

## IMPACT MICROBIOLOGY SERVICES LTD.

819 ROYAL RD, BUILDING B FREDERICTON, NB, CANADA, E3G 6M1

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## WATER SAMPLE SUBMISSION FORM - MICROBIOLOGICAL POTABILITY

PLEASE FILL IN	LABORATORY USE ONLY	
Customer Name	Sample bottle provided	
Address	Received By	
Phone	Date Received/Tested	
Email	Time	
Sample Site Address	Report No	
Date and Time Sample Taken	Report Issued	
Report will be sent via email.  Method of Payment: credit card □ e-transfer □ see pg 2 for payment details	Retest: yes no	
Sample Analysis (please check all that apply)		
Total Coliforms, E. coli \$36		
Sample type: Well  Surface  Other  Prices do not include tax as applicable		
RESULTS		
Total Coliformscfu/100 ml HPC	cfu/100 ml	
<i>E.coli</i> cfu/100 ml Other		
According to the Guidelines for Canadian Drinking Water, the maximum acceptable concentration for <i>E. coli</i> in drinking water is zero per 100ml. If it contains any total coliform bacteria, your water may not be safe to drink and more testing is required.		
If Coliform bacteria is present, Health Canada recommends immediately resampling to confirm the presence or absence of bacteria. Health Canada's Guidelines can provide insight on appropriate corrective actions. For more information visit Be Well Aware: Test your well water - Canada.ca		
Lab Signature Officer Title	Date	

**IMPORTANT** Payment Instructions		
Via Credit Card:		
In person drop off – Upon delivering samp	ple to lab directly you may pay by credit ca	ard at the door.
	received an invoice will be sent to the emaid. When you have received the invoice you lete payment over the phone.	
We also offer the option to pay via e-tran invoice number and last name written in t	usfer using the <u>arinvoices@luminultra.com</u> the text section.	address. E-transfers must include the
Please note that all payments must be rea	ceived prior to sample results being releas	sed.
If you are expecting to submit ongoing san <a href="mailto:lab@impactmicrobiology.com">lab@impactmicrobiology.com</a>	mples and wish to set up an account for mo	onthly billing please contact our office at
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Lab Signature	Officer Title	Date