## Metals Results November 2015

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Page 1 of 8

#### **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1107272

Report To: City of White Rock 877 Keil Street

Name:

Control Number: C00274394 Nov 18, 2015 Date Received:

White Rock, BC, Canada

Location:

Date Reported: Nov 23, 2015

V4B 4V6

LSD: P.O.: Report Number: 2062590

Attn: Greg St Louis

Acct code:

Sampled By: John foster Company: City of White Rock

Reference Number

1107272-1

White Rock Water system

Sample Date

November 17, 2015

Sample Time Sample Location

07:10

C-Whiter-01

Sample Description

Well#1

Sample Matrix

|           | Units   | Result       | Nominal Detection<br>Limit | Guideline                 | Guideline                     |
|-----------|---------|--------------|----------------------------|---------------------------|-------------------------------|
|           |         |              | Littint                    | Limit                     | Comments                      |
|           |         |              |                            |                           |                               |
| tractable | mg/L    | 0.0040       | 0.0002                     | 0.010                     | Below MAC                     |
| tractable | mg/L    | 0.005        | 0.001                      | 1.0                       | Below AO                      |
| tractable | mg/L    | 0.0046       | 0.0001                     | 0.01                      | Below MAC                     |
|           |         |              |                            |                           |                               |
| tractable | mg/L    | 0.006        | 0.005                      | 0.3                       | Below AO                      |
| tractable | mg/L    | 0.043        | 0.001                      | 0.05                      | Below AO                      |
| tr        | actable | actable mg/L | ractable mg/L 0.006        | ractable mg/L 0.006 0.005 | ractable mg/L 0.006 0.005 0.3 |

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#### **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1107272

Report To: City of White Rock

Name:

Control Number:

877 Keil Street White Rock, BC, Canada

Location:

Date Received: Date Reported: Nov 23, 2015

C00274394 Nov 18, 2015

V4B 4V6

LSD:

Report Number: 2062590

Attn: Greg St Louis

P.O.:

Acct code:

Sampled By: John foster Company: City of White Rock

Reference Number

1107272-2

White Rock Water system

November 17, 2015

Sample Date Sample Time

07:15

C-Whiter-01

Sample Location

Sample Description

Well #2

Sample Matrix

| Analyte            |             | Units | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|--------------------|-------------|-------|--------|----------------------------|--------------------|-----------------------|
| Metals Extractable |             |       |        |                            |                    |                       |
| Arsenic            | Extractable | mg/L  | 0.0045 | 0.0002                     | 0.010              | Below MAC             |
| Copper             | Extractable | mg/L  | 0.005  | 0.001                      | 1.0                | Below AO              |
| Lead               | Extractable | mg/L  | 0.0001 | 0.0001                     | 0.01               | Below MAC             |
| Routine Water      |             |       |        |                            |                    |                       |
| Iron               | Extractable | mg/L  | 0.085  | 0.005                      | 0.3                | Below AO              |
| Manganese          | Extractable | mg/L  | 0.003  | 0.001                      | 0.05               | Below AO              |

Exova #104, 19575-55 A Ave. Surrey, British Columbia

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#### **Analytical Report**

Bill To: City of White Rock

Project:

Lot ID: 1107272

Report To: City of White Rock

ID:

Control Number: C00274394

877 Keil Street White Rock, BC, Canada Name: Location:

Date Received: Nov 18, 2015

LSD:

Date Reported: Nov 23, 2015

V4B 4V6

P.O.:

Report Number: 2062590

Sampled By: John foster

Attn: Greg St Louis

Acct code:

Company: City of White Rock

Reference Number

1107272-3

White Rock Water system

C-Whiter-01

Sample Date

November 17, 2015

Sample Time

07:15

Sample Location

Well #3

Sample Description Sample Matrix

|                    |             |       |        | Nominal Detection | Guideline | Guideline |
|--------------------|-------------|-------|--------|-------------------|-----------|-----------|
| Analyte            |             | Units | Result | Limit             | Limit     | Comments  |
| Metals Extractable |             |       |        |                   |           |           |
| Arsenic            | Extractable | mg/L  | 0.0043 | 0.0002            | 0.010     | Below MAC |
| Copper             | Extractable | mg/L  | 0.009  | 0.001             | 1.0       | Below AO  |
| Lead               | Extractable | mg/L  | 0.0003 | 0.0001            | 0.01      | Below MAC |
| Routine Water      |             |       |        |                   |           |           |
| Iron               | Extractable | mg/L  | 0.612  | 0.005             | 0.3       | Above AO  |
| Manganese          | Extractable | mg/L  | 0.014  | 0.001             | 0.05      | Below AO  |
|                    |             | -     |        |                   |           |           |

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#### **Analytical Report**

Bill To: City of White Rock

Project:

Lot ID: 1107272

Report To: City of White Rock

ID: Name:

Control Number: C00274394

877 Keil Street White Rock, BC, Canada

Location:

Date Received: Nov 18, 2015 Date Reported: Nov 23, 2015

V4B 4V6

LSD:

White Rock Water system

C-Whiter-01

Report Number: 2062590

Attn: Greg St Louis

P.O.:

Acct code:

Sampled By: John foster

Company: City of White Rock

Reference Number

1107272-4

Sample Date

November 18, 2015

Sample Time

07:15

Sample Location

Well # 4

Sample Description

Sample Matrix

| Analyte            |             | Units | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments                 |
|--------------------|-------------|-------|--------|----------------------------|--------------------|---------------------------------------|
| Metals Extractable |             |       |        |                            |                    | · · · · · · · · · · · · · · · · · · · |
| Arsenic            | Extractable | mg/L  | 0.0027 | 0.0002                     | 0.010              | Below MAC                             |
| Copper             | Extractable | mg/L  | 0.007  | 0.001                      | 1.0                | Below AO                              |
| Lead               | Extractable | mg/L  | 0.0128 | 0.0001                     | 0.01               | Above MAC                             |
| Routine Water      |             |       |        |                            |                    |                                       |
| Iron               | Extractable | mg/L  | 0.258  | 0.005                      | 0.3                | Below AO                              |
| Manganese          | Extractable | mg/L  | 0.020  | 0.001                      | 0.05               | Below AO                              |

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#### **Analytical Report**

Bill To: City of White Rock

ID:

Lot ID: 1107272

Report To: City of White Rock 877 Keil Street

Project: Name:

Control Number: C00274394 Date Received:

White Rock, BC, Canada

Location:

Nov 18, 2015 Date Reported: Nov 23, 2015

V4B 4V6

LSD:

Report Number: 2062590

Attn: Greg St Louis

Sampled By: John foster

P.O.:

Acct code:

Company: City of White Rock

Reference Number

1107272-5

White Rock Water system

C-Whiter-01

Sample Date

November 17, 2015

Sample Time

11:35

**Sample Location** Sample Description

Well #5

Sample Matrix

|             | ·                                   | · · · · · · · · · · · · · · · · · · ·              |   |   |  |
|-------------|-------------------------------------|--|---|---|--|
| _           | Unite                               | Pacult   | Nominal Detection   | Guideline<br>Limit  | Guideline<br>Comments  |
|             | UIIIIS                              | Resuit   | FIIII#  | £#11#1%   | Oomments   |
|             |                                     |  |   |   |  |
| Extractable | mg/L                                | 0.0083   | 0.0002  | 0.010   | Below MAC  |
| Extractable | mg/L                                | 0.012  | 0.001   | 1.0   | Below AO   |
| Extractable | mg/L                                | 0.0003   | 0.0001  | 0.01  | Below MAC  |
|             |                                     |  |   |   |  |
| Extractable | mg/L                                | <0.005   | 0.005   | 0.3   | Below AO   |
| Extractable | mg/L                                | 0.004  | 0.001   | 0.05  | Below AO   |
|             | Extractable Extractable Extractable | Extractable mg/L Extractable mg/L Extractable mg/L | Extractable mg/L 0.0083 Extractable mg/L 0.012 Extractable mg/L 0.0003  Extractable mg/L <0.005 | Units         Result         Limit           Extractable         mg/L         0.0083         0.0002           Extractable         mg/L         0.012         0.001           Extractable         mg/L         0.0003         0.0001           Extractable         mg/L         <0.005 | Units         Result         Limit         Limit           Extractable         mg/L         0.0083         0.0002         0.010           Extractable         mg/L         0.012         0.001         1.0           Extractable         mg/L         0.0003         0.0001         0.01           Extractable         mg/L         <0.005 |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

