

Instructions For Official Agencies Submitting Water Samples to the Public Health Ontario Laboratories



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Ontario

Agency for Health
Protection and Promotion

Agence de protection et
de promotion de la santé

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Instructions for Submitting Water Samples to the Public Health Ontario Laboratories

Introduction

The Public Health Ontario Laboratories (PHL) accept a variety of water samples for microbiological analysis from Official Agencies. For a full listing of environmental testing services offered and sample submission / acceptance criteria, please refer to Public Health Ontario's *Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* (www.oahpp.ca).

All water samples submitted for testing must meet the acceptance criteria or they will not be tested. A completed "Bacteriological Analysis of Water - Single Sample Requisition for Official Agencies" or "Bacteriological Analysis of Water - Multiple Sample Requisition for Official Agencies" must accompany the sample. Refer to Appendix I and II.

Samples submitted under the drinking water regulations under the Health Protection and Promotion Act (HPPA) or the Safe Drinking Water Act (SDWA) have specific requirements. Refer to the Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology (www.oahpp.ca) for more details.

Affixing the Unique Identifier to the Requisition:

Remove a barcode sticker from the bottle and apply it to the top copy of the requisition under "Barcode". If the barcode sticker is not able to be removed from the bottle, write the number on the requisition.

Please Note: Samples will not be processed if the barcode number is not included on the requisition.

Single Sample Requisition:




Public Health Laboratories

place barcode here



Barcode




000440169


Date/Time Received

PHL No.

Multiple Sample Requisition:

place barcode here



Agency Name Bldg. No., Street, R.R., Box No. City, Town Province Postal Code	Date Collected: _____ AM / (Circle) _____ PM Collected By: _____ Sampling Site: _____	Identification of Collection Site & Time Collected Barcode  <p>000440169</p>	Free or optional additional material (mg/L) <input type="checkbox"/>	HPC Requested <input type="checkbox"/>	Bacterial Counts (CFU) Based on 100mL Vol. By Membrane Filtration <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Coliforms</th> <th>E. coli</th> <th>Back-ground</th> <th>P. aeruginosa</th> <th>Presumptive Staphylococci</th> <th>S. aureus</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Total Coliforms	E. coli	Back-ground	P. aeruginosa	Presumptive Staphylococci	S. aureus							HPC (CFU) Based on 1mL Vol. by Spread Plate <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> </tr> </table>		Lab. No. / Date & Time Received
Total Coliforms	E. coli	Back-ground	P. aeruginosa	Presumptive Staphylococci	S. aureus															
Source of Drinking Water <input type="checkbox"/> Ground Water (i.e. well) <input type="checkbox"/> Cistern <input type="checkbox"/> Surface Water <input type="checkbox"/> Distribution																				



Completing the Documentation:

If there is some urgency to receive the report, please inform laboratory personnel by telephone prior to sample submission.

Fill in the most current version of the laboratory requisition. **Samples will not be processed if the requisition is not completely and accurately filled in.**

For sample acceptance criteria and a listing of terms and definitions, please refer to Public Health Ontario's *Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* (www.oahpp.ca).

Fill In the Official Agency Address Box:

- Agency name
- Complete address
- Name of the person submitting the sample
- The laboratory the sample is being submitted to
- "Comments/Additional information" about the sample are put in this box

N.B. An address stamp or sticky label can be used, however, all the required information must be legible on all pages of the requisition

Official Agency Address

Agency Name	
Bldg. No., Street, R.R., Box No.	
City, Town	
Province	Postal Code
Submitted by: _____ (Please Print)	
Submitted to: _____ Public Health Lab	
Comments/Additional Information:	

Fill In the Owner of the Water Supply Box:

- Facility name
- Complete address (i.e. facility address)
- Contact name(s)
- Telephone numbers (working and after hours)
- Fax number, (if no Fax number write "none")
- Waterworks number – if this has not been assigned tick off "Not assigned"

N.B. A sticky label can be used, however, all the required information must be legible on all pages of the requisition

