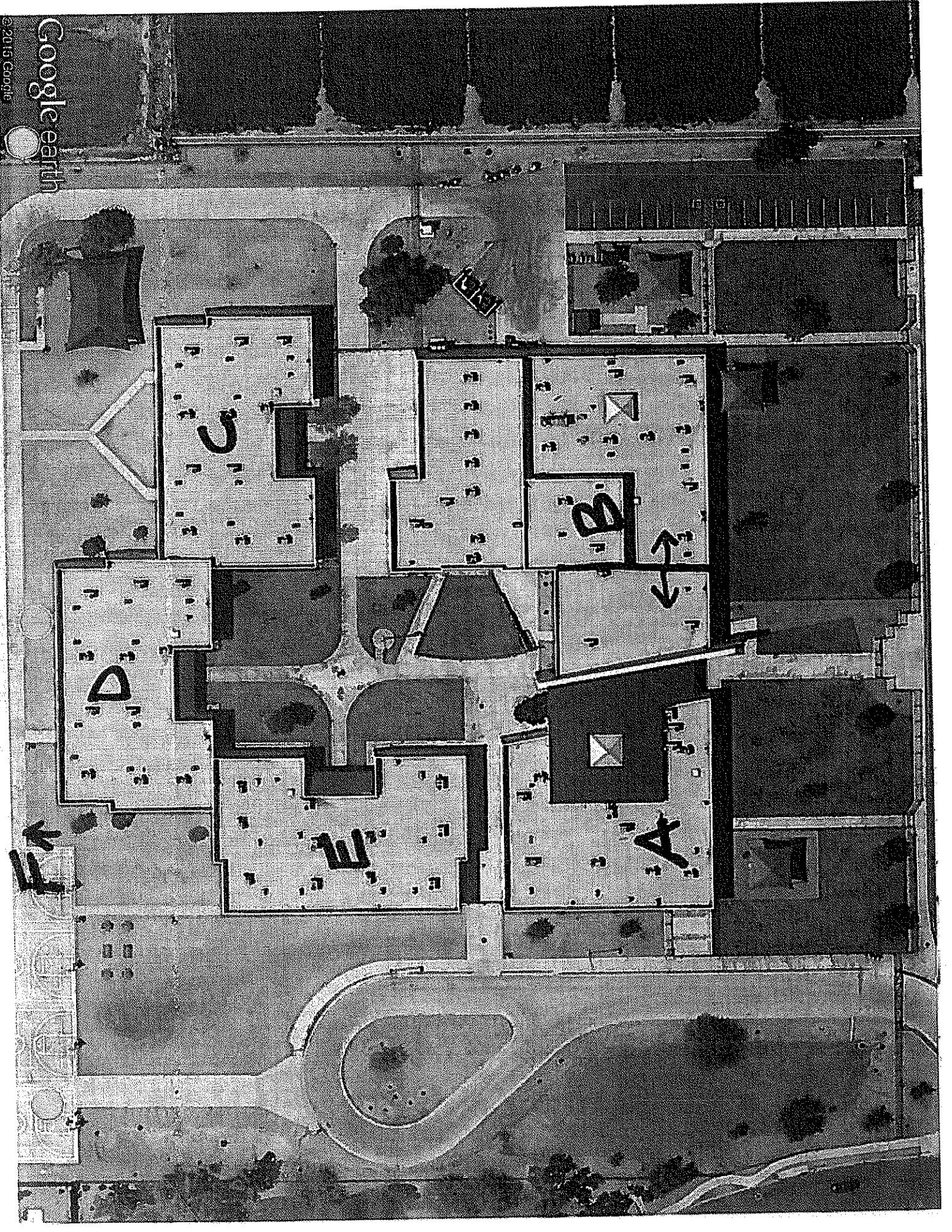


CITY OF GLENDALE  
CHAIN-OF-CUSTODY RECORD[illegible]



# 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
05050501	Name of School
1001/A	Building (name/number)
FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
N KILLWATER	Location of Fixture (example, room number)
DS 1	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
4:29A	Time of Collection
661044M	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	3-15-17 1400
Signature	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

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
DESERT SPRING	Name of School
1002/B	Building (name/number)
SINK	Type of Fixture (tap, drinking fountain etc.)
KITCHEN	Location of Fixture (example, room number)
D52	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
4:30A	Time of Collection
6611AM	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	3-5-17 1400
Signature	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

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
DESEPT SPRT	Name of School
1003/C	Building (name/number)
FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
C307	Location of Fixture (example, room number)
DS3	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
4:30A	Time of Collection
William	Name of Sample Collector
MM	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
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.

1703053-04

# 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

66SD 40	Name of School District
BESSEY SPRING	Name of School
1004/D	Building (name/number)
FOUNTAIN	Type of Fixture (tap, drinking fountain etc.)
D407	Location of Fixture (example, room number)
D54	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
4:39A	Time of Collection
GILMAN	Name of Sample Collector
MM	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

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
Desert Spirit	Name of School
1005/E	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
ES07	Location of Fixture (example, room number)
055	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
4:49A	Time of Collection
GLUAM	Name of Sample Collector
MM	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

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



1703053-08

# 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

6 ESD 40	Name of School District
District 40	Name of School
1006/E	Building (name/number)
Fountain	Type of Fixture (tap, drinking fountain etc.)
outside	Location of Fixture (example, room number)
DS 6	Sample Identification Number (ensure this number is also on the sample container)
3/8	Date of Collection
4:42	Time of Collection
Gillman	Name of Sample Collector
MM	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
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.