

CITY OF GLENDALE

CHAIN-OF-CUSTODY RECORD

[illegible]



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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

Cleburne Elementary 40	Name of School District
Coyote Ridge	Name of School
"A"	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
Office Hallway	Location of Fixture (example, room number)
CR 1	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
6:04 AM	Time of Collection
Drain Main	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	3/5-17 1400
Signature	DW
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

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Glendale Elementary 40	Name of School District
Coyote Ridge	Name of School
"B"	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
Hallway	Location of Fixture (example, room number)
CR 2	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
5:59 AM	Time of Collection
Debra Wallan	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
3-15/17/00	[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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CELESTE ELEMENTARY 40	Name of School District
Coyote Ridge	Name of School
"C" Building	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
Teachers Lounge	Location of Fixture (example, room number)
CR3	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
5:40 AM	Time of Collection
DRAW WALL	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	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.

1703058-04

Sample Collection Record

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Name of School District	Glenlake Elementary 40
Name of School	Coyote Ridge
Building (name/number)	"D" Building
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Dick
Sample Identification Number (ensure this number is also on the sample container)	CR4
Date of Collection	3/9/17
Time of Collection	5:30 AM
Name of Sample Collector	Don Wallin
Signature Sample Collector	Don

Notes 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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Name of School District		Glenview Elementary 40
Name of School		Coyote Ridge
Building (name/number)		"E" Building
Type of Fixture (tap, drinking fountain etc.)		Drinking Fountain
Location of Fixture (example, room number)		E 100
Sample Identification Number (ensure this number is also on the sample container)		CR5
Date of Collection		3/9/17
Time of Collection		5:43 AM
Name of Sample Collector		Debra Waller
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 _____

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Sample Collection Record

To be completed by the sample collector

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Name of School District		Glendale Elementary 40	
Name of School		Coyote Ridge	
Building (name/number)		Kitchen "C"	
Type of Fixture (tap, drinking fountain etc.)		Sink	
Location of Fixture (example, room number)		Kitchen	
Sample Identification Number (ensure this number is also on the sample container)		CR 6	
Date of Collection		3/9/17	
Time of Collection		5:29 AM	
Name of Sample Collector		DAN WALLACE	
Signature Sample Collector		DW	

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

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

1703058-07

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

656/46 ELWOOD 46	Name of School District
COYOTE RIDGE	Name of School
H	Building (name/number)
DRINKING FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
HALLWAY	Location of Fixture (example, room number)
CR 7	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
5:55 AM	Time of Collection
DRAW WALL	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	Signature
3-15-17 1400	
Notes:	

For relinquishing samples upon delivery to labs only

Relinquished date and signature

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1703058-08

Sample Collection Record

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Glendale Elementary 40	Name of School District
Coyote Ridge	Name of School
"F"	Building (name/number)
Drinking Fountain	Type of Fixture (tap, drinking fountain etc.)
F104	Location of Fixture (example, room number)
CR 8	Sample Identification Number (ensure this number is also on the sample container)
3/9/17	Date of Collection
550 am	Time of Collection
David Waller	Name of Sample Collector
D.W.	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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