Owner of the Water Supply

Facility	
Bldg. No., Street, R.R., Box No.	
City, Town	
Province	Postal Code
Contact Name(s):	
Tel: (Working hrs.):	
Tel: (After hrs.):	
Fax:	
Waterworks No.:	Not assigned <input type="checkbox"/>
if assigned, indicate number	Assigned <input type="checkbox"/>

For O. Reg 319/08 or O. Reg 170/03 samples, all non shaded areas of this box must be complete and accurate or the sample will not be tested

4321-44 (05/12)



For Drinking Water

Fill In the Sample Information – Drinking Water Box:

- Date of collection
- Time of collection
N.B. For the multiple sample requisition, indicate what time the collection began. The individual sample times are entered under the “Identification of Collection Site & Time Collected” column
- Name of individual collecting the sample
- Sampling Site
For the multiple sample requisition record the Facility name here
- “Free or combined chlorine residual (mg/L)” if determined (single sample requisition)

Sample Information - Drinking Water

Date Collected:	_____
Time Collected:	__hh: mm AM (Circle one) PM
Collected By:	_____
Sampling Site:	_____

For Drinking Water

Fill In the Source of Drinking Water Box:

Refer to Public Health Ontario's *Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* (www.oahpp.ca) for definitions

- Tick off all applicable boxes that relate to the source
- Tick off the applicable box for treatment
- If required, tick off HPC request
For the multiple sample requisition indicate this in the “HPC Requested” column

Source of Drinking Water

Ground Water (i.e. well)	<input type="checkbox"/>
Cistern	<input type="checkbox"/>
Surface Water	<input type="checkbox"/>
Distribution	<input type="checkbox"/>
Bottled Water	<input type="checkbox"/>
Other: _____ (Please Specify)	<input type="checkbox"/>
Treatment	
Non-treated	<input type="checkbox"/>
Treated	<input type="checkbox"/>

For Drinking Water Fill In the Type of Drinking Water Systems Box:

Refer to Public Health Ontario's *Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* (www.oahpp.ca) for definitions

Select only **one** of the following:

- HPPA O. Reg 319/08
- HPPA Regulated Premises
- Non Regulated
- Private residence
- SDWA O. Reg 170/03

Type of Drinking Water Systems

Mandatory: tick one box	
HPPA O. Reg 319/08	<input type="checkbox"/>
HPPA Regulated Premises	<input type="checkbox"/>
Non Regulated	<input type="checkbox"/>
Private Residence	<input type="checkbox"/>
SDWA O. Reg 170/03	<input type="checkbox"/>



Collecting the Sample:

Refer to Public Health Ontario's *Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* (www.oahpp.ca) for sample collection details.

For legal samples or samples submitted under an Ontario drinking water regulation, the chain of custody **must** be complete when the sample is received at the laboratory.

Transporting the Sample to the Laboratory:

Water samples may be dropped off at the PHL between the following hours:

8 a.m. to 4:30 p.m. Monday to Friday for regional laboratories

8 a.m. to 4:30 p.m. Sunday to Friday for the Toronto laboratory

The Public Health Ontario Laboratories do not routinely accept water samples on Saturday, Sunday (except Toronto) or statutory holidays.

For public health emergencies contact your local public health laboratory prior to delivery if the sample(s) is expected to arrive outside of the hours listed above.

Transport the sample(s) and completed requisition to the laboratory as quickly as possible. **Drinking water samples must be tested within 48 hours of collection; non potable samples within one calendar day of collection.** Keep the sample(s) cool, but not frozen (e.g. in a cooler with frozen ice packs).

For health and safety reasons, samples identified as "Suspected Sewage Contamination" must be transported in a Sewage Sample kit. To order kits, contact your local Public Health Ontario Laboratory (www.oahpp.ca).



Relinquishing the Sample:

Refer to Public Health Ontario's *Public Health Inspector's Guide to the Principles and Practices of Environmental Microbiology* (www.oahpp.ca) for more details.

Regular sample submission:

Deliver the sample to the laboratory within the acceptable holding time.

STAT sample submission:


Notify laboratory personnel prior to submission. Transport the sample to the laboratory as soon as possible.

