

Analysis Request Form “Distributed water organics and THM”

- **Form header:** This section is reserved for the [accredited laboratory](#) mandated by the responsible of the drinking water distribution system. The laboratory must enter the **date of reception of the sample** on the analysis request form and assign a **specific number** to it.

The following information **must be provided** at the time of **sampling**, prior to forwarding samples to the accredited laboratory that is mandated to analyze them.

- **Responsible:** Person in charge (operator or owner) of the distribution system.

Responsible _____	
A) Name and address of responsible	B) Results mailing address (if different from responsible's address)
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Telephone: <input type="text"/>	Telephone: <input type="text"/>

Name and address of responsible: This section must be carefully filled out. The name and full address of the responsible of the **distribution system** must be listed here.

Results mailing address (if different from the responsible’s address): Information required if the analysis results are to be sent to a different address.

Telephone number: A telephone number where the responsible can be reached at all times **must be listed**.

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- **Distribution system:** Identification of the drinking water distribution system for which the sample is collected. This section must be filled out carefully, since it provides the distribution system’s administrative identification number.

Distribution system _____	
Distribution system #:	<input type="text"/> Distribution system name: <input type="text"/>
Administrative region:	<input type="text"/>
Municipality:	<input type="text"/>

Distribution system number: The drinking water distribution system number is its unique identifier in the Ministère [SEP](#) system. Each drinking water distribution system has a unique number.

Distribution system name: Drinking water distribution system names usually begin with the words, “Système de distribution”.

Administrative region: This is the reference region for the municipality where the distribution system is located.

Municipality: The municipality where the distribution system is located.

IMPORTANT: The **distribution system** number must be listed on each analysis request form that accompany **samples of distributed drinking water**.

Please contact the appropriate [regional office](#) of the Ministère to learn what information is required in this section.

➤ **Sample:** This section of the form must be filled out with care, because it **legally binds the sample collector**. Submission of **unsigned** analysis request forms or forms on which the **sample** section is incomplete or has errors could lead to the sample being rejected and even put the responsible in a regulatory non-compliance position.

Sample	_____		
Sampling date:	<input type="text"/>	Sampling location:	<input type="text"/>
Sampled/measured by:	<input type="text"/>		

Sampling date: This is the reference date for determining sample storage, analysis and results submission deadlines.

Sampling location: This is the exact address where the sample was collected.

Sampled/measured by: This identifies the **sample collector**, whose name must be readable.

Type of sampling location:
<input type="checkbox"/> Distribution system outermost limit <input type="checkbox"/> Distribution system <input type="checkbox"/> Water tank truck <input type="checkbox"/> Reservoir outlet where the tank truck is supplied with water

Type of sampling location: Four choices are possible for **distributed water** samples. **To ensure the admissibility of a sample, one of the following choices must be selected:**

- Distribution system outermost limit:** Sample collected in compliance with **Schedule 4, Division IV** of the [Regulation respecting the quality of drinking water](#): *Water samples intended for the analysis of organic substances such as THM.*
- Distribution system:** any other **sample** of **distributed drinking water**.

- Reservoir outlet where the tank truck is supplied with water:** Sample collected in compliance with **Schedule 4, Division V** of the [Regulation respecting the quality of drinking water](#): *Tank truck north of the 55th parallel.*
- Water tank truck:** Sample collected in compliance with **section 26** of the [Regulation respecting the quality of drinking water](#).

Back to compliance sample

IMPORTANT!

Back to compliance sample: When a sample is collected in the specific context of a return to compliance procedure (**section 40** of the [Regulation respecting the quality of drinking water](#)), it must be so specified by using this box on the form and stating the type and address of the sampling location.

Signature:

I attest that the water samples were collected, conserved and analyzed on-site in compliance with the requirements of the Regulation respecting the quality of drinking water (RRQDW).

Signature: In order to comply with **section 30** of the [Regulation respecting the quality of drinking water](#), the analysis request form **must be signed by the previously identified sample collector**.

➤ **Analysis results:** The sample collector must specify the type of analyses required.

