

**Ontario Safe Drinking Water Act**

**Chain of Custody**



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

For information contact: MOECC Central Reg. (416) 325-4000 or www.ontario.ca

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

**SECTION # 1: CONTACT INFORMATION:**

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

**SECTION #2 : WATERWORKS INFORMATION:**

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

REGULATION: 170 [ ] 318/319 [ ] 243 [ ]	Not Regulated [ X ]	Operational Check [ ]
SOURCE: Ground Water [ X ] Surface Water [ ]	Not for human consumption [ ]	Other: _____

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

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

**SECTION #3: MTO KITS SAMPLE INFORMATION :**

TURNAROUND TIME (TAT): <input type="checkbox"/> Regular (10 business days) <input type="checkbox"/> RUSH - 5 business days <input type="checkbox"/> RUSH - 2 business days <input type="checkbox"/> RUSH - specify date / time _____		Requires Notification as per SDWA or CoFA ( 2 )	* RUSH TAT must have prior approval from the laboratory, and is subject to additional surcharge					ANALYSES REQUESTED (MTO pkg)													
Bottle #	Sampling Location (ie: address, distribution site or faucet location)							Water Type ( 1 )	Yes	No	Date Sampled	Time Sampled	Free / Total Chlorine	TSS, TDS	pH	Alkalinity	Conductivity	Tannins & Lignins	Chloride	Sulphate	Nitrate /Nitrite
		(R) (T) (D)		x					x	x	x	x	x	x	x	x	x	x	x	x	7
Name:																					
Address:																					
Phone:																					

(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 / MOH - 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 [X] 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: \_\_\_\_\_