Project: ID:

Lot ID: 1107272

877 Keil Street

Name:

White Rock Water system

Control Number: C00274394 Date Received: Nov 18, 2015

White Rock, BC, Canada

Location:

Date Reported: Nov 23, 2015

V4B 4V6

LSD:

Report Number: 2062590

Attn: Greg St Louis

P.O.: Acct code:

Sampled By: John foster

Company: City of White Rock

Reference Number

1107272-6

Sample Date

November 17, 2015

Sample Time

07:30

C-Whiter-01

Sample Location

Well #6

Sample Description Sample Matrix

|                    |             | Outipic matrix | Dining Water | 51                         |                    |                       |
|--------------------|-------------|----------------|--------------|----------------------------|--------------------|-----------------------|
| Analyte            |             | Units          | Result       | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
| Metals Extractable |             |                |              |                            |                    |                       |
| Arsenic            | Extractable | mg/L           | 0.0091       | 0.0002                     | 0.010              | Below MAC             |
| Copper             | Extractable | mg/L           | 0.005        | 0.001                      | 1.0                | Below AO              |
| Lead               | Extractable | mg/L           | 0.0009       | 0.0001                     | 0.01               | Below MAC             |
| Routine Water      |             |                |              |                            |                    |                       |
| Iron               | Extractable | mg/L           | 0.010        | 0.005                      | 0.3                | Below AO              |
| Manganese          | Extractable | mg/L           | 0.138        | 0.001                      | 0.05               | Above AO              |
|                    |             |                |              |                            |                    |                       |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock 877 Keil Street

> White Rock, BC, Canada V4B 4V6

Attn: Greg St Louis

Sampled By: John foster Company: City of White Rock Project: ID:

LSD:

P.O.;

Location:

Acct code:

Name:

White Rock Water system

C-Whiter-01

Date Received:

Lot ID: 1107272 Control Number: C00274394

Nov 18, 2015 Date Reported: Nov 23, 2015

Report Number: 2062590

Reference Number

1107272-7

Sample Date

November 17, 2015

Sample Time 07:45

Sample Location

Sample Description Sample Matrix Well #7

**Drinking Water** 

| Analyte            |             | Units | Result | Nominal Detection<br>Limit            | Guideline<br>Limit | Guideline<br>Comments                  |
|--------------------|-------------|-------|--------|---------------------------------------|--------------------|--|
| Metals Extractable |             |       |        | · · · · · · · · · · · · · · · · · · · |                    | ······································ |
| Arsenic            | Extractable | mg/L  | 0.0083 | 0.0002                                | 0.010              | Below MAC                              |
| Copper             | Extractable | mg/L  | <0.001 | 0.001                                 | 1.0                | Below AO                               |
| Lead               | Extractable | mg/L  | 0.0004 | 0.0001                                | 0.01               | Below MAC                              |
| Routine Water      |             |       |        |                                       |                    |  |
| Iron               | Extractable | mg/L  | <0.005 | 0.005                                 | 0.3                | Below AO                               |
| Manganese          | Extractable | mg/L  | 0.109  | 0.001                                 | 0.05               | Above AO                               |

Approved by:

Mathieu Simoneau Operations Manager

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#### Methodology and Notes

Bill To: City of White Rock Report To:

City of White Rock ID:

877 Keil Street White Rock, BC, Canada V4B 4V6

Attn: Greg St Louis Sampled By: John foster

Company: City of White Rock

Project:

P.O.:

Acct code:

Name: White Rock Water system Location:

LSD:

Method

C-Whiter-01

1107272 Lot ID:

Control Number: C00274394 Date Received: Nov 18, 2015 Date Reported: Nov 23, 2015

Report Number: 2062590

| Method of Analysis |           |
|--------------------|-----------|
| Method Name        | Reference |

Metals SemiTrace (Extractable) in **US EPA** water (Surrey) Trace Metals (extractable) in Water **US EPA** 

Metals & Trace Elements by ICP-AES, 6010C

Determination of Trace Elements in Waters and Wastes by ICP-MS, 200.8

Date Analysis Location Started 19-Nov-15 Exova Surrey

19-Nov-15 Exova Surrey

\* Reference Method Modified

References

(Surrey)

US EPA

US Environmental Protection Agency Test Methods

Guidelines

Guideline Description Health Canada GCDWQ

Guideline Source Guidelines for Canadian Drinking Water Quality, Health Canada, October 2014

**Guideline Comments** MAC = Maximum Acceptable Concentration

AO = Aesthetic Objective

OG = Operational Guideline for Water Treatment Plants

Refer to Health Canada GCDWQ for complete guidelines and additional drinking water information at www.hc-sc.gc.ca

#### Comments:

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group. Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.

EXOVQ Rojed Information www.exova.com # Page Submission of this form acknowledges acceptance of Exova's Standard Terms and Conditions (http://www.exova.com/about/terms-and-conditions/) 5 ಭ 겋 = ö o Ċ 4 Please indicate any potentially hazardous samples Quote # Proj. Acct. Code: PO/AFE#: Legal Location: Project Location: Project Name: Project ID: Special instructions/Comments (please include contact information including ph. # if different from above). Date Required: Site LD Priority 1-2 working days (100% surcharge) Emergency (contact lab for turnaround and pricing) ALL Urgent 2-3 working days (50% surcharge) ₽, A BALKELIN Letron to thouse of the WATE STATE OF HEN #4 DARACTABLES ANALYSIS MELL MELL WELL #5 ナ ボン···· પ્રાસ્ટ્રીપ Med C-WHITEPOL ED 120-02 Sample Description Testing, calibrating, advising 750 # # 忠 Jan Sales るから WARE TO Control # C 0027 200 start end in cm m RUSH Priority Ce# invoice to: E-mail: X Phone: Copy of report: Agreement ID: Attention: Address: Company: Depin end Signature: priority, with pricing and turn around time to match. Please contact the lab prior to submitting RUSH samples. If not all samples require When "ASAP" is requested, turn around will default to a 100% RUSH RUSH, please indicate in the special instructions. NOU. て記しいことは 1281 PON <u>ج</u> ح Nov. 17-15 21-61 100 1813 WW 100 ယ် Date/Time Sampled では一門 17-15 回り 07:10 Z Z 100 R 0745 07.35 07:30 :: زي = (5) 事事 0 Lot: 1107272 COC PARIES Matrix 2 ٤ ξ ξ ٤ ٤ ٤ ٤ ٤ Company: Sampling Method E-mail 2: E-mail 1: e X Cel: Copy of invoice: Attention: Phone: Address: Report 108 4 9 ৭ ৰ **Number of Containers** X EMS ETCU टाम JESTEPO SINGERIA Enter tests above (√ relevant samples below) ETPB R ST. LOVE + etc. S<sub>h</sub> ETMN ₩ म 4 ICPE Temp. received: # and size of coolers Shipping: Received by: LIST ON PISP ACCUMBIT 25 100-20 8 Delivery Method: Waybill: Results QA/QC PDF Online E-Mail X Sample Gustody (please Excel Sampled by: Fax Mail deficiencies by the corresponding Indicate in the space allotted any 18-15-201:35 RCVD Date/Time stamp: This section for Lab use only Company: icon number. Y N Indicate any samples received in an inappropriate container 7. Indicate any samples where sufficient volume was Indicate any samples not received within the required hold time or temp. Indicate any samples that were not clearly labeled Indicate any samples that were not packaged well were received broken Indicate any samples not received in Exova supplies not received Indicate any samples that extra samples Indicate any missing or CIT HCDWQG Requirement Other (list below) BCCSR SPIGEC Ab Tier 1 NHE 9 五平 JIN S rak

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street White Rock, BC, Canada

V4B 4V6 Attn: Greg St Louis

John F Sampled By:

Company: City of White Rock

Project:

ID: Name:

Location:

Acct code:

Water Supply LSD:

P.O.:

