



AQUATIC CONSULTING & TESTING, INC.

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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: 04/14/17

Date Reported: 05/04/17

Project: Buckeye Union High School

RESULTS

Client ID: MT01

ACT Lab No.: BZ05125

Sample Type: Drinking Water

Sample Time: 04/06/17 10:58

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: AG 01

ACT Lab No.: BZ05126

Sample Type: Drinking Water

Sample Time: 04/06/17 10:55

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Library 01

ACT Lab No.: BZ05127

Sample Type: Drinking Water

Sample Time: 04/06/17 10:44

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: 2nd Floor 01

ACT Lab No.: BZ05128

Sample Type: Drinking Water

Sample Time: 04/06/17 10:37

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: Elevator 01
ACT Lab No.: BZ05129

Sample Type: Drinking Water
Sample Time: 04/06/17 10:33

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: New Gym 01
ACT Lab No.: BZ05130

Sample Type: Drinking Water
Sample Time: 04/06/17 10:17

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: PAC 01
ACT Lab No.: BZ05131

Sample Type: Drinking Water
Sample Time: 04/06/17 10:15

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: SB 01
ACT Lab No.: BZ05132

Sample Type: Drinking Water
Sample Time: 04/06/17 10:08

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: E Lab 01
ACT Lab No.: BZ05133

Sample Type: Drinking Water
Sample Time: 04/06/17 10:00

<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	05/01/17	05/01/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Lab 01
ACT Lab No.: BZ05134

Sample Type: Drinking Water
Sample Time: 04/06/17 09:50

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: Admin 01
ACT Lab No.: BZ05135

Sample Type: Drinking Water
Sample Time: 04/06/17 09:42

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Business 02
ACT Lab No.: BZ05136

Sample Type: Drinking Water
Sample Time: 04/06/17 09:23

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: Business 01
ACT Lab No.: BZ05137

Sample Type: Drinking Water
Sample Time: 04/06/17 09:23

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: District 02
ACT Lab No.: BZ05138

Sample Type: Drinking Water
Sample Time: 04/06/17 09:20

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: District 01
ACT Lab No.: BZ05139

Sample Type: Drinking Water
Sample Time: 04/06/17 09:20

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: AGEE Ext 03
ACT Lab No.: BZ05140

Sample Type: Drinking Water
Sample Time: 04/06/17 09:06

<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	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

RESULTS

Client ID: AGEE 02
ACT Lab No.: BZ05141

Sample Type: Drinking Water
Sample Time: 04/06/17 09:00

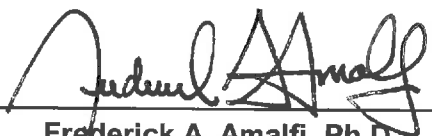
<u>Parameter</u>	<u>Analysis Date</u>		<u>Method No.</u>	<u>MDL</u>	<u>Result</u>	<u>Unit</u>	<u>Analyst</u>
	<u>Start</u>	<u>End</u>					
Lead	05/02/17	05/02/17	200.8	1.0	<1.00	ug/L	SLM

Client ID: AGEE 01
ACT Lab No.: BZ05142

Sample Type: Drinking Water
Sample Time: 04/06/17 09:00

<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	05/02/17	05/02/17	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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Maintenance/Transportation 1049
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Maintenance
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	MT01
Date of Collection	4-6-17
Time of Collection	10:58
Printed Name of Sample Collector	Marcos Nager
Signature Sample Collector	

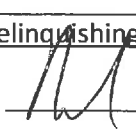
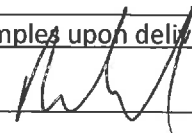
Notes Sample collector:

BZ-05125

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	
Signature	
Notes:	
APR 14 2017 10:00 AM 25°C 	

For relinquishing samples upon delivery to labs only

Relinquished date and signature


 

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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Vocational AG 1048
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Entrance Hall
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	AG 01
Date of Collection	4/6/17
Time of Collection	10:55
Printed Name of Sample Collector	Sharon Kabanek
Signature Sample Collector	

Notes Sample collector:

BZ-05126

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 _____

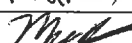
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Library 1046
Type of Fixture (tap, drinking fountain etc.)	Tap
Location of Fixture (example, room number)	1me
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	library 01
Date of Collection	4-6-17
Time of Collection	10:44
Printed Name of Sample Collector	Marcel Nager
Signature Sample Collector	

Notes Sample collector:

BZ-05127

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 _____

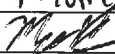
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	2nd floor 1047
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	2nd floor
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	2nd floor 01
Date of Collection	4-6-17
Time of Collection	10:37
Printed Name of Sample Collector	Marcos Nager
Signature Sample Collector	

