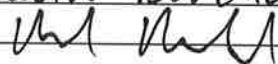


COPY

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

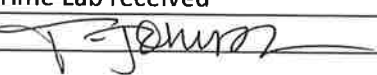
To be completed by the sample collector

Name of School District	Fowler Elementary District
Name of School	Sunridge Elementary
Name (or number) of Building	200
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	out side Building
Sample Identification Number (ensure this number is also on the sample container)	SR551
Date of Collection	1/06/17
Time of Collection	6:41 am
Name of Sample Collector	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 @ 14:50

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	Sunridge Elementary
Name (or number) of Building	500
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	out side building
Sample Identification Number (ensure this number is also on the sample container)	SRES2
Date of Collection	1/05/17
Time of Collection	8:44 am
Name of Sample Collector	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

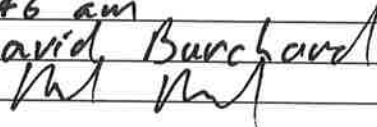
One Sample Recordkeeping form should be complete for each sample collected. Copies should be sent to the lab with the samples.

For Lab use only	
Date and Time Lab received	
Signature <i>[Signature]</i>	JAN 12 2017 @ 14:50

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	Sunridge Elementary
Name (or number) of Building	500 Kitchen
Type of Fixture (tap, drinking fountain etc..)	Tap
Location of Fixture (example, room number)	Kitchen Sink
Sample Identification Number (ensure this number is also on the sample container)	SR ES 3
Date of Collection	1/06/17
Time of Collection	6:46 am
Name of Sample Collector	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

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	Sunridge Elementary
Name (or number) of Building	600 West
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	West side
Sample Identification Number (ensure this number is also on the sample container)	SRES 4
Date of Collection	1/15/17
Time of Collection	6:45
Name of Sample Collector	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>T. John</i>	JAN 12 2017 14:50

24°C
No IC

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	Sunridge Elementary
Name (or number) of Building	600 North
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	North side
Sample Identification Number (ensure this number is also on the sample container)	SRES 5
Date of Collection	1/16/17
Time of Collection	6:51 am
Name of Sample Collector	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>T. Johnson</i>	JAN 12 2017 @ 14:50

*No IC
24°C*

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	Sunridge Elementary
Name (or number) of Building	# 501
Type of Fixture (tap, drinking fountain etc..)	Tap / Drinking fountain
Location of Fixture (example, room number)	Pre School
Sample Identification Number (ensure this number is also on the sample container)	SRES 6
Date of Collection	1/15/17
Time of Collection	6:54 am
Name of Sample Collector	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 @ 14:50

24°C
No ICp

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

To be completed by the sample collector

Name of School District	Fowler Elementary
Name of School	Sunridge Elementary
Name (or number) of Building	502
Type of Fixture (tap, drinking fountain etc..)	Tap / Drinking fountain
Location of Fixture (example, room number)	Preschool
Sample Identification Number (ensure this number is also on the sample container)	SRES 7
Date of Collection	1/16/17
Time of Collection	6:56 am
Name of Sample Collector	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 @ 14:50

249C
No Ice

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

To be completed by the sample collector

Name of School District	Fowler Elementary
Name of School	Sundridge Elementary
Name (or number) of Building	400
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)	SRES 8
Date of Collection	1/05/17
Time of Collection	7:03 am
Name of Sample Collector	David Burghard
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>T. Jones</i>	JAN 12 2017 @ 14:50

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	Sunridge ES Elementary
Name (or number) of Building	400
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)	SRES 9
Date of Collection	1/6/17
Time of Collection	7:05 am
Name of Sample Collector	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 @ 14:50

24°C
N₂O₄

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	Sumridge Elementary
Name (or number) of Building	100
Type of Fixture (tap, drinking fountain etc..)	Drinking fountain
Location of Fixture (example, room number)	near office
Sample Identification Number (ensure this number is also on the sample container)	SRES 10
Date of Collection	1/6/17
Time of Collection	7:07 am
Name of Sample Collector	David Burcham
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 @ 14:50

2400
No Ice