

Water Filter Submission Report Sheet

RETURN WITH SAMPLE

HYPERION RESEARCH LTD.

1008 Allowance Ave. SE, Medicine Hat, AB CANADA T1A 3G8

Telephone (403) 529-0847 ~ Fax (403) 529-0852

email: hyperion@telusplanet.net ~ webpage: www.hyperionlab.ca

Contact Person: _____ Municipality/Consulting Co: _____

Address: _____

Telephone: () _____ Email: _____

Analysis Requested (Check all that apply): *Giardia* and *Cryptosporidium* by Method 1623 only
Microscopic Particulate Analysis including *Giardia* and *Cryptosporidium*
Aerobic Spore Forming Bacteria (100 mL sample required in addition to filter)

SAMPLING DETAILS - Please fill in where appropriate

Sample Location: _____

Start Date of Sample: _____ Start Time: _____

End Date of Sample: _____ End Time: _____

Filtration Analyst: _____

Type of Filter Cartridge: _____

Water Type (Circle One): **Raw** **Treated** **Sewage**

Disinfectant (if treated): _____

Free Oxidant Concentration: _____

Is Treated Water Filtered? _____

Filtration Media: _____

Filter Aid or Coagulant: _____

Water Meter Reading: **End** _____

Begin _____

Total Volume Filtered _____

Units (Circle One) **L** **US Gallons** **Imperial Gallons**

Did filter clog? (Circle One) **No** **Yes**

ADDITIONAL INFORMATION (if available)

pH: _____ Temperature: _____ °C Turbidity: _____ NTU Conductivity: _____

Amount of precipitation in the past 48 hours: _____

Comments:

Send samples in a cooler with ice packs by best available courier. Samples must be > 0°C & < 20°C.
Giardia, *Cryptosporidium* & MPA samples are recommended to arrive in 48 hours, but must arrive within 96 hours.