

SUMMIT LABORATORY

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Chain of Custody

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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)	E. coli (present absent/100mL)	Nitrates- Nitrogen (mg/L)											Notes:
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:

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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.