time: 3-15-17 1400		Wet Ice: <input checked="" type="radio"/> No <input type="radio"/> Yes			
Relinquished By: 		Received By: 		Date/Time: 3-15-17 1400		Exp. Date: -			
Relinquished By: 		Received By: 		Date/Time: 3-15-17 1400		Comments:			



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

65040	Name of School District
B.C. Santa	Name of School
1001/A	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
Office	Location of Fixture (example, room number)
BSS1	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
5:17A	Time of Collection
GILLIAM	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	MM
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

65040	Name of School District
B.C. School	Name of School
1001/A	Building (name/number)
Tap	Type of Fixture (tap, drinking fountain etc.)
LOUNGE	Location of Fixture (example, room number)
B552	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
5:20A	Time of Collection
6/14/00	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
3-15-17 1400	<i>[Signature]</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

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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. South	Name of School
1002/B	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
4th Way	Location of Fixture (example, room number)
B5533	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
6:00A	Time of Collection
Gillian	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	MM
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

66SD40	Name of School District
B.C. Santa	Name of School
1002/B	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
Rm 3	Location of Fixture (example, room number)
B554	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
6:03A	Time of Collection
William	Name of Sample Collector
MH	Signature Sample Collector

Notes Sample collector:

For Lab use only	Analyze this drinking water sample for lead
15 LSN 3/10/17	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

655D 40	Name of School District
B.C. Smith	Name of School
1003/C	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
KITCHEN	Location of Fixture (example, room number)
B555	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
5:11A	Time of Collection
GILMAN	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	3/5-17/1400
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

65040	Name of School District
B.C. Smith	Name of School
1003/C	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
North Fountain	Location of Fixture (example, room number)
BSS 6	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
5:13 A	Time of Collection
Gilliam	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	MM
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.

1703063-07

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

63040	Name of School District
BIG SAND	Name of School
10041D	Building (name/number)
FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
NORTH EXT	Location of Fixture (example, room number)
B557	Sample Identification Number (ensure this number is also on the sample container)
3/6	Date of Collection
5:35A	Time of Collection
COLLIER	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
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

WESD 40	Name of School District
B.C. Santa	Name of School
100410	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
RM 17	Location of Fixture (example, room number)
B558	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
5:38A	Time of Collection
6/11/14	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
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

65340	Name of School District
B.C. Smith	Name of School
1005/E	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
AM	Location of Fixture (example, room number)
B559	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
5:30A	Time of Collection
Callahan	Name of Sample Collector
AM	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	AM
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

65040	Name of School District
B.C. Smith	Name of School
1005/E	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
APT	Location of Fixture (example, room number)
BSS 10	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
5:31A	Time of Collection
GILLIAM	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	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

665040	Name of School District
R.C. Smith	Name of School
100/P 24-25	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
144447	Location of Fixture (example, room number)
BSS 11	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
5:54 A	Time of Collection
GLUJAM	Name of Sample Collector
MA	Signature Sample Collector

Notes Sample collector:

For Lab use only	Analyze this drinking water sample for lead	Date and Time Lab received	Signature	Notes:
		8/5-17 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

68040	Name of School District
B.C. Smith	Name of School
1012/08	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
North hallway	Location of Fixture (example, room number)
B5512	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
5:22A	Time of Collection
William	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

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Sample Collection Record

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6ESD 40	Name of School District
B.C. Santa	Name of School
27/28	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
LM 30	Location of Fixture (example, room number)
BSS 13	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
5:58A	Time of Collection
6:11AM	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	MM
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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Sample Collection Record

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ESD 40	Name of School District
B.C. Smith	Name of School
1011 P26	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
RM 34	Location of Fixture (example, room number)
BSS 14	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
6:49 AM	Time of Collection
GILLMAN	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	Notes:
		3/5/17 1400		

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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Sample Collection Record

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65D40	Name of School District
B.C. SQUA	Name of School
1013/F	Building (name/number)
FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
2M 21	Location of Fixture (example, room number)
B55 15	Sample Identification Number (ensure this number is also on the sample container)
3/9	Date of Collection
5:43 A	Time of Collection
GILHAM	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
3/5-17 1400	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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