

Client Name:		Project Ref:		Waterworks Name:	Samples Taken By:	
Contact Name:		Quote #:		Waterworks Number:	Name:	
Address:		PO #:		Address:	Signature:	
After Hours Contact:		E-mail:		Page ____ of ____		
Telephone:		Fax:		Public Health Unit:	Turn Around Time Required: <input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> 3 day <input type="checkbox"/> 4 day	

Samples Submitted Under: (Indicate ONLY one) <input type="checkbox"/> ON REG 170/03 <input type="checkbox"/> ON REG 319/08 <input type="checkbox"/> Private Well <input type="checkbox"/> ON REG 243/07 <input type="checkbox"/> Other:				Sample Type: R = Raw ; T = Treated ; D = Distribution; P = Plumbing Source Type: G = Ground Water; S = Surface Water Reportable: Requires AWQI reporting as per Regulation - Y = Yes; N = No						Required Analyses										
Have LSN forms been submitted to MOE/MOHLTC?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are these samples for human consumption?: <input type="checkbox"/> Yes <input type="checkbox"/> No All information must be completed before samples will be processed.				Sample Type: R/T/D/P	Source Type: G/S	Reportable: Y/N	Resample	SAMPLE COLLECTED								# of Containers	Free/Combined Chlorine Residual mg/L	Standing / Flushed: S/F (REG 243)	Total Coliform/E. Coli	HPC
LOCATION NAME	SAMPLE ID	DATE	TIME																	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

Comments:				Method of Delivery:			
Relinquished By (Sign):	Received at Depot:		Received at Lab:		Verified By:		
Relinquished By (Print):	Date/Time:		Date/Time:		Date/Time:		
Date/Time:	Temperature: °C		Temperature: °C		pH Verified: <input type="checkbox"/> By:		