



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

In accordance with the Ontario Safe Drinking Water Act & Regulation 170, 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

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: _____	

SECTION #2 : SAMPLE LOCATION DETAILS FOR REGULATION 170/03 LEAD TESTING

* Please ensure the Notification & Waterworks information is complete for regulation requirements

Facility Category: Non-Municipal Year-Round Residential Municipal Owners Operating Authorities
 Facility Type: Private/Residential Traylor Park/Mobile Home Commercial Industrial Government Building Public Facility
 Water Supply System Non-Government Org. Non-Residential Building Other: _____

Business/Industry Name: _____	Waterworks Name: _____
Occupant/Resident Name: _____	Waterworks No.: _____
Sample location Address: _____	Address: _____
(City, Prov.,P.C.) _____	Contact: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Evening Ph./After Hrs: (or email) _____	After Hrs Ph: (or email) _____

MOH Region: _____

Contact: _____

Phone: _____ Fax: _____

TREATMENT DEVICES (Filters) No Device Bypassed Removed Left on Aerator yes no (Not to be removed)

Not Regulated Operational Check

Not for human consumption Other: _____

SECTION #3: SAMPLE INFORMATION:

TURNAROUND TIME (TAT):			Check YES, if Adverse Results / Excedances Requires Notification to the MOECC/MOHLTC as per SDWA		SOURCE:		ADDITIONAL INFO:				ANALYSES REQUESTED						
<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 _____ * RUSH TAT must have prior approval from the laboratory, and is subject to additional surcharge			Yes	No	Date Sampled	Time Sampled	Free / Total Chlorine	Flushed Sample #1	Flushed Sample #2	Flush - Start Time	Flush - Stop Time	Field pH :	Plumbing	Distribution			
Bottle #	Sampling Location (ie: address, distribution site or faucet location)	Water Type (1)											Lead	# of containers sent	Lead	Alkalinity	# of containers sent
		(R) (T) (D)							✓								
		(R) (T) (D)							✓								
		(R) (T) (D)															

(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

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: _____