



AQUATIC CONSULTING & TESTING, INC.

1525 W. University Drive, Suite 106
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: 02/02/17

Date Reported: 02/26/17

Project: Tolleson Union High School

RESULTS

Client ID: 1029-100
ACT Lab No.: BZ01140

Sample Type: Drinking Water
Sample Time: 01/28/17 11:10

<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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1017-1900 KS
ACT Lab No.: BZ01141

Sample Type: Drinking Water
Sample Time: 01/28/17 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	02/15/17	02/15/17	200.8	0.0010	0.0014	mg/L	SLM

Client ID: 1017-1900 DF
ACT Lab No.: BZ01142

Sample Type: Drinking Water
Sample Time: 01/28/17 10:05

<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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1013-1400
ACT Lab No.: BZ01143

Sample Type: Drinking Water
Sample Time: 01/28/17 06:18

<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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

RESULTS

Client ID: 1006-500 DF
ACT Lab No.: BZ01144

Sample Type: Drinking Water
Sample Time: 01/28/17 07:20

<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	02/15/17	02/15/17	200.8	0.0010	0.0014	mg/L	SLM

Client ID: 1006-500
ACT Lab No.: BZ01145

Sample Type: Drinking Water
Sample Time: 01/28/17 07:20

<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	02/15/17	02/15/17	200.8	0.0010	0.0017	mg/L	SLM

Client ID: 1010-1000 WH
ACT Lab No.: BZ01146

Sample Type: Drinking Water
Sample Time: 01/28/17 10:30

<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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1010-1000 EH
ACT Lab No.: BZ01147

Sample Type: Drinking Water
Sample Time: 01/28/17 10:35

<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	02/15/17	02/15/17	200.8	0.0010	0.0026	mg/L	SLM

Client ID: 1030-200 DF
ACT Lab No.: BZ01148

Sample Type: Drinking Water
Sample Time: 01/28/17 11:05

<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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1021-2900 North
ACT Lab No.: BZ01149

Sample Type: Drinking Water
Sample Time: 01/28/17 11:15

<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	02/15/17	02/15/17	200.8	0.0010	0.0056	mg/L	SLM

RESULTS

Client ID: 1024-T1-N
ACT Lab No.: BZ01150

Sample Type: Drinking Water
Sample Time: 01/28/17 11:20

<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	02/15/17	02/15/17	200.8	0.0010	0.0090	mg/L	SLM

Client ID: 1024-T1-S
ACT Lab No.: BZ01151

Sample Type: Drinking Water
Sample Time: 01/28/17 11:30

<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	02/15/17	02/15/17	200.8	0.0010	0.0058	mg/L	SLM

Client ID: 1008-600 Sink
ACT Lab No.: BZ01152

Sample Type: Drinking Water
Sample Time: 01/28/17 06:30

<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	02/15/17	02/15/17	200.8	0.0010	0.0017	mg/L	SLM

Client ID: 1008-600 DF
ACT Lab No.: BZ01153

Sample Type: Drinking Water
Sample Time: 01/28/17 06:30

<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	02/15/17	02/15/17	200.8	0.0010	0.0014	mg/L	SLM

Client ID: 1012-1300
ACT Lab No.: BZ01154

Sample Type: Drinking Water
Sample Time: 01/28/17 10:50

<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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1004-300B
ACT Lab No.: BZ01155

Sample Type: Drinking Water
Sample Time: 01/28/17 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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

RESULTS

Client ID: 1004-300 G
ACT Lab No.: BZ01156

Sample Type: Drinking Water
Sample Time: 01/28/17 10:10

<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	02/15/17	02/15/17	200.8	0.0010	0.015	mg/L	SLM

Client ID: 1031-2300
ACT Lab No.: BZ01157

Sample Type: Drinking Water
Sample Time: 01/28/17 11:00

<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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1028-CEA
ACT Lab No.: BZ01158

Sample Type: Drinking Water
Sample Time: 01/28/17 12:45

<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	02/15/17	02/15/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: C1-1025
ACT Lab No.: BZ01159

