



**MANITOBA WATER STEWARDSHIP
PRIVATE SUBSIDY PROGRAM
Chain of Custody / Analytical Request Form**

Ship to: 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:		TEST: Total Coliform and <i>E. coli</i> ONLY	
First Name:	Last Name:	Is this a flood sample: (circle one) YES NO	
Mailing Address Street or P.O. Box:		Payment Type (circle one):	SUBSIDY RE-TEST (Coupon required, please attach coupon)
Town / City:	Postal Code:	Amount:	\$
Day time phone:	Evening / Weekend Phone:	Paid by: (circle one)	Cash Cheque RE-TEST COUPON Visa MC
Email (or) Fax:	Date of last test, prior to this test (if known) dd-mmm-yyyy:	Project:	

Lab Comments:

Lab Sample ID	Sample Identification		Sample Type (Please checkmark one)		Legal Location (Street or Section-Township-Range)	Town	Rural Municipality / LGD (RM Name)	Date dd-mmm-yyyy	Time hh:mm (hrs)
	Name	Location (e.g. Kitchen)	Raw ____ (Water as it comes from the source)	Treated ____ (Water that has undergone an alteration to improve its quality)					

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: _____	Received By: _____	Temperature: _____
Date dd-mmm-yyyy: _____ Time: _____	Date dd-mmm-yyyy: _____ Time: _____	Samples Received in Good Condition? (if no, provide details) Y / N

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 queries 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.