



Water Security Agency (WSA) Regulated Systems

LAB USE ONLY :					
SRC Group # _____	# of bottles	1	1		
Client Code _____	Preservatives	ST	---		
Date received _____	Size	100	Tray		
Storage _____	In Subgroup #	1	1		

Turnaround Time: Regular Rush (100% surcharge) Rush – same day (200% surcharge)*
 Rush (200% surcharge + overtime charges authorized*) *Contact lab in advance to authorize

<p style="text-align: center;"><u>Waterworks Analysis</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Total Coliform and <i>E. coli</i> <input type="checkbox"/> Fluoride <input type="checkbox"/> Chemical - General <input type="checkbox"/> Chemical - Health <input type="checkbox"/> Pesticides <input type="checkbox"/> Trihalomethanes (THMs) <input type="checkbox"/> Haloacetic Acids (HAAs) <input type="checkbox"/> Cyanide and Mercury <input type="checkbox"/> Synthetic Organics <input type="checkbox"/> PFOS/PFOA <input type="checkbox"/> Radiological – Gross alpha and beta <input type="checkbox"/> Radiological – Extended <input type="checkbox"/> Bromate <input type="checkbox"/> Chlorate and Chlorite <input type="checkbox"/> Manganese <input type="checkbox"/> Other (please specify): _____ 	<p style="text-align: center;"><u>Sewage Works Analysis</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Total Coliform and <i>E. coli</i> <input type="checkbox"/> Group 1 Panel <input type="checkbox"/> Group 2 Panel <input type="checkbox"/> Group 4 Panel <input type="checkbox"/> Group 4 Panel plus TDS and Conductivity <input type="checkbox"/> Major Ions Scan <input type="checkbox"/> Major Ions Scan plus TDS and Conductivity <input type="checkbox"/> Trace Metals (plus Mercury) <input type="checkbox"/> Effluent Irrigation <input type="checkbox"/> Effluent Irrigation – soil <input type="checkbox"/> Other (please specify): _____
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Results of analysis to:
 Community/client name: _____
 Address: _____ City: _____ Postal code: _____
 Contact person: _____
 Phone number: _____ Email: _____

Invoice to: same as above, or **PO #:** _____
 Community/client name: _____
 Address: _____ City: _____ Postal code: _____
 Contact person: _____
 Phone number: _____ Email: _____

Date and Time Sample Taken: _____

Sample Description: _____

System Type: Waterworks Sewage Works

Analysis Reason (for Coliform/E.coli testing only): Routine Repeat Special Other

Client measured values:	
Free Chlorine _____	pH _____
Total Chlorine _____	Temp _____
Turbidity _____	

WSA Station Number/Barcode:

Relinquished by: _____ **Signature:** _____

Date/Time: _____

SRC's Standard Terms and Conditions is available at www.src.sk.ca/eal-standard-terms-and-conditions)