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/Ichy 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

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