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

THIS IS A LEGAL DOCUMENT. COMPLETELY FILL OUT ALL PERTINENT INFORMATION.

Report Results To: Name/Company: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Fax: (_____) _____
 E-mail Address: _____

Check here if reporting to EGLE or local Health Department.

Site Information: Owner or Company Name: _____
 Property Address: _____
 City: _____ State: _____
 County: _____ Township: _____
 Name of Sample Collector: _____

Sample type: Routine Distribution Repeat Raw Treated Construction Other _____

Is the sample chlorinated? NO YES _____ 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													

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

Complete this section only if reporting to a County Health Department

WSSN (Public Water Supply Serial Number): _____ Well Permit # : _____
 Property Tax ID # : _____ SOS Analytical Laboratory ID # : MI9506