



AQUATIC CONSULTING & TESTING, INC.

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P.O. Box 1510
Tempe, Arizona 85281
Phone: (480) 921-8044 • Fax: (480) 921-0049

Lic. No. AZ0003

LABORATORY REPORT

Client: ADEQ
Lead in Drinking Water School Proj.
1110 W. Washington Street
Phoenix, AZ 85007
Attn: David Burchard

Date Submitted: 03/17/17
Date Reported: 04/07/17

Project: Scott L Libby Elem. School

RESULTS

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Client ID: SLE 1 ACT Lab No.: BZ03603		Sample Type: Drinking Water Sample Time: 03/13/17 04:29					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM
Client ID: SLE 2 ACT Lab No.: BZ03604		Sample Type: Drinking Water Sample Time: 03/13/17 04:33					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM
Client ID: SLE 3 ACT Lab No.: BZ03605		Sample Type: Drinking Water Sample Time: 03/13/17 04:37					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM
Client ID: SLE 4 ACT Lab No.: BZ03606		Sample Type: Drinking Water Sample Time: 03/13/17 04:38					
Lead	03/29/17	03/29/17	200.8	1.0	1.98	ug/L	SLM

RESULTS

Client ID: SLE 5 ACT Lab No.: BZ03607		Sample Type: Drinking Water Sample Time: 03/13/17 04:45					
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SLE 6 ACT Lab No.: BZ03608		Sample Type: Drinking Water Sample Time: 03/13/17 04:50					
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	3.78	ug/L	SLM

Client ID: SLE 7 ACT Lab No.: BZ03609		Sample Type: Drinking Water Sample Time: 03/13/17 04:57					
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SLE 8 ACT Lab No.: BZ03610		Sample Type: Drinking Water Sample Time: 03/13/17 05:00					
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SLE 9 ACT Lab No.: BZ03611		Sample Type: Drinking Water Sample Time: 03/13/17 05:04					
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SLE 10 ACT Lab No.: BZ03612		Sample Type: Drinking Water Sample Time: 03/13/17 05:11					
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: SLE 11
ACT Lab No.: BZ03613

Sample Type: Drinking Water
Sample Time: 03/13/17 05:18

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SLE 12
ACT Lab No.: BZ03614

Sample Type: Drinking Water
Sample Time: 03/13/17 05:21

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SLE 13
ACT Lab No.: BZ03615

Sample Type: Drinking Water
Sample Time: 03/13/17 05:24

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SLE14
ACT Lab No.: BZ03616

Sample Type: Drinking Water
Sample Time: 03/13/17 05:27

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	1.63	ug/L	SLM

Client ID: SLE 15
ACT Lab No.: BZ03617

Sample Type: Drinking Water
Sample Time: 03/13/17 05:29

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SLE 16
ACT Lab No.: BZ03618

Sample Type: Drinking Water
Sample Time: 03/13/17 05:34

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

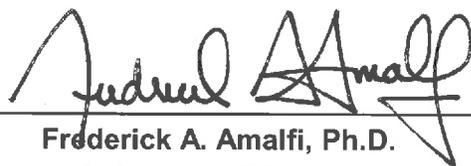
RESULTS

Client ID: SLE 17
ACT Lab No.: BZ03619

Sample Type: Drinking Water
Sample Time: 03/13/17 05:46

<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	03/29/17	03/29/17	200.8	1.0	<1.00	ug/L	SLM

Reviewed by: _____



Frederick A. Amalfi, Ph.D.
Laboratory Director

Collection Log
for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Admin
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Nurse's office
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE 1
Date of Collection	3-13-17
Time of Collection	0429
Printed Name of Sample Collector	Nick Rimmer
Signature Sample Collector	<i>NR</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-03603	

For relinquishing samples upon delivery to labs only

Relinquished date and signature *T. Johnson ACT* MAR 17 2017

15:30
240

These samples were collected for lead screening purposes only and cannot be used for compliance.

030

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Media
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Library
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE 2
Date of Collection	3-13-17
Time of Collection	0433
Printed Name of Sample Collector	Nick Roman
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03604</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

15:30
24°C

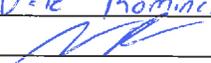
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Basement
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Teacher's Lounge
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE3
Date of Collection	3-13-17
Time of Collection	0437
Printed Name of Sample Collector	Nick Romines
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03605</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

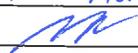
15:30
24°C

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Basement
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Reading Reading Intervention Room
Sample Identification Number (Write this number on the sample container and on this sheet)	SLE 4
Date of Collection	3-13-17
Time of Collection	0438
Printed Name of Sample Collector	N. Le Romney
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-03606	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

MAR 17 2017

15:30
2400

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Cafe Teric
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Kitchen
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLES
Date of Collection	3-13-17
Time of Collection	0449
Printed Name of Sample Collector	Nick Ramirez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03607</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

15:30
24°C

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log
for experienced sample collectors

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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

Name of School District	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Celestis
Type of Fixture (tap, drinking fountain etc.)	Kitchen
Location of Fixture (example, room number)	Steamer
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE6
Date of Collection	3-13-17
Time of Collection	0930
Printed Name of Sample Collector	Nate Remick
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-03608	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

15:30
24th

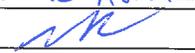
These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	G Wing
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Outside East wall
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE7
Date of Collection	3-13-17
Time of Collection	0457
Printed Name of Sample Collector	Not Roman
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03609</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

15:30
24th

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	G Wins
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	G104
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE 8
Date of Collection	3-13-17
Time of Collection	0500
Printed Name of Sample Collector	Nick Roman
Signature Sample Collector	<i>Nick Roman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03610</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

These samples were collected for lead screening purposes only and cannot be used for compliance.

15:30
24th

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Shop
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Art Workroom
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE9
Date of Collection	3-13-17
Time of Collection	0504
Printed Name of Sample Collector	Nate Roman
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03611</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

15:30
249

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Gym
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Gym
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE10
Date of Collection	3-13-17
Time of Collection	0511
Printed Name of Sample Collector	Nate Roman
Signature Sample Collector	<i>Nate Roman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03612</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

*15:30
240*

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	C Wing
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Outside East Wall
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE11
Date of Collection	3-13-17
Time of Collection	0518
Printed Name of Sample Collector	Nick Romm
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03613</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

15:30
2400

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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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

Name of School District	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	C Wing
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	C-105
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE 12
Date of Collection	3-13-17
Time of Collection	0521
Printed Name of Sample Collector	Nate Romin
Signature Sample Collector	<i>Nate Romin</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03614</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

*15:30
24°C*

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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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

Name of School District	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	E Wms
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	outside east wall
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE 13
Date of Collection	3-13-17
Time of Collection	0524
Printed Name of Sample Collector	Nick Romina
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03615</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

MAR 17 2017
15:30

24°C

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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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

Name of School District	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	E Wing
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	E105
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE14
Date of Collection	3-13-17
Time of Collection	0527
Printed Name of Sample Collector	Nick Romins
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03616</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ MAR 17 2017

These samples were collected for lead screening purposes only and cannot be used for compliance.

15:30
24°C

Collection Log
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Name of School District	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	D Wing
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Outside Westwall
Sample Identification Number (Write this number on the sample container and on this sheet)	SLE15
Date of Collection	3-13-17
Time of Collection	0529
Printed Name of Sample Collector	Nile Berman
Signature Sample Collector	<i>Nile Berman</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-03617	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____

MAR 17 2017

15:30
24th

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Collection Log
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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

Name of School District	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	Dwings
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	d-105
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE16
Date of Collection	3-13-17
Time of Collection	0534
Printed Name of Sample Collector	Nick Remiro
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
BZ-03618	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

15:30
24°C

These samples were collected for lead screening purposes only and cannot be used for compliance.

Collection Log

for experienced sample collectors

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	Litchfield Elementary District
School Name	Scott L Libby Elementary School
Building (name/number)	White Tanks D
Type of Fixture (tap, drinking fountain etc.)	Fountain
Location of Fixture (example, room number)	D outside
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SLE17
Date of Collection	3-13-17
Time of Collection	0546
Printed Name of Sample Collector	N. Le Roman
Signature Sample Collector	<i>[Signature]</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
<p>BZ-03619</p>	

For relinquishing samples upon delivery to labs only

Relinquished date and signature _____ **MAR 17 2017**

*15:30
24*

These samples were collected for lead screening purposes only and cannot be used for compliance.