Analysis results _____

Type(s) of analyses required:

Organics - Sect. 19

Trihalomethanes - Sect. 18

Non- RRQDW monitored analysis

- Organics – Sect. 19:** If the sample was collected for the **quarterly control** of **pesticides** and **other organic substances in distributed water** as prescribed by section 19 of the [Regulation respecting the quality of drinking water](#), **the sample collector must so stipulate be checking this box**. Analysis of the following parameters is mandatory (**Schedule 2**):
 - **Pesticides:** Atrazine and its metabolites, carbaryl, carbofuran, chlorpyrifos, dichloro-2,4-phenoxyacetic acid(2,4-D), diazinon, dicamba, diquat, diuron, glyphosate, metolachlor, metribuzin, paraquat (in dichlorides), picloram, simazine and trifluralin
 - **Organic substances:** 1,1-Dichloroethylene, 1,2-Dichlorobenzene, 1,2-Dichloroethane, 1,4-Dichlorobenzene, 2,3,4,6-Tetrachlorophenol, 2,4,6-Trichlorophenol, 2,4-Dichlorophenol,

benzo(A)pyrene, benzene, monochlorobenzene, vinyl chloride, dichloromethane, pentachlorophenol, carbon tetrachloride, tetrachloroethylene and trichloroethylene.

- **Trihalomethanes – Sect. 18:** If the sample was collected for the **quarterly or annual control of trihalomethanes in distributed water** as prescribed by section 18 of the [Regulation respecting the quality of drinking water](#), **the sample collector must so stipulate by checking this box**. The parameters to be analyzed are as follows: **bromodichloromethane, bromoform, chloroform and chlorodibromomethane**.

IMPORTANT: In order for a sample to be deemed complete for regulatory control frequency compliance requirements, **the analytical results must cover all parameters targeted by the specific type(s) of analysis listed on the request form**, in addition to **results of on-site measurements**, if any.

- **Non- RRQDW monitored analysis:** When this box is checked, the analytical sampling results are not included in the regulatory control frequency compliance requirements, but they do have to meet distributed drinking water quality standards.

Responsibles of distribution systems that correspond to the specification in **section 10** of the [Regulation respecting the quality of drinking water](#) are most likely to request this type of analysis.

For all distribution systems that are otherwise subject to the control requirement of **Chapter III** of the [Regulation respecting the quality of drinking water](#), the **Non RRQDW monitored analysis** box should only be used in specific circumstances, which could include additional sampling collected subsequent to repairs or maintenance at a distribution system and where the sampled water is **not intended for human consumption**.

This box must not be checked for samples collected for the purposes of a **return to compliance procedure** (section 39 of the [Regulation respecting the quality of drinking water](#)). The **Back to compliance sample** box specifically serves to identify these samples.

The accredited laboratory may use the specification grid to send the results of analysis of a given sample to the responsible. However, pursuant to section 33 of the [Regulation respecting the quality of drinking water](#), electronic submission of these results to the Ministère [SEP](#) system remains mandatory.

Note: Parameters shown in **grey** are not part of the regulatory control process. However, various pesticides and organic substances are subject to standards set out in Schedule 1 of the Regulation respecting the quality of drinking water while not subject to control requirements pursuant to section 18 or 19.

NB: Parameters shown in grey are not part of the regulatory control process.

Subcontracting laboratory			Requested analyses (Check as required)	Result	Requested analyses (Check as required)	Result
Domain	Accreditation #	Sample #				
120			<input type="checkbox"/> Benzo[a]pyrene (µg/l)			
130 - 131			<input type="checkbox"/> 2,3,4,6-Tetrachlorophenol (µg/l)		<input type="checkbox"/> 2,4,6-Trichlorophenol (µg/l)	
			<input type="checkbox"/> 2,4-Dichlorophenol (µg/l)		<input type="checkbox"/> Pentachlorophenol (µg/l)	
140			<input type="checkbox"/> 1,1-Dichloroethylene (µg/l)		<input type="checkbox"/> 1,2-Dichlorobenzene (µg/l)	
			<input type="checkbox"/> 1,2-Dichloroethane (µg/l)		<input type="checkbox"/> 1,4-Dichlorobenzene (µg/l)	
			<input type="checkbox"/> Vinyl chloride (µg/l)		<input type="checkbox"/> Dichloromethane (µg/l)	
			<input type="checkbox"/> Monochlorobenzene (µg/l)		<input type="checkbox"/> Tetrachloroethylene (µg/l)	
			<input type="checkbox"/> Carbon tetrachloride (µg/l)		<input type="checkbox"/> Trichloroethylene (µg/l)	
140 - 141			<input type="checkbox"/> Benzene (µg/l)			
150			<input type="checkbox"/> Bromodichloromethane (µg/l)		<input type="checkbox"/> Bromoform (Tribromomethane) (µg/l)	
			<input type="checkbox"/> Dibromochloromethane (µg/l)		<input type="checkbox"/> Chloroform (Trichloromethane) (µg/l)	
152			<input type="checkbox"/> Dibromoacetic acid (µg/l)		<input type="checkbox"/> Dichloroacetic acid (µg/l)	
			<input type="checkbox"/> Monobromoacetic acid (µg/l)		<input type="checkbox"/> Monochloroacetic acid (µg/l)	
			<input type="checkbox"/> Trichloroacetic acid (µg/l)			
170			<input type="checkbox"/> Diquat (µg/l)		<input type="checkbox"/> Paraquat (in dichlorides) (µg/l)	
171 - 175			<input type="checkbox"/> Carbaryl (µg/l)		<input type="checkbox"/> Carbofuran (µg/l)	
172 - 178			<input type="checkbox"/> MCPA (2-methyl-4-chlorophenoxyacetic acid) (µg/l)		<input type="checkbox"/> 2,4-Dichlorophenoxyacetic acid (2,4-D) (µg/l)	
			<input type="checkbox"/> Picloram (µg/l)			
173			<input type="checkbox"/> Aldrin and Dieldrin (µg/l)			
174 - 175			<input type="checkbox"/> Diazinon (µg/l)		<input type="checkbox"/> Parathion (µg/l)	
175			<input type="checkbox"/> Atrazine and its metabolites (µg/l)		<input type="checkbox"/> Azinphos-methyl (µg/l)	
			<input type="checkbox"/> Bendiocarb (µg/l)		<input type="checkbox"/> Chlorpyrifos (µg/l)	
			<input type="checkbox"/> Cyanazine (µg/l)		<input type="checkbox"/> Dimethoate (µg/l)	
			<input type="checkbox"/> Diuron (µg/l)		<input type="checkbox"/> Malathion (µg/l)	
			<input type="checkbox"/> Methoxychlor (µg/l)		<input type="checkbox"/> Metolachlor (µg/l)	
			<input type="checkbox"/> Metribuzine (µg/l)		<input type="checkbox"/> Phorate (µg/l)	
			<input type="checkbox"/> Simazine (µg/l)		<input type="checkbox"/> Terbufos (µg/l)	
			<input type="checkbox"/> Trifluralin (µg/l)			
176			<input type="checkbox"/> Bromoxynil (µg/l)		<input type="checkbox"/> Dicamba (µg/l)	
			<input type="checkbox"/> Dicofof-methyl (µg/l)		<input type="checkbox"/> Dinoseb (µg/l)	
177			<input type="checkbox"/> Glyphosate (µg/l)			
178			<input type="checkbox"/> Aldicarb and its metabolites (µg/l)			
183			<input type="checkbox"/> Microcystins (toxic equivalent Microcystin-LR) (µg/l)			
52			<input type="checkbox"/> Nitriotraceutical acid (NTA) (µg/l)			

- **Test laboratory report:** This section is reserved for the [accredited laboratory](#) mandated to analyze the samples. **The sample collector should not write anything in this section.**

Test laboratory report	
Rejected sample bottle(s): <input type="checkbox"/>	Reason for rejection: <input type="text"/>
Remarks:	<input type="text"/>
Test laboratory accreditation #:	<input type="text"/>
Analysis report date:	<input type="text"/>
Signature:	<input type="text"/>
	Name and address of test laboratory
	Name: <input type="text"/>
	Address: <input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Telephone: <input type="text"/>