

ONTARIO SAFE DRINKING WATER ACT - 25 PARAMETER SAMPLE KIT



NEAR NORTH LABORATORIES INC.
 Unit 11 - 191 Booth Road
 North Bay, ON P1A 4K3
 Phone: (705) 497-0550 Fax: (705) 497-0549

Chain of Custody

| | | | |
|------------------------|--|---|--|
| File Name: | | | |
| Verified by: | | TAT: | |
| Subcontract Lab / Date | | Checked <input checked="" type="checkbox"/> | |

In accordance with the Ontario Safe Drinking Water Act, notification of exceedances must be reported to the MOECC/MOHLTC/Waterworks. Failure to do so is an offence under the act.

For Information contact: MOECC Central Reg. 1-800-565-4923 or www.ontario.ca

SECTION # 1: CONTACT INFORMATION: → It is imperative that all information be complete

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

| | | |
|---|-------------------------------|-----------------------|
| REGULATION: 170/03 [] 318/08 -319/08 [] | Not Regulated [] | Operational Check [] |
| SOURCE: Ground Water [] Dug Well [] | Not for human consumption [] | Other: _____ |
| Surface Water [] Drilled Well [] | | |

SECTION #2 : WATERWORKS INFORMATION:

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

| | |
|----------------------------|--------------------------|
| Waterworks Name: _____ | Contact: _____ |
| Waterworks #: _____ | Phone: _____ |
| Waterworks Location: _____ | Fax: _____ |
| (Address) _____ | After Hours Phone: _____ |

| | | |
|-------------------|--------------------------|------------|
| MOH Region: _____ | Phone: _____ | Fax: _____ |
| Contact: _____ | After Hours Phone: _____ | |

SECTION #3: 25 PARAMETER SAMPLING INFORMATION:

| TURNAROUND TIME (TAT): | | * RUSH TAT must have prior approval from the laboratory, and is subject to additional surcharge | | Requires Notification as per SDWA or CoFA (2) | | | (*) Calculations | | | Analyses Included in 25 Parameter Pkg. | | | | | | | | | | | | | |
|--------------------------------|---|---|-----|---|--------------|--------------------------------------|-----------------------|----------|--|--|------------|--------------|---------------|---------------|----------------|-------------------|----|-------------|--------------------|------------|--------------------|----------|----------------------|
| [] Regular (10 business days) | | [] RUSH - 5 business days | | [] RUSH - 2 business days | | [] RUSH - specify date / time _____ | | Hardness | | | Alkalinity | Conductivity | Al, As, B, Ca | Cu, Fe, K, Mg | Mn, Na, Pb, Zn | Nitrate & Nitrate | pH | TC, EC, GBP | Calculations (*) | Appearance | Chloride, Sulphate | Fluoride | # of containers sent |
| Bottle # | Sampling Location (ie: address, distribution site or faucet location) | Water Type (1) | Yes | No | Date Sampled | Time Sampled | Total / Free Chlorine | | | | | | | | | | | | | | | | |
| | | (R) (T) | | X | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | 5 |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

(1) Water Type; please circle (R)Raw , (T)Treated, (D)Distribution 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 MOECC / MOHLTC - as per SDWA or C of A.

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

Italicized analyses will be subcontracted to an outside licensed laboratory

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 (°C): _____
 Comments: _____
 Field Labour: _____ Mileage: _____ Initials: _____