ONTARIO SAFE DRINKING WATER ACT - 50 PARAMETER SAMPLE KIT

Chain of Custody

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

File Name:	
Verified by:	**TAT:**
Subcontract Lab / Date	**Checked ✓**

In accordance with the Ontario Safe Drinking Water Act, notification of exceedences 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: _____

Contact: _____

Address: _____
_____
_____

Telephone: _____ **Fax #:** _____

email: _____

CC Results to: _____

Fax / email: _____

INVOICE TO: _____

(if different) _____
_____

ATTN: _____
_____

Project: _____

Quote #: _____

PO #: _____

REGULATION: 170/03 [   ] 318/08 -319/08 [   ]

SOURCE: Ground Water [   ]   Dug Well [   ]

Surface Water [   ]   Drilled Well [   ]

Not Regulated [   ]   Operational Check [   ]

Not for human consumption [   ]   Other: _____

SECTION #2 : WATERWORKS INFORMATION:

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

Waterworks Name: _____

Waterworks #: _____

Waterworks Location: _____

(Address) _____

Contact: _____

Phone: _____

Fax: _____

After Hours Phone: _____

MOH Region: _____ **Phone:** _____ **Fax:** _____

Contact: _____ **After Hours Phone:** _____

SECTION #3: 50 PARAMETER SAMPLING 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	Total / Free Chlorine	TC, EC, FC, GBP	Alkalinity, Cond, pH, Turb	TSS, TDS	Fluoride, Bromide	Chloride, Sulphate	Nitrate & Nitrate	Ortho-phos.	DOC, Sulphide (H_2S)	Tannins	Metals-NNL #2-Total	Calculations (✱)	Appearance	# of containers sent
		(R) (T) (D)						X	X	X	X	X	X	X	X	X	X	X	X	9

(✱) Calculations — Carbonate, Bi-Carbonate, Hardness, Langelier Index, pH Saturation

Analyses Included in 50 Parameter Pkg.

(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:** _____