



4125 Cedar Run Road, Suite B
 Traverse City, MI 49684
 voice: (231) 946-6767
 fax: (231) 946-8741

SOSanalytical.com

***** For Laboratory Use Only *****

SOS Analysis Number (To be assigned by laboratory):

205800

Received in lab by: John J.

Date: 9/25/20

Time: 2:15 AM PM

Temp: 11.6°

Payment Amount: \$ _____

Cash

Check # _____

Credit Card

Bill to Account (Must be pre-approved)

on ice

1. TELL US WHERE TO SEND YOUR REPORT:

Report Results To:

Name: GLEN LAKE COMMUNITY SCHOOLS

Mailing Address: 3375 W BURDICKVILLE RD

City: MAPLE CITY

State: MI

Zip: 49664

Phone: (231) 334-3061 ext. 512 Fax: (_____)

E-mail Address: poushob@mylakers.org (BETHANY POUSHO)

Check here if you would also like SOS to report results to the Health Department

2. TELL US ABOUT THE LOCATION WHERE THE SAMPLE WAS COLLECTED AND THE COLLECTOR:
 (even if it is the same as above)

Site Information:

Owner or Company Name: _____

Property Address: 3375 W BURDICKVILLE RD

City: MAPLE CITY

State: MI

County: LEELANAU

Township: KASSON

Name of Sample Collector: JFW

3. TELL US THE COLLECTION DETAILS AND WHAT YOU WOULD LIKE YOUR SAMPLE TESTED FOR:

Collection Point (kitchen faucet, etc.)

Date

Time

Partial Chem

Nitrate

Bacteria

Lead

Copper

Arsenic

Hardness

Iron

Fluoride

Collection Point (kitchen faucet, etc.)	Date	Time	Partial Chem	Nitrate	Bacteria	Lead	Copper	Arsenic	Hardness	Iron	Fluoride
1 <u>Main Lobby D.F</u>	<u>9/25/20</u>	<u>10:30</u> AM			X						
Original SOS # if Retest: _____	Sample contains chlorine										
2		AM									
Original SOS # if Retest: _____	Sample contains chlorine										
3		AM									
Original SOS # if Retest: _____	Sample contains chlorine										

Complete this section only if reporting to a County Health Department

WSSN (Public Water Supply Serial Number): 2006545

Well Permit #: _____

Property Tax ID #: _____

Computer ID #: _____



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COMPANY: GLEN LAKE COMMUNITY SCHOOLS

SOS PROJECT NO: 205800

NAME:

SAMPLED BY: JFN/SOS

PROJECT NO:

WSSN: 2006545

DATE SAMPLED: 9/25/2020

WELL PERMIT:

TIME SAMPLED: 10:30 AM

TAX ID:

LOCATION: 3375 W. BURDICKVILLE RD

SAMPLE MATRIX: DRINKING WATER

MAPLE CITY

DATE RECEIVED: 9/25/2020

MI

TIME RECEIVED: 2:25 AM

COUNTY: LEELANAU

TWP: KASSON

SM9223 COLIFORM BACTERIA - PRESENCE/ABSENCE

<u>No:</u>	<u>SAMPLE RESULT</u>	<u>Drinking Water Reg Limit(MCL)</u>	<u>ANALYST</u>	<u>Date Completed</u>
SAMPLE ID: MAIN LOBBY DF				
1			JFN	9/27/2020
TOTAL COLIFORM BACTERIA	ABSENT	ABSENT		
E. coli BACTERIA	ABSENT	ABSENT		

MCL = MAXIMUM CONTAMINANT LEVEL

APPROVED BY:

Cynthia Gerhard
 CYNTHIA GERHARD

MANAGER, DRINKING WATER COMPLIANCE