

ONTARIO SAFE DRINKING WATER ACT - 25 PARAMETER SAMPLE KIT



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/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

Chain of Custody

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

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		(*) Calculations			Analyses Included in 25 Parameter Pkg.												
<input type="checkbox"/> Regular (7 business days) <input type="checkbox"/> RUSH - 5 business days <input type="checkbox"/> RUSH - 2 business days <input type="checkbox"/> 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	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: _____