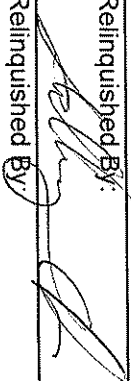



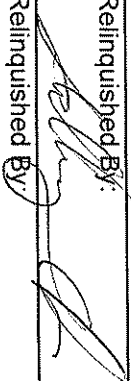

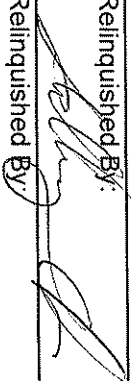

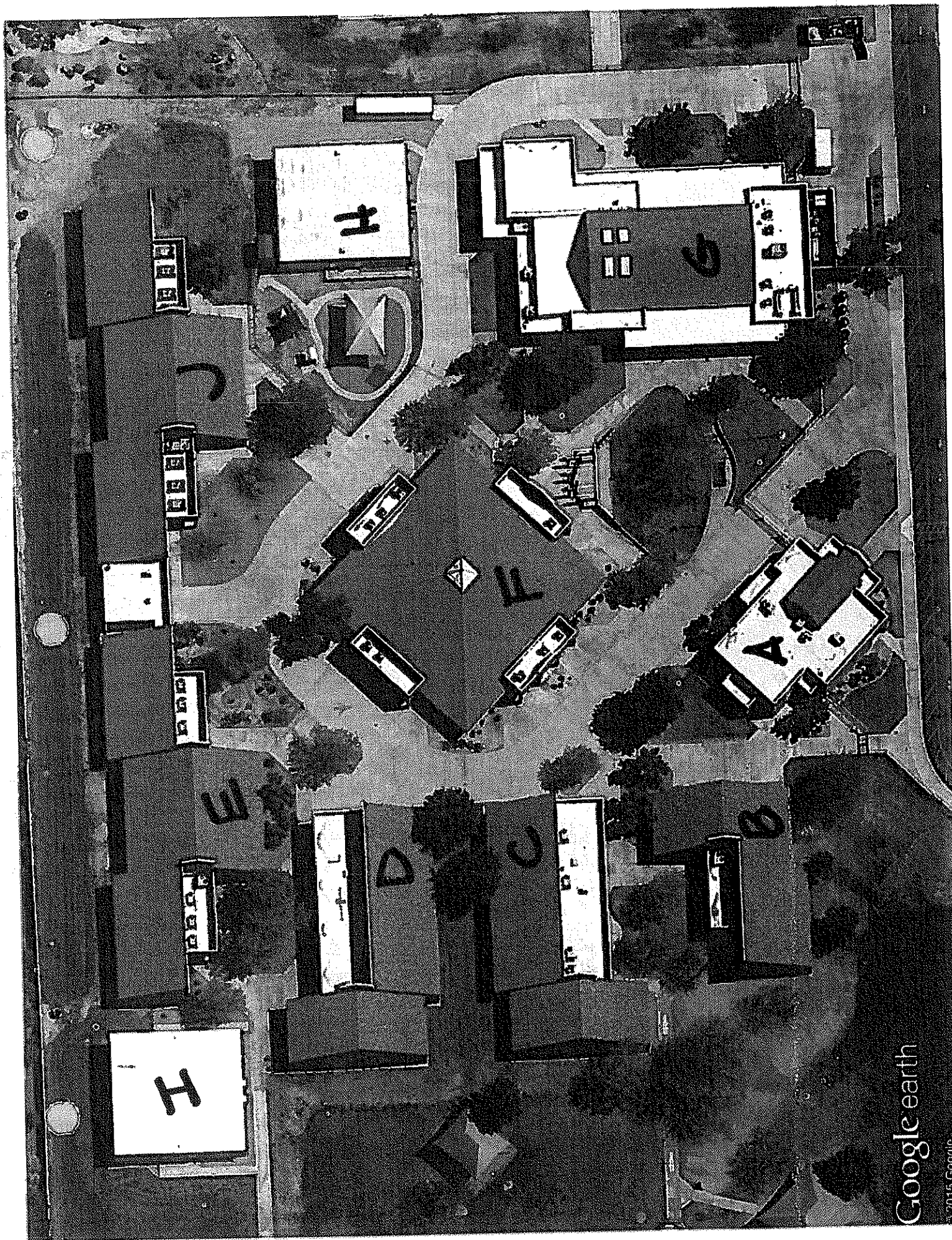


CITY OF GLENDALE
CHAIN-OF-CUSTODY RECORD

Client: COG/AZDEQ		Project: Lead in Arizona Schools		Analysis Requested					
		Desert Garden Elementary School							
Project Manager: J. Williams				Compliance: No					
Sampler: Joel Siorda				Regulation: None					
Sample ID	Date Sampled	Time Sampled	Element Accession Number	ICP/MS: Pb					
DGES #1	3/10/2017	5:15	1703057-01	X					
DGES #2	3/10/2017	5:20	1703057-02	X					
DGES #3	3/10/2017	5:25	1703057-03	X					
DGES #4	3/10/2017	5:30	1703057-04	X					
DGES #5	3/10/2017	5:50	1703057-05	X					
DGES #6	3/10/2017	6:05	1703057-06	X					
DGES #7	3/10/2017	5:00	1703057-07	X					
DGES #8	3/10/2017	6:20	1703057-08	X					
DGES #10	3/10/2017	5:45	1703057-09	X					
DGES #11	3/10/2017	6:00	1703057-10	X					
Relinquished By: 		Received By: 		Date/Time: 03/15/17		Sample Temp: NA		Blue Ice: <input checked="" type="radio"/> No <input type="radio"/> Yes	
Relinquished By: 		Received By: 		Date/Time: 03/15/17		Serial No.: NA		Wet Ice: <input checked="" type="radio"/> No <input type="radio"/> Yes	
Relinquished By: 		Received By: 		Date/Time: 03/15/17		1:1 HCl Lot #: NA		Exp. Date: _____	
Relinquished By: 		Received By: 		Date/Time: 03/15/17		Comments: _____			



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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

GESD	Name of School District
Desert Garden	Name of School
1001-A	Building (name/number)
drinking fountain	Type of Fixture (tap, drinking fountain etc.)
NORTH end HALL	Location of Fixture (example, room number)
Dges #1	Sample Identification Number (ensure this number is also on the sample container)
3-10-2017	Date of Collection
5:15 AM	Time of Collection
Juan S. Gonzalez	Name of Sample Collector
Juan S. Gonzalez	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	Juan S. Gonzalez
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
D	Name of School
1002-B	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
West End	Location of Fixture (example, room number)
Dogs #2	Sample Identification Number (ensure this number is also on the sample container)
3-10-17	Date of Collection
5:20 AM	Time of Collection
Jodi Stordick	Name of Sample Collector
Jodi Stordick	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

Name of School District	Gesd
Name of School	Desert Garden
Building (name/number)	1003-C
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Outside West
Sample Identification Number (ensure this number is also on the sample container)	Doges #3
Date of Collection	3-10-17
Time of Collection	5:35 PM
Name of Sample Collector	Joe S. Sandoval
Signature Sample Collector	[Signature]

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.

1703057-04

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	Name of School District
Desert Garden	Name of School
1004 - D	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
Out Side West End	Location of Fixture (example, room number)
Oges #4	Sample Identification Number (ensure this number is also on the sample container)
3-10-17	Date of Collection
5:30 PM	Time of Collection
For 5.0 ml's	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 1:00	<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

Name of School District	DESERT
Name of School	DESERT GARDEN
Building (name/number)	1005 - E
Type of Fixture (tap, drinking fountain etc.)	DRINKING FOUNTAIN
Location of Fixture (example, room number)	EAST END Room
Sample Identification Number (ensure this number is also on the sample container)	DGES #5
Date of Collection	3-10-17
Time of Collection	5:50 AM
Name of Sample Collector	JOEL J. JONES
Signature Sample Collector	<i>Joel J. Jones</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	15 L&H 3-15-17
Date and Time Lab received	3-14-17 1400
Signature	<i>QIAZ</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.

1703057-08

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
Desert Garden	Name of School
1006 - F	Building (name/number)
drinking fountain	Type of Fixture (tap, drinking fountain etc.)
Outside EAST END	Location of Fixture (example, room number)
Dges #6	Sample Identification Number (ensure this number is also on the sample container)
3-10-17	Date of Collection
6:05 AM	Time of Collection
Jessie S. Garcia	Name of Sample Collector
Jessie S. Garcia	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

Gesd	Name of School District
Desert Garden	Name of School
1007 - G	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
South end	Location of Fixture (example, room number)
DGES #7	Sample Identification Number (ensure this number is also on the sample container)
3-10-17	Date of Collection
5:00 AM	Time of Collection
Scott Stovick	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.

1703057-08

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

6CS	Name of School District
DESERT GARDEN	Name of School
1008 - H	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
EAST SIDE	Location of Fixture (example, room number)
Dyes #8	Sample Identification Number (ensure this number is also on the sample container)
3-10-17	Date of Collection
6:20 AM	Time of Collection
Joel Sandoval	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
3-5-17 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.

1703057-09

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
Desert Garden	Name of School
1010 #1	Building (name/number)
TAP	Type of Fixture (tap, drinking fountain etc.)
West Side RR	Location of Fixture (example, room number)
DGES. #10	Sample Identification Number (ensure this number is also on the sample container)
3-10-17	Date of Collection
5:45	Time of Collection
Joel S. Jordan	Name of Sample Collector
Joel S. Jordan	Signature Sample Collector

Notes Sample collector:

For Lab use only	Analyze this drinking water sample for lead
Date and Time Lab received	Signature
3/5-17/00	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.

1703057-10

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

65d	Name of School District
Desert Garden	Name of School
1011-J	Building (name/number)
drinking fountain	Type of Fixture (tap, drinking fountain etc.)
OUTSIDE west end	Location of Fixture (example, room number)
Oges #11	Sample Identification Number (ensure this number is also on the sample container)
3-10-17	Date of Collection
6:00 AM	Time of Collection
Jeri Sanchez	Name of Sample Collector
Jeri Sanchez	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.