City of Mount Clemens Water Purification Plant
36570 Jefferson, Harrison Township, MI 48045
Bacteriological Samples

MEQ Certified Lab # 4510

Month of Sept, 20 26

Address #1	Location	Chlorine Free / Total	Date Collected	Time Collected	Samplers Signature	Sample Type	Date Received	Time Received
322 S. Main	Wash Sink	1.20	9/27/26	10:11		Routine Repeat Special	9-27-26	1150
Analysis Requested: Coliforms	Test Type Colilert Method 9233B		Date Planted	Time Planted	Signature	Date Read	Time Read	Signature
Received for Lab by: A Szczepanski	24 hour		9-27-26	1155		9.28.26	1155	
Note any remarks or deficiency in the condition of the sample.		Emergency contact for positive samples.				Sample Result A WATER CONSIDERED SAFE		
Date, Time, and Name of Person Contacted for positive sample results. (Notification must be made within 24 hours)								

Address #2	Location	Chlorine Free / Total	Date Collected	Time Collected	Samplers Signature	Sample Type	Date Received	Time Received
6 Walter Sheet 3	Sink	.83	9/27/26	10:25		Routine Repeat Special	9-27-26	1150
Analyses Requested: Coliforms	Test Type Colilert Method 9233B		Date Planted	Time Planted	Signature	Date Read	Time Read	Signature
Received for Lab by: A Szczepanski	24 hour		9-27-26	1155		9.28.26	1155	
Note any remarks or deficiency in the condition of the sample.		Emergency contact for positive samples.				Sample Result A WATER CONSIDERED SAFE		
Date, Time, and Name of Person Contacted for positive sample results. (Notification must be made within 24 hours)								

Company Name: Romeo DPW WSSN# 5780

Billing Address Or Attach Business Card
(only if company has never been here)

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Month of Sept, 20 26

Address #3	Location	Chlorine Free / Total	Date Collected	Time Collected	Samplers Signature	Sample Type	Date Received	Time Received
Romeo PD	Sink	1.20	9/27/26	1014		Routine / Repeat / Special	9-27-26	1150
Analysis Requested: Coliforms	Test Type Colilert Method 9233B		Date Planted	Time Planted	Signature	Date Read	Time Read	Signature
Received for Lab by: A Szczepanski	24 hour		9-27-26	1155		9.28.26	1155	
Note any remarks or deficiency in the condition of the sample.		Emergency contact for positive samples.				Sample Result A WATER CONSIDERED SAFE		
Date, Time, and Name of Person Contacted for positive sample results. (Notification must be made within 24 hours)								

Address #4	Location	Chlorine Free / Total	Date Collected	Time Collected	Samplers Signature	Sample Type	Date Received	Time Received
Romeo Rental	Sink	.91	9/27/26	11100 AM		Routine / Repeat / Special	9-27-26	1150
Analyses Requested: Coliforms	Test Type Colilert Method 9233B		Date Planted	Time Planted	Signature	Date Read	Time Read	Signature
Received for Lab by: A Szczepanski	24 hour		9-27-26	1155		9.28.26	1155	
Note any remarks or deficiency in the condition of the sample.		Emergency contact for positive samples.				Sample Result A WATER CONSIDERED SAFE		
Date, Time, and Name of Person Contacted for positive sample results. (Notification must be made within 24 hours)								

Company Name: Village of Romeo DPW **WSSN#** 5780

Billing Address Or Attach Business Card
(only if company has never been here)