

SUMMIT LABORATORY

Chain of Custody

Version 9.0, Effective: 1-4-2021

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: **Mr. Danny Due** Job Description: **Drinking / Well Water** email: _____

Address: 6803 Childsdale Ave NE Job Name: _____

City, Zip: Rockford, MI 49341 Contact Person: _____

Phone: **Mr. Danny Due**

866-6338

Item No.	Sample Number	Date Taken	Time Taken	Sample Description (sample type: drinking / well water)	No. of containers	Analytical Parameters							Notes:
						Total Coliform (present absent/100mL)	E. coli (present absent/100mL)	Nitrates- Nitrogen (mg/L)					
1													*Attached a filled out Sample Information Form & Data Sheet*
2													
3													
4													
5													
6													
7													
8													
9													
10													

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

Released by: _____ Received by: _____ Date: _____ Time: _____

Sample collector name: _____

Sample Site water system serial number (WSSN #): _____

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.