



Agriculture
Quality Evaluation Division
Laboratory Services

PO Box 550, Truro, Nova Scotia B2N 5E3
 (176 College Road, Truro, NS B2N 2P3)
 Tel: 902-893-6552 Fax: 902-893-4193



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MINERAL WATER ANALYSIS
REQUISITION FORM

WATER SAMPLE Approved _____
 Raw Treated Registered # _____
 SOURCE Private _____
 Other _____

Well: Drilled Dug
 Spring Number of Samples _____

Name* _____

Address* _____

Town/City* _____

Prov.* _____ Postal Code* _____

Tel* _____ Fax _____

**Required information must be filled in before sample will be accepted.*

SAMPLE ID

DATE TAKEN

SAMPLE ID	DATE TAKEN
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Report to (if different from above)

Name _____

Address _____

_____ Postal Code _____

Tel _____ Fax _____

LAB USE ONLY

Accession #	<input type="text"/>
Date Received	<input type="text"/>
Time Received	<input type="text"/>
Temperature	<input type="text"/>
Initials (Receiver)	<input type="text"/>

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