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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. 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: Owner or Company Name: _____

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

COUNT

Collection Point / Sample ID	Date	Time	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 County Health Department

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

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