



**CHEMICAL SAMPLE SUBMISSION FORM**

Sample ID \_\_\_\_\_

**Civic Address:** 77 C. Saulnier Road, Saulnierville, Digby Co., NS

**Mailing Address:** P.O. Box 39, Saulnierville, NS, B0W 2Z0

**Tel:** [902-769-2102; **Fax:** [902] 769-2104; **Email:** info@novawestlab.ca

|                                      |               |
|--------------------------------------|---------------|
| <b>COMPANY NAME / CONTACT PERSON</b> |               |
| CUSTOMER NAME                        |               |
| MAILING ADDRESS                      |               |
|                                      |               |
| PHONE                                | EMAIL ADDRESS |

|  |               |
|--|---------------|
| <b>FACILITY / PROPERTY INFORMATION (if applicable)</b> |               |
| CIVIC # / ADDRESS                                      |               |
|  |               |
| COUNTY   | POSTAL CODE   |
| PHONE  | EMAIL ADDRESS |

|                                     |  |
|-------------------------------------|--|
| <b>Drinking Water Category</b>      |  |
| <input type="checkbox"/> Approved   | <input type="checkbox"/> Registered (Reg #) _____                        |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Residential <input type="checkbox"/> Government |

|                                      |               |
|--------------------------------------|---------------|
| <b>Result Reporting Contact-Name</b> |               |
| CONTACT NAME                         |               |
| MAILING ADDRESS                      |               |
|                                      |               |
| PHONE                                | EMAIL ADDRESS |

|                                       |                                       |                                   |                                 |
|---------------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| <b>Drinking Water Source</b>          |                                       |                                   |                                 |
| <input type="checkbox"/> Municipal    | <input type="checkbox"/> Drilled Well | <input type="checkbox"/> Dug Well | <input type="checkbox"/> Lake   |
| <input type="checkbox"/> Reservoir    | <input type="checkbox"/> Watercourse  | <input type="checkbox"/> Cistern  | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Other: _____ |                                       |                                   |                                 |

|  |                         |
|--|-------------------------|
| <b>Payment Information (if applicable)</b> |                         |
| CONTACT NAME (if different)                | ACCOUNT / CREDIT CARD # |
| MAILING ADDRESS                            |                         |
|  |                         |
| PHONE                                      | EMAIL ADDRESS           |

|   |                                       |                                |  |
|---|---------------------------------------|--------------------------------|--|
| <b>Other Waste Source</b>   |                                       |                                |  |
| <input type="checkbox"/> Indoor Pool                                  | <input type="checkbox"/> Outdoor Pool | <input type="checkbox"/> Spa   | <input type="checkbox"/> Beach: salt/fresh |
| <input type="checkbox"/> Wastewater System: effluent/sewage (circle): |                                       | <input type="checkbox"/> Other |  |

|   |  |
|---|--|
| <b>Detailed Sample Information</b>  |  |
| SAMPLE COLLECTION LOCATION (e.g. kitchen tap)   |  |
| <input type="checkbox"/> Raw <input type="checkbox"/> Treated (type) _____<br>(if available)<br>Chlorine Residual: _____ mg/L free/total (circle) pH: _____ |  |
| SAMPLE COLLECTED BY (print)   |  |
| DATE AND TIME OF COLLECTION (dd / mm / yyyy hh:mm)  |  |