1109441 Lot ID:

Control Number: C0074502 Date Received: Nov 30, 2015 Date Reported: Dec 4, 2015

Report Number: 2065917

Reference Number

1109441-1

Sample Date Sample Time November 30, 2015

07:40

White Rock

Sample Location Sample Description

Well #4/ Drinking Water

Sample Matrix

| Analyte            |             | Units | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments                   |
|--------------------|-------------|-------|--------|----------------------------|--------------------|---|
| Metals Extractable |             |       |        |                            |                    | *************************************** |
| Arsenic            | Extractable | mg/L  | 0.0038 | 0.0002                     | 0.010              | Below MAC                               |
| Copper             | Extractable | mg/L  | 0.001  | 0.001                      | 1.0                | Below AO                                |
| Lead               | Extractable | mg/L  | 0.0006 | 0.0001                     | 0.01               | Below MAC                               |
| Routine Water      |             |       |        |                            |                    |   |
| Iron               | Extractable | mg/L  | 0.636  | 0.005                      | 0.3                | Above AO                                |
| Manganese          | Extractable | mg/L  | 0.170  | 0.001                      | 0.05               | Above AO                                |

Approved by:

Mathieu Simoneau Operations Manager

Mothies

T: +1 (604) 514-3322 F +1 (604) 514-3323 E. Surrey@exova.com W: www.exove.com



#### Methodology and Notes

Bill To: City of White Rock

Project:

1109441 Lot ID:

Report To: City of White Rock

ID: Name: Location:

Control Number: C0074502

877 Keil Street White Rock, BC, Canada

White Rock Water Supply

Date Received: Nov 30, 2015 Date Reported: Dec 4, 2015

V4B 4V6

LSD: P.O.: Report Number: 2065917

Attn: Greg St Louis

Sampled By: John F

Acct code:

Company: City of White Rock

| Method | of Analysis |
|--------|-------------|
|        |             |

| Method of Allalysis                              |           |   |                          |              |
|--|-----------|---|--------------------------|--------------|
| Method Name                                      | Reference | Method  | Date Analysis<br>Started | Location     |
| Metals SemiTrace (Extractable) in water (Surrey) | US EPA    | <ul> <li>Metals &amp; Trace Elements by ICP-AES,<br/>6010C</li> </ul>                         | 01-Dec-15                | Exova Surrey |
| Trace Metals (extractable) in Water (Surrey)     | US EPA    | <ul> <li>Determination of Trace Elements in<br/>Waters and Wastes by ICP-MS, 200.8</li> </ul> | 01-Dec-15                | Exova Surrey |
|  |           | * Palaronna Mathod Madified   |                          |              |

References

**US EPA** 

US Environmental Protection Agency Test Methods

Guidelines

Guideline Description

Health Canada GCDWQ

Guideline Source

Guidelines for Canadian Drinking Water Quality, Health Canada, October 2014

**Guideline Comments** 

MAC = Maximum Acceptable Concentration

AO = Aesthetic Objective

OG = Operational Guideline for Water Treatment Plants

Refer to Health Canada GCDWQ for complete guidelines and additional drinking water information at www.hc-sc.gc.ca

#### Comments:

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group. Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.

| Address: CLIT VI. F.D.L. Address: Cont. M.N.L. F.D.L. Cont. E-Male Indicate Information: Proceedings of the control of the con | XOVQ Esting, catibinating,   | Involcator                           |   |  |   | Report To:         |             |             |                 |                      |          | Report<br>Results | Regulatory<br>Requirement                                 |    |
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| Alleridon:   All   |  | Address:                             |   | MALE   | 7026  | Address:           | ,           | 5           |                 |                      |          | Mail              | Ab Tier 1   |    |
| Phone:   P   | • Mormation  | Attention:                           |   |  |   | Attention:         | •           |             | 了<br>[]]        | 1                    |          | Onfine            | SPIGEC  |    |
| First   Copy of Invoice:   Cop   |  | Phone.                               |   |  |   | Phone:             | •           |             |                 | (                    |          | Fax               | BCCSR   |    |
| E-mail 1:   Sampled by: Diskly Feature   Cemula   Cemul   |  | Cell:                                |   |  |   | Cell               | •           |             | 9               | S                    |          | PDF               | Other (list below)  |    |
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| Sampled Matrix Sampling Enter the state of a sample series of a sample |  | Copy of repr                         | ort:  |  |   | Copy of Inv        | ojce:       |             |                 |                      |          | Sampled I         | A C   |    |
| About the stands of the stands reprine the stands of the s |  | RUSHPron                             | U.  |  |   |                    |             |             |                 |                      |          | Company           | CIR   |    |
| Sampled Matrix Sampling (i relevant samples below)  Consider in the space allotted any samples that ware not packaged well and received in Enter tests above and the corresponding number.  1. Indicate any samples that ware not packaged well and the space allotted any samples that ware not closely appearance and the corresponding number.  2. Indicate any samples that were not closely appearance and the received in Encourage and the received in Encourage and the received in Encourage and the received that the required handles are temporated and the received by the received in the required and the received by the received in the required and the received by the received in the required and the received by the received in the required that received by the received in the required that received by the receive | Emergency (contact lab for turnaround and priority 1-2 working days (100% surcharge) Treat 2-3 working days (50%, surcharge) | pricing)                             | When ASAP is in<br>priority, with pricit<br>the lab prior to sul<br>RUSH, please indi | oquested, turn Broun<br>sg and turn around the<br>brattang RUSH samp<br>cate in the special in | d was defeated to a<br>me to match. Pho<br>lies, if not all sam<br>estructions. | Tours Muser        | zrenis      |             |                 |                      |          | Mas sull          | 山川 ( )を たっぱん<br>Gnifor Labluse only                       |    |
| Sampled Maintx Sampling Enfer tosts above Indicate in the space allotted any deficiencies by the corresponding number.  Enfer tosts above deficiencies by the corresponding number.  1. Indicate any samples that were not packaged well carried and samples that were not packaged well carried and samples that were not clearly labeled any samples that were not clearly labeled any samples and carried and samples that were not clearly labeled any samples that were necessary to the carried and samples that were received broken and that samples that were received broken and that samples that were received broken that carried any samples that were received broken and that the carried any samples that were received broken that the carried any samples that were received broken that the carried any samples that were received broken that the carried any samples that were a sample to the carried any samples that were received broken that the carried any samples that we have been any samples that the carried and th | ate Required:  | Sign                                 | afure:  |  |   |                    | ) \         | 3.<br>W     | 01<br>91        |                      |          | Date/Time         | stamp:  |    |
| Sampled Matrix Sampling Live Enter tests above deliciencies by the corresponding number.  Enter tests above deliciencies by the corresponding number.  1. Indicate any samples that wore not packaged well created in Evons supplies and wore not obtainly backed with the country labeled that the control of the control of the country labeled that samples that were received that mapping that the country labeled that samples that were received that labeled that samples that were received that labeled that the country labeled that labeled th | pecial Instructions/Gamments (please include contac  | at information inclu                 | ding ph. e if diffe.  | rent from above).  |   |                    | γ(×         | ブ<br>フユ     | )<br>)<br> <br> | J\$1<br>→ I          |          | Noo               |   |    |
| Sampled Matrix Sampling Lifeter tosts above deficiencies by the corresponding number.  O7:40 W G A X X X X X X X X X X X X X X X X X X   |  |                                      |   |  |   |                    |             | ਤ<br>ਹ      | 3<br>3<br>1     | 0                    |          |                   |   |    |
| Sampled Matrix Method 4 (Vietevant samples below) number.  1. Indicate any samples that were not packaged well the samples that were not packaged well than the samples that were not clearly labeled than the samples that were received thinken that time or teamly samples that were received broken than the samples that were the samples that were the samples that were the samples that we have the samples that we  |  | Depth                                |   |  |   | Campling           | <u> </u>    | ũ           | nter tests      | above                |          | Indicate ir       | the space allotted any                                    |    |
| C7:45 W G X X X X X X X X X X X X X X X X X X  |  | - 5                                  | Date/Tim  | ne Sampled<br>   | Malrix  | Method             | <u>→</u>    | (√ rele     | vant samı       | des belo             | <b>₹</b> | number.           | Superdonion and In the                                    |    |
| LOT: 1109441 COC  Lot: 1109441 COC  Stripping:  COD Y/ N  Foreigned within the required when the received by the received by the required when the required  | Ħ  |                                      |   | 07:40  | 3   | P                  | $\boxtimes$ |             |                 |                      |          |                   | 1. Indicate any samples the                               | ıţ |
| 2. Indicate any samples not received in Exora supplies 3. Indicate any samples that were not clearly labeled 4. Indicate any samples that had a received vithin the required had a received by: It indicate any samples and a samples and received by: It indicate any samples and a samples and a received by: It indicate any samples and a samples and a received by: It indicate any samples and a samp | ı  |                                      |   | -1-  |   |                    |             |             |                 |                      |          |                   | ware not packaged well                                    |    |
| LOt: 1109441 COC  Lot: 1109441 COC  Received in Excora supplies and include any samples that were not clearly labeled any samples not received villinh the required high time or tamp.  Shilipping: COD Y/ N container any samples in the received broken and received broken are received broken and received broken and received broken are received broken and received broken and received broken are received broken and received broken and received broken and received broken and received broken are received broken and received broken and received broken and received broken are received broken and received broken and received broken and received broken are received broken and received broken and received broken are received broken and received broken and received broken are received broken and received broken and received broken are received broken and received broken and received broken are received broken are received broken and received broken are received broken are received broken and received broken are received broken are received broken and received broken are received broken are received broken are received broken are received broken and received broken are received broken are received broken are received broken and received broken are received broken are received broken are received broken and received broken are received broken are received broken and received broken are received broken are received broken and received bro |  |                                      |   |  |   |                    |             | 333<br>7833 |                 |                      |          |                   | 2. Indicate any samples not                               |    |
| 3. Indicate any samples that were not closerly labeled where not closerly labeled a very contact of the closerly labeled and closerly la |  |                                      |   |  |   |                    |             |             |                 |                      |          |                   | received in extra supplies                                | 1  |
| A indicate any samples not received within the required half time or tamp.   A indicate any missing or extend within the required half time or tamp.   |  |                                      |   |  |   |                    |             |             |                 |                      |          |                   | 3. Indicate any samples the                               | =  |
| A fundación day Samples not recaived within the required habit time or temp.  5. Indicate any missing or extra samples that were received broken as amples that were received broken as not received in an fragistration of container.  Cot: 1109441 COC # and size of coolers  Tamp. received: Dolivery Method: A Container family received: Dolivery Method: A Container family received by: A Countainer family received family received family received by: A Countainer family received by: A Countainer family received family received family received by: A Countainer family received family receive | 3000   |                                      |   |  |   |                    |             |             |                 |                      |          |                   | were not cludiny sababo                                   |    |
| Hald time or temp.   Hald time or temp.  |  |                                      |   |  |   |                    |             |             |                 | 1000<br>1000<br>1000 |          |                   | 4, Indicate any samples no<br>received within the require |    |
| COD: 1109441 COC  # and size of coolers  Temp. received: Dolivery Mathod: A temp. received by:   |  |                                      |   |  |   |                    |             |             |                 |                      |          |                   | hald time or temp.  |    |
| Lot: 1109441 COC  Lot: 1109441 COC  Rand size of coolers  Temp. received:  Waybilt:  Received by:  |  |                                      |   |  |   |                    |             |             |                 |                      |          |                   | 5, Indicate any missing or                                |    |
| LOt: 1109441 COC  # and size of coolers  Temp. received:    COD Y/ N   Container   |  |                                      |   |  |   |                    |             |             |                 |                      |          |                   | routhing mayo   | T  |
| LOt: 1109441 COC  # and size of coolers  Temp. received: Delivery Methods A  |  |                                      |   |  |   |                    |             |             |                 |                      |          |                   | 6. Indicate any samples the                               | =  |
| Lot: 1109441 COC  # and size of coolers  Temp. received: Delivery Method:    Cocarainer   Cocara |  |                                      |   |  |   |                    |             |             |                 |                      |          |                   | Ware received provail                                     |    |
| Lot: 1109441 COC Shipping: COD Y/ N container # and size of coolers  Temp. received: Waybii:  Received by:-\text{A}  |  |                                      |   |  |   |                    |             |             |                 |                      |          |                   | 7. Indicate any samples where sufficient volume was       | v, |
| LOt: 1109441 COC  # and size of coolers  Temp. received: Delivery Methods A  |  |                                      |   |  |   |                    |             | 0.000       |                 |                      |          |                   | not received  | T  |
| Lot: 1109441 COC # and size of coolers Temp. received:   | 8.7  |                                      |   |  |   |                    |             |             |                 |                      |          | \$                | nocalved in an inappropriat                               |    |
| C 0074502  | sion of this form acknowledges acceptance o<br>iditions (http://www.exova.com/about/terms-                                   | f Exova's Stande<br>and-conditions/) | ard Terms   |  | ot: 110   | )9441 <sup>0</sup> | ပ္ပ         |             |                 | and alze             | of coole | :                 |   |    |
| C 0074502  | indicate any potentialy hazardous samp   | sel                                  |   |  |   |                    |             |             |                 | Temp. rec            | elved:   | 1 1               | hoding  |    |
| Control # C UU ( 4 5 U Z   |  |                                      | ) L & [   |  |   |                    |             |             |                 | 0.                   |          | Waybilt           |   |    |
|  |  | ol # C UU                            | /45Uz   |  |   |                    |             |             |                 | Received             | 17:40    |                   |   | ٦  |

