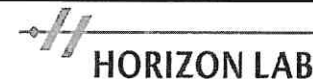




MANITOBA SUSTAINABLE DEVELOPMENT
PRIVATE SUBSIDY PROGRAM
Chain of Custody / Analytical Request Form

Ship to: Horizon Lab Ltd
4055 Portage Ave.
Winnipeg, MB. R3K 2E8
(204) 488 2035



IMPORTANT **PLEASE READ** PROGRAM DETAILS:

This program is for Total Coliform and *E. coli* only for drinking water from privately owned water systems. Water must be for human consumption. Submitters will only receive a phone call if Total Coliform is greater than 10 or if *E. coli* is present. INCOMPLETE FORMS WILL RESULT IN REJECTION OF SAMPLE. ALL white/non-shaded areas of the form must be completed. Results are reported in 7 days. RE-TEST coupon (if applicable) must accompany the sample.

Send Report to:

First Name: Theo Last Name: DeBoer

Mailing Address
Street or P.O. Box: P.O. Box 414

Town / City: East Selkirk Postal Code: R0E 0M0

Day time phone: 204-485-6635 Evening / Weekend Phone: 204-785-1314

Email: theo.deboer4@outlook.com
(or) Fax:

Lab Comments:

TEST: Total Coliform and *E. coli* ONLY

Payment Type (check one):
SUBSIDY ☐ Subsidized Price
NON-SUBSIDY ☐ Full price
***** See Note on page 2 for pricing
RE-TEST ☐
(Coupon required)

Amount (\$):
Please make cheques payable to
Horizon Lab Ltd.

Paid by: (check one)
Cash ☐ Cheque ☐ RE-TEST COUPON ☐ Visa ☐ MC ☐ Debit ☐

Credit Card # and Expiry Date:

Project:

Lab Sample ID	Sample Identification (This will appear on customer report)	Sample Type (Please checkmark one)		Legal Location (Street Address or Section-Township-Range) (Ex. 5W99-99-99W)	Town	Rural Municipality / LGD (RM Name)	Date dd-mm-yyyy	Time hh:mm (hrs)
	Location (e.g. Kitchen, Outside Tap)	Raw <input checked="" type="checkbox"/> Water as it comes from the source	Treated <input type="checkbox"/> Water that has undergone an alteration to improve its quality					
141-1	Kitchen			30086 Rd 78	East Selkirk	St. Clements	25/07/22	9 AM
GPS Coordinates (If known) May be found in original well log.		Latitude / Longitude (degrees decimal): Lat: Long:		or	UTM Coordinates: UTM X: UTM Y: Zone:			

The Province of Manitoba reserves the right to refuse subsidy if the submission form is incomplete. Failure to complete all portions of this form will result in rejection of sample and analysis will not be completed. Please complete this form LEGIBLY. Results will be sent by method indicated at time of submission only. By signing below and submitting a sample, you agree to the information and terms listed on this form.

Submitted By: <u>[Signature]</u>	Received By: <u>[Signature]</u>	Temperature: <u>21.6</u>
Date dd-mm-yyyy: <u>25/07/22</u> Time: <u>10:50</u>	Date dd-mm-yyyy: <u>25/07/22</u> Time: <u>10:50</u>	Samples Received In Good Condition? (If no, provide details) <u>Y/N</u>

Client must complete ALL NON-SHADED AREAS. Sampling instructions on reverse.

NOTE: For general inquiries, or if you have questions before sampling, call Manitoba Office of Drinking Water at (204) 945-5762. For technical inquiries and guidance at (204) 948-1351

Personal information is collected under the authority of The Drinking Water Safety Act and its pursuant regulations, and is used for private well surveillance purposes. Information collected is protected by the privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions, contact the Access & Privacy Coordinator, 200 Saulteaux Cr., Winnipeg, MB R3J 3W3, 204-945-4170. By participating in this program, you agree to allow Manitoba to share your results, including personal contact information, with third parties such as local authorities for the sole purpose(s) of pattern surveillance.

Note: For Samples received between 30 and 45 hours from collection time, only a presence absence test will be performed.

If this is NOT acceptable check here ☐ and your sample will be discarded if over 30 hours. **see page 2 for details