



## Aquatic and Environmental Laboratory Inc.

3239 Penetanguishene Rd.

Barrie, ON. (Craighurst)

705-722-5227

aquaenvirolab@gmail.com

**Date of Registration**  
(YYYY-MM-DD):

\_\_\_\_\_

**Name of Business:**

\_\_\_\_\_

<b>Regulation:</b>	O. Reg 170/03	O. Reg 319/08	O. Reg. 243/07	O. Reg 493/17	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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:**

<b>Sampling</b>	Weekly	Bi-Weekly	Monthly	Bi-Monthly	Quarterly
<b>Frequency:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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: