



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 243, notification of exceedences on all regulated samples must be reported to the MOECC/MOHLTC/Waterworks.

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:

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 243/07 LEAD TESTING

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

NOT REGULATED <input type="checkbox"/>	Operational Check <input type="checkbox"/>	Daycare <input type="checkbox"/> School <input type="checkbox"/> Other: _____
Not for human consumption <input type="checkbox"/>	Other: _____	Gov't Building? Yes / No Plumbing pre- 1990? Yes / No
Facility Name: _____	Contact: _____	
Waterworks #: _____	Secondary Contact: _____	
Facility Address: _____ (City, Prov,P.C.)	Phone: _____ Fax: _____	
	After Hours Phone: _____	
MOH Region: _____	Phone: _____ Fax: _____	
Contact: _____	After Hours Phone: _____	

SECTION #3: SAMPLE INFORMATION:

TURNAROUND TIME (TAT): <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 _____ <i>* RUSH TAT must have prior approval from the laboratory, and is subject to additional surcharge</i>	SOURCE Ground Water <input type="checkbox"/> Surface Water <input type="checkbox"/>	Cooler # _____ # Bottles sent : 2				
		Field Temperature (C°): _____				
		DATE SAMPLED: _____				
Bottle #	Sampling Location (ie: address, distribution site or faucet location)	Water Type [Dist]	TIMES	AM	PM	TIME SAMPLED
1	STANDING SAMPLE	Shut Down Time: Total Standing Time: (Minimum 6 Hrs)				AM PM
Please indicate specific sample location for both Standing & Flushed samples in space provided. (ie:kitchen tap, or fountain beside girls bathroom)						
2	FLUSHED SAMPLE	Flush Start Time:		AM	PM	AM PM
		Flush Stop Time:		AM	PM	

(1) Water Type; please specify Raw , Treated, Distribution or Private Well.

Required for all systems regulated under the SDWA - use DWIS assigned descriptions when applicable

Sampled by:
 Name (sign): _____
 Name (print): _____
Lead analyses will be subcontracted to an outside licensed laboratory
 Relinquished / Authorized by (including subcontracting):
 Name (sign): _____
 Name (print): _____
 Date & Time: _____

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
 Returned Cooler # _____
 Comments: _____