

**SRC Analytical Laboratories**  
**422 Downey Rd**  
**Saskatoon, Saskatchewan S7N 4N1**  
**Phone toll free 1-800-240-8808**

**Saskatchewan Environment**  
 **Licensed Waterworks – Drinking Water**  
(Permit to Operate)  
 **Licensed Sewage Discharge**

Send by Bus or Courier – **PREPAID**

**Complete the following and include with samples.**

Type of Analysis:	<input type="checkbox"/> Chemical Health & Toxicity
	<input type="checkbox"/> Chemical Health & Toxicity with cyanide & mercury
	<input type="checkbox"/> General Chemical
	<input type="checkbox"/> Total Coliform Bacteria and ecoli
	<input type="checkbox"/> Fluoride
	<input type="checkbox"/> Trihalomethanes
	<input type="checkbox"/> Other _____

**Results of analysis to:**

Community/client name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Invoice to:  same as above, or**

Community/client name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date Sample Taken: \_\_\_\_\_

Time Sample Taken: \_\_\_\_\_

Sample Description: \_\_\_\_\_

**Reason for Analysis:**     Routine     Repeat     Special     Other

Municipal Distribution
SE Station # _____
Approval # _____
Free Chlorine _____
Turbidity _____
Total Chlorine _____

Barcode:
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**Relinquished by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date/Time :** \_\_\_\_\_