|  |  |
|--|--|
| <b>Analysis Requested (Verify available analysis with lab)</b>   |  |
| <input type="checkbox"/> Package A (Arsenic, Lead, Uranium - 3 @ \$142.50 + tax)<br><input type="checkbox"/> Package B (pkg A + Alk, Cu, Fe, Hardness, Mn, pH, TDS - 10 @ \$280 + tax)<br><input type="checkbox"/> Registered Water Supplies (34 parameters @ \$365 + tax)<br><input type="checkbox"/> Fur Regs (Surface Water - NH <sub>3</sub> , NO <sub>3</sub> , TP, TSS, Coliform & E. coli Count @ \$232 + tax)<br><input type="checkbox"/> Fur Regs (Groundwater - Cl, NH <sub>3</sub> , NO <sub>3</sub> , TP, TDS @ \$157.50 + tax)<br><input type="checkbox"/> Bacteria [Coliform & E. coli] - Absence/Presence (\$40.00 + tax)<br><input type="checkbox"/> Bacteria [Coliform & E. coli] - Count (\$54.00 + tax)<br><input type="checkbox"/> Bacteria A1 [Fecal Coliform] (\$58.00 + tax)<br><input type="checkbox"/> HPC (Heterotrophic Plate Count) (\$47.50 + tax)<br><input type="checkbox"/> Custom (see below for individual parameters) |  |

|  |  |
|--|--|
| <b>Sample Receiving Information [LAB ONLY]</b> |  |
| Temperature (°C)                               |  |
| Deficiencies?                                  |  |

| Individual Parameters (contact lab for pricing) |                                    |   |                                   |                                    |   |  |   |
|---|------------------------------------|---|-----------------------------------|------------------------------------|---|--|---|
| <input type="checkbox"/> Alkalinity             | <input type="checkbox"/> Aluminum  | <input type="checkbox"/> Ammonia          | <input type="checkbox"/> Antimony | <input type="checkbox"/> Arsenic   | <input type="checkbox"/> Bacteria (A/P) | <input type="checkbox"/> Bacteria (Count)  | <input type="checkbox"/> Bacteria A1      |
| <input type="checkbox"/> Barium                 | <input type="checkbox"/> Beryllium | <input type="checkbox"/> BOD <sub>5</sub> | <input type="checkbox"/> Boron    | <input type="checkbox"/> Cadmium   | <input type="checkbox"/> Calcium        | <input type="checkbox"/> CBOD <sub>5</sub> | <input type="checkbox"/> Chloride         |
| <input type="checkbox"/> Chlorine               | <input type="checkbox"/> Chromium  | <input type="checkbox"/> Cobalt           | <input type="checkbox"/> COD      | <input type="checkbox"/> Colour    | <input type="checkbox"/> Conductivity   | <input type="checkbox"/> Copper            | <input type="checkbox"/> Dissolved Oxygen |
| <input type="checkbox"/> Fluoride               | <input type="checkbox"/> Hardness  | <input type="checkbox"/> HPC              | <input type="checkbox"/> Iron     | <input type="checkbox"/> Lead      | <input type="checkbox"/> Magnesium      | <input type="checkbox"/> Manganese         | <input type="checkbox"/> Molybdenum       |
| <input type="checkbox"/> Mercury                | <input type="checkbox"/> Nickel    | <input type="checkbox"/> Nitrate          | <input type="checkbox"/> Nitrite  | <input type="checkbox"/> pH        | <input type="checkbox"/> Phosphate      | <input type="checkbox"/> Phosphorus        | <input type="checkbox"/> Potassium        |
| <input type="checkbox"/> Salinity               | <input type="checkbox"/> Selenium  | <input type="checkbox"/> Silica           | <input type="checkbox"/> Sodium   | <input type="checkbox"/> Strontium | <input type="checkbox"/> Sulphate       | <input type="checkbox"/> Thallium          | <input type="checkbox"/> Tin              |
| <input type="checkbox"/> Titanium               | <input type="checkbox"/> TDS       | <input type="checkbox"/> TSS              | <input type="checkbox"/> TOC      | <input type="checkbox"/> Turbidity | <input type="checkbox"/> Uranium        | <input type="checkbox"/> Vanadium          | <input type="checkbox"/> Zinc             |

\_\_\_\_\_  
SIGNATURE - COMPANY CONTACT / or CUSTOMER

\_\_\_\_\_  
COMMENTS (on sampling):

\_\_\_\_\_  
SIGNATURE - SAMPLE COLLECTOR                      DATE / TIME (dd / mm / yyyy hh:mm)

\_\_\_\_\_  
SIGNATURE - OF LAB UPON SAMPLE RECEIPT                      DATE / TIME (dd / mm / yyyy hh:mm)

## <sup>1</sup> Sample Collection and Preservation - Chemical and Physical Quality

**NOTE:** Nova West Lab reserves the right to refuse testing of any sample due to incomplete information on submission forms and for any sample not conforming to the following instructions.

### **General**

**Bottles** are available from Nova West Laboratory and selected locations in Tri-Counties (call lab for details). A **sample submission form** is provided with the bottles to be completed with your name, date, time, sampling location, and your contact information. Registered Water Supplies are required to record the registration number on the form's appropriate area.

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### **Sample Container**

Make sure to label each bottle with your name and date sampled.

**Chemical** - Use clean 500 mL polyethylene bottles. **Two bottles are required per sampling site.**

**Bacterial (A/P & Count)** - Use one sterile 120 mL polyethylene bottle per sample.

**Bacterial (A1 Method only)** - Use one sterile 250 mL polypropylene bottle per sample.

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### **Flush the system**

If samples are to be taken from a tap, allow the water to run from the cold water tap for at least 15 minutes at a high flow rate, then reduce flow prior to sample collection. This will help remove stagnant water from the system that may *artificially elevate* bacteria and metal concentration results.

**\*Bacterial sampling:** Prior to flushing - remove any aerators, strainers, attachments, or purification devices from the tap. Sterilize the faucet outlet, i.e., by swabbing with a disinfecting wipe.

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### **Sample Collection**

If sample collection is from tap - reduce water flow so that it runs gently and does not splash out of the container.

**Chemical Sampling** - Rinse the bottle(s) and cap 2 to 3 times unless special sampling procedures indicate otherwise.

Fill bottle(s) to top (overflow) and cap tightly with no air gap.

If a treatment device is in place to remove any chemical or physical substances, it is recommended that two sampling sites be tested: one sample (2 bottles) from the raw water source and one sample (2 bottles) after the treatment device.

Chemical analysis is recommended once every two years or if you notice changes in your water quality.

**Bacterial Sampling** - Hold sample container at the base and remove the seal around the cap. Remove cap with the free hand keeping the inside cap facing down while the bottle is being filled.

**DO NOT TOUCH** the inside of the bottle, the bottle lip, inside the cap nor lay down the cap. **DO NOT** breathe on the bottle or cap. **DO NOT** rinse the bottle - powder inside does not interfere with sample. Fill the bottle above fill line ensuring there is 100mL or more. **DO NOT** allow the bottle to overflow. Carefully replace the cap.

**Bacterial Sampling - A1 Method only** - Collect sample in a 250 mL sterile bottle. Avoid external contamination during sample collection and do not contaminate inner surface of stopper/cap and bottle neck. Fill container without rinsing, **allow 2.5 cm (1 in.) headroom to permit proper mixing**, replace cap immediately.

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### **Storage and Transportation**

Samples shall be kept in a refrigerator or cooler with ice packs to maintain a temperature of 10°C or less - but not frozen - until delivery to the laboratory. Chemical analysis samples should be kept in the dark.

Transport the sample to the laboratory as soon as possible and within 24 hours.

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### **Sample Preservation & Disposal**

The bottles do not contain any [hazardous] chemicals. If applicable to the sample, chemicals are added at the time of testing for sample preservation. Processing and disposal fees are applied accordingly.

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**Other :** For additional or specialized parameters, discuss the requirements with the laboratory or a trained professional before sampling. Samples are kept at NWL in storage a minimum of two weeks after receipt of the results unless otherwise advised.

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<sup>1</sup> Based on the Nova Scotia Department of Environment and Climate Change – **Test your well water** (Refer to website: <https://novascotia.ca/well-water-testing/>)