

Client _____
Contact _____
Mailing Address _____
Phone _____ **C.C. To** _____
Fax _____ **C.C. Fax** _____
Email _____ **C.C. Email** _____
Project _____
Regulation _____ **PO/Quote** _____
Raw Source Ground Surface

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.

Bottle # _____ Station _____
 or _____
 Locator Acronym Short Name Specific Sampling Location Water Type (24Hr) Sample Time

Identify water samples that are subject to SDWA MAC / IMAC exceedence notification requirements.

Number of Bottles Sent	Requires Notification as per *SDWA or C of A	Requested Analyses	TC / EC / GBP	HPC	Chlorine (mg/L)	Field Turb	Yes	No
							Free	Total

Laboratory Use Only Job: _____

Analyses Started _____
 Analyses Completed _____
 Analyst _____ Verifier _____
 Adverse _____ AWQI _____
 Authorized _____
 Phoned _____ Faxed _____
 Emailed _____ Mailed _____

	TC	EC	GBP	HPC	Sample ID	Temp
1				X		
2				X		
3				X		
4				X		
5				X		
6				X		
7				X		

TC	EC	GBP	HPC	Sample ID	Temp

Sample Collection
 Signature _____
 Name (Print) _____
 Sample Date _____


Sample Relinquishment
 Signature _____
 Name _____
 Date _____ Time _____

Sample Reception Samples OK to process
 Receptionist _____
 Date _____ Time _____
 Shipped by Air Bus Courier Hand Mail
 Comments _____

Drinking Water System
 Name _____
 Waterworks # _____
 Contact: _____
 WW Location: _____
 Phone: _____

Medical Officer of Health
 Region _____
 Phone: ; Fax: ; After Hours: ;

Job Notes
 Field Labour _____
 Mileage _____



Form 10611
 Printed 2026-03-17
 Based on template #10611 V.1

* 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.