



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): 214949

Received in lab by: Hannah Sams Date: 8/27/21 Time: 2:08 AM PM Temp: 19.4^oC

Payment Amount: \$ 50.00 Cash Check # Credit Card Bill to Account (Must be pre-approved)

Report Results To: Brian Halliday

Mailing Address: 1651 FRANKFORT HIGHWAY POB 2129

City: FRANKFORT State: MI Zip: 49635

Phone: (248) 410-7332 Fax: (_____) _____

E-mail Address: HINTERLAUDER39@Gmail.Com + CLERK.CLTK@Gmail.Com

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

Site / Owner Name: CRYSTAL LAKE TOWNSHIP HALL

Property Address: 1651 FRANKFORT HIGHWAY PO Box 2129

City: FRANKFORT State: MI Zip: 49635

County: BENZIE Township: CRYSTAL LAKE Twp.

Sample Collector: BRIAN HALLIDAY

Collection Point / Sample ID	Date	Time	Partial Chem	Nitrate	Bacteria	Lead	Copper	Arsenic	Hardness	Iron	Fluoride
1 <u>BATHROOM</u> Original SOS # if Retest: _____ Sample contains chlorine <input type="checkbox"/>	<u>8/27/2021</u>	<u>12:00</u>	<input checked="" type="radio"/> AM <input checked="" type="radio"/> PM		X	X					
2 Original SOS # if Retest: _____ Sample contains chlorine <input type="checkbox"/>			AM PM								
3 Original SOS # if Retest: _____ Sample contains chlorine <input type="checkbox"/>			AM PM								

Complete this section only if reporting to a County Health Department

WSSN (Public Water Supply Serial Number): _____ Well Permit #: _____

Property Tax ID #: _____ Computer ID #: _____



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COMPANY: CRYSTAL LAKE TOWNSHIP HALL
 NAME:
 PROJECT NO:
 WSSN:
 WELL PERMIT:
 TAX ID:
 LOCATION: 1651 FRANKFORT HWY
 FRANKFORT
 MI
 COUNTY: BENZIE
 TWP: CRYSTAL LAKE

SOS PROJECT NO: 214949 - 1
 SAMPLED BY: BRIAN HALLIDAY
 DATE RECEIVED: 8/27/2021
 TIME RECEIVED: 2:08 PM
 SAMPLE ID: BATHROOM
 DATE SAMPLED: 8/27/2021
 TIME SAMPLED: 12:00 PM
 SAMPLE MATRIX: DRINKING WATER

INORGANICS

<u>Analysis</u>	<u>Concentration</u>	<u>LOD</u>	<u>Units</u>	<u>Analyst</u>	<u>Date Completed</u>	<u>Drinking Water Reg Limit(MCL)</u>
NITROGEN, NITRATE - EPA 300.0	2.50	0.10	mg/L (PPM)	HE	8/27/2021	10

SM9223 COLIFORM BACTERIA - PRESENCE/ABSENCE

	<u>SAMPLE RESULT</u>	<u>Drinking Water Reg Limit(MCL)</u>
TOTAL COLIFORM BACTERIA	ABSENT	ABSENT
E. coli BACTERIA	ABSENT	ABSENT

ND = NOT DETECTED
 LOD = LIMIT OF DETECTION
 SMCL = FEDERAL NON-ENFORCEABLE LIMIT
 MCL = MAXIMUM CONTAMINANT LEVEL

APPROVED BY: 
 CYNTHIA GERHARD
 MANAGER, DRINKING WATER COMPLIANCE