



HAMLET OF FORT LIARD WATER QUALITY TEST REQUEST

PERSON MAKING REQUEST				
LOCATION				
CONTACT PHONE NUMBER				
NATURE OF COMPLAINT (IF POSSIBLE, CIRCLE ONE OR MORE TYPES OF SMELL OR TASTE)	CHORINOUS	MUSTY	FISHY	BITTER
	BLEACH	EARTHY	GRASSY	METALLIC
	ASTRINGENT	SEPTIC	RUSTY	AFTERTASTE
	CHEMICAL	SUFLUROUS	SOLVENTY	PLASTIC
	MEDICAL	OIL	PAPERY	TASTE

**NOTE: RESULTS OF TESTING TAKE TWENTY-FOUR HOURS
YOU WILL BE NOTIFIED OF RESULTS WHEN TESTING COMPLETED**

OPERATOR'S RESULTS OF TESTING

LOCATION OF SAMPLE	
SAMPLE TAP (EG: Kitchen Tap)	
DATE:	
TIME:	
Sample incubated for 24 hours	
RESULTS OF TESTS:	OBSERVATIONS:
Free Available Chlorine: mg/L	
E Coli:	
Coliforms:	
SIGNATURE	

OPERATOR TO TURN IN COMPLETED FORM TO MANAGER, MUNICIPAL OPERATIONS

TEST RESULTS PROVIDED TO PERSON MAKING REQUEST

DATE:	
METHOD: (EG: letter, fax, verbal)	
ADVICE PROVIDED: (EG: clean tank, boil, etc)	
SIGNATURE:	

RESULTS TO BE NOTED ON MONTHLY WATER TESTING FORM AND THIS FORM FILED