

## Please Fill In Yellow highlighted spaces below

## Facility ID: 05000010

Check All That Apply:

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## **Chain Of Custody:**

**Andrews Test School #3** 

Chock the that tippiy:	
I sampled when the facility was operating normally	
I sampled when the facility was closed for more than 3 days	
I performed the recommended flushing guidance for closed facilities	

	Lab Sample Id	ZONE: SAMPLE ID / DESCRIPTION	Date of Collection	Time of Collection	Matrix	Analysis Method	Comments (list any issues while sampling)
1	S000313	Zone 2 - (Building Building 1) / Building 1 / Area 7 / Location 1 - First Draw Lead Water			DW	EPA 200.8	
2	S000314	Zone 1 - (Building Building 1) / Building 1 / Area 6 / Location 1 - First Draw Lead Water			DW	EPA 200.8	
3	S000315	Zone 1 - (Building Building 1) / Building 1 / Area 5 / Location 1 - First Draw Lead Water			DW	EPA 200.8	

COLLECTED BY:	DATE:	TIME:	RECEIVED BY (LABORATORY):	DATE:	TIME: