Environmental Analytical Laboratories
143-111 Research Dr, Saskatoon, SK S7N 3R2
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Water Security Agency (WSA) Regulated Water Works

LAB USE ONLY :

SRC Group #_____
Client Code _____
Date received_____
Storage_____

# of bottles	**1**	**1**				
Preservatives	**ST**	**---**				
Size	**100**	**Tray**				
In Subgroup #	**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: _____ **Signature:** _____
Date/Time: _____

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