Regulated drinking water sample submission - HPPA O. Reg. 319/08 or SDWA O. Reg. 170/03:

For samples submitted under an Ontario drinking water regulation, the chain of custody **must** be complete when it is received at the laboratory. To ensure the chain of custody is not compromised:

1. Use a "Regulated Water" seal if the person collecting the sample cannot deliver it directly to the laboratory:

- Secure the seal over the cap of the sample
- Initial the seal and indicate the date the seal was secured

	<small>Agency for Health Protection and Promotion Agence de protection et de promotion de la santé Public Health Laboratories / Laboratoires de santé publique</small>	<small>Seal no. Numero du Sceau</small> 123456	<small>Note - Place centre of seal over cap so that the bottle cannot be opened without breaking the seal. Ensure that seal is securely fastened.</small>	or
<small>Initial of person attaching official seal L'initial d'individu apposant le sceau</small>	<input type="text"/>	<small>Date</small>	<input type="text"/>	
<small>Initial of person receiving specimen Initiales de la personne recevant l'échantillon</small>	<input type="text"/>		<small>Veillez vous assurer que le centre du sceau soit placé au dessus du capuchon, et le tout scellé fermement.</small>	
			<small>02/09</small>	

2. Deliver the sample directly to the laboratory and complete the "For Regulated Drinking Water or Legal Samples" section of the requisition including:

- The printed name of the person relinquishing the sample to laboratory personnel
- The signature of the person relinquishing the sample
- Date and time the sample(s) is relinquished

For Regulated Drinking Water or Legal Samples:

Relinquished By: _____ For Lab Use: _____
(Print Name)

Relinquished By: _____ Received By: _____
(Signature)

Date: _____ Time: _____ Date: _____ Time: _____



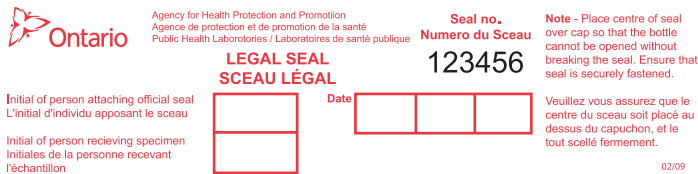
Legal water sample submission:

For samples that will be used as evidence in legal proceedings, contact the laboratory prior to collection. These samples **must** have a completed chain of custody when received at the laboratory.

1. Affix a Legal seal:

- a) Secure the seal over the cap of the sample
- b) Initial the seal and indicate the date the seal was secured

and



The image shows a 'LEGAL SEAL / SCEAU LÉGAL' form. It includes the Ontario logo and the Agency for Health Protection and Promotion. The form has a 'Seal no. / Numero du Sceau' field with the number 123456. There are two 'Initial' fields for the person attaching the seal and the person receiving the specimen. A 'Date' field is represented by three empty boxes. A note in English and French instructs to place the seal over the cap and ensure it is securely fastened. The date 02/09 is printed at the bottom right.

2. Complete the “For Regulated Drinking Water or Legal Samples” section of the requisition with:

- a) The printed name of the person relinquishing the sample to laboratory personnel
- b) The signature of the person relinquishing the sample
- c) Date and time the sample(s) is relinquished

For Regulated Drinking Water or Legal Samples:

Relinquished By: _____ For Lab Use: _____
(Print Name)

Relinquished By: _____ Received By: _____
(Signature)

Date: _____ Time: _____ Date: _____ Time: _____



Accessing the Results:

Regular sample submission

Drinking Water – Non-Regulated or HPPA Regulated Premises:

Result	Phone Health Unit	Fax Health Unit	* Provincial Parks samples:	
			Faxed	A Copy sent
Adverse	Only if requested	Yes	Yes	Yes
Rejected	No	Yes	Yes	Yes
Non-Adverse	Only if requested	Only if requested	Only if requested	Yes

* For Provincial Park samples, faxes and copies are sent to the MNR Public Health Policy Officer.

Non-Potable Water – Public Beach Water:

Result	Phone Health Unit	Fax Health Unit	* Provincial Parks samples:	
			Faxed	A Copy sent
Adverse	Only if requested	Yes	Yes	Yes
Rejected	No	Yes	Yes	Yes
Non-Adverse	Only if requested	Only if requested	Only if requested	Yes

* For Provincial Park samples, faxes and copies are sent to the MNR Public Health Policy Officer

All Other Non-Potable Water:

Result	Phone Health Unit	Fax Health Unit
Adverse	Only if requested	Only if requested
Rejected	No	Yes
Non-Adverse	Only if requested	Only if requested

STAT sample submission:

Results are delivered immediately either by phone or fax once the result is authorized for release.

Regulated HPPA O. Reg. 319/08 drinking water sample submission:

Submitted by a Health Unit:

Result	Immediately after result is available:			Up to 24hr after telephoning the result:		Computer entry (LRMA)
	Phone Health Unit	Phone Water Work Owner	Fax MOHLTC (416-327-0984)	Fax Health Unit	Fax Water Work Owner	
Adverse	Yes	Yes	Yes	Yes	No	Yes
Non-adverse	Only if requested	Only if requested	Only if requested	Only if requested	No	Yes

Result	Phone Health Unit	Fax Health Unit	Computer Entry (LRMA)
Rejected	No	Yes	Yes

Submitted by a Provincial Park:

Result	Immediately after result is available:			Up to 24hr after telephoning the result:		Computer entry (LRMA)	Copy set to MNR Public Health Policy Officer
	Phone Health Unit	Phone MNR Public Health Policy Officer	Fax MOHLTC (416-327-0984)	Fax Health Unit	Fax MNR Public Health Policy Officer		
Adverse	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Non-adverse	Only if requested	Only if requested	Only if requested	Only if requested	Only if requested	Yes	Yes

Result	Fax MNR Public Health Policy Officer	Copy set to MNR Public Health Policy Officer	Computer Entry (LRMA)
Rejected	Yes	Yes	Yes

Regulated SDWA O. Reg 170/03 drinking water sample submission:

Result	Immediately after result is available:			Up to 24hr after telephoning the result:		
	Phone Health Unit	Phone Water Work Owner	Phone SAC	Fax Health Unit	Fax Water Work Owner	Fax Spills Action Centre
Adverse	Yes	Yes	Yes	Yes	Yes	Yes
Non-adverse	Only if requested	No	Only if requested	Optional and if requested	No	No

Result	Phone Health Unit	Fax Health Unit
Rejected	No	Yes

Legal water sample submission:

Results are delivered once the result is authorized for release.

Private Citizen Drinking Water Samples:

Private Citizens who own their own source of drinking water that serves a single household can send drinking water samples for testing to the PHL. These samples are analyzed for the microbial water quality indicators Total coliforms and *Escherichia coli*.

The Water Testing Information System (WTIS) is a computer application used by all PHL to facilitate Public Health Ontario's objective of collecting and managing the information related to the water testing service.

Once the results are approved in the system, the sample information and results are transferred electronically in a secure manner on a daily basis to the Ministry of Health and Long-Term Care Public Health Division and associated Public Health Unit via the Water Testing Information System Electronic Notification (WTISEN).

The system also allows submitters to retrieve their results and interpretation through the Interactive Voice Response (IVR) by calling a toll free telephone number and keying in the barcode associated with their sample.

Private Citizen submitters have options for accessing their results:

- By mail when “Please mail to my mailing address above” is indicated on the requisition.
- Picked up at the laboratory (with photo identification) when “I will pick up report at the laboratory” is indicated on the requisition.
 - Anyone wishing to pick up the report on behalf of the submitter must have a Potability of Water Release form (<http://www.oahpp.ca/services/water-testing.html>) signed by the submitter and show photo identification when picking up the report.
 - Alternately, a Freedom of Information request may be made to the PHO Privacy Officer (refer to www.oahpp.ca).
- By Interactive Voice Response (IVR): 1-877-723-3426 or Teletypewriter (TTY) 1-866-828-2238.

Private Citizens requiring assistance with the interpretation of results or advice on drinking water quality are to contact their local public health unit.

Ordering Supplies:

To order supplies, complete the “Requisition for Containers and Supplies” (<http://www.oahpp.ca/resources/laboratory-materials.html>) and fax to your local PHL. Toronto area clients fax to 416-235-5753.

Appendices:

- Appendix I** Bacteriological Analysis of Water
 - Single Sample Requisition for Official Agencies
- Appendix II** Bacteriological Analysis of Water
 - Multiple Sample Requisition for Official Agencies
- Appendix III** Bacteriological Analysis of Drinking Water for Private Citizen
 - SINGLE HOUSEHOLD ONLY
- Appendix IV** Potability of Water Release Form
- Appendix V** Autorisation De Divulguer Des Renseignements Sur La
 Potabilité De L'eau



Bacteriological Analysis of Water – Single Sample Requisition for Official Agencies

FOR DRINKING WATER: THE REGULATION STATUS OF THE SAMPLE MUST BE INDICATED. IF REGULATED, ALL NON-SHADED AREAS MUST BE COMPLETED OR THE SAMPLE WILL NOT BE ANALYZED BY THE LABORATORY AND ANOTHER SAMPLE WILL HAVE TO BE SUBMITTED.

A unique identifier (i.e. barcode) must be present on both the bottle and requisition when received at the laboratory or the sample will not be processed

Official Agency Address

Agency Name:	
Bldg. No., Street, R.R., Box No.	
City, Town	
Province	Postal Code
Submitted By:	
Submitted To: _____ Public Health Lab	
Comments/Additional Information:	

Owner of the Water Supply

Facility:	
Bldg. No., Street, R.R., Box No.	
City, Town	
Province	Postal Code
Contact Name(s):	
Tel: (Working hrs.): _____ (After Hours)	
Fax:	
Waterworks No.: Not assigned <input type="checkbox"/>	
Assigned <input type="checkbox"/> if assigned, indicate number	

Type of Drinking Water Systems

Mandatory: tick one box

HPPA O. Reg 319/08

HPPA Regulated Premises

Non Regulated

Private Residence

SDWA O. Reg 170/03

Reason for Sampling

Control

Audit

Compliance

Resample

Complaint Investigation

Outbreak Investigation

Outbreak Investigation

Outbreak Number: _____

Etiological Agent if Known: _____

Test for Etiological Agent* Or, Test for Potability

***Call laboratory before sampling**

Sample Information-Drinking Water

(Check all applicable boxes)

Date Collected: _____

Time Collected: hh : mm AM (Circle one) / PM

Collected By: _____

Sampling Site: _____

Free or combined chlorine residual (mg/L): _____ HPC test Requested

Source of Drinking Water

Ground Water (i.e. well)

Cistern

Surface Water

Distribution

Bottled Water

Other: _____

Sample Information-Non-Potable

Date Collected: _____

Time Collected: hh : mm AM (Circle one) / PM

Collected By: _____

Sampling Site: _____

Public Beach

Recreational Water Facility / Hydrotherapy Pool

Suspected Sewage Contamination

Other * (Please specify): _____

***Call laboratory before sampling**

All potable samples must be <25°C when received at the lab. Samples must be received in the lab within 6 hours of collection if not refrigerated. Refrigerated non-potable samples must be received in the laboratory within 1 calendar day of collection and all drinking water must be received in the laboratory within 48 hours of collection (time of collection must be indicated).

For Laboratories Only

Tests Performed	Count	Reported By	Date Read
Total Coliforms (Cfu) per 100mL* ∇			
Escherichia coli (Cfu) per 100mL* ∇			
Background (Cfu) per ∇			
100mL*			
Pseudomonas aeruginosa (Cfu) per 100mL*			
Presumptive Staphylococci (Cfu) per 100mL*			
Staphylococcus aureus (Cfu) per 100mL*			
Heterotrophic plate count (HPC) (Cfu) per mL** ∇			
Other: _____ per _____ mL		Authorized By: (Technologist)	

For Regulated Drinking Water or Legal Samples:

Relinquished By: _____ (Print Name) For Lab Use:

Relinquished By: _____ (Signature) Received By: _____

Date: _____ Time: _____ Date: _____ Time: _____

Laboratory Comments / Date Reported

4318-44 (12/11)

*Analysis by Membrane Filtration: **Analysis by Spread Plate. ∇ = Accredited test (drinking water)
 This information is being collected in compliance with the requirements of the Safe Drinking Act, 2002 and its regulations, and it will only be used for the purposes for which it is collected.
 Public Health Ontario is subject to the Freedom of Information and Protection of Privacy Act and any information in its records may be subject to disclosure by the Ministry pursuant to the Freedom of Information and Protection of Privacy Act.

These results relate only to the sample tested.



Bacteriological Analysis of Water

Multiple Sample Requisition for Official Agencies

FOR DRINKING WATER, THE REGULATION STATUS OF THE SAMPLE(S) MUST BE INDICATED. IF REGULATED, ALL NON-SHADED AREAS MUST BE COMPLETED OR THE SAMPLE(S) WILL NOT BE ANALYZED BY THE LABORATORY AND ANOTHER SAMPLE(S) WILL HAVE TO BE SUBMITTED. A UNIQUE IDENTIFIER (I.E. BARCODE) MUST BE PRESENT ON BOTH THE BOTTLE AND REQUISITION WHEN RECEIVED AT THE LABORATORY OR THE SAMPLE(S) WILL NOT BE PROCESSED.

Sampling Precautions:

- All potable samples must be <25°C when received at the lab. Samples must be received in the lab within 6 hours of collection if not refrigerated.
- Refrigerated non-potable samples must be received in the laboratory within 1 calendar day of collection.
- All drinking water must be received in the laboratory within 48 hours of collection.
- Time of collection must be indicated.

Sample Information - Drinking Water

Date Collected: _____ AM (Circle one)
 Time Collected: hh:mm:pm
 Collected By: _____
 Sampling Site: _____

Source of Drinking Water

Ground Water (i.e. well)
 Surface Water
 Distribution
 Bottled Water
 Other: _____ (Please Specify)
 Residual
 Non-treated
 Treated

Type of Drinking Water Systems

Mandatory: tick one box
 HPPA O. Reg 319/03
 HPPA Regulated Premises
 Non Regulated Premises
 SDWA O. Reg 170/03

Reason for Sampling

Annual Audit
 Compliance
 Resample
 Complaint Investigation
 Outbreak Investigation
 Other: _____ (complete section below)
 Outbreak Number: _____

Etiological Agent if Known:

Test for Etiological Agent*
 Or: Test for Potability
 *Call laboratory before sampling

Sample Information - Non-Potable

Date Collected: _____ AM (Circle one)
 Time Collected: hh:mm:pm
 Collected by: _____
 Sampling site: _____
 Public Beach
 Recreational Water facility / Hydrotherapy Pool
 Suspected Sewage Contamination
 Other: _____ (Please specify)
 *Call laboratory before sampling

Identification of Collection Site & Time Collected	Barcode	Free or chlorine residual (mg/L)	HPC Requested	Bacterial Counts (CFU Based on 100mL Vol. By Membrane Filtration)	Back-ground <input type="checkbox"/>	Presumptive <input type="checkbox"/>	S. aureus <input type="checkbox"/>	Staphylococci <input type="checkbox"/>	HPC (CFU) Based on 1mL Vol. by Spread Plate	Lab. No./ Date & Time Received
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For Regulated Drinking Water or Legal Samples:

Relinquished By: _____ (Print Name) For Lab Use:
 Relinquished By: _____ (Signature) Received By: _____
 Date: _____ Time: _____ Date: _____ Time: _____

Laboratory Comments:

Date Reported: _____

Date of Analysis: _____ Authorized By: _____ (Technologist)



These results relate only to the sample tested. This information is being collected in compliance with the requirements of the Safe Drinking Act, 2002 and its regulations, and it will only be used for the purposes for which it is collected. Public Health Ontario is subject to the Protection of Information and Protection of Privacy Act and any information in its records may be subject to disclosure by the Ministry pursuant to the Protection of Information and Protection of Privacy Act.