Sample Type: Drinking Water
Sample Time: 01/28/17 12:50

<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	02/15/17	02/15/17	200.8	0.0010	0.0040	mg/L	SLM

Client ID: 1015-1600 DF
ACT Lab No.: BZ01160

Sample Type: Drinking Water
Sample Time: 01/28/17 10:25

<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	02/15/17	02/15/17	200.8	0.0010	0.069	mg/L	SLM

Client ID: 1015-1600 FL
ACT Lab No.: BZ01161

Sample Type: Drinking Water
Sample Time: 01/28/17 10:20

<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	02/15/17	02/15/17	200.8	0.0010	0.0029	mg/L	SLM

RESULTS

Client ID: 1014-1500 B
ACT Lab No.: BZ01162

Sample Type: Drinking Water
Sample Time: 01/28/17 06:00

<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	02/15/17	02/15/17	200.8	0.0010	0.0014	mg/L	SLM

Client ID: 1500-1014
ACT Lab No.: BZ01163

Sample Type: Drinking Water
Sample Time: 01/28/17 06:00

<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	02/15/17	02/15/17	200.8	0.0010	0.0016	mg/L	SLM

Client ID: 1001-A1
ACT Lab No.: BZ01164

Sample Type: Drinking Water
Sample Time: 01/28/17 13:00

<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	02/16/17	02/16/17	200.8	0.0010	0.0019	mg/L	SLM

Client ID: 1001-A1 Sink
ACT Lab No.: BZ01165

Sample Type: Drinking Water
Sample Time: 01/28/17 13:00

<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	02/16/17	02/16/17	200.8	0.0010	0.0014	mg/L	SLM

Client ID: 1013-1400S South
ACT Lab No.: BZ01166

Sample Type: Drinking Water
Sample Time: 01/28/17 06:20

<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	02/16/17	02/16/17	200.8	0.0010	<0.0010	mg/L	SLM

Client ID: 1021-2900 S
ACT Lab No.: BZ01167

Sample Type: Drinking Water
Sample Time: 01/28/17 11:20

<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	02/16/17	02/16/17	200.8	0.0010	0.27	mg/L	SLM

RESULTS

Client ID: 1019-2100 WR
ACT Lab No.: BZ01168

Sample Type: Drinking Water
Sample Time: 01/28/17 13:10

<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	02/16/17	02/16/17	200.8	0.0010	<0.0010	mg/L	SLM

Reviewed by:



Frederick A. Amalfi, Ph.D.
Laboratory Director

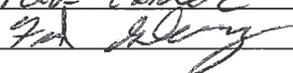
lu

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.

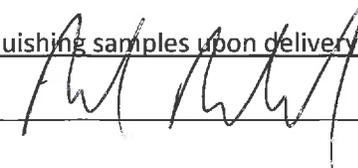
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	100 Admin
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Nurse
Sample Identification Number (ensure this number is also on the sample container)	1029-100
Date of Collection	1-28-17
Time of Collection	11:10 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:30
Signature	
Notes:	
BZ-01140	@/Bc

For relinquishing samples upon delivery to labs only FEB 02 2017

Relinquished date and signature 

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

045

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1900
Type of Fixture (tap, drinking fountain etc.)	Kitchen sink
Location of Fixture (example, room number)	Faculty Str Lounge
Sample Identification Number (ensure this number is also on the sample container)	1017-1900 KS
Date of Collection	1-28-17
Time of Collection	10:00 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:36
Signature	<i>[Signature]</i>
Notes:	@18c

82-07141

For relinquishing samples upon delivery to labs only

Relinquished date and signature *[Signature]* 2/2/17

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1900
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	South
Sample Identification Number (ensure this number is also on the sample container)	1017-1900 DF
Date of Collection	1-28-17
Time of Collection	10:05 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:34
Signature	<i>[Signature]</i>
Notes:	BZ-01142 <i>@1800</i>

