Bacteria and Nitrate, Both go to White Water Laboratory in Amasa, MI

BACTERIA

- <u>Residential</u>
- Type II facility (Restaurant or business)
 - Sent in bag with no ice
 - Sterile sealed bottle
 - \$17
 - Lab must receive within 24 hours of collection



NITRATE

For Type II facility (Restaurant or Business)

- Sent in white box with cooler on ice
- Has to remain cold!
- \$15

Note: Bacteria and nitrate can be shipped in the same box on ice.



Job # (WWA office use):	CHAIN-OF-CUSTODY RECORD	Version 160504
CLIENT NAME / BILL TO	EMAIL ADDRESS	WHITE WATER Associates, Inc.
Your Name	Your email	
Mailing address	your phone number	429 River Lane, P.O. Box 27 Phone: (906) 822-7889, Fax -7977 Amasa, Michigan 49903 Web: white-water-associates.com
CITY STATE ZIP		ANALYSIS TYPE REQUESTED (Attach list if neeeded) Instructions to White Water
SAMPLER NAME (print first/last name)	Property Owner Name	E t Send my repart by:
Your Name	COUNTY OF LOCATION PAGE Inducts if more than COUNTY OF LOCATION OF LOCATION OF DATE	DE mail
SAMPLER'S SIGNATURE	Check off preservatives for each bottle upon arrival and indicate total number of	
your Signature	preservation details. 8	water report copies are sent to
	SAMPLE MATRIX CONTAINERS/PRESERVATIVES	MDEQ and Health Dept. REMARKS (Note any special
SAMPLE ID AND LOCATION Containers for each sample may DATE TIME	Aqueous Aqueous Sed Sed None HRXO4 HRVO3 HCI NaOH NaOH NaOH NaThio Tala Number	イン instructions provided by client or
be combined on one line.	Drinking v Aqueous Sed. Soil Soil None H2SO4 H2O3 HCI NaCH NaCH NaChio ZnAC/NaC	+0 VWA lab staff. Also note any residual chlorine.)
Sample DATE Collect		V Copy
Sample DATE Ciled address		nealth
		Department
Collect		tor Type
Sample DATE Cellect		V L Sipplies
address		
	Time: Received by: Date:	Time: Comments/Sample temp, on receipt: Packing: Ice
Relinguished by: Date: DATE	TIME	Cooler
Relinquished by: Date:	Time: Received by: Date;	Time:
WHITE - RETURN W/ REPORT CAN	ARY - W/ SAMPLES PINK - CUSTOMER	UPSI FedExI USPSI Client Other