
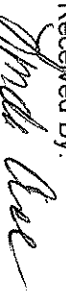


CITY OF GLENDALE
CHAIN-OF-CUSTODY RECORD

Client: COG/AZDEQ		Project: Lead in Arizona Schools		Analysis Requested							
Project Manager: J. Williams		Sunset Vista									
Sampler: Joel Siordia		Regulation: None									
		Compliance: No									
Sample ID	Date Sampled	Time Sampled	Element Accession Number	ICP/MS: Pb							
DS #1	3/9/2017	5:11	1703060-01	X							
DS #2	3/9/2017	4:23	1703060-02	X							
DS #3	3/9/2017	5:03	1703060-03	X							
DS #4	3/9/2017	5:07	1703060-04	X							
DS #5	3/9/2017	4:56	1703060-05	X							
DS #6	3/9/2017	4:51	1703060-06	X							
DS #7	3/9/2017	4:48	1703060-07	X							
DS #8	3/9/2017	4:44	1703060-08	X							
DS #9	3/9/2017	4:40	1703060-09	X							
DS #10	3/9/2017	4:36	1703060-10	X							
DS #11	3/9/2017	4:29	1703060-11	X							
DS #12	3/9/2017	5:18	1703060-13	X							
Relinquished By: 				Received By: 		Date/Time: 3/8/17		Sample Temp: 111		Blue Ice: No	Yes
Relinquished By:				Received By:		Date/Time:		Serial No.: 111		Wet Ice: No	Yes
Relinquished By:				Received By:		Date/Time:		1:1 HCl Lot #: 111		Exp. Date: 111	
Relinquished By:				Received By:		Date/Time:		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

Blondale Elementary 40	Name of School District
Discovery	Name of School
Office Building "A"	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
Office Lounge	Location of Fixture (example, room number)
Dis 1	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
5:11	Time of Collection
Don Wallace	Name of Sample Collector
Don	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

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Glendale Elementary 40	Name of School District
Discovery	Name of School
"B"	Building (name/number)
Sink "peep"	Type of Fixture (tap, drinking fountain etc.)
Kitchen	Location of Fixture (example, room number)
Dis 2	Sample Identification Number (ensure this number is also on the sample container)
3/11/17	Date of Collection
4:23	Time of Collection
DRAN WALL 4	Name of Sample Collector
D.W	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>ADL</i>
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

(Meadale Elementary 40	Name of School District
Discovery School	Name of School
Library	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
Library office	Location of Fixture (example, room number)
D/S 3	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
1503	Time of Collection
DEAN WALLACE	Name of Sample Collector
DW.	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	AWC
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

61541E Elementary 40	Name of School District
Discovery	Name of School
100 "D"	Building (name/number)
Deakin's Fountain	Type of Fixture (tap, drinking fountain etc.)
112	Location of Fixture (example, room number)
Dis 4	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
5:07	Time of Collection
DRAN WALL	Name of Sample Collector
D.W.	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

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

Glendale Elementary 40	Name of School District
Discovery	Name of School
200	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
202	Location of Fixture (example, room number)
Dis #5 No water in building	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
4:56	Time of Collection
DEAN WALLACE	Name of Sample Collector
DW	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	DW
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

615046 ELEMENTARY 40	Name of School District
Discovery School	Name of School
300	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
302	Location of Fixture (example, room number)
302	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
4:51	Time of Collection
Dray Wallace	Name of Sample Collector
D.W.	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	Dray Wallace
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

615046 ELEMENTARY 40	Name of School District
Discovery	Name of School
400 "6"	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
406	Location of Fixture (example, room number)
D-5 7	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
4:48 AM	Time of Collection
DEAN WALLACE	Name of Sample Collector
D.W.	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	DLA
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

Glendale Elementary 40	Name of School District
Discovery	Name of School
500 "H"	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
504	Location of Fixture (example, room number)
Dis 8	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
4:44	Time of Collection
TEAM Walker	Name of Sample Collector
D.W.	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

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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

61endale Elementary 4/0	Name of School District
Discovery	Name of School
600 "I"	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
602	Location of Fixture (example, room number)
D:5 9	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
4:40 AM	Time of Collection
Drain/Walk	Name of Sample Collector
D.W	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

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

Glendale Elementary 40	Name of School District
Discovery School	Name of School
706 "J"	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
708	Location of Fixture (example, room number)
D.S. 10	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
4:36 AM	Time of Collection
DEAN WALLACE	Name of Sample Collector
D.W.	Signature Sample Collector

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	Signature
3-15-17/400	<i>[Signature]</i>
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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Sample Collection Record

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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

6LEWIS ELEMENTARY 46	Name of School District
DISCOVERY	Name of School
800 "K"	Building (name/number)
DRINKING FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
808	Location of Fixture (example, room number)
725 11	Sample Identification Number (ensure this number is also on the sample container)
3/9/19	Date of Collection
429	Time of Collection
DEAN WALLACE	Name of Sample Collector
D.W.	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

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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		CLEVELAND ELEMENTARY / 40
Name of School		Discovery "P" School
Building (name/number)		900
Type of Fixture (tap, drinking fountain etc.)		Drinking Fountain
Location of Fixture (example, room number)		938
Sample Identification Number (ensure this number is also on the sample container)		DIS 12
Date of Collection		3/9/17
Time of Collection		5:18 AM
Name of Sample Collector		DEAN WALLACE
Signature Sample Collector		D.W.

Notes Sample collector:

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

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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