For relinquishing samples upon delivery to labs only

Relinquished date and signature *[Signature]* FEB 02 2017

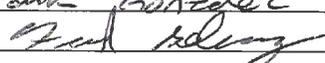
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

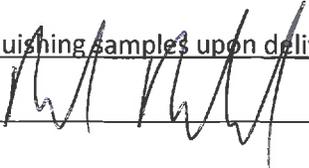
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1400
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	North Gym Lobby
Sample Identification Number (ensure this number is also on the sample container)	1013-1400
Date of Collection	12-8-17
Time of Collection	6:18 AM
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:30
Signature	
Notes:	@/80c
BZ-01143	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

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.

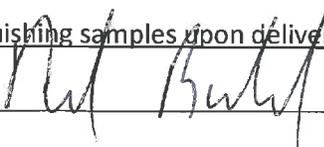
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	500
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Hall way
Sample Identification Number (ensure this number is also on the sample container)	1006-500-DF
Date of Collection	1-28-17
Time of Collection	7:20 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:34
Signature	
Notes:	
BZ-01144	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

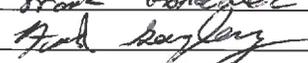
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

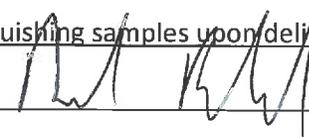
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	500
Type of Fixture (tap, drinking fountain etc.)	SINK
Location of Fixture (example, room number)	Hall way
Sample Identification Number (ensure this number is also on the sample container)	1006 - 500
Date of Collection	1-28-17
Time of Collection	7:20 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 0 2 2017 15:30
Signature	
Notes:	@/BZ
BZ-01145	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 0 2 2017

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1000
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	west drinki west Hall
Sample Identification Number (ensure this number is also on the sample container)	1010 - 1000 WH
Date of Collection	1-28-17
Time of Collection	10:30 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 0 2 2017 15136
Signature	<i>A. B...</i>
Notes:	<div style="display: flex; justify-content: space-between; align-items: center;"> BZ-01146 @18°C </div>

For relinquishing samples upon delivery to labs only

Relinquished date and signature *[Signature]* FEB 0 2 2017

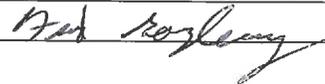
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

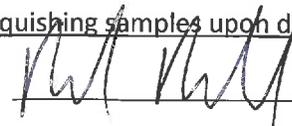
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1000
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	East Hall exit
Sample Identification Number (ensure this number is also on the sample container)	1010-1000-EH
Date of Collection	1-28-17
Time of Collection	1:25 PM 10:35 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:30
Signature	
Notes:	BZ-01147 

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

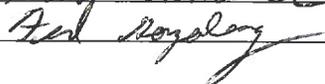
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

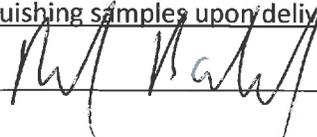
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	200
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	North
Sample Identification Number (ensure this number is also on the sample container)	1030 - 200 DF
Date of Collection	1-28-17
Time of Collection	11:05 AM
Name of Sample Collector	Francis Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:30
Signature	
Notes:	@18c
BZ-01148	

For relinquishing samples upon delivery to labs only FEB 02 2017

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	2900
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	north / Drinking fountain
Sample Identification Number (ensure this number is also on the sample container)	1021-2900 North
Date of Collection	1-28-17
Time of Collection	11:15 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:34
Signature	<i>A. B...</i>
Notes:	BZ-01149 <i>@Boc</i>

For relinquishing samples upon delivery to labs only

Relinquished date and signature *[Signature]* FEB 02 2017

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	TF Maintenance
Type of Fixture (tap, drinking fountain etc.)	Hose bib.
Location of Fixture (example, room number)	north hose bib.
Sample Identification Number (ensure this number is also on the sample container)	1024-T1-N
Date of Collection	1-28-17
Time of Collection	11:20 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:30
Signature	<i>A. Buzay</i>
Notes:	
BZ-01150	<i>C/BC</i>

