



## Aquatic and Environmental Laboratory Inc.

2101 Horseshoe Valley Road West

Barrie, ON. (Craighurst)

705-722-5227

aquaenvirolab@gmail.com

**Date of Registration**

**(YYYY-MM-DD):**

\_\_\_\_\_

**Name of Business:**

\_\_\_\_\_

**Regulation:**

O. Reg 170/03

O. Reg 319/08

O. Reg. 243/07

O. Reg 493/17

N/A

**Drinking Water System**

**(DWS) Number:**

\_\_\_\_\_

**Physical Location of**

**business:**

\_\_\_\_\_

**Type of Treatment System**

**(if any):**

U.V. System

Chlorination

**Contact Name:**

\_\_\_\_\_

**Position/Title:**

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**Fax:**

\_\_\_\_\_

**Email:**

\_\_\_\_\_

**Mailing Address**

**(If different from  
Physical Location):**

\_\_\_\_\_

\_\_\_\_\_

**Health Unit:**

**Township:**

**Sampling**

Weekly

Bi-Weekly

Monthly

Bi-Monthly

Quarterly

**Frequency:**

**Would you like to receive an email reminder of when to sample?**

Yes

No

If yes, please provide an email address above.

**Is your business seasonal?**

Yes

No

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: