National Testing Laboratories, Ltd.

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Bottled Water / Beverage Company Questionnaire

(Please complete a questionnaire for each plant location.)

Company Name:

Company Address:	Contact Name:
Company Shipping Address:	Company Billing Address:
Phone Number: Ext:	Fax Number:
Email:	How did you hear about NTL?

In what MONTH do you submit samples for analysis:

Are you an IBWA Member: ☐YES ☐ NO

Are you a member of any other bottled water/industry association? ☐ YES ☐ NO
If yes, which one(s):

Are you a member of a buying association/purchasing group? ☐ YES ☐ NO
If yes, please list:

Brand Names:

Size of Product(s):

☐16 oz ☐20 oz. ☐0.5 L ☐1.0 L ☐1.5 L

☐1.0 Gal ☐2.5 Gal. ☐ 3 Gal. ☐ 5Gal. ☐Other:_____

Types of Beverage(s):

☐bottled water ☐carbonated beverage ☐flavored beverage

☐bulk water ☐Other:_____

Types of Bottled Water Product(s):

☐distilled ☐purified ☐spring ☐RO ☐mineral

☐drinking ☐Fluoridated ☐Other: _____

How many production lines do you have? _____

Do you test each line? ☐YES ☐NO

Do you sell any of your products as lab reagent water? ☐YES ☐ NO

Do you bottle at the source? ☐YES ☐ NO

Is your product NSF Certified? ☐YES ☐ NO

Sources: (If more than two sources, provide information on a separate sheet.)

Source Name:_____ City: _____ State:_____

Source Type: Spring ♦ Borehole ♦ Municipal ♦ Well ♦ SurfaceWater ♦ Other_____

Source Name:_____ City: _____ State:_____

Source Type: Spring ♦ Borehole ♦ Municipal ♦ Well ♦ Surface Water ♦ Other _____

Do you test your source(s)? ☐YES ☐NO
(If no, be certain that source results meet requirements of all states in which your products are sold.)

Do you buy your source water from a bulk supplier? ☐YES ☐NO
If yes, from whom? _____

Is source water tankered to the plant? ☐YES ☐ NO

If tankered, is your source water treated at the source? ☐YES ☐ NO
If treated, what is used? Chlorine, Ozone, Other: _____

If you use a municipal source, can you get a copy of the current results for disinfectants and disinfection by-products? ☐YES ☐ NO

What year was most recent source test for gross alpha/beta, radium 226/228 & uranium? _____

Have you had FOUR CONSECUTIVE QUARTERS of testing for SOC's (Glyphosate, Endothall, Diquat, and Dioxin) performed on each type of finished product water? ☐YES ☐NO

If yes, during what year did you complete your four quarters of testing SOC's? _____

When did you complete your most recent SOC testing? _____

States where you sell bottled water:

AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA PR RI SC SD TN TX UT VA VT WA WI WV WY

Canada: AB BC MB NB NL NT NS NU ON PE QC SK YT

Other Countries: _____

Do you have STATE WAIVERS for any parameters? ☐YES ☐NO

Parameter: _____ State Issuing Waiver: _____ Waiver Expiration Date: _____