## **SUMMIT LABORATORY**

## **Chain of Custody**

Version 7.0, Effective: 1-3-2019

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Project #: phone: 616-245-3818 email: mail@summitlaboratory.com phone: 231-873-1432 ext. 227 Job Description: Drinking / Well Water email: Customer: **Analytical Parameters** Address: Job Name: **Nitrates**-Nitrogen (mg/L) Contact Person: City, Zip: Total Coliform (present absent/100mL) Escherichia coli (present absent/100mL) Phone: **Sample Description** Item Date Time No. of Taken Sample Number Taken (sample type: drinking / well water) Notes: container Attached a filled out Sample 1 **Information Form & Data** Sheet\* 2 Nitrate sample required to be cooled immediately. 3 Nitrate cooled to 1-4°C, sample on ice pack 4 Sample if in transit from sample 5 collection cooling to 1-4°C 6 7 8 9 10 Received by: Released by: Date: Time: Lab Notes: Date: Released by: Received by: Time:

By signing this form the customer understands and agrees to accept all responsibilities for proper sample collection with no unjust sample representation for the requested analysis of the drinking water source.