

SUMMIT LABORATORY

Chain of Custody

Version 7.0, Effective: 1-3-2019

900 Godfrey Ave SW Grand Rapids, MI 49503

or 1535 Industrial Park Drive, Hart, MI 49420

phone: 616-245-3818 email: mail@summitlaboratory.com

phone: 231-873-1432 ext. 227

Project #:

Customer:	Job Description: Drinking / Well Water	email:
Address:	Job Name:	Analytical Parameters
City, Zip:	Contact Person:	
Phone:		

Item No.	Sample Number	Date Taken	Time Taken	Sample Description (sample type: drinking / well water)	No. of containers	Total Coliform (present/absent/100mL)	Escherichia coli (present/absent/100mL)	Nitrates- Nitrogen (mg/L)											Notes:
1																			*Attached a filled out Sample Information Form & Data Sheet*
2																			
3																			Nitrate sample required to be cooled immediately.
4																			Nitrate cooled to 1-4°C, sample on ice pack
5																			Sample if in transit from sample collection cooling to 1-4°C
6																			
7																			
8																			
9																			
10																			

Released by:	Received by:	Date:	Time:	Lab Notes:
Released by:	Received by:	Date:	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.