For relinquishing samples upon delivery to labs only

Relinquished date and signature *[Signature]* FEB 02 2017

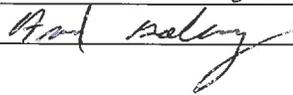
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

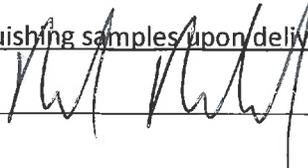
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	T1 Maintenance
Type of Fixture (tap, drinking fountain etc.)	Hose bib south
Location of Fixture (example, room number)	south
Sample Identification Number (ensure this number is also on the sample container)	1024-T1-S
Date of Collection	1-28-17
Time of Collection	11:30 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:34
Signature	
Notes:	
BZ-01151	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

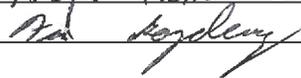
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

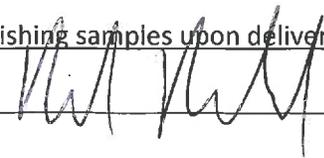
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	600
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	out side Bay
Sample Identification Number (ensure this number is also on the sample container)	1008 - 600 - Sink
Date of Collection	1-28-17 1-28-17
Time of Collection	6:30 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:36
Signature	
Notes:	
BZ-01152	C/B ^c

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	600
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	inside shop.
Sample Identification Number (ensure this number is also on the sample container)	1008-600-DF
Date of Collection	1-28-17
Time of Collection	6:30
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:30
Signature	<i>[Signature]</i>
Notes:	
BZ-01153	<i>C/BoC</i>

For relinquishing samples upon delivery to labs only

Relinquished date and signature *[Signature]* FEB 02 2017

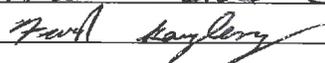
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

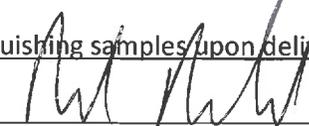
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1300
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	East Hall
Sample Identification Number (ensure this number is also on the sample container)	1012-1300
Date of Collection	1-28-17
Time of Collection	10:50 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:34
Signature	
Notes:	BZ-01154 

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

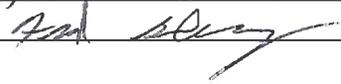
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

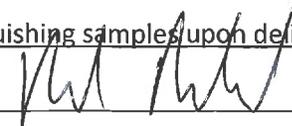
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	300
Type of Fixture (tap, drinking fountain etc.)	Restroom Sink Boys Restroom
Location of Fixture (example, room number)	Boys Restroom
Sample Identification Number (ensure this number is also on the sample container)	1004 - 300B 1 of 2
Date of Collection	1-28-17
Time of Collection	10:15 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	FEB 0 2 2017
Date and Time Lab received	15:30
Signature	
Notes:	<div style="display: flex; justify-content: space-between; align-items: center;"> BZ-01155  </div>

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 0 2 2017

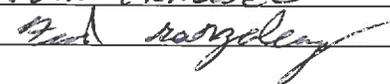
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

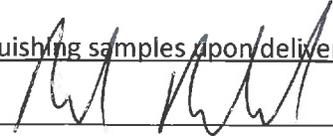
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District	
Name of School	Tolleson Union High School	
Building (name/number)	300	
Type of Fixture (tap, drinking fountain etc.)	Sink	
Location of Fixture (example, room number)	Restroom Girls	
Sample Identification Number (ensure this number is also on the sample container)	1004 - 300 - G	ZofZ
Date of Collection	1-28-17	
Time of Collection	10:10 Am	
Name of Sample Collector	Frank Gonzalez	
Signature Sample Collector		

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 0 2 2017 15:36
Signature	
Notes:	BZ-01156 

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 0 2 2017

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	2300 fine Arts
Type of Fixture (tap, drinking fountain etc.)	drinking fountain
Location of Fixture (example, room number)	East Hall North drinking fountain
Sample Identification Number (ensure this number is also on the sample container)	1031 - 2300
Date of Collection	1-28-17
Time of Collection	11:00 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:36
Signature	<i>A. Binley</i>
Notes:	BZ-01157 <i>C/Doc</i>

For relinquishing samples upon delivery to labs only

Relinquished date and signature *Frank Gonzalez* FEB 02 2017

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.

