



Alliance Analytical Laboratories

MDEQ # 9907
 Ship to: 179 West Randall Street
 Coopersville, MI 49404

Phone: 616-837-7670
 Fax: 616-837-7701

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)	<u>Total COLIFORMS COLIFORM RETEST</u> <u>Partial CHEMISTRY E. COLI ONLY</u>
6. SAMPLE TAKEN BY	
7. DATE AND TIME SAMPLE WAS TAKEN	
8. SAMPLE TYPE (circle) Potable Water Surface Water	Source (circle) Well/Raw Distribution System Source (circle) Lake Stream Ditch Other
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/TIME 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: _____
 Date: _____