



# Gun Lake Area Water Laboratory

ID # (Leave Blank)

Client:

Client email

Street:

City: \_\_\_\_\_, MI Zip: \_\_\_\_\_

Send Results to:

Township:

County:

## Chain of Custody

### Sample Information

<b>Well Owner, System Name:</b>		<b>Date:</b>		<b>Analysis Requested</b>	
<b>Sampling Point:</b>		<b>Time:</b>		<b>Bacteriological Analysis - \$17.00</b>	<b>Nitrate - \$22.00</b>
		am pm			
<b>Collected By - Name:</b>		<b>WSSN or Pool ID:</b>			
<b>Collected At - Street Address:</b>		<b>Well No.:</b>			

### Required Sample Collection Information

Does this sample contain chlorine?  <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>No</b>	<b>Source Code:</b> <input type="text"/>	<b>Purpose Code:</b> <input type="text"/>	<b>Point Code:</b> <input type="text"/>
	0 - Single Family Dwelling 1 - Type 1 - 25 or more residents year round 2 - Type 2 - 25 or more persons 60 days or more per year 3 - Type 3 - All other public supplies 8 - Swimming pool/Spa 9 - Other	0 - Routine Testing 1 - Real Estate Transaction 2 - Repeat Sample 3 - Construction or New Well 5 - Water Quality Problem 9 - Other	1 - Public System Well 2 - Public System Surface Water 3 - Untreated Public Distribution 4 - Treated Public Distribution 5 - Untreated Private Well 6 - Treated/Softened Private Well 7 - Pressure Tank/Plant Tap 9 - Other
<b>Collector Signature:</b>		<b>Date:</b>	

## 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:				
<input type="checkbox"/> Emailed to:	<input type="checkbox"/> Collector	<input type="checkbox"/> BE DHD	<input type="checkbox"/> Allegan HD	<input type="checkbox"/> EGLE	Describe:
<input type="checkbox"/> Phone Call to:	<input type="checkbox"/> Collector	<input type="checkbox"/> BE DHD	<input type="checkbox"/> Allegan HD	<input type="checkbox"/> EGLE	Describe:
<input type="checkbox"/> Mailed to:	<input type="checkbox"/> Collector	<input type="checkbox"/> BE DHD	<input type="checkbox"/> Allegan HD	<input type="checkbox"/> EGLE	Describe:

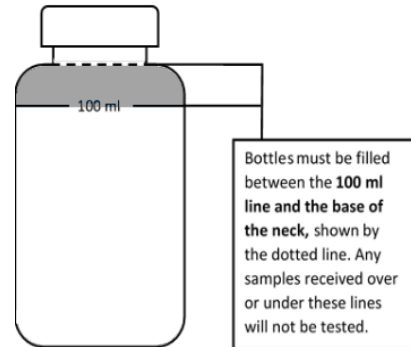


# Gun Lake Area Water Laboratory

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 site location (sample tap, kitchen sink, etc.)
4. Presence of chlorine
5. Source Code (See other side)
6. Purpose Code (See other side)
7. Point Code (See other side)
8. Date of collection
9. Time of collection
10. Name of Collector
11. 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: