



Aquatic and Environmental Laboratory Inc.

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Barrie, ON. (Craighurst)
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aquaenvirolab@gmail.com

Date of Registration
(YYYY-MM-DD):

Name of Customer:

Regulation:

<input type="checkbox"/>	O. Reg. 170/03	<input type="checkbox"/>	O. Reg. 318/08; 319/08	<input type="checkbox"/>	O. Reg. 243/07	<input type="checkbox"/>	N/A
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Drinking Water System
(DWS) Number:

Physical Location of
business:

Contact Name:

Position/Title:

Telephone:

Fax:

Email:

Mailing Address
(If different from
Physical Location):

Health Unit:

Township:

Sampling
Frequency:

<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Bi-Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly
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Would you like to receive an email reminder of when to sample?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please provide an email address above.

Is your business seasonal?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, from which month to month?

Month:

to Month:

For Laboratory Use Only

Reviewed and Approved by:

C of C:

Collection Guide:

Customer File:

Calendar: