Sault Ste. Marie, Michigan Water Treatment Plant (State Certified Lab 5950)
225 E. Portage Avenue, Sault Sainte Marie, MI 49783
Bacteriological Analysis of Water

Public Water Supply's Water Supply Serial Number (WSSN) _____
Tax Parcel ID Number_____

Report Results To:
Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
How do you want to receive the results? (Circle method) Email Fax Mail

Sample Information:
Does the Sample Contain Chlorine? Yes No
Sample Collected by: _____
Facility or Owner Name: _____
Collection Site Address: _____
City, Zip: _____ County: _____
Date of Sample Collection: _____Time of Collection: _____ am pm
What tap was sample collected from: _____

Type of Water Supply:
( ) Single Family Dwelling
( ) Type I (Municipal)
( ) Type II (public water supplies; restaurants, campgrounds, motels, schools)
( ) Type III (small public water supplies; duplexes, small offices)
( ) Surface Water
( ) Swimming Pool ( ) Spa PIN# _____
( ) Other _____
Is the water treated? (Softened? Chlorinated?) Yes No

Reason for Sample Analysis:
( ) Routine Monitoring
( ) Real Estate Transaction
( ) Repeat Sample (Previous Positive Sample(s)
( ) Repair, Construction or New Well
( ) Water Quality Problem/ Investigation
( ) Other _____

LABORATORY USE ONLY

Sample Receipt Data	**Sample Prep Data**	**Incubation Data**	**Examination Data**
Date: _____	Date: _____	Date/ Time IN: _____	Date: _____
Time:_____	Time:_____	Date/ Time OUT:_____	Time:_____
Lab Tech: _____	Lab Tech: _____		Lab Tech: _____

RESULTS: ☐ND (not detected) ☐POS (coliform present) ☐E. coli (E. coli present)

Sample Deficiencies/ Comments: _____

Drinking Water Sample Collection

1. Wash hands thoroughly, do not open sample bottle until you are ready to proceed. Sample results are dependant on proper sampling technique.
2. Sample must be taken from a tap that is representative of the water distribution system, preferably from the sample tap located at or near the water pressure tank. If the pressure tank is not accessible, the sample will be collected from another water tap that is representative of the drinking water system.
3. Water tap must be free of aerators, strainers, hose attachments, mixing type faucets, and purification devices.
4. The **COLD** water tap must be used and the service line cleared before sampling by running the water for at least two minutes, or until the temperature changes.
5. Do **NOT** touch the inside of the sample bottle or cap.
6. Do **NOT** rinse sample container (white powder is a preservative).
7. Sterile sample containers must be filled to at least the 100 ml line so sample volume is sufficient to perform all required tests.

The sample collector is responsible for properly packaging and returning the samples to the laboratory for analysis. Samples should be chilled and protected from sunlight. All samples collected must be received by the laboratory within twenty-four hours. Upon delivery, the sample collector will relinquish custody of the samples to laboratory personnel.

The following information must be entered on a sample form in indelible ink:

1. Name of system/owner
2. WSSN, if applicable
3. Sample number
4. Sample site location (sample tap, kitchen sink, etc.)
5. Sample type (routine, resample, complaint, etc.)
6. Date of collection
7. Time of collection
8. Disinfectant residual (if known)
9. Name of sampler/organization
10. Transport/relinquished by information

For Repeat Collectors:

I have reviewed and understand the field sampling procedures outlined above. I agree to follow these procedures whenever I collect drinking water samples.

_____ _____

Signature Date

The City of Sault Ste Marie Laboratory has the right to refuse samples that have exceeded time from collection, not in a proper container, not containing proper volume, presence of odor, evidence that the sample was frozen, presence of interfering chemicals, or the sample is above maximum allowable temperature.