



Agriculture

**Quality Evaluation Division
Laboratory Services Section**
176 College Road, Truro, NS B2N 2P3

Tel: 902-893-6565
Fax: 902-893-4193
<http://www.gov.ns.ca/agri/qe/LabServ>

WATER REQUISITION

Client Mailing Information:*

Report or Copy to (if different)

Name/Company: _____
Address: _____ Postal Code: _____
City/Town: _____ Tel: _____
Email: _____ Fax: _____

Name/Company: _____
Address: _____ Postal Code: _____
City/Town: _____ Tel: _____
Email: _____ Fax: _____

Sample Information:*

Drilled Well Dug Well Milk House Water

Registered Drinking Water # _____

Location (i.e. tap, pond, address) _____

Date Taken _____ Time Taken _____

Select test(s) requested:*

***Information must be filled in before sample will be accepted.**

- _____ P/A (Present/Absent) - \$13.32 + \$0.49 Disposal + HST
- _____ MPN (Est. Count of Bacteria) - \$19.99 + \$0.49 Disposal + HST
- _____ Mineral Water - \$45.90 + \$0.49 Disposal + HST
- _____ Lead - \$27.54 + \$0.49 Disposal + HST
- _____ Uranium - \$27.54 + \$0.49 Disposal + HST
- _____ Lead & Uranium - \$43.35 + \$0.49 Disposal + HST
- _____ Arsenic - \$31.25 + \$4.27 Shipping + \$1.75 Disposal + HST
- _____ Other (specify) _____

Samples are analyzed as provided. The laboratory takes no responsibility for the accuracy of the information provided by the person submitting the sample (i.e. Location). Samples with color may require extended analysis time.

Water samples need to be submitted within 24 hours of sampling. Waters need to be submitted Monday to Wednesday 8:30am – 3:30pm and on Thursday 8:30am – 1:00 noon. Water samples with color need to be submitted before Wednesday at 1:00pm.

(Refer to brochure for other tests available – www.gov.ns.ca/agri/qe/LabServ)

Client's signature: _____

OFFICE USE ONLY

LAB USE ONLY

Accession# _____

Colisure (48 hrs) Volume Adjusted Client Called yes Date _____

Temperature _____

Date/Time Started: _____ Sample Prepared by: _____

Initials (Receiver) _____

Results: P/A: _____

Date Stamp

Security String Used:
 yes no attempt

Food Safety

LSAD100F2.12

MPN	Total Coliform	<i>E. Coli</i>	Read by: _____
Large wells			Date/Time Read: _____
Small wells			Entered into LIS: <input type="checkbox"/> Client called: <input type="checkbox"/> NSE called: <input type="checkbox"/>
MPN Result			Date: _____ Time: _____ Initials: _____