

# SUMMIT LABORATORY

# Chain of Custody

Version 15.0, Effective: 1-2026

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or

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**Project #:**

Customer:				Job Description: Drinking / Well Water				email:						
Address:				Job Name:				<b>Analytical Parameters</b>						
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)						<b>Notes:</b>  *Attached a filled out Sample Information Form & Data Sheet*
1														
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.