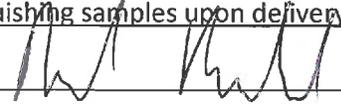
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	Continuing Education
Type of Fixture (tap, drinking fountain etc.)	Kitchen Sink
Location of Fixture (example, room number)	Kitchen
Sample Identification Number (ensure this number is also on the sample container)	1028 - C.E.A.
Date of Collection	1-28-17
Time of Collection	12:45 PM
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:30
Signature	
Notes:	
BZ-01158	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	Concession
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	East of Building
Sample Identification Number (ensure this number is also on the sample container)	C1-1025
Date of Collection	1-28-17
Time of Collection	12:50 PM
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 0 2 2017 15:36
Signature	<i>Ameli Brider</i>
Notes:	BZ-01159 <i>C/Bec</i>

For relinquishing samples upon delivery to labs only

Relinquished date and signature *Phil Kurland* FEB 0 2 2017

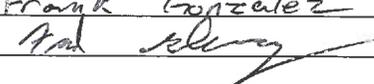
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

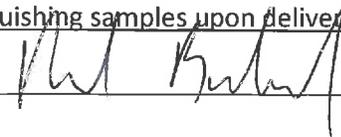
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1600
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Library Drinking Fountain
Sample Identification Number (ensure this number is also on the sample container)	1015 - 1600 DF 1 of 2
Date of Collection	1-28-17
Time of Collection	10:20 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:36
Signature	
Notes:	
BZ-01160	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

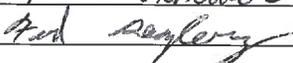
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

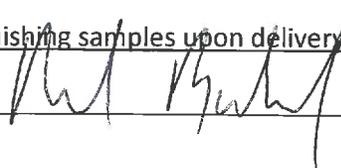
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1600
Type of Fixture (tap, drinking fountain etc.)	Faculty Lounge Sink
Location of Fixture (example, room number)	Faculty Lounge
Sample Identification Number (ensure this number is also on the sample container)	1015 - 1600 FL
Date of Collection	1-28-17
Time of Collection	10:28 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:36
Signature	
Notes:	
BZ-01161	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

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.

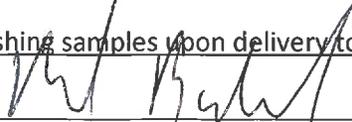
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1500
Type of Fixture (tap, drinking fountain etc.)	Rest Room boys sink
Location of Fixture (example, room number)	Restroom boys
Sample Identification Number (ensure this number is also on the sample container)	1014 - 1500 B
Date of Collection	1-28-17
Time of Collection	6:00 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 0 2 2017 15:30
Signature	
Notes:	
BZ-01162	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 0 2 2017

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1500
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain
Location of Fixture (example, room number)	Hallway
Sample Identification Number (ensure this number is also on the sample container)	1500-1014
Date of Collection	1-28-17
Time of Collection	6:00 AM
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	<i>Frank Gonzalez</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:36
Signature	<i>Amelie Bailey</i>
Notes:	
BZ-01163	@18°C

For relinquishing samples upon delivery to labs only

Relinquished date and signature *Amelie Bailey* FEB 02 2017

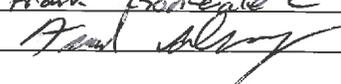
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

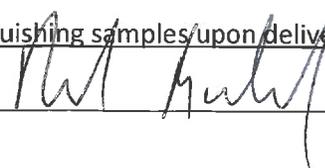
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	Lighthouse Academy
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	Lounge
Sample Identification Number (ensure this number is also on the sample container)	1001 - A1 1 of 2
Date of Collection	1-28-17
Time of Collection	1:00 pm
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:36
Signature	
Notes:	
BZ-01164	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

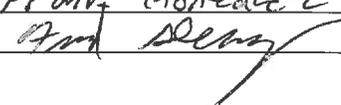
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

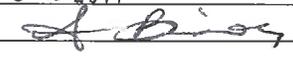
To be completed by the sample collector

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.

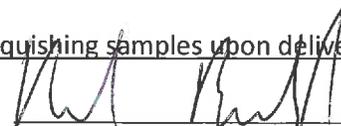
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	Light House Academy
Type of Fixture (tap, drinking fountain etc.)	Sink
Location of Fixture (example, room number)	Lounge
Sample Identification Number (ensure this number is also on the sample container)	1001 - A1 - sink
Date of Collection	1-28-17
Time of Collection	1:00 pm
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 0 2 2017 15:30
Signature	
Notes:	
BZ-01165	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 0 2 2017

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

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	1400 South
Type of Fixture (tap, drinking fountain etc.)	Drinking Fountain
Location of Fixture (example, room number)	South of Gym
Sample Identification Number (ensure this number is also on the sample container)	1013-1400S South
Date of Collection	1-28-17
Time of Collection	6:20 Am
Name of Sample Collector	Tom Riley
Signature Sample Collector	<i>Tom Riley</i>

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:30
Signature	<i>A. Brimley</i>
Notes:	
BZ-01166	@18°C

For relinquishing samples upon delivery to labs only

Relinquished date and signature *Tom Riley* FEB 02 2017

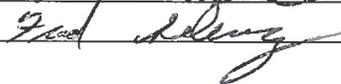
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

Sample Collection Record

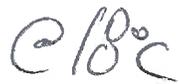
To be completed by the sample collector

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.

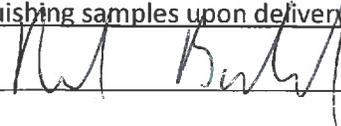
- Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District
Name of School	Tolleson Union High School
Building (name/number)	2900
Type of Fixture (tap, drinking fountain etc.)	Sink Hand Sink South.
Location of Fixture (example, room number)	Sink Hand South
Sample Identification Number (ensure this number is also on the sample container)	1021-2900S
Date of Collection	1-28-17
Time of Collection	11:20 Am
Name of Sample Collector	Frank Gonzalez
Signature Sample Collector	

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	
Date and Time Lab received	FEB 02 2017 15:36
Signature	
Notes:	
BZ-01167	

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 02 2017

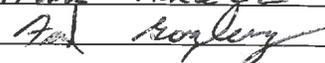
These samples are collected and are to be analyzed for screening purposes only and cannot be used for compliance.

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.

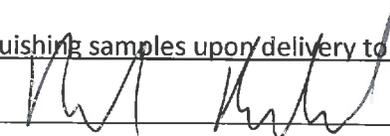
Check this box to confirm that water had not been used at this tap or other taps in the area for 6 hours and no flushing was done prior to sampling

Name of School District	Tolleson Union High School District	
Name of School	Tolleson Union High School	
Building (name/number)	2100	
Type of Fixture (tap, drinking fountain etc.)	Drinking fountain	
Location of Fixture (example, room number)	north drinking fountain	
Sample Identification Number (ensure this number is also on the sample container)	1019-2100 WR	1 of 2
Date of Collection	1-28-17	
Time of Collection	1:40 PM	
Name of Sample Collector	Frank Gonzalez	
Signature Sample Collector		

Notes Sample collector:

For Lab use only	
Analyze this drinking water sample for lead	FEB 0 2 2017
Date and Time Lab received	15:36
Signature	
Notes:	
BZ-01168	c/18°C

For relinquishing samples upon delivery to labs only

Relinquished date and signature  FEB 0 2 2017

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