



Water Security Agency (WSA) Regulated Water Works

LAB USE ONLY :

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

of bottles _____
 Preservatives _____
 Size _____
 In Subgroup # _____

1	1				
ST	---				
100	Tray				
1	1				

Complete the following and include with samples

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

Type of Analysis:

- Chemical Health & Toxicity
- Chemical Health & Toxicity with cyanide & mercury
- General Chemical
- Total Coliform and *E. coli*
- Fluoride
- Trihalomethanes (THMs)
- Haloacetic Acids (HAAs)
- 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: _____ 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: _____

Type of Sample: Drinking Water Sewage Discharge

Reason for Analysis (required for Total Coliform/E.coli testing only):

Routine Repeat Special Other

Client measured values:

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

MOE Station Number Barcode:

Relinquished by: _____
Date/Time: _____

Signature: _____