



Environmental Analytical Laboratories
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Saskatchewan Environment Licensed Waterworks

LAB USE ONLY :

SRC Group # _____
Client Code _____
Date received _____
Storage _____

of bottles _____
Preservatives _____
Size _____
In Subgroup # _____

Complete the following and include with samples – Send by Bus or Courier - **PREPAID**

Turnaround Time: ☐ Regular ☐ Rush (75% surcharge) ☐ Priority Rush (100% surcharge)

Type of Analysis: ☐ Chemical Health & Toxicity
☐ Chemical Health & Toxicity with cyanide & mercury
☐ General Chemical
☐ Total Coliform Bacteria and ecoli
☐ Fluoride
☐ Trihalomethanes
☐ HAA
☐ Lagoon Package (☐ group 1) (☐ group 2) (☐ group 3) (☐ group 4)
☐ Other _____

Results of analysis to:

Community/client name: _____
Address: _____
City: _____ Postal code: _____
Contact person: _____
Phone number: _____ Fax #: _____
Email: _____

Invoice to: ☐ same as above, or

PO #: _____

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

Date and Time Sample Taken: _____

Sample Description: _____

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

Type of Sample: ☐ Licensed Waterworks– Drinking Water ☐ Licensed Sewage Discharge

Client measured values:

Free Chlorine _____
Turbidity _____
Total Chlorine _____
pH _____
Temp _____

MOE Station Number Barcode:

Relinquished by: _____

Signature: _____

Date/Time : _____