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e: paracel@paracellabs.com www.paracellabs.com Paracel Order Number Chain Of Custody
Ontario Drinking Water Samples

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Client N	lame:			Project Ref:					Waterv	Waterworks Name:				Samples Taken By:										
Contact	t Name:		Quote #:						Waterv	Waterworks Number:					Name:									
Address	s:		PO #:						Addres	Address:					ure:									
After Ho	ours Contact:		E-mail:												Page of									
Telepho	one:										Public Health Unit:					Turn Around Time Required: □ 1 day □ 2 day □ 3 day □ 4 day								
Samples Submitted Under: (Indicate <b>ONLY one)</b> ☐ ON REG 170/03 ☐ ON REG 319/08 ☐ Private Well  ☐ ON REG 243/07 ☐ Other:						Sou	rce T	ype:	G =	Ground Water	= Treated; D = Distribution; P = Plumbing I Water; S = Surface Water II reporting as per Regulation - Y = Yes; N = No						I	Requ	equired Analyses					
Have LSN forms been submitted to MOE/MOHLTC?:   Yes  No  N/A  Are these samples for human consumption?:  Yes  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			a	Standing / Flushed: S / F (REG 243)	Total Coliform/E. Coli	НРС	Lead	ТНМ					
LOCATION NAME				SAMPLE ID		Sample Ty	Source T	Reporta	Resa	DATE		TIME	# of Containers	Free/Combi Residu	Standing S/F (I	Total Cc								
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
Comments:														Method of Delivery:										
Received at Depot:										Received at Lab:					Verified By:									
Relinquished By (Print): Date/Time:										Date/Time:				Date/	Date/Time:									
Date/Time:					rature:					°C	Temperature: °C				pH Verified:									