

Client Name:		Project Ref:		Waterworks Name:		Sample Taken By: Print Name: _____ Signature: _____
Contact Name:		Quote #		Waterworks Number:		
Address:		PO #		Address:		
After hours Contact:		E-mail Address:				Turn Around Time: [ ] 1-day [ ] 2-day [ ] Reg. Date Required By: _____
Telephone:		Fax:		Public Health Unit:		

Samples submitted under: (Indicate <b>ONLY</b> one) <input type="checkbox"/> O. Reg 170/03 <input type="checkbox"/> O. Reg 318/08 <input type="checkbox"/> Private well <input type="checkbox"/> O. Reg 243/07 <input type="checkbox"/> O. Reg 319/08 <input type="checkbox"/> Other: _____				Type of Sample: Raw = R; Treated = T; Distribution = D Location Types: S = Surface Water, G = Ground Water				<b>Required Analyses</b>					
Location Name		Sample ID	Type of Sample	Location Type	Sample Taken		# of Containers Received	Free / Combined Chlorine Residual mg/L					
					Date	Time							
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Comments:									Method of Delivery:				
Relinquished By (Print & Sign):			Received By Driver/Depot:			Received at Lab:			Verified By:				
Date/Time:			Date/Time:			Date/Time:			Date/Time:				
Date/Time:			Temperature: _____ °C			Temperature: _____ °C			pH Verified [ ] By:				