



Member of:



# WATER ANALYSIS DATA FORM

THIS IS A PROPOSAL FOR COMPLIMENTARY WATER ANALYSIS IN YOUR HOME

For the next two weeks we will be testing the water for residents in this area. So that there will be no inconvenience to you, please follow the instructions below:

1. "FILL" the enclosed water sample bottle with tap water at the kitchen sink.
2. "COMPLETE" the questions below.
3. "PLACE" the bottle back into the clear plastic bag.
4. "HANG" the bag back in the same location where you found it for pickup tomorrow.

**YOUR WATER SAMPLE WILL BE PICKED UP THE DAY AFTER DELIVERY  
Between 8:00 a.m. to 10:00 a.m.**

Because of the expense involved we would appreciate and thank you very much, that if you do not want to have your WATER TESTED, to please hang the EMPTY bottle, bag, and form back in the same location where you found it for pickup: the kit can then be used by another residence.

PLEASE ANSWER THE FOLLOWING QUESTIONS.  
FOR A COMPLETE ANALYSIS AND RECOMMENDATION

1. Date sample taken: \_\_\_\_\_
2. What source of water do you have?  
 City  Community Well  Private Well
3. Please check any conditions you experience:  
 Chlorine Smell  Brown Stains  Salty Taste  
 Rotten Smell  Cloudiness  Scale Deposits  
 Blue-Green Stains  Other Stains  Dull Hair  
 Dry/Itchy Skin  Stained/Ruined Laundry  
 Poor Tasting Coffee/Tea  Excessive Detergent Use  
 Other
4. How would you rate your water?  
 Excellent  Good  
 Fair  Poor
5. When was the last time you had your water tested?  
Year \_\_\_\_\_ Never Tested \_\_\_\_\_
6. Do you own a water system?  
 Yes  No
7. Do you buy bottled water?  Yes  No
8. Are you a homeowner?  Yes  No
9. Are you working?  Days  Evenings  Shifts  Retired
10. What age bracket are you in?  
 18-30  31-55  56+
11. Number of persons in family? \_\_\_\_\_
12. Is drinking water quality important to you?  Yes  No
13. Comments \_\_\_\_\_  
\_\_\_\_\_
14. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_
15. Phone: \_\_\_\_\_  
(needed to report test results)

Signature: \_\_\_\_\_  
By filling this out you are authorising us to contact you via telephone

Place this form and water sample back into the plastic bag and hang it in the same location where you found it for pickup between 8AM-10AM. **THIS IS A FREE TEST! THERE IS NO CHARGE TO THE RESIDENT.**

Your response may result in a complimentary presentation of water treatment equipment.

**PLEASE ALLOW ONE WEEK FOR RESULTS OF THE WATER ANALYSIS.**

Lifetime Water Systems Inc. - 5265 Creekbank Road, Mississauga, Ont. L4W 1N3

Our company distributes water treatment equipment. Not affiliated with city health or water department.

Telephone: (905) 629-2377 Website: www.lifetimewatersystems.com