

\* Required information

## WATER REQUISITION

**TRURO LAB DROP OFF:** Water samples **MUST** be submitted by 3pm Monday to Wednesday and by 1pm on Thursday.  
Water samples are not accepted on Friday. **Bacteria Water Samples MUST be received by Laboratory Services within 24 hours of sampling.**  
Bacteria Water Samples with color (brownish/yellowish, etc.) **MUST** be submitted before Wednesday at 3:00pm  
**NSDA REGIONAL OFFICE DROP OFF:** Water samples are **ONLY** accepted on **TUESDAY** between **8:30 and 11:30am** and **sampled the same day.**  
For additional information and full instructions on **HOW TO TAKE A BACTERIA WATER SAMPLE**, refer to the reverse side of this form

Client Mailing Information – PLEASE PRINT CLEARLY	COPY OF REPORT to (if different from mailing information)
*Type of report (check ONE only):    Email <input type="checkbox"/> Mail <input type="checkbox"/>  *Name/Company: _____  _____  *Address: _____  _____  *Town/City: _____ *Postal Code: _____  *Telephone: _____  *Email: _____  *Confirm email: _____  *Registered Drinking Water # (if applicable): _____  _____  *Client Signature: _____	*Type of report (check ONE only):    Email <input type="checkbox"/> Mail <input type="checkbox"/>  *Name/Company: _____  *Address: _____  *City/Town: _____ *Postal Code: _____  *Telephone: _____  *Email: _____  *Confirm email: _____  <div style="background-color: #d3d3d3; padding: 2px; margin-top: 5px;"> <b>Sample Information – PLEASE PRINT CLEARLY</b> </div> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Milk Water House <input type="checkbox"/>  *Date Sample Taken: _____ *Time Taken: _____  *Sample location (pond, tap, etc): _____  *Address of Water Source: _____  _____
Select Test(s) Requested	OFFICE USE ONLY:
<p style="text-align: center;"><i>For pricing and full list of available testing, refer to the ANALYTICAL FEE SCHEDULE</i></p> <p><b>Bacterial Analysis – Choose only one:</b> (requires sterile, approved container obtained from Lab Services)</p> <p><input type="checkbox"/> P/A (Present/Absent – coliform/E. coli)</p> <p><input type="checkbox"/> MPN (Estimated count of bacteria – coliform/E. coli)</p> <p><b>Mineral Analysis – Choose only one:</b> (requires 250mL bottle obtained from Lab Services)</p> <p><input type="checkbox"/> Full Mineral Water Package (W1) <i>(Ca, Mg, K, Na, Cl, SO<sub>4</sub>, Fe, Mn, Cu, Zn, Ba, B, Cd, Cr, Al, pH, Nitrate+Nitrite, Alkalinity, Conductivity and Hardness)</i></p> <p><input type="checkbox"/> Partial Mineral Water Package <i>(Ca, Mg, K, Na, SO<sub>4</sub>, Fe, Mn, Cu, Zn, Ba, B, Cd, Cr, Al and Hardness)</i></p> <p><b>Additional Analysis (subcontracted to an external accredited lab):</b></p> <p><input type="checkbox"/> Uranium **</p> <p><input type="checkbox"/> Lead **</p> <p><input type="checkbox"/> Arsenic **</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>_____</p> <p style="text-align: center; font-style: italic;">**one additional 250mL sample bottle is required for lead, arsenic and/or uranium analysis.</p>	Date Received at Regional Office (if applicable): _____  <b>Order ID:</b>  <div style="border: 1px solid black; height: 100px; width: 100%; margin: 10px 0;"></div> Temperature (°C): _____ Initials (Receiver): _____  Date Stamp (received at Lab): _____   Client Called: <input type="checkbox"/> NSE Called: <input type="checkbox"/> Date: _____ Time: _____ Initials: _____  Comments: _____ _____

Nova Scotia Environment recommends bacterial testing of water quality at least every six months and chemical testing of water quality at least every two years.

**Please note:** Samples are analyzed as provided. The laboratory takes no responsibility for the accuracy of the information provided by the person submitting the sample (e.g. location, date and time taken, etc.). Lab Services reserves the right to refuse samples collected in unissued or damaged bottles, samples with an odor of chlorine, or samples containing foreign material. Laboratory Services is a testing facility only. It is up to individual clients to determine what testing they require.

Report of results will ONLY be provided in the format selected (email, fax or mail).

Bacteria samples submitted after 3pm will not be entered into the system until the next business day, provided the sample(s) will remain within the 24 hour hold time at time of testing.

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## INSTRUCTIONS ON HOW TO TAKE A BACTERIA WATER SAMPLE

1. Remove the screen from the faucet. Clean the inside and outside of the tap opening with rubbing alcohol.
2. Run cold water for 3 to 5 minutes.
3. Before taking the sample, reduce the flow rate to approximately the width of a pencil before taking the sample. The flow rate should be low enough to ensure that no splashing occurs as the container is filled.
4. While holding the sample container at the base, remove the seal around the cap before attempting to open the bottle.
5. Remove the cap with the free hand. Be careful NOT TO TOUCH the inside of the bottle cap or bottle lip. Continue to hold the cap in one hand with the inside facing down while the bottle is being filled. Do not touch the inside of the cap or lay it down.
6. NOTE: Sample bottle contains a powder preservative. DO NOT rinse the bottle.
7. Fill the bottle ABOVE the 100mL fill line. DO NOT allow the bottle to overflow.
8. Carefully replace the cap and ensure it is screwed on securely.
9. Ensure that all relevant sections on the front of this water sample submission sheet are completed. Submit this form along with your water sample.

*All bacteria samples must be transported to the laboratory within 24 hours of sampling.*

*It is recommended that samples be kept at less than 10°C until delivered to the laboratory.*