

Client: **John Doe**

Contact: **John Doe**

Mailing Address: **1234 Nowhere St., North Bay Ontario, Canada**

Postal Code: **A1A 1A1**

Phone: **(555) 555-5555**

Fax: \_\_\_\_\_

Email: **john.doe@gmail.com**

Invoice to (If different than reporting)

Thursday HPC submissions and all Friday submissions are subject to additional weekend surcharges

Acceptable temperature at the time of receipt is 0.0° to 15.0°. Samples outside this range will be processed except when frozen. Interpret results with caution.

Regulation: \_\_\_\_\_ PO/Quote: \_\_\_\_\_

Raw Source:  Ground  Surface

Exact time that the sample was taken.

Unregulated sample should always have "No" checked off as they are not reportable.

Bottle # or Locator	Station Acronym	Short Name	Specific Sampling Location	Water Type (24H)	Sample Time	Number of Bottles Sent	Requires Notification as per O.C.	TC/EC/GBP	HPC	Chlorine (mg/L)	Turbidity
1			Kitchen Tap	Treated	13:00	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
2			Well Water	Raw	11:30	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
3						1		<input checked="" type="checkbox"/>			
4						1		<input checked="" type="checkbox"/>			
5						1		<input checked="" type="checkbox"/>			
6						1		<input checked="" type="checkbox"/>			
7						1		<input checked="" type="checkbox"/>			
8						1		<input checked="" type="checkbox"/>			
9						1		<input checked="" type="checkbox"/>			
10						1		<input checked="" type="checkbox"/>			

Specific location of where the sample was taken.

Raw: Untreated water source  
 Treated: Uv or chlorine treatment system is in place

Name and signature of the person who handed over a sample to a courier or dropped it off at the lab.

Sample Collection

Signature: *John Doe*

Name (Print): **John Doe**

Sample Date: **2024 / 01 / 30**

Sample Relinquishment

Signature: *John Doe*

Name: **John Doe**

Date: **2024 / 01 / 31** Time: **14:00**

Sample Reception

Receptionist: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Shipped by:  Air  Bus  Courier  Hand  Mail

Comments: \_\_\_\_\_

~~Drinking Water System~~

Name: \_\_\_\_\_

Waterworks #: \_\_\_\_\_

Contact: ; Location: ; Phone: ;

~~Officer of Health~~

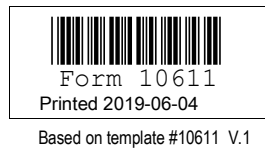
Region: \_\_\_\_\_

Phone: ; Fax: ; After Hours: ;

Job Notes

Field Labour: \_\_\_\_\_

Mileage: \_\_\_\_\_



\* Consult the SDWA or a "Certificate of Approval" to determine if any adverse results detected are reportable in accordance to Schedule 16, O. Reg. 170/03, Reg. 318/08-319/08, SDWA, MECP. Ministry of the Environment, Conservation and Parks: (800) 565 4923 / www.ontario.ca  
 In accordance with the Safe Drinking Water Act, O. Reg. 170/03 & 318/08-319/08, notification of exceedences must be reported to the MOECC/MOHLTC/DWS. Failure to do so is an offence under the act. It is imperative that the above information be complete.