City of Marshall Wastewater Lab

801 Industrial Rd, Marshall, MI 49068 | 269-781-3289 | State of Michigan Lab Certification # 4150

Total Coliform and E. Coli Sample Collection and Chain-of-Custody Report

Client:		Attn:	
		Project name:	
		WSSN#:	
Phone:	Fax:	Cell:	
E-mail:			

Sample Number	Sample Location	Date	Time	Sampler's Signature

Relinquish by:	Received by:	Date	
		Time	
Relinquish by:	Received by:	Date	
		Time	

Lab Use Only

Sample Number	Date Incubated	Time Incubated	Operator Initials

Sample Number	Date Removed	Time Removed	Sample Results		Operator Initials
			Total Coliform	E. Coli	

Lab Use Only

Sample	Date Incubated	Time Incubated	Operator Initials	Date Removed	Time Removed	Sample Results		Operator Initials
						Total Coliform	E. Coli	
Blank								
Positive								

Method:SM9223 B   Revised: 5/18/2023   By: ADE

BACTERIOLOGIC ANALYSIS OF WATER

TIME IN LAB: _____   TIME TAKEN: _____

TIME RAN: _____

DATE: _____

INITIALS: _____

LAB #

THIOSULFATE TREATED BOTTLE

This report covers an examination for Bacteria - NOT Chemical Content
USE A BLUE OR BLACK BALL POINT PEN - DELIVER SAMPLES PROMPTLY

Report results to: _____

Street Address: _____

City, State, Zip Code

Sampling Point -- Faucet, hand pump, swimming pool, pump discharge, tap, etc:	Date Collected:
Collected By:	County:

Collected At -- Street Address, City, State, Zip Code

COMPLETE ONE SECTION ONLY -- A, B, or, C

A. PRIVATE OR OTHER WATER SYSTEM

Entire system serves only this private dwelling, business, school, camp, restaurant, etc.

Well Owner -- Establishment name if applicable:

Well Age -- Years:	Well Diameter -- Inches:	Well Depth -- Feet:	WSSN:

B. SWIMMING POOL	Name of Pool:		
# of Bathers When Sample was Taken	pH:	____ Chlorine ____ Bromine	Residual:

C. MUNICIPAL WATER SYSTEM			WSSN:

Serving a community, city, township, subdivision, district, village, etc.

System Name:		Kind of Sample ____ 1. Raw Water	Purpose of Sample ____ 1. Routine
Chlorine residual if applicable _____ ppm	Well Number if applicable _____	____ 2. Plant Tap ____ 3. Distribution System	____ 2. Constr. or Repair ____ 3. Other

Do Not Write Below -- LAB USE ONLY

Total Coliform: POS   NEG   **E. Coli: POS   NEG**

Unless indicated below, test results conform to state standards	Examiner's Initials:
Results Reported to:	Operator's Initials:

Date:	Time:	Method -- Phone, fax, mail, e-mail, etc.