# Bacterial Results November 09 to 13, 2015

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada V4B 4V6

Attn: Dean Brown

Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

Location:

LSD: P.O.:

Acct code:

Lot ID: 1105832

Control Number:

Date Received: Nov 10, 2015 Date Reported: Nov 12, 2015

Report Number: 2060471

Reference Number

1105832-1

Sample Date Sample Time November 10, 2015

07:50

Sample Location Sample Description

Sample Matrix

14809 Buena Vista **Drinking Water** 

|                      |                          |            | _,     |                            |                    |                       |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada V4B 4V6

Attn: Dean Brown

Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

Location:

LSD: P.O.:

Acct code:

Lot ID: 1105832

Control Number:

Date Received: Nov 10, 2015 Date Reported: Nov 12, 2015

Report Number: 2060471

Reference Number

1105832-2 November 10, 2015

Sample Date Sample Time

10:40

Sample Location

Sample Description Sample Matrix

Marine Dr & Stayte Rd

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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Lot ID: 1105832

Date Received: Nov 10, 2015

Date Reported: Nov 12, 2015

Report Number: 2060471

Control Number:

#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada V4B 4V6

Attn: Dean Brown

Sampled By: John Foster

Company: City of White Rock

Project:

ID:

Name: Location:

LSD: P.O.:

Acct code:

Reference Number

1105832-3

11:30

Sample Date

November 10, 2015

Sample Time

Sample Location

Malabar Ave

Sample Description
Sample Matrix

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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Lot ID: 1105832

Date Received: Nov 10, 2015

Date Reported: Nov 12, 2015

Report Number: 2060471

Control Number:

#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada

V4B 4V6

Attn: Dean Brown

Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

Location:

LSD: P.O.:

Acct code:

1105832-4

Reference Number 11
Sample Date No.

November 10, 2015

Sample Time 09:25

Sample Location

Sample Description
Sample Matrix

Merklin Standpipe

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada V4B 4V6

Attn: Dean Brown Sampled By: John Foster

Company: City of White Rock

Project: ID:

Name: Location:

LSD: P.O.:

Acct code:

Lot ID: 1105832

Control Number:

Date Received: Nov 10, 2015 Date Reported: Nov 12, 2015

Report Number: 2060471

Reference Number

1105832-5 November 10, 2015

Sample Date Sample Time

09:45

Sample Location Sample Description

Sample Matrix

Roper Reservoir 25%

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada

V4B 4V6

Attn: Dean Brown Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

Location: LSD:

P.O.: Acct code: Lot ID: 1105832 Control Number:

Date Received: Nov 10, 2015 Date Reported: Nov 12, 2015

Report Number: 2060471

Reference Number

lumber 1105832-6

Sample Date Sample Time November 10, 2015 09:20

Sample Time

Sample Location

Sample Description
Sample Matrix

Merklin Low Reservoir 75%

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada V4B 4V6
Attn: Dean Brown

Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

Location: LSD:

P.O.: Acct code: Lot ID: 1105832

Control Number:

Date Received: Nov 10, 2015
Date Reported: Nov 12, 2015
Report Number: 2060471

Reference Number

1105832-7

Sample Date Sample Time November 10, 2015

09:50

Sample Location

Sample Description
Sample Matrix

Roper Reservoir 50%

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada

V4B 4V6

Attn: Dean Brown Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

Location:

LSD: P.O.:

Acct code:

Lot ID: 1105832

Control Number:

