

Sault Ste. Marie, Michigan Water Treatment Plant (State Certified Lab Number: 5080)
225 E. Portage Avenue, Sault Ste. Marie, MI 49783
Bacteriological Analysis of Water

Type II Public Water Supply's Water Supply Serial Number (WSSN) 00880
*Tax Parcel ID Number [REDACTED]

Report Results To:
Name: SUPERIOR TWP
Mailing Address: 7049 S. M221
City, State, Zip: BRIMLEY MI 49715
Phone Number: 906 440 6112 Fax Number: _____
Email Address: rphillips@SUPERIORTOWNSHIP.COM
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: Rich Phillips
Facility or Owner Name: SUPERIOR TWP

*Collection Site Address: [REDACTED]
City, Zip: _____ County _____
*Date of Sample Collection: 9-16-18 Time of Collection: 11:45 am pm *
What tap was sample collected from: SAMPLE TAP KITCHEN

Type of Water Supply:
 Single Family Dwelling
 Type I System (Municipal)
 Type II System (public water supplies; restaurants, campgrounds, motels, schools)
 Type III System (small public water supplies; duplexes, small offices)
 Surface Water
 Swimming Pool Spa
 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 _____

ND

LABORATORY USE ONLY			
Sample Receipt Date	Sample Run Date	Incubation Date	Reincubation Date
Date: <u>9-16-18</u>	Date: <u>9-16-18</u>	Date/Time IN: <u>9-16 12:10</u>	Date: <u>9-17-18</u>
Time: <u>12:01</u>	Time: <u>12:10</u>	Date/Time OUT: <u>9-17 12:10</u>	Time: <u>12:13 PM</u>
Lab Tech: <u>JH</u>	Lab Tech: <u>JH</u>		Lab Tech: <u>MC</u>

RESULTS: ND (not detected) POS (coliform present) FPOS (fecal coliform present)

Sample Deficiencies/Comments: _____