

Water Analysis Request Form

CUSTOMER NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____ (required)

E-MAIL: _____ (for notification)

SAMPLE DATE: _____

To collect your sample, use a small water bottle (any brand name water from a convenient store will do, simply empty the contents). Use a bottle that has had only water in it. Be sure to run the water for about 10 minutes prior to filling as water remains in pipes for some time can alter the results. Fill up the bottle from your tap. Please ensure the bottle is filled up to the top (no space for air left). In order to receive an accurate test, we must have a minimum of 8 oz. of water to complete all testing. Print and fill out this form, place the bottle in a zip lock baggy and send Overnight or Priority mail to:

*Speleotherapy Clinic, Water Testing Lab, P.O.Box 77573
RPO Sheppard Plaza, Downsview, M3H 6A7, Ontario, Canada*

Water Sample Source

- Municipal (city)
- Private Well
- Other

What methods do you treat your water now?

- Filter
- Softener
- Neutralizer
- None

Please rate your water quality:

- Excellent
- Good
- Fair
- Poor

What have you noticed about your water?

- Tastes metallic
- Chemical odor
- Chlorine smell or taste
- Rotten egg odor
- Spots on dishes
- Gas or oil smell
- Stainless steel sinks are black and pitted
- Water appears yellow after softening and/or filtering
- Tastes salty
- Rust (reddish brown color) in water or on clothes
- Water appears cloudy
- Soap scum or residual left in sinks & bathtub
- Water foams when extracted
- Green stains on sinks and/or your water has a blue-green hue
- Sand grit, silt or clay in your water
- Gray string-like fiber found in water
- Musty, earthy or wood smell
- Water turns color when used for cooking

Please provide any information you think would be helpful or any specific concerns you have: