Environmental Analytical Laboratories
143-111 Research Dr, Saskatoon, SK S7N 3R2
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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 (100% surcharge)
☐ Rush (100% surcharge **+ overtime charges authorized***)
* Contact lab in advance to authorize

Type of Analysis:
- ☐ General Chemical
- ☐ Potability (Coliform Bacteria, *E.coli* & Nitrates)
- ☐ Total Coliform Bacteria and *E. coli*
- ☐ Fecal Coliform & Fecal Strep
- ☐ Trihalomethanes
- ☐ HAA
- ☐ Chemical Health & Toxicity
- ☐ Fluoride
- ☐ Chemical Health & Toxicity with cyanide & mercury
- ☐ Lagoon Package (☐group 1) (☐group 2) (☐group 3) (☐group 4)
- ☐ Other_____

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: _____

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