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SOSanalytical.com

***** For Laboratory Use Only *****

SOS Analysis Number (To be assigned by laboratory): _____ ☐ Rec'd on Ice

Received in lab by: _____ Date: _____ Time: _____ AM PM Temp: _____ ° C

Payment Amount: \$ _____ ☐ Cash ☐ Check # _____ ☐ Credit Card ☐ Bill to Account (Must be pre-approved)

THIS IS A LEGAL DOCUMENT. AN INCOMPLETE FORM MAY DELAY RESULTS

Report Results To: Name and/or Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

☐ Check here if reporting to EGLE or Local Health Department.

Site Information: Homeowner or System Name: _____

(do not leave blank) Property Address: _____

City: _____ State: _____ Zip: _____

County: _____ Township: _____

Name of Sample Collector: _____

Sample type: ☐ Routine ☐ Repeat ☐ Triggered ☐ Repair/New Well ☐ Special/Investigate ☐ Other _____

Is the sample chlorinated? NO ☐ YES ☐ _____ mg/L

Is the sample chlorinated? NO <input type="checkbox"/> YES <input type="checkbox"/> _____mg/L														
Collection Point / Sample ID	Date	Time	COUNT											
			Partial Chem	Nitrate	Bacteria	Lead	Copper	Arsenic	Hardness	Iron	Fluoride			
1		AM												
		PM												
2		AM												
		PM												
3		AM												
		PM												
4		AM												
		PM												

SAMPLE DELIVERY DEADLINE FOR 18-HOUR BACTERIA COUNT IS THURSDAY 5PM

Complete this section only if reporting to EGLE or a Local Health Department

PWSID/WSSN (Public Supply ID Number): _____ Well Permit # : _____

Property Tax ID # : _____ SOS Analytical Laboratory ID # MI9506