



'WELL WISE' WATER TESTING PROGRAM

ONTARIO GROUND WATER ASSOCIATION
232 Cental Avenue, London ON N6A 1M8
Phone: 519.245.7194 Fax: 519.245.7196

Invoice No. **WW-**

**ORDER
INVOICE**

WATER TESTING ORDER

"If you don't test your water, how do you know what is in it?"

Customer

(dd/mm/yyyy)

Name _____ Date _____

Street Address _____ FOB _____ Laboratory _____

City/Municipality _____ Prov _____ Postal Code _____

Phone _____ E-mail _____

If no email is provided a charge of \$20 will be added to mail

Mailing Address

(If different from above)

Address _____

City/Municipality _____ Prov _____ Postal Code _____

Well

Information

(Identify if more than one well, eg. 1) house 2) barn , etc.)

Well Type(s) _____

Depth of Well(s) _____ Age of Well(s) _____

Additional Notes:

No signature required on delivery

List Any Treatment Systems

X	<-- X indicates confirmation the samples submitted are not under regulated drinking water requirements.		
# of Tests	Name of Water Test	Unit Price	TOTALS
	Metals, Minerals, and Salts	\$ 149.00	\$ -
	Fuels	\$ 199.00	\$ -
	Solvents	\$ 122.00	\$ -
	Fluoride	\$ 22.00	\$ -
	Mercury	\$ 24.00	\$ -
	Sulphide	\$ 22.00	\$ -
	Tannin/Lignin	\$ 34.00	\$ -
	OP Pesticides/Herbicides - Pricing provided on request	\$ 235.00	\$ -
	Glyphosate (Roundup) - Pricing provided on request	\$ 180.00	\$ -
	Additional Fees (Required)		
1	Administration (insert 1 as fee for single well; insert # for multiple wells)	\$ 57.00	\$ 57.00
1	Shipping / Courier (test bottles & supplies will be shipped in one container)	\$ 35.00	\$ 35.00
	SubTotal	\$	\$ 92.00
	HST 13%	\$	\$ 11.96
	INVOICE TOTAL	\$	\$ 103.96

Terms of Payment: Due at Time of Order

Payment Options: Money Order or Credit Card (Visa or MasterCard only)

Cheques to be Payable to: Ontario Ground Water Association

TEST MUST BE COMPLETED IN 6 MONTHS FROM DATE OF PURCHASE OR ADDITIONAL FEES MAY APPLY TO RECEIVE RESULTS

Ontario Ground Water Association: "Dedicated to protecting and promoting our most precious resource"
Well Wise Resource Centre: "helping well owners make wise decisions about their wells"

Payment

Payment Type _____

Name on Credit Card _____

Credit Card # _____

Expires _____ CCV No: _____

HST #: 12426 6982

Office Use Only: Credit Authorization # _____