Ontario Drinking Water Protection Regulation

Chain of Custody

NEAR NORTH LABORATORIES INC.
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In accordance with the Drinking Water Protection Regulation, notification of exceedences must be reported to the MOE/MOH/Waterworks.
Failure to do so is an offence under the act.
→ It is imperative that all information be complete.

For Information contact: MOE Central Reg. (416) 326 - 6700 or www.ene.gov.on.ca

SECTION # 1: CONTACT INFORMATION:

Client: _____ **INVOICE TO:** _____
Contact: _____ **(if different)** _____
Address: _____ _____
_____ **ATTN:** _____
Telephone: _____ **Fax #:** _____
email: _____ **Project:** _____
CC Results to: _____ **Quote #:** _____
Fax / email: _____ **PO #:** _____

SECTION #2 : WATERWORKS INFORMATION:

*** If under regulation, please ensure the following Notification Information is completed ***

REGULATION: 170 [ ] 252 [ ] 243 [ ] Not Regulated [ ] SOURCE: Ground Water [ ] Surface Water [ ]

Waterworks Name: _____ **Waterworks Location:** _____
Waterworks #: _____ _____
Contact: _____ **Phone:** _____ **Fax:** _____
After Hours Phone: _____

MOH Region: _____ **Phone:** _____ **Fax:** _____
Contact: _____ **After Hours Phone:** _____

SECTION #3: SAMPLE INFORMATION:

TURNAROUND TIME (TAT):
[ ] Regular (10 business days)
[ ] RUSH - 5 business days
[ ] RUSH - 2 business days
[ ] RUSH - specify date / time) _____
** RUSH TAT must have prior approval from the laboratory, and is subject to additional surcharge*

Bottle #	Sampling Location (ie: address, distribution site or faucet location)	Water Type (1)	Requires Notification as per SDWA or CofA (2) Yes	No	Date Sampled	Time Sampled	# of Bottles sent	ANALYSES REQUESTED *(check where required)* Nitrate & Nitrite	THM's	Lead	Sodium	Fluoride	Inorganics Sched. 23	Organics Sched. 24	25 Parameter Pkg.	50 Parameter Pkg.	Sodium, Chloride				

When submitting for **THM analysis**, record annual average:_____ mg/L

(1) Water Type; please specify Raw , Treated, Distribution or Private Well.
*** Required for all systems regulated under the SDWA - use DWIS assigned descriptions when applicable**
(2) Check YES if adverse results / exceedances require notification to the MOE / MOH - as per SDWA or C of A.

Sampled by:
Name (sign): _____
Name (print): _____
Comments:

Relinquished / Authorized by *(including subcontracting)* **:**
Name (sign): _____
Name (print): _____
Date & Time: _____

THIS AREA FOR LABORATORY USE ONLY:

Received at the Laboratory by: _____
Date: _____ **Time:** _____
Laboratory Prepared Bottle(s): Yes [ ] No [ ] **# of bottles Rec'd:** _____
Method of Delivery: Courier [ ] Bus [ ] Air [ ] Mail [ ] Hand Delivery [ ]
Arrival Temp. of micro bottle (℃): _____
Comments:

Field Labour: _____ **Mileage:** _____ **Initials:** _____