



Regional Health Authority Regulated Water Supply

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:	<input type="checkbox"/> General Chemical <input type="checkbox"/> Total Coliform Bacteria and E. coli <input type="checkbox"/> Trihalomethanes <input type="checkbox"/> Chemical Health & Toxicity <input type="checkbox"/> Chemical Health & Toxicity with cyanide & mercury <input type="checkbox"/> Lagoon Package (<input type="checkbox"/> group 1) (<input type="checkbox"/> group 2) (<input type="checkbox"/> group 3) (<input type="checkbox"/> group 4) <input type="checkbox"/> Other _____	<input type="checkbox"/> Potability (Coliform Bacteria, E.coli & Nitrates) <input type="checkbox"/> Fecal Coliform & Fecal Strep <input type="checkbox"/> HAA <input type="checkbox"/> Fluoride
-------------------	---	--

Regional Health Authority Name: _____

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 Collected by: _____

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 _____

Premise Number:

Relinquished by: _____ **Signature:** _____

Date/Time : _____