



**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.

<b>Send Report to:</b>		<b>TEST: Total Coliform and <i>E. coli</i> ONLY</b>	
First Name:	Last Name:	<b>Payment Type (check one):</b> SUBSIDY <input type="checkbox"/> Subsidized Price NON-SUBSIDY <input type="checkbox"/> Full price ***** See Note on page 2 for pricing	RE-TEST <input type="checkbox"/> (Coupon required)
Mailing Address Street or P.O. Box:			
Town / City:	Postal Code:	<b>Amount (\$):</b>	Please make cheques payable to Horizon Lab Ltd.
Day time phone:	Evening / Weekend Phone:	<b>Paid by: (check one)</b>	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> RE-TEST COUPON <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/>
Email	Date of last test, prior to this test (if known) dd-mmm-yyyy:	Credit Card # and Expiry Date:	
(or) Fax:			
Lab Comments:		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. SW99-99-99W)	Town	Rural Municipality / LGD (RM Name)	Date dd-mmm-yyyy	Time hh:mm (hrs)
	Location (e.g. Kitchen, Outside Tap)						
		Raw <input type="checkbox"/> Water as it comes from the source	Treated <input type="checkbox"/> Water that has undergone an alteration to improve its quality				

<b>GPS Coordinates</b> (if known) May be found in original well log.	Latitude / Longitude (degrees decimal): Lat: _____ Long: _____	or	UTM Coordinates: UTM X: _____ UTM Y: _____ Zone: _____
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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 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

### **Water Sample Requirements:**

- Samples for Total Coliform and *E. coli* bacteria must be submitted in sterile bottles supplied by Horizon Lab.
- Samples for Total Coliform and *E. coli* bacteria must be kept cool and all efforts should be made so that the sample arrives to the Laboratory within 24 hours of sampling.
- Samples received after 30 hours will only have presence / absence result
- Samples will not be tested after 48 hours from the time of sampling.
- **DO NOT** allow sample to freeze. If sample arrives frozen or if there is evidence of freezing. Sample will be rejected and customer will be contacted.

### **Water Sample Instructions for Coliform and *E.coli* tests:**

Please follow these instructions when collecting a sample:

1. If the sample is collected from an indoor tap, remove the aereator screen from the end of the tap.
2. Sterilize the end of the tap as follows:
  - 2.1. If the faucet is made from metal, then flame it for 20 seconds with a lighter, or
  - 2.2. Use either 5.25% bleach or 60% isopropyl alcohol for cleaning the end of the tap.
3. Allow cold water tap to run for 2 or 3 minutes prior to sampling.
4. Remove the plastic seal from the sterile sample bottle and unscrew the cap (do not touch the inside of the cap or bottle).
5. **DO NOT** rinse the bottle.
6. Fill to 100-ml line indicated on the bottle.
7. Cap the bottle, being careful not to contaminate the cap.
8. Write the date and time of sampling on the label of the bottle.
9. Keep the sample cool and submit to the lab.
10. Please make cheques payable to **Horizon Lab Ltd.**

\*\* Samples received up to 30 hours from collection time will have a quantitative result (Ex. 45 MPN). Samples received between 30 hours and 45 hours will have a qualitative result (Ex. Coliform Bacteria Present). If Not acceptable is checked off, testing will not be performed and customers will receive notification either by phone or email.

\*\*\*\*\* For current pricing, please contact Horizon Lab at 204-488-2035 or go to [www.horizonlab.ca](http://www.horizonlab.ca) as pricing may change annually.