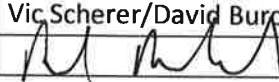


COPY

Sample Recordkeeping Form **For initial lead drinking water samples**

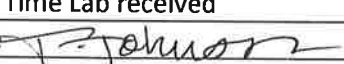
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	500
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	Copaterca
Sample Identification Number (ensure this number is also on the sample container)	FES 1
Date of Collection	1/9//17
Time of Collection	6:00 a.m.
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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

Notes

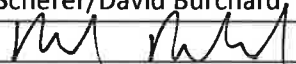
One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

24°C
No Ice

Sample Recordkeeping Form **For initial lead drinking water samples**

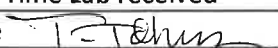
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	500
Type of Fixture (tap, drinking fountain etc..)	Tip
Location of Fixture (example, room number)	Sink Kitchen
Sample Identification Number (ensure this number is also on the sample container)	FES 2
Date of Collection	1/9//17
Time of Collection	6:01 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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

Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

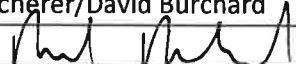
For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

24°C
No Ice

Sample Recordkeeping Form

For initial lead drinking water samples

To be completed by the sample collector

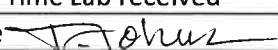
Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	200
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	Sink, room 20B
Sample Identification Number (ensure this number is also on the sample container)	FES 3
Date of Collection	1/9//17
Time of Collection	6:03 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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



Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

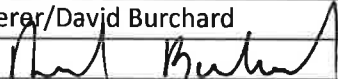
For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

24°C
NOICE

Sample Recordkeeping Form

For initial lead drinking water samples

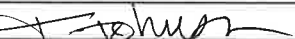
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	200
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	Sink room 207
Sample Identification Number (ensure this number is also on the sample container)	FES 4
Date of Collection	1/9//17
Time of Collection	6:00
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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

Notes

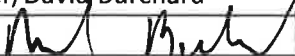
One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

24°C
No Ice

Sample Recordkeeping Form For initial lead drinking water samples

To be completed by the sample collector

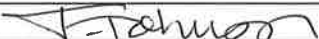
Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	400
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	Sink room 418
Sample Identification Number (ensure this number is also on the sample container)	FES 5
Date of Collection	1/9//17
Time of Collection	6:10 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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



Notes

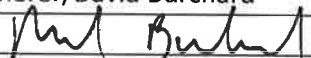
One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

24°C
No Ice

Sample Recordkeeping Form **For initial lead drinking water samples**

To be completed by the sample collector

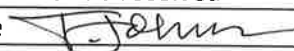
Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	300
Type of Fixture (tap, drinking fountain etc..)	Drinking Fountain
Location of Fixture (example, room number)	Sink room 313
Sample Identification Number (ensure this number is also on the sample container)	FES 6
Date of Collection	1/9//17
Time of Collection	6:17 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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



Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @14:54

24°C
No Ice

Sample Recordkeeping Form

For initial lead drinking water samples

To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	300
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	Sink room 310
Sample Identification Number (ensure this number is also on the sample container)	FES 7
Date of Collection	1/9//17
Time of Collection	6:20 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	<i>[Signature]</i>

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

Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

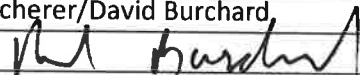
For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 14:54

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Sample Recordkeeping Form

For initial lead drinking water samples

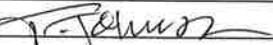
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	100
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	near room 112
Sample Identification Number (ensure this number is also on the sample container)	FES 8
Date of Collection	1/9//17
Time of Collection	6:22 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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

Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.


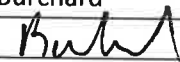
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Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

240C
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Sample Recordkeeping Form

For initial lead drinking water samples

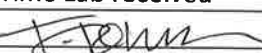
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	100
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	Sink health office
Sample Identification Number (ensure this number is also on the sample container)	FES 9
Date of Collection	1/9//17
Time of Collection	6:25 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	 

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

Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

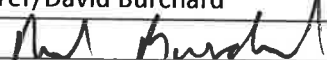
For Lab use only	
Date and Time Lab received	
Signature 	JAN 1 2 2017 @ 14:54

24°C
No Ice

Sample Recordkeeping Form

For initial lead drinking water samples

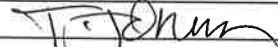
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	800
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	SINK room 807
Sample Identification Number (ensure this number is also on the sample container)	FES 10
Date of Collection	1/9//17
Time of Collection	6:25 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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

Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.


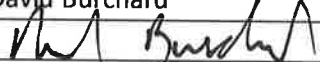
For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

24°C
No Ice

Sample Recordkeeping Form

For initial lead drinking water samples


To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	800
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	South side
Sample Identification Number (ensure this number is also on the sample container)	FES 11
Date of Collection	1/9//17
Time of Collection	6:30 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	 

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

Notes

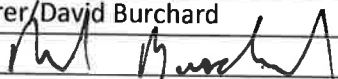
One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:52

24°C
No Ice

Sample Recordkeeping Form **For initial lead drinking water samples**

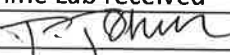
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	600
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	sink room 611
Sample Identification Number (ensure this number is also on the sample container)	FES 12
Date of Collection	1/9//17
Time of Collection	6:30 6:31 am
Name of Sample Collector	Vic Scherer/ David Burchard
Signature Sample Collector	

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

Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

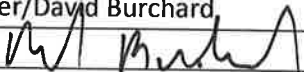
For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

24°C
No Ice

Sample Recordkeeping Form

For initial lead drinking water samples

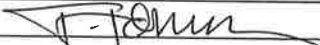
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Fowler Elementary School
Name (or number) of Building	1000
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	Sink in Preschool room 113
Sample Identification Number (ensure this number is also on the sample container)	FES 13
Date of Collection	1/9/17
Time of Collection	6:34 am
Name of Sample Collector	Vic Scherer/David Burchard
Signature Sample Collector	

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

Notes

One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature 	JAN 12 2017 @ 14:54

24°C
No Ice