End of report



Barcode/Code à barres

Date Received/Reçu le

Laboratory No./N° du laboratoire



Public Health Laboratories

Bacteriological Analysis of Drinking Water for Private Citizen, SINGLE HOUSEHOLD ONLY

Analyse bactériologique de l'eau potable – Particuliers, MÉNAGES UNIFAMILIAUX SEULEMENT

Form with sections: Submitter's name and mailing address, Location of Water Source, Date collected, Time Collected, and instructions. Includes checkboxes for report pickup and mailing address.

For Laboratory Use Only/Réservé à l'usage du laboratoire

Interpretation for this water sample/Interprétation de cet échantillon d'eau

This water sample was only tested for the presence of both Total Coliform and E. coli bacterial indicators of contamination, by Membrane Filtration. / Cet échantillon d'eau n'a été analysé que pour déceler la présence des coliformes totaux et des bactéries colibacillaires, indicateurs de contamination par filtration sur membrane.

- NO SIGNIFICANT EVIDENCE OF BACTERIAL CONTAMINATION (Total Coliform ≤5, E. coli = 0)
AUCUNE PREUVE DE CONTAMINATION BACTÉRIENNE SIGNIFICATIVE (Coliformes totaux ≤5, E. coli = 0)
SIGNIFICANT EVIDENCE OF BACTERIAL CONTAMINATION (Total Coliform >5, E. coli = 0)
PREUVE DE CONTAMINATION BACTÉRIENNE SIGNIFICATIVE (Coliformes totaux >5, E. coli = 0)
UNSAFE TO DRINK Evidence of faecal contamination. (E. coli > 0)
EAU NON POTABLE Preuve de contamination par des matières fécales. (E. coli > 0)

Date Reported/Stamp/
Date du rapport

Table with 4 columns: Total Coliform per 100 mL/Coliformes totaux par 100 mL, E. coli per/par 100 mL, Date of Analysis/Date de l'analyse, Read by/Analyse par, Date Read/Analyse effectuée le, Authorized by (Technologist)/Autorisé par (Technologiste)

3743-44 (10/2011)

These results relate only to the sample tested. / Le résultat obtenu se rapporte seulement à cet échantillon d'eau analysé. End of report / Fin du rapport



POTABILITY OF WATER RELEASE FORM

The Public Health Ontario, Public Health Laboratories has traditionally provided a bacteriological testing service to those residents of Ontario who must rely on well-water, as they do not have access to a treated municipal drinking water supply. To ensure confidentiality, laboratory results will be issued only to the individual whose name and return address appear on the data sheet, **unless the laboratory receives written permission from that individual** to release the results to another designated person.

I _____ hereby authorize the Public Health
(Individual's name that appears on the data sheet)

Laboratory to release information regarding the well water taken from the property

located at _____
(Street Address or Lot; Concession; Township / Municipality; County)

to _____
(Name)

Signature of individual whose name appears on the data sheet:

Date: _____
(yyyy/mm/dd)



**AUTORISATION DE DIVULGUER DES
RENSEIGNEMENTS SUR LA POTABILITÉ DE L'EAU**

La Direction des laboratoires de santé publique (Santé publique Ontario) a toujours fourni des services d'analyse bactériologique aux résidents de l'Ontario dont l'eau potable provient d'un puits, parce qu'ils ne sont pas reliés à un réseau de distribution d'eau municipal. Pour garantir la confidentialité des résultats d'analyse, ceux-ci ne seront communiqués qu'à la personne dont le nom et l'adresse figurent sur la fiche de données, **à moins que cette personne ait autorisé (par écrit) le laboratoire** à communiquer les résultats à quelqu'un qu'elle aura désigné.

Je, _____, autorise par les présentes le laboratoire de santé
(Nom figurant sur la fiche de données)

publique à communiquer les renseignements relatifs à l'eau de puits prélevée sur ma propriété,
située au

_____,
(Adresse ou numéro du lot, concession, canton ou municipalité, comté, etc.)

à _____.
(Nom de la personne désignée)

Signature de la personne dont le nom figure sur la fiche de données :

Date : _____
(jour, mois et année)

