



RM Private Well Water Testing Days 2020

Due to recent high water events, the Seine Rat Roseau Watershed District will be assisting residents with private well water testing for the presence of *E. coli* and coliform bacteria. **The cost of private well water testing is \$15.00**, including tax. **This is a onetime offer in response to recent flooding.** Each legal location is eligible for one sample per well at the subsidized rate. **Payment may be submitted by cash or cheque ONLY, with cheques made payable to Horizon Lab Ltd.** Horizon Lab is also offering a new expedited service. Customers can pay an extra \$10 to have their bacteria water test report sent by the following business day.

Water sample bottles & application forms can be picked up in advance at your participating RM office. **Water samples must be taken on the same day as the drop-off.** Drop your water sample off at your participating RM office **prior to 10:00 am**, along with your completed Chain of Custody and SRRWD Application forms.

Only those samples that are accompanied by correct payment and completed forms will be accepted. Please respect social distancing and other COVID-19 measures while dropping off your sample.

RM Private Well Water Testing Day will take place on:

**Thursday July 9th, 2020 before 10:00am
at the RM of Piney office**

DUE TO COVID-19, ALL FORMS AND WATER BOTTLES CAN BE PICKED UP AT THE RM OFFICE BY CALLING IN AHEAD (204-437-2284) SO WE CAN HAVE IT SET OUTSIDE FOR YOU TO PICK UP.

WATER SAMPLE DROP OFFS WILL BE DONE BY LEAVING THE WATER SAMPLE IN THE COOLER THAT WILL BE SITUATED OUTSIDE OUR OFFICE ENTRANCE AND YOUR PAYMENT ALONG WITH APPLICATION FORM & CHAIN OF CUSTODY FORM, MUST BE PLACED IN AN ENVELOPE AND PUT IN OUR DROP BOX.

Contact the SRRWD for more information:

(204)326-1030
(204) 425-7877
Email: roseau@srrcd.ca
www.srrcd.ca

PRIVATE WELL WATER TESTING - APPLICATION FORM 2019

Seine Rat Roseau Watershed District

154 Friesen Avenue, Steinbach, MB, R5G 0T5; (204) 326-1030; info@srrcd.ca; www.srrcd.ca

Objective: To assist SRRWD residents with having their private well water tested for the presence of *E. coli* and Coliform bacteria.

Applicant: _____ Phone #: _____

Mailing Address: _____

Email: _____ Civic Address (Driveway # & road): _____

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. Water samples will only be accepted on the morning of the well water testing days:
3. Each legal location is eligible for one sample per well at the subsidized rate

July 9th, 2020

**Drop Off Sample BEFORE:
10:00 AM**

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 SRRWD office or other participating RM office prior to **10:00 am**. Water samples must be submitted with SRRWD Application form and Horizon Lab Ltd. Chain of Custody 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 SRRWD to receive a copy of the well water test results in confidence within the SRRWD office by signing this application form.

The Watershed 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 Watershed 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 I agree to the Terms and Conditions as outlined above.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Received (\$) _____ Cheque # _____ Date _____ Initials _____



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.

Send Report to:		TEST: Total Coliform and <i>E. coli</i> ONLY		
First Name:	Last Name:	PAYMENT TYPE (check one)	SUBSIDY NON-SUBSIDY <input type="checkbox"/> Full price <input type="checkbox"/>	RE-TEST (Coupon required) <input type="checkbox"/>
Mailing Address Street or P.O. Box:		***** See Note on page 2 for pricing		
Town / City:		Amount (\$):	Please make cheques payable to Horizon Lab Ltd.	
Postal Code:				
Day time phone:	Evening / Weekend Phone:	Paid by:	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-mm-yy:	Credit Card # and Expiry Date:		
(or) Fax:				
Lab Comments:				
Lab Sample ID	Sample Identification (This will appear on customer report) Location (e.g. Kitchen, Outside Tap)	Sample Type (Please checkmark one)	Legal Location (Street Address or Section-Township-Range) (Ex. SW99-99-99W)	Town
	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		
GPS Coordinates (If known) May be found in original well log.	Latitude / Longitude (degrees decimal): Lat: Long:	UTM Coordinates: UTM X: UTM Y: UTM 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:	Temperature:		
Date dd-mm-yy:	Date dd-mm-yy:	Samples Received in Good Condition? (If no, provide details)		
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