



**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 Information:\***

**Report or Copy to (if different)**

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
County: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Name/Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
County: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**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 - \$28.00 + \$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](http://www.gov.ns.ca/agri/qe/LabServ))

**Client's signature:** \_\_\_\_\_

**OFFICE USE ONLY**

**LAB USE ONLY**

Accession# \_\_\_\_\_  
Temperature \_\_\_\_\_  
Initials (Receiver) \_\_\_\_\_

Colisure (48 hrs)  Volume Adjusted  Client Called  yes Date \_\_\_\_\_  
Date/Time Started: \_\_\_\_\_ Sample Prepared by: \_\_\_\_\_  
**Results:** P/A: \_\_\_\_\_

Date Stamp \_\_\_\_\_

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

Security String Used:  
 yes  no  attempt

Food Safety