

Ontario Water Testing Centre

20 Currie Street Chatham, Ontario N7M 6L9
 Phone: 519-351-8266 Email: Laboratory@owtc.net
After-Hours: 519-917-2767



Drinking Water Analysis Submission Form Drinking Water Chain of Custody Record



REF #

INVOICE TO:
 Company: _____
 Contact: _____
 Address: _____
 Phone #: _____
 E-Mail: _____

REPORT TO:
 Company: _____
 Contact: _____
 Address: _____
 Phone #: _____
 E-Mail: _____

P.O. #: _____
 Project #: _____
 Location: _____



Regulation (Check applicable regulation)

<input type="checkbox"/> Regulation 170/03 DWIS	<input type="checkbox"/> Private
<input type="checkbox"/> Regulation 318/08 Transition	<input type="checkbox"/> Other
<input type="checkbox"/> Regulation 319/08 SDWS	<input type="checkbox"/> Sewage

Do the results require reporting to the MOE's DWIS or MOH's LRMA

Yes
 No

Waterworks #

Analysis Requested Accreditation #108668

ALL WATER SAMPLES RECEIVED WILL BE TREATED AS NON-POTABLE AND WILL NOT BE SUBJECT TO REQUIREMENTS UNDER THE OSWS REGULATIONS, UNLESS CLEARLY IDENTIFIED

I.D. NO	SAMPLE IDENTIFICATION	Lab Use Only		Matrix	Sample Date	Sample Time	E.coli/100ml	Coliforms/100ml	HPC/0.1ml (Plate Count)	Background/100ml	Total Chlorine mg/L	Free Chlorine mg/L	Sampler's Initials
		Sample Temp (°C)	OWTC LAB #										

NOTIFICATION INFORMATION (Adverse results reporting as per the Safe Drinking Water Act)						Medical Officer of Health	
Information for Adverse Reporting							
Contact:	Contact:	Contact:	Contact:	Contact:	Contact:		
Phone:	Phone:	Phone:	Phone:	Phone:	Phone:		
Fax:	Fax:	Fax:	Fax:	Fax:	Fax:		
E-Mail:	E-Mail:	E-Mail:	E-Mail:	E-Mail:	E-Mail:		

Relinquished by: (Signature/Print)	Sampled By:	Received By:	Date/Time Received
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