

SUMMIT LABORATORY

3351 36th Street SE, Kentwood, MI 49512

or

Chain of Custody

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

1535 Industrial Park Drive, Hart, MI 49420

phone: 231-873-1432 ext. 227

Version 15.0, Effective: 1-2026

Project #:

Customer:		Job Description: Drinking / Well Water				email:						
Address:		Job Name:				Analytical Parameters				Notes:		
City, Zip:		Contact Person:				Total Coliform (present absent/100mL)	E. coli (present absent/100mL)	Nitrates- Nitrogen (mg/L)				
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)			
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.