

DRINKING WATER SUBMISSION FORM



DRINKING WATER FACILITY CLASSIFICATION

- ☐ Municipal ☐ Non-Municipal ☐ Reg. 170/03
☐ Large ☐ Small ☐ Reg. 318/08 & 319/08
☐ Residential ☐ Non-Residential ☐ Reg. 243/07
☐ Seasonal ☐ Year-Round ☐ Private Well Water
☐ Other: _____

REPORT NUMBER (Lat)

Indicate Laboratory Samples are Submitted to

- ☐ Kingston ☒ Ottawa ☐ Richmond Hill ☐ Windsor

Organization: Hamlet of Grise Fiord		Waterworks Address: Hamlet of Grise Fiord PO Box 77 Grise Fiord, NU X0X 0J0		Invoicing Address (if different):		ANALYSES REQUESTED										TURNAR REQ			
Contact: Marty						Microbiological					Chemical					Other		Summary of	
Tel: 867-980-9959		Fax:				Surfactants, DOC N02/N03, Cl, S04, FI TDS Phenol As, Cu, Fe, Mn, Zn, Ba, Cd CrVI, Cr, Pb, Se, Ag Cyanide E.Coli					Turbidity							<input type="checkbox"/> Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Specific I	
After Hours Tel:		Public Health Unit:		Waterworks No.:		Project Name/No.: Raw Drinking Water													
Email: gfsao@qiniq.com				Quote No.:		P.O. No.:													

* Sample Matrix Legend: TW = Treated Water DW = Distribution Water GW = Raw Groundwater SW = Raw Surface Water UGW = Untreated Groundwater (Drinking Water/Distribution)
 GUDI = Groundwater under the influence of surface water PR = Plumbing Residential PNR = Plumbing Non-Residential ** Fastest possible TAT achievable (same day if applicable) *** See Caduceon General Turnaround Time Terms

Lab No.	Sample Source and/or Sample Identification	Watertrax S.P.L.	Sample Matrix *	Date Collected (yy-mm-dd)	Time Collected	Adverse Resample	Indicate Test For Each Sample By Using A Check Mark In The Box Provided														Chlorine	
																					Free	Total
	Raw Drinking Water		SW	Aug 11/16	9:55am		x	x	x	x	x	x	x	x	x	x						
	<i>Under the bridge</i>																					
	<i>Raw Drinking</i>		DW	"	"																	
	<i>Treated Drinking</i>		DW	"	"																	
	<i>GWC and bact</i>																					
	<i>passed holding</i>																					

Has Lab Service Notification (LSN) Form been completed & submitted to the MOE/PHU? ☐ Yes ☐ No ☒ Not Applicable
 Laboratory Analysis will not commence until all Notification information is received and the Submission form is appropriately completed

SAMPLE SUBMISSION INFORMATION		SHIPPING INFORMATION		REPORTING / INVOICING	SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)	
Print: David Wablos	Submitted by: David	Courier (Client account) <input checked="" type="checkbox"/>	Invoice <input type="checkbox"/>	Results by Fax <input type="checkbox"/>	Received By (print): 206	Signature: JB
Sign: D. Wablos		Courier (Caduceon account) <input type="checkbox"/>	# of Pieces <input type="checkbox"/>	Results by Email <input checked="" type="checkbox"/>	Date Received (yy-mm-dd): 24/09/16	Time Received: 15:00
Date (yy-mm-dd)/Time: Aug 11/16	Date (yy-mm-dd)/Time: Aug 11/16	Drop Off <input type="checkbox"/>		Invoice by Email <input checked="" type="checkbox"/>	Laboratory Prepared Bottles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
		Caduceon (Pick-up) <input type="checkbox"/>		Invoice by Mail <input type="checkbox"/>	Sample Temperature °C: 12.5	Labeled by: <i>[Signature]</i>

Ontario Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770 Email: contactkingston@caduceonlabs.com
 Ottawa Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel: (613) 526-0123 Fax: (613) 526-1244 Email: contactottawa@caduceonlabs.com
 Richmond Hill Lab - #14-110 West Beaver Creek Rd., Richmond Hill, ON L4B 1J9, Tel: (289) 475-5442 Fax: (866) 562-1963 Email: contactrichmondhill@caduceonlabs.com
 Windsor Lab - #5-3201 Marentette Ave., Windsor, ON N8X 4G3, Tel: (519) 966-9541 Fax: (519) 966-9567 Email: contactwindsor@caduceonlabs.com

2-1L dec/clean
 2CV
 2pH
 2M/N
 200C
 2M/P
 2PET

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DW 25400