

SUMMIT LABORATORY

Chain of Custody

Version 10.0, Effective: 1-3-2022

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Project #: _____

Customer: _____ Job Description: **Drinking / Well Water** email: _____

Address: _____ Job Name: _____

City, Zip: _____ Contact Person: _____

Phone: _____

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.