

PRIVATE WELL WATER TESTING - APPLICATION FORM 2016

Seine-Rat River Conservation District

123 Simard Street

Box 339, La Broquerie, MB. R0A 0W0

Ph: (204) 424-5845 Fax: (204) 424-5909

Objective: To assist SRRCD residents with having their private well water tested for the presence of E. coli and Coli form bacteria.

Applicant: _____ Phone #: _____

Email: _____

Mailing Address: _____

Legal sample location (Qtr, Sec-Twp-Rge, Lot #): _____


ELIGIBILITY:

1. Wells to be tested must be for private purposes and within the boundary of the SRRCD.
2. The water samples will only be accepted on the morning of the well water testing days:

May 12th June 9th July 14th August 11th September 8th

TERMS AND CONDITIONS:

The Applicant shall:

1. Obtain a sterile water sample bottle (from any participating RM office), follow the proper well water sample collection procedures and collect the sample the same day it is to be analyzed;
2. Drop the well water sample off at the SRRCD office or other designated RM office prior to 11:00 am (or prior to 10am in Vassar) on the well water testing day with both the SRRCD application form and the Horizon Lab Ltd. Chain of Custody (COC) form;
3. Ensure both forms are filled out correctly, including name, current phone number, mailing address and legal land description or civic address.
4. Grant permission to the SRRCD to receive a copy of the well water test results in confidence within the SRRCD office by signing this application form;
5. Include payment of **\$21.26** (tax included) per well water sample for the lab analysis fee. Please use  **cheque payable to Horizon Lab Ltd.**

The Conservation District shall:

1. Provide sterile water sample bottles;
2. Deliver the well water samples to an accredited lab in Winnipeg for testing; and
3. Keep all information related to the applicant and test results confidential.

This is an agreement between the Applicant and the Conservation District, and will terminate upon the acceptance of the lab analysis.

I hereby declare that I have read the Terms and Conditions of the Well Water Testing Program and that I agree to the said Terms and Conditions as outlined above.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Received _____ Cheque # _____ Date _____ Initials _____



**MANTOBA WATER STEWARDSHIP
PRIVATE SUBSIDY PROGRAM
Chain of Custody / Analytical Request Form**

Ship to: 4055 Portage Ave.
Winnipeg, MB, R3K 2E8
(204) 488 2035



IMPORTANTPLEASE 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. Please make cheques payable to Horizon Lab Ltd.

Send Report to:

First Name: Last Name:

Mailing Address

Street or P.O. Box:

Town / City:

Postal Code:

Day time phone:

Evening / Weekend Phone:

Email

Date of last test, prior to this test (if known) dd-mm-yy:

(or) Fax:

Lab Comments:

Project:

TEST: Total Coliform and E. coli ONLY

100% Subsidy applies only during a declared Flood. Is this a flood sample? YES NO

Payment Type (check one) SUBSIDY NON-SUBSIDY RE-TEST (Coupon required)

Amount (\$):

Paid by: (check one) Cash Cheque RE-TEST COUPON Visa MC Debit

Credit Card # and Expiry Date:

Project:

Sample Identification

Lab Sample ID

Name

Location (e.g. Kitchen)

Sample Type
(Please checkmark one)

Raw ☐ Water as it comes from the source
Treated ☐ Water that has undergone an alteration to improve its quality

Legal Location
(Street Address or Section-Township-Range)
(Ex. SW99-99-99W)

Town

Rural Municipality / LGD
(RM Name)

dd-mm-yy

Time
hh:mm (hrs)

GPS Coordinates
(if known) May be found in original well log.
Latitude / Longitude (degrees decimal):
Lat: Long:

UTM Coordinates:
UTM X: UTM Y: Zone:

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:

Date dd-mm-yy: Time:

Date dd-mm-yy: Time:

Temperature:
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 queries 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 Saulleaux 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.

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 arrive to the Laboratory within 24 hours of sampling.
- Samples will not be tested after 48 hours from the time of sampling.

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 aerator 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.