Well Water Testing Voucher



For residents with wells in the Regional District of Nanaimo ONLY

Full Name:		
Address (location of well):		
Contact phone or email:		
Well ID Plate # or Well Tag #:		
Water treatment in place:		
Sample was taken: pre-t	reatment (raw water) OR D post-	treatment (treated water)
Protection program will enhan	e Regional District of Nanaimo (RDN) ce the understanding of water quality for the results exceed guidelines	ty in our region. In addition,
<u> </u>	r quality test results with the RDN on shared is protected under the	_
_	nay disclose my water quality test re ses and consent to my results be	
Signature:	Date Signed:	
If the applicant is not the landor landowner must give consent by signing be		f well) indicated above, the
Full Name:	Signature:	
Contact phone or email:	Date signed:	
DRINKING WATER WATERSHED	Limit one (1) voucher per well for t	

Valid only while funds last. Not redeemable for cash.

50% off Well Water Test*

*Applies to testing done by a provincially accredited lab that at minimum covers:

Total Coliform and E. coli, pH, TDS, Hardness, Nitrate, Nitrite, Sulphate, Fluoride, Chloride, and 32 element metals scan

Redeemable at time of purchase at Maxxam Analytics or MB Labs

Valid for 2019 rebate year.