Notes Sample collector:

BZ-05128

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Elevator
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Elevator
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	Elevator 01
Date of Collection	4/6/17
Time of Collection	10:33 AM
Printed Name of Sample Collector	Shannon Kobarek
Signature Sample Collector	<i>Shannon Kobarek</i>

Notes Sample collector:

BZ-05129

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	New gym 1051
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Gym lobby
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	New gym 01
Date of Collection	4-6-17
Time of Collection	10:00 10:17
Printed Name of Sample Collector	Mariss Nager
Signature Sample Collector	

Notes Sample collector:

BZ-05130

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 _____

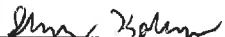
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Performing Arts Center
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Lobby
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	PAC 01
Date of Collection	4/6/17
Time of Collection	10:18 AM
Printed Name of Sample Collector	Shannon Koharski
Signature Sample Collector	

Notes Sample collector:

BZ-05131

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Softball field 1052
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Dugouts
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	SB 01
Date of Collection	4-6-17
Time of Collection	10:08
Printed Name of Sample Collector	Marcos Noguera
Signature Sample Collector	

Notes Sample collector:

BZ-05132

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Building B, E & F 1045
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	E 1007
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	E Lab 01
Date of Collection	9/6/17
Time of Collection	10:00 AM
Printed Name of Sample Collector	Shannon Kobarek
Signature Sample Collector	<i>Shannon Kobarek</i>

Notes Sample collector:

BZ-05133

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 _____

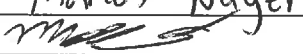
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Band C 1 st Floor 1043
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	131025
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	196 01
Date of Collection	4-6-17
Time of Collection	9:50
Printed Name of Sample Collector	Marlo Nager
Signature Sample Collector	

Notes Sample collector:

BZ-05134

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

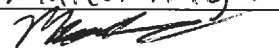
Relinquished date and signature _____

These samples 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Admin 1042
Type of Fixture (tap, drinking fountain etc.)	Tap
Location of Fixture (example, room number)	front office Breakroom
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	Admin 01
Date of Collection	4-6-17
Time of Collection	9:42
Printed Name of Sample Collector	Marcos Nager
Signature Sample Collector	

Notes Sample collector:

BZ-05135

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Business office 1015
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Office
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	Business 02
Date of Collection	4-6-17
Time of Collection	9:23
Printed Name of Sample Collector	marcos nager
Signature Sample Collector	

Notes Sample collector:

BZ-05136

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	Business Office 1015
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Office
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	Business 01
Date of Collection	4/6/17
Time of Collection	9:23 AM
Printed Name of Sample Collector	Shannon Kabanek
Signature Sample Collector	

Notes Sample collector:

BZ-05137

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	District Office
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Conference Room
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	District 02
Date of Collection	4/6/17
Time of Collection	9:20 AM
Printed Name of Sample Collector	Shannon Kobaner
Signature Sample Collector	<i>Shannon Kobaner</i>

Notes Sample collector:

BZ-05138

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	District office 1016
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Conference room
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	District 01
Date of Collection	4-6-17
Time of Collection	9:20
Printed Name of Sample Collector	Marcos Magel
Signature Sample Collector	

Notes Sample collector:

BZ-05139

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

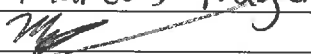
Relinquished date and signature _____

These samples 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	AGEE gym EXT 1021
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Dance room
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	AGEE EXT 00 03
Date of Collection	4-6-17
Time of Collection	9:00
Printed Name of Sample Collector	Marcos Nager
Signature Sample Collector	

Notes Sample collector:

BZ-05140

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 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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	AGEE Gym
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Lobby
Sample Identification Number (<u>Write this number on the sample container and on this sheet</u>)	AGEE 02
Date of Collection	7/6/17
Time of Collection	9:00 AM
Printed Name of Sample Collector	Shannon Kohonen
Signature Sample Collector	

Notes Sample collector:

BZ-05141

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 _____

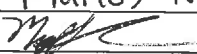
These samples were collected for lead screening purposes only and cannot be used for compliance.

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	Buckeye Union High School District
School Name	Buckeye Union High School
Building (name/number)	AGEE Gym 1020
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Gym
Sample Identification Number (Write this number on the sample container and on this sheet)	AGEE 01
Date of Collection	4-6-17
Time of Collection	9:00
Printed Name of Sample Collector	Marcus Nager
Signature Sample Collector	

Notes Sample collector:

BZ-05142

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