



**'WELL WISE' WATER TESTING PROGRAM**  
**ONTARIO GROUND WATER ASSOCIATION**

48 Front Street East, Strathroy, ON N7G 1Y6  
 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 ON Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-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) \_\_\_\_\_ Additional Notes: \_\_\_\_\_

Depth of Well(s) \_\_\_\_\_ Age of Well(s) \_\_\_\_\_ **No signature required on delivery**

List Any Treatment Systems

X <-- X indicates confirmation the samples submitted are <u>not</u> 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		
	Glyphosate (Roundup) - Pricing provided on request		
	<b>Additional Fees (Required)</b>		
	Administration (insert 1 as fee for single well; insert # for multiple wells)	\$ 57.00	\$ -
	Shipping / Courier (test bottles & supplies will be shipped in one container)	\$ 35.00	\$ -
		SubTotal	
		HST 13%	
		<b>INVOICE TOTAL</b>	

**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

**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 # \_\_\_\_\_