



Gun Lake Area Water Laboratory

Sample ID #

Client:

Client email:

Street:

City: _____, MI Zip: _____

Send Results to:

Township:

County:

Chain of Custody

Sample Information

Well Owner, System Name:	Date:	Analysis Requested	
Sampling Point:	Time: _____ am _____ pm	Bacteriological Analysis	Nitrate
Collected By - Name:	WSSN:		
Collected At - Street Address:			

KIND OF SAMPLE	PURPOSE OF SAMPLE	CHLORINE RESIDUAL
<input type="checkbox"/> Raw Water <input type="checkbox"/> Plant Tap <input type="checkbox"/> Distribution System <input type="checkbox"/> Well No. _____	P/A Bacteriological <input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Construction / Repair <input type="checkbox"/> Check Sample / Previous Positive <input type="checkbox"/> New Well <input type="checkbox"/> Other: _____	Free: _____ Total: _____

Collector Signature:

Date:

DO NOT WRITE BELOW

Sample Receipt		Laboratory Results			
Received By:	Date:	Incubator Start Tech:	Set up Date:	Incubation Start Time:	Total Coliform:
<input type="checkbox"/> Acceptable Conditionally Accepted Based on: <input type="checkbox"/> <100ml <input type="checkbox"/> Temperature <input type="checkbox"/> Color <input type="checkbox"/> Smell	Time:	Examining Tech:	Date of Results:	Time of Results:	E-Coli:
	Comments:				
	Nitrate:				

Results Notification

Notified By:	Date:	Time:		
<input type="checkbox"/> Emailed to: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td><input type="checkbox"/> Collector</td> <td><input type="checkbox"/> BE DHD</td> <td><input type="checkbox"/> Allegan HD</td> <td><input type="checkbox"/> MDEQ</td> </tr> </table> Describe: _____	<input type="checkbox"/> Collector	<input type="checkbox"/> BE DHD	<input type="checkbox"/> Allegan HD	<input type="checkbox"/> MDEQ
<input type="checkbox"/> Collector	<input type="checkbox"/> BE DHD	<input type="checkbox"/> Allegan HD	<input type="checkbox"/> MDEQ	
<input type="checkbox"/> Phone Call to: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td><input type="checkbox"/> Collector</td> <td><input type="checkbox"/> BE DHD</td> <td><input type="checkbox"/> Allegan HD</td> <td><input type="checkbox"/> MDEQ</td> </tr> </table> Describe: _____	<input type="checkbox"/> Collector	<input type="checkbox"/> BE DHD	<input type="checkbox"/> Allegan HD	<input type="checkbox"/> MDEQ
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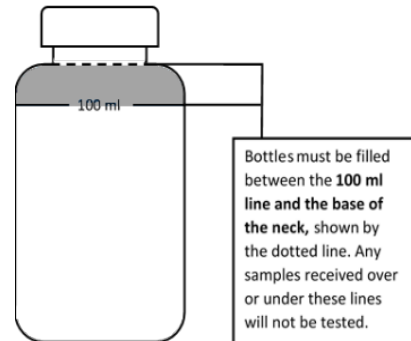


Gun Lake Area Water Laboratory

Office Hours: Monday - Thursday 10:00 am - 2:00 pm

DRINKING WATER SAMPLING PROCEDURES

1. Wash hands thoroughly, do not open sample bottle until you are ready to proceed. Sample results are dependent on proper sampling technique.
2. Sample must be taken from a tap that is representative of the water distribution system, preferably from the sample tap located at or near the water pressure tank. If the pressure tank is not accessible, the sample will be collected from another water tap that is representative of the drinking water system.
3. Water sample must be collected from a sample point that is either before a water softener or a water filter.
4. Water tap must be free of aerators, strainers, hose attachments, mixing type faucets, and purification devices.
5. The **COLD** water tap must be used and the service line cleared before sampling by running the water for at least 15 minutes, preferably **ONE HOUR**.
6. Plastic Slip around bottle shall be removed before sampling.
7. Do **not** touch the inside of the sample bottle or cap.
8. Do **not** rinse sample container (white powder is a preservative).
9. Sterile sample containers must be **filled between the 100 ml line and the base of the neck**, shown by the dotted line. Any samples received over or under these lines will not be tested.



The sample collector is responsible for properly packaging and returning the samples to the laboratory for analysis. Chill and protect from sunlight. All samples collected must be received by the laboratory within 30 hours. Upon delivery, the sample collector will relinquish custody of the samples to laboratory personnel.

The following information must be entered on a *Chain of Custody* form in indelible ink:

1. Name of system/owner/client
2. WSSN/Client ID, if applicable
3. Sample ID #
4. Sample site location (sample tap, kitchen sink,
5. Sample type (routine, resample, complaint,
6. Date of collection
7. Time of collection
8. Disinfectant residual
9. Name of Collector
10. Transport/relinquished by information

**PUBLIC WATER
SYSTEM SAMPLES
REQUIRE THERMAL
PRESERVATION**

For Sample Collectors:

I have reviewed and understand the field sampling procedures outlined above. I agree to follow these procedures whenever I collect drinking water samples.

Collector Signature:

Date: