Alliance Analytical Laboratories

MDEQ # 9907
Ship to: 179 West Randall Street **Phone: 616-837-7670**
Coopersville, MI 49404 **Fax: 616-837-7701**

POTABLE WATER ANALYSIS

1. WSSN No./PARCEL/TAX ID No.	
2. SAMPLE REQUESTED BY	
3. ADDRESS OF PROPERTY	
4. LOCATION SAMPLE WAS TAKEN FROM	
5. ANALYSIS REQUESTED (CIRCLE APPROPRIATE)	**TOTAL COLIFORMS E. COLI only** **PARTIAL CHEMISTRY**
6. SAMPLE TAKEN BY	
7. DATE AND TIME SAMPLE WAS TAKEN	
8. SAMPLE TYPE (circle)	**Raw/Well Raw/Surface Distribution System**

9. CHLORINE Has the source been chlorinated? (circle one) Yes No
(if the source has been chlorinated, a sample for testing residual chlorine must be submitted)

10. BILL TO:	**SEND TO:**
PHONE No.	**FAX No.**

See back of this sheet for sampling instructions. Submitter is required to fill out numbered sections above.

LABORATORY RECEIVING AND TESTING RESULTS

SAMPLE ID No.			
DATE AND TIME RECEIVED BY LAB		By	
CONDITION OF SAMPLE AT RECEIVING			
FREE CHLORINE (if tested)			
TOTAL CHLORINE (if tested)			
DATE/TIME Coliform/E. coli was INITIATED		By	
DATE/T IME Coliform/E. coli was COMPLETE		By	
COLIFORM result			
E. coli result			
DATE AND TIME Chemistry was INITIATED		By	
DATE AND TIME Chemistry was COMPLETE		By	
CHEMISTRY results			
Nitrate	mg/L	**Iron**	mg/L
Nitrite	mg/L	**Fluoride**	mg/L
Sodium	mg/L	**Chloride**	mg/L
Sulfate	mg/L	**Hardness**	mg/L

If positive for coliform, contact client within 24 hours. Record whom was contacted _____

via (phone/fax/e-mail) _____by (initials) _____ on (date)_____at (time)_____

Reviewed and Approved by: _____ Form 41 Revision 01/16/08
Date: _____