Date Received: Nov 10, 2015 Date Reported: Nov 12, 2015

Report Number: 2060471

Reference Number

1105832-8

Sample Date

November 10, 2015

Sample Time

09:10

Sample Location

**Sample Description** 

Sample Matrix

Merklin Low Reservoir 25%

Drinking Water

Nominal Detection Guideline Guideline Units Limit Limit Comments Analyte Result Microbiological Analysis **Total Coliforms** Enzyme Substrate MPN/100 mL <1.0 1.0 0 per 100 mL Below MAC Test 0 per 100 mL Escherichia coli Enzyme Substrate MPN/100 mL <1.0 1.0 Below MAC Test

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Lot ID: 1105832

Nov 10, 2015

Nov 12, 2015

Control Number:

Date Received:

Date Reported:

Report Number: 2060471

#### **Analytical Report**

Bill To: City of White Rock

Project:

Report To: City of White Rock

ID:

877 Keil Street

Name:

White Rock, BC, Canada V4B 4V6

Location: LSD:

Attn: Dean Brown

Sampled By: John Foster

P.O.: Acct code:

Company: City of White Rock

1105832-9

Reference Number Sample Date Sample Time

November 10, 2015

09:15

Sample Location Sample Description

Merklin Low Reservoir 50%

Sample Matrix

**Drinking Water** 

Guideline Nominal Detection Guideline Limit Limit Comments Result Analyte Units Microbiological Analysis **Total Coliforms** Enzyme Substrate MPN/100 mL <1.0 1.0 0 per 100 mL Below MAC Test Escherichia coli Enzyme Substrate MPN/100 mL <1.0 1.0 0 per 100 mL Below MAC Test

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada

V4B 4V6

Attn: Dean Brown Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

Location: LSD: P.O.:

Acct code:

Lot ID: 1105832

Control Number:

Date Received: Nov 10, 2015 Date Reported: Nov 12, 2015

Report Number: 2060471

Reference Number

Sample Date

November 10, 2015

1105832-10

11:20

Sample Time Sample Location

**Sample Description** 

13616 Marine Dr

Sample Matrix

| Analyte               |                          | Units      | Result                                 | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|-----------------------|--------------------------|------------|--|----------------------------|--------------------|-----------------------|
| Microbiological Analy | ysis                     |            | ······································ |                            |                    |                       |
| Total Coliforms       | Enzyme Substrate<br>Test | MPN/100 mL | <1.0                                   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0                                   | 1.0                        | 0 per 100 mL       | Below MAC             |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada

V4B 4V6

Attn: Dean Brown Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

Location: LSD:

P.O.: Acct code: Lot ID: 1105832

Control Number:

Date Received: Nov 10, 2015 Date Reported: Nov 12, 2015

Report Number: 2060471

Reference Number

1105832-11

Sample Date

November 10, 2015

Sample Time

11:20

Sample Location

Sample Description Sample Matrix Stevens St Sampling Station Port

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate         | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada V4B 4V6

Attn: Dean Brown

Sampled By: John Foster

Company: City of White Rock

Project:

ID:

Name: Location: LSD:

P.O.: Acct code: Lot ID: 1105832

Control Number:

Nov 10, 2015 Date Received: Date Reported: Nov 12, 2015

Report Number: 2060471

Reference Number

1105832-12

Sample Date

November 10, 2015

Sample Time

10:55

Sample Location

Sample Description

Sample Matrix

City of White Rock - Washroom Utility Tap

Drinking Water

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            | ···    |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

Approved by:

Mathieu Simoneau

Nothier Simo

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#### Methodology and Notes

Bill To: City of White Rock

Project:

Report To: City of White Rock

ID:

Lot ID: 1105832 Control Number:

877 Keil Street

Name: White Rock, BC, Canada Location:

V4B 4V6 Attn: Dean Brown LSD:

Acct code:

Date Received: Nov 10, 2015 Date Reported: Nov 12, 2015

Sampled By: John Foster

P.O.:

Report Number: 2060471

Company: City of White Rock

**Method of Analysis** 

Method Name

Reference

Method

Date Analysis Location

Started

Total and E-Coli - Colilert - DW

APHA

Enzyme Substrate Test, APHA 9223 B

10-Nov-15

Exova Surrey

(Surrey)

References

**APHA** 

Standard Methods for the Examination of Water and Wastewater

Guidelines

Guideline Description Health Canada GCDWQ

Guideline Source

Guidelines for Canadian Drinking Water Quality, Health Canada, October 2014

Guideline Comments

MAC = Maximum Acceptable Concentration

AO = Aesthetic Objective

OG = Operational Guideline for Water Treatment Plants

Refer to Health Canada GCDWQ for complete guidelines and additional drinking water information at www.hc-sc.gc.ca

#### Comments:

· Temperature of samples on arrival was 6.4°C.

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group. Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.

| · · · · · · · · · · · · · · · · · · ·              | Fraser Hea         | alth Authority       | LABORATOR                               | Y USE ONLY                              |
|--|--------------------|----------------------|---|---|
| 6  |                    | 604) 702-4950        | Lab Number:                             |   |
| fraserhealth                                       |                    | 4) 702-4951          | Date Reported:                          |   |
|  |                    |                      | Date Reported.                          |   |
| MHO / EHO IN CHARGE                                | DRINKING WAT       | ER OFFICER           | WATER SUPPLIE                           | <b>A</b>                                |
| Name: Lloyd Struck                                 | Name:              | Michelle Murti       | Name:                                   | Gary Martens                            |
| Phone #: (604) 870-7900                            | Phone #:           | 0                    | Phone #:                                | (604) 536-6112                          |
| Cell phone #: ()                                   | Cell phone #:      | ()                   | Cell phone #:                           | (604)\312-7458                          |
| Fax #: (604) 870-7901                              | Fax#:              | ()                   | Fax #: /                                | (604)\536-3412                          |
| Pager #: ()  | Pager #:           | ()                   | Pager#: //                              | (604)                                   |
| Email: lloyd.struck@fraserhea                      | Email:             | michelle.murtl@fr    | Email:                                  | <u> </u>                                |
| lth.ca   | <u> </u>           | aserhealth.ca        |   |   |
| Committee Norman W. 1997 Ac. 1997                  |                    | 14000 Dayson         | D=4=//1                                 | #                                       |
|  |                    | 14809 Buena          | Date/time<br>collected:   ぴー ((ー        | (XXXIII RDD) TILL                       |
|  |                    |                      | collected: 12 //_                       | 10 0/50                                 |
| System Name: EPCORCity of White                    | Rock Water Sys     | stem                 |   |   |
| SystemType: WS1A                                   |                    |                      |   |   |
| Population:  |                    |                      | Site Code:                              | SJEN-6TMRBF                             |
| SiteName: Well EPCOR Wo                            | rks Yard Utility F |                      |   | SJEN-OINKER                             |
| SiteAddress: 14809 Buena Vista                     |                    | <del></del>          | GIS Location:                           |   |
| Site Type: Raw Supply Wall                         | EL DIZKRRO         | 11/2M                |   |   |
| Source: Deep Well                                  | <del></del>        |                      |   |   |
|  | eatment Type:      |                      | 1 |   |
| Free Chlorine ppm pf<br>Residual:                  | Ⅎ;                 |                      | Turbidity:                              | NTU                                     |
| Is sample submitted for purpose of Drink           | ing Water Protecti |                      | - MKAA-A2TTI                            | ΞW                                      |
| Is the Water System on Boil Advisory? N            |                    |                      |   |   |
| Sample Submitted for: Monitoring                   |                    |                      |   |   |
| Address of Health Unit to Receive Rep              | ort:               | Send Additional C    | opv To:                                 |   |
| Chilliwack Health Protection                       |                    |                      |   |   |
| 45470 Menholm Rd                                   |                    |                      |   |   |
| Chilliwack, BC, V2P 1M2                            |                    |                      |   |   |
|  |                    | LABORATOR            | V LICE ONLY                             |   |
| Test Required                                      | Preliminary Result | Technician Initial & | Final Result                            | CFU per mi                              |
| <u> </u>   | Count per 100 ml   | Date                 | Count per 100 ml                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|  |                    |                      |   |   |
| Fecal Coliform                                     |                    |                      |   |   |
| Enterococci  |                    |                      |   |   |
| ∑ E. Coli  |                    |                      |   |   |
| HPC - 35C; 2 days                                  |                    |                      | ·····                                   |   |
| HPC - 28C; 5 days                                  |                    |                      |   | <u> </u>                                |
| Pseudomonas  |                    |                      |   |   |
| Enzyme Substrate Coliform Test - Quantitative      |                    |                      |   |   |
| Other  |                    | <del></del>          |   |   |
| Previous Sample Overgrown                          |                    |                      |   | <u>_</u>                                |
| Check 2 consecutive volumes for sewage/pollution s | ample: 50 mL       | 10 mL 1 mL           | 0.1 mL 0.01                             | mL 0.001 mL                             |
| <u> </u>   | DO                 | NOT                  | Lise this                               | Requisition before                      |

11-10-15P03:07 RCVD 64

PHOTOCOPY

29-Mar-2016



| fraserhealth  | PHONE: (60  | th Authority<br>04) 702-4950<br>) 702-4951     | Lab Number:<br>Date Reported:                       | RT 032 ONCI                     |
|---|---|--|---|---------------------------------|
| HO / EHO IN CHARGE  | DRINKING WATE   |  | WATER SUPPLI  |                                 |
| ame: Lloyd Struck   | Name:   | Michelle Murti                                 | Name:   | Gary Martens<br>(604) \$36-6112 |
| hone #: (604) 870-7900  | Phone #:  | 0  | Phone #:  | (604) 312-7458                  |
| ell phone #: ()   | Cell phone #:   | 0  | Cell phone #:                                       | (604) 536 3412                  |
| ax #: (604) 870-7901  | Fax #:  | 0  | Fax #:  | (604) 330 9412                  |
| 'ager#: ()  | Pager #:  | ()   | Pager#:   | (004)                           |
| mail: Iloyd.struck@fraserhea<br>Ith.ca  | a Email:  | michelle.murti@f<br>aserhealth.ca              | Citian.   |                                 |
| A JOHN FOSTER A   | ddress: V   |  | Date/time<br>collected:  5-//                       | -16MM 70:4                      |
| System Name: EROOR City of White  | e Rock Water Sys  | tem  |   |                                 |
| SystemType: WS1A  |   |  |   |                                 |
| Population:   |   |  | lour Codes  | SJEN-6TLPSY                     |
| SiteName: Marine & Stayte - Sa  | mpling Station P  | ort  | Site Code:  | 30E14-01E1 01                   |
| SiteAddress: Marine Dr & Stayte R   | .d  |  | GIS Location:                                       |                                 |
| Site Type: Distribution System  |   |  |   | <u></u>                         |
| Source: Deep Well   |   |  |   |                                 |
| Site Treatment: No T  | reatment Type:  |  |   |                                 |
| CIC FIGURITION TO   |   |  | L= 1 1 114  | MITH                            |
|   |   |  | Turbidity:  | NTU                             |
| Free Chlorine ppm p Residual:   | H: king Water Protect   | on Act? Yes                                    | Turbidity:  |                                 |
| Free Chlorine ppm p Residual:  Is sample submitted for purpose of Drint Is the Water System on Boil Advisory? It  | H:  king Water Protect  |  | - MKAA-9ZR  |                                 |
| Free Chlorine ppm p Residual:   | H:<br>king Water Protect  | ion Act? Yes<br>Send Additional                | - MKAA-9ZR  |                                 |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint is the Water System on Boll Advisory? Is Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd  | H:<br>king Water Protect  | Send Additional                                | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint is the Water System on Boll Advisory? Is Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd  | H:<br>king Water Protect  | Send Additional                                | - MKAA-9ZR<br>Copy To:                              | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint is the Water System on Boll Advisory? It Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  | H:  king Water Protect No  port:  Preliminary Result                  | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint is the Water System on Boil Advisory? Is Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  | H:  king Water Protect No  port:  Preliminary Result                  | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drints the Water System on Boll Advisory? Is Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  Test Required   | H:  king Water Protect No  port:  Preliminary Result                  | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint Is the Water System on Boll Advisory? Is Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  Test Required  Test Required  | H:  king Water Protect No  port:  Preliminary Result                  | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint Is the Water System on Boll Advisory? Is Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  Test Required  Test Required  Test Required  Test Required  | H:  king Water Protect No  port:  Preliminary Result                  | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drinits the Water System on Boll Advisory? It Sample Submitted for: Monitoring Address of Health Unit to Receive ReChilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  Test Required  Test Required  Total Coliform Fecal Coliform Enterococci   | H:  king Water Protect  No  port:  Preliminary Result                 | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint sthe Water System on Boll Advisory? Is Sample Submitted for: Monitoring Address of Health Unit to Receive ReChilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  Test Required  Total Coliform Fecal Coliform Enterococci E Coil HPC - 35C; 2 days HPC - 28C; 5 days Pseudomonas  | H:  king Water Protect No  port:  Preliminary Result Count per 100 ml | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint Is the Water System on Boll Advisory? Is Sample Submitted for: Monitoring Address of Health Unit to Receive Rechilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  Test Required  Total Coliform Fecal Coliform Entercocci E. Coli HPC - 35C; 2 days HPC - 28C; 5 days  | H:  king Water Protect No  port:  Preliminary Result Count per 100 ml | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drint sthe Water System on Boil Advisory? It Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  Test Required  Test Required  Test Required  Test Required  Fecal Coliform Fecal Coliform Fecal Coliform Phyc - 35C; 2 days HPC - 28C; 5 days Pseudomonas Enzyme Substrate Coliform Test - Quantilative Other | H:  king Water Protect No  port:  Preliminary Result Count per 100 ml | Send Additional  LABORATO Technician Initial & | Copy To:  | RS99                            |
| Free Chlorine ppm Residual:  Is sample submitted for purpose of Drints the Water System on Boll Advisory? It Sample Submitted for: Monitoring Address of Health Unit to Receive Re Chilliwack Health Protection 45470 Menholm Rd Chilliwack, BC, V2P 1M2  Test Required  Total Coliform Fecal Coliform Fecal Coliform Fecal Coliform Fecal Coliform Ferencecci E Coli HPC - 25C; 2 days Pseudomonas Enzyme Substrate Coliform Test - Quantilative                       | H:  king Water Protect No  port:  Preliminary Result Count per 100 ml | Send Additional  LABORATO Technician Initial & | Copy To:  DRY USE ONLY Final Result Count per 100 m | RS99                            |

PHOTOCOPY

26-Feb-2016

|   |                                  | Fracer Hea   | ith Authority                      | LABORATOR                        | Y USE ONLY                           |
|---|----------------------------------|--|------------------------------------|----------------------------------|--------------------------------------|
| fraserhealth  |                                  | Fraser Health Authority<br>PHONE: (604) 702-4950<br>FAX: (604) 702-4951  |                                    | Lab Number:                      |                                      |
|   |                                  |  |                                    | Date Reported:                   |                                      |
| AHO / EHO IN C                                      | HARGE                            | DRINKING WATE  | R OFFICER                          | WATER SUPPLIE                    |                                      |
| Vame:   | Lloyd Struck                     | Name:  | Michelle Murti                     |                                  | Galy Marténs                         |
| Phone #:  | (604) 870-7900                   | Phone #:   | ()                                 |                                  | (604)\586-6112                       |
| Cell phone #:                                       | ()                               | Cell phone #:  | ()                                 | Cell phone #:                    | (604)/312-7458                       |
| ax #:   | (604) 870-7901                   | Fax#:  | ()                                 | Fax #:                           | (60 <b>4</b> ) 53 <del>0</del> ,3412 |
| Pager#:   | ()                               | Pager #:   | 0                                  | Pager #:                         | (604)                                |
| Email:  | lloyd.struck@fraserhea<br>lth.ca | Email:   | michelle.murti@fr<br>aserhealth.ca | Email:                           |                                      |
|   | JOHN GOJER AG                    | ldress: V  |                                    | Date/time<br>collected: 15-11-   | 78 17 35°                            |
| System Name:  | EPOOR-City of White              | Rock Water Sys   | tem                                |                                  |                                      |
| SystemType:   | WS1A                             |  |                                    |                                  |                                      |
| Population:   |                                  |  | 1                                  | Site Code:                       | SJEN-6TMQXH                          |
| SiteName:   | Malabar Ave Sampli               | ng Station - Port  |                                    | GIS Location:                    | OULIT OTHIGHT                        |
| SiteAddress:  | 14233 Malabar Ave                |  |                                    | GIS Location.                    |                                      |
| Site Type:  | Distribution System              |  |                                    |                                  |                                      |
| Source:   | Deep Well                        |  |                                    |                                  |                                      |
| Site Treatment:                                     |                                  | reatment Type:   |                                    | 7. 4.1-14                        | NTU                                  |
| Free Chlorine<br>Residual:                          | ppm pl                           | <del>-1</del> ;  |                                    | Turbidity:                       | 1410                                 |
|   | itted for purpose of Drink       | ing Water Protect  | ion Act? Yes                       | - MKAA-9YML                      | PF                                   |
| is sample subit                                     | stem on Boil Advisory?           | In The state of th | 10117 (01. 100                     |                                  |                                      |
| Carrelo Submit                                      | ted for: Monitoring              | ***  |                                    |                                  |                                      |
| Sample Subiliti                                     | alth Unit to Receive Re          | nort:  | Send Additional C                  | ору То:                          |                                      |
| Chilliwack Heal<br>45470 Menholn<br>Chilliwack, BC, | th Protection<br>n Rd            |  |                                    |                                  |                                      |
|   |                                  |  | LABORATOR                          | RY USE ONLY                      |                                      |
|   | est Required                     | Preliminary Result Count per 100 ml  | Technician Initial &<br>Date       | Final Result<br>Count per 100 ml | CFU per ml                           |
| ▼ Total Collform                                    |                                  |  |                                    |                                  |                                      |
| Fecal Coliform                                      |                                  |  |                                    |                                  |                                      |
| Enterococci   |                                  |  |                                    |                                  |                                      |
| Z E. Coli   |                                  |  |                                    |                                  |                                      |
| HPC - 35C; 2 d                                      | ays                              |  |                                    |                                  |                                      |
| HPC - 28C; 5 d                                      |                                  |  |                                    |                                  |                                      |
| Pseudomonas   |                                  |  |                                    |                                  |                                      |
| Enzyme Substr                                       | ate Coliform Test - Quantitative |  |                                    |                                  |                                      |
| Other   |                                  |  |                                    |                                  | <u> </u>                             |
| Previous Samp                                       | le Overgrown                     |  |                                    |                                  |                                      |
| Check 2 consecutiv                                  | ve volumes for sewage/pollution  | sample: 50 mL  | 10 mL1 mL                          | 0.1 mL0.0                        | 1 mL 0.001 mL                        |

DO NOT PHOTOCOPY

Use this Requisition before 21-Jan-2016

|  |                     | Fraser Hea          | ith Authority                | LABORATOR                     | Y USE ONLY                            |
|--|---------------------|---------------------|------------------------------|-------------------------------|---------------------------------------|
|  |                     | PHONE: (6           | 04) 870-7900                 | Lab Number:                   |                                       |
| fraserhealth   |                     | FAX: (604) 870-7901 |                              | Date Reported:                |                                       |
|  |                     |                     |                              |                               |                                       |
| HO / EHO IN CHARGE   |                     | DRINKING WATE       | ER OFFICER                   | WATER SUPPLIE                 | R                                     |
| lame: Lloyd 9  | Struck              | Name:               |                              | Name:                         |                                       |
| hone #: (604) 8  | 370-7900            | Phone #:            |                              | Phone #:                      |                                       |
| Cell phone #: ()   |                     | Cell phone #:       |                              | Cell phone #:                 |                                       |
| ax #: (604) 8  | 370-7901            | Fax #:              |                              | Fax #:                        |                                       |
| Pager#: ()   |                     | Pager#:             |                              | Pager #:                      |                                       |
| mail: lloyd.s<br>lth.ca  | truck@fraserhea     | Email:              |                              | Email:                        |                                       |
| Sampler's Name: City o<br>Rock   |                     |                     | 5322 Buena<br>/ista Avenue   | Date/time<br>collected:/5~((~ | Kr.W. 69:3                            |
| iystem Name: Priva   | te Water Sampl      | es - White Rock     |                              |                               |                                       |
| SystemType: WS5  |                     |                     |                              |                               | *                                     |
| opulation:   |                     | M54                 | LLIN CADIOPINE               |                               |                                       |
|  | etklin Low-Res      | ervoir.Outlet-75%   | - V                          |                               | MKAA-A3SNTF                           |
| SiteAddress: 1533  | 4 North Bluff Rd    |                     |                              | GIS Location:                 |                                       |
| Site Type: Distri  | bution System       |                     |                              |                               |                                       |
|  | Well                |                     |                              |                               |                                       |
| Site Treatment: No   |                     | reatment Type:      |                              |                               |                                       |
| ree Chlorine ppm   |                     | <b>-1</b> :         |                              | Turbidity:                    | NTU                                   |
| Residual:  |                     |                     |                              |                               |                                       |
| SAME TO SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES.  |                     |                     |                              | - MKAA-A3ST                   | P3                                    |
| s sample submitted for   |                     |                     | on Act? Yes                  |                               |                                       |
| s the Water System on  |                     | 0                   |                              |                               | ,,,                                   |
| Sample Submitted for: N  |                     |                     |                              |                               |                                       |
| Address of Health Unit   | to Receive Rep      | ort:                | Send Additional C            | ору То:                       |                                       |
| Abbotsford Health Prote  | ction (Env. Hith.   | Services) -         |                              |                               |                                       |
| Bourquin Cres<br>Suite 207 - 2776 Bourqu   | in Cres             |                     |                              |                               |                                       |
| Abbotsford, BC, V2S 6A   |                     |                     |                              |                               |                                       |
|  |                     |                     |                              |                               |                                       |
|  |                     |                     |                              | Y USE ONLY                    |                                       |
| Test Require   | d                   | Preliminary Result  | Techniclan Initial &<br>Date | Final Result                  | CFU per mi                            |
| ★ Total Coliform     ★ Total Coliform |                     | Count per 100 ml    | Date                         | Count per 100 ml              | and discontinuous susuales.           |
| Fecal Coliform   |                     |                     |                              |                               |                                       |
|  |                     |                     |                              |                               |                                       |
| Enterococci  |                     |                     |                              |                               |                                       |
| ∑ E. Coli  |                     |                     |                              |                               |                                       |
| HPC - 35C; 2 days  |                     |                     |                              |                               |                                       |
| HPC - 28C; 5 days  |                     |                     |                              |                               | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Pseudomonas  |                     |                     |                              |                               |                                       |
| Enzyme Substrate Coliform  | Test - Quantitative |                     |                              |                               |                                       |
| Other  |                     |                     |                              |                               |                                       |
| Previous Sample Overgrow   | /n                  |                     |                              |                               |                                       |

DO NOT PHOTOCOPY

|  |                 | Eracar Has                             | alth Authority               | LABORATO                       | RY USE ONLY |
|--|-----------------|--|------------------------------|--------------------------------|-------------|
|  |                 |  | 604) 870-7900                | Lab Number:                    |             |
| fraserhealth   |                 | FAX: (604) 870-7901                    |                              | Date Reported:                 |             |
|  |                 |  | •                            | Date Reported.                 |             |
| MHO / EHO IN CHARGE  |                 | DRINKING WAT                           | ER OFFICER                   | WATER SUPPLIE                  | R           |
| Name: Lloyd Struc  | k               | Name:                                  |                              | Name:                          |             |
| Phone #: (604) 870-7   |                 | · · · · · · · · · · · · · · · · · · ·  |                              | Phone #:                       |             |
| Cell phone #: ()   |                 | Cell phone #:                          |                              | Cell phone #:                  |             |
| Fax #: (604) 870-7   | 901             | Fax #:                                 |                              | Fax #:                         |             |
| Pager #: ()  |                 | Pager#:                                |                              | Pager #:                       |             |
| Email: lloyd.struck<br>Ith.ca  | @fraserhea      | Email:                                 |                              | Email:                         |             |
| Sampler's Name: City of Wi<br>Rock   |                 |  | I5322 Buena<br>Vista Ave     | Date/time<br>collected:  5-  - | 18 89:45    |
| System Name: Private W   | ater Sampl      | es - White Rock                        |                              |                                |             |
| SystemType: WS5  | •               |  |                              |                                |             |
| Population:  |                 | ······································ |                              |                                |             |
|  | Reservoir-      | 25%                                    |                              | Site Code:                     | MKAA-A3SPWS |
| SiteAddress: 1315 Geo  |                 |  |                              | GIS Location:                  |             |
| Site Type: Distributio   |                 |  |                              |                                |             |
| Source: Deep Wel   |                 |  |                              |                                |             |
| Site Treatment: No   |                 | eatment Type:                          |                              |                                |             |
| Free Chlorine ppm  | pl-             |  |                              | Turbidity:                     | NTU         |
| Residual:  | F.              | ••                                     |                              | , <b>,</b> -                   |             |
| INCLUSION OF THE PROPERTY OF T |                 |  |                              | - MKAA-A3ST                    | PG          |
| Is sample submitted for purpo  |                 |  | on Act? Yes                  |                                |             |
| Is the Water System on Boil A  |                 | 0                                      |                              |                                |             |
| Sample Submitted for: Monito   |                 |  |                              |                                |             |
| Address of Health Unit to R  |                 |  | Send Additional C            | ору То:                        |             |
| Abbotsford Health Protection   | (Env. Hitn.     | Services) -                            |                              |                                |             |
| Bourquin Cres<br>Suite 207 - 2776 Bourquin Cr  | ac              |  |                              |                                |             |
| Abbotsford, BC, V2S 6A4  | <b>C</b> 3      |  |                              |                                |             |
| <u> </u>   |                 |  |                              |                                |             |
|  |                 |  |                              | Y USE ONLY                     |             |
| Test Required  |                 | Preliminary Result                     | Technician Initial &<br>Date | Final Result                   | CFU per ml  |
| Total Coliform   |                 | Count per 100 ml                       | Date                         | Count per 100 ml               |             |
| Fecal Coliform   |                 |  |                              |                                |             |
|  |                 |  |                              |                                |             |
| Enterococci  |                 |  |                              |                                |             |
| E, Coli  |                 | ······································ |                              |                                |             |
| HPC - 35C; 2 days  | 33              |  |                              |                                |             |
| HPC - 28C; 5 days  | 3               |  |                              |                                |             |
| Pseudomonas  |                 |  |                              |                                |             |
| Enzyme Substrate Coliform Test -   | Quantitalive    |  |                              |                                |             |
| Other  |                 |  |                              |                                |             |
| Previous Sample Overgrown  |                 |  |                              |                                |             |
| Check 2 consecutive volumes for sew  | age/pollution s | ample: 50 mL                           | 10 mL1 mL                    | 0.1 mL 0.01                    | mL 0,001 mL |

<u>DO NOT</u> PHOTOCOPY

|   |  | Fraser Hea   | ith Authority               |                                   | RY USE ONLY  |
|---|--|--|-----------------------------|-----------------------------------|--------------|
| <i>a</i> = .  | g 5.6  | PHONE: (6  | i04) 870-7900               | Lab Number.                       |              |
| fraserhealth  |  | FAX: (60   | FAX: (604) 870-7901         |                                   |              |
| IHO / EHO IN CI   | HARGE  | DRINKING WAT   | ER OFFICER                  | WATER SUPPLIE                     | R            |
| lame:   | Lloyd Struck   | Name:  |                             | Name:                             |              |
| hone #:   | (604) 870-7900   | Phone #:   |                             | Phone #:                          |              |
| Cell phone #:   | ()   | Cell phone #:  |                             | Cell phone #:                     |              |
| ax #:   | (604) 870-7901   | Fax #:   |                             | Fax #:                            |              |
| ager#:  | ()   | Pager#:  |                             | Pager#:                           |              |
| Email:  | lloyd.struck@fraserhe<br>lth.ca  | a Email:   |                             | Email:                            |              |
| Sampler's Name  |  |  | 15322 Buena<br>Vista Avenue | Date/time<br>collected:  5-  -    | 177MM 091:38 |
| System Name:  | Private Water Samp   | ies - White Rock   |                             |                                   |              |
| SystemType:   | WS5  | _  |                             |                                   |              |
| Population:   |  |  |                             |                                   |              |
| SiteName:   | 1c-Merklin Low Res   | ervoir Outlet-75%  |                             | Site Code:                        | MKAA-A3SNTR  |
| SileAddress:  | 15334 North Bluff Ro   | i  |                             | GIS Location:                     |              |
| Site Type:  | Distribution System  |  |                             |                                   |              |
| Source:   | Deep Well  |  |                             |                                   |              |
| Site Treatment:   |  | reatment Type:   |                             | ***                               |              |
| Free Chlorine   |  | h:   |                             | Turbidity:                        | NTU          |
| Residual:   |  |  |                             | <u> </u>                          |              |
| ls sample submit  | tted for purpose of Drinstem on Boil Advisory?   | king Water Protect                                       | ion Act? Yes                | - MKAA-A3ST                       | NY           |
| is sample submit<br>is the Water Sys<br>Sample Submitte   | item on Boil Advisory? I<br>ed for: Monitoring   | No   |                             |                                   | -NY          |
| is sample submit<br>is the Water Sys<br>Sample Submitte<br>Address of Hea   | stem on Boil Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres                             | No<br>port:  | ion Act? Yes                |                                   | NY           |
| Is sample submit<br>Is the Water Sys<br>Sample Submitte<br>Address of Heal<br>Abbotsford Healt<br>Bourquin Cres<br>Suite 207 - 2776   | stem on Boil Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres                             | No<br>port:  | Send Additional C           | ору То:                           | - NY         |
| Is sample submit<br>Is the Water Sys<br>Sample Submitte<br>Address of Heal<br>Abbotsford Healt<br>Bourquin Cres<br>Suite 207 - 2776<br>Abbotsford, BC,  | stem on Boil Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres                             | No<br>port:  | Send Additional C           |                                   | CFU per ml   |
| Is sample submited is the Water System Sample Submitter Address of Health Abbotsford Health Bourquin Crestorite 207 - 2776 Abbotsford, BC,  | stem on Boll Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres<br>V2S 6A4                  | port:<br>. Services) -<br>Preliminary Result             | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |
| Is sample submit<br>Is the Water Sys<br>Sample Submitte<br>Address of Healt<br>Abbotsford Healt<br>Bourquin Cres<br>Suite 207 - 2776<br>Abbotsford, BC,   | stem on Boll Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres<br>V2S 6A4                  | port:<br>. Services) -<br>Preliminary Result             | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |
| Is sample submited is the Water System Sample Submitter Address of Health Abbotsford Health Bourquin Crestorite 207 - 2776 Abbotsford, BC,  | stem on Boll Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres<br>V2S 6A4                  | port:<br>. Services) -<br>Preliminary Result             | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |
| is sample submit is the Water Sys Sample Submitte Address of Heat Abbotsford Heat Bourquin Cres Suite 207 - 2776 Abbotsford, BC,  Tes Total Coliform  | stem on Boll Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres<br>V2S 6A4                  | port:<br>. Services) -<br>Preliminary Result             | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |
| Is sample submit Is the Water Sys Sample Submitte Address of Heal Abbotsford Healt Bourquin Cres Suite 207 - 2776 Abbotsford, BC,  Tes Total Coliform Fecal Coliform Enterococci  | stem on Bolf Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>B Bourquin Cres<br>V2S 6A4                | port:<br>. Services) -<br>Preliminary Result             | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |
| Is sample submit Is the Water Sys Sample Submitte Address of Heal Abbotsford Healt Bourquin Cres Suite 207 - 2776 Abbotsford, BC,  Tes Total Coliform Fecal Coliform Enterococt   | etem on Bolf Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres<br>V2S 6A4<br>st Required   | port:<br>. Services) -<br>Preliminary Result             | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |
| Is sample submite Is the Water Sys Sample Submitte Address of Hea Abbotsford Healt Bourquin Cres Suite 207 - 2776 Abbotsford, BC,  Tes  Total Coliform Fecal Coliform Enterococct E. Coii HPC - 35C; 2 day                            | etem on Bolf Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres<br>V2S 6A4<br>st Required   | port: . Services) -  Preliminary Result Count per 100 mi | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |
| Is sample submition is the Water Sys Sample Submitte Address of Heal Abbotsford Healt Bourquin Cres Suite 207 - 2776 Abbotsford, BC,  Total Coliform Fecal Coliform Enterococct F. Coli HPC - 35C; 2 day HPC - 28C; 5 day Pseudomonas | etem on Bolf Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>Bourquin Cres<br>V2S 6A4<br>st Required   | port: . Services) -  Preliminary Result Count per 100 mi | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |
| Is sample submition is the Water Sys Sample Submitte Address of Heal Abbotsford Healt Bourquin Cres Suite 207 - 2776 Abbotsford, BC,  Total Coliform Fecal Coliform Enterococct F. Coli HPC - 35C; 2 day HPC - 28C; 5 day Pseudomonas | stem on Bolf Advisory? I<br>ed for: Monitoring<br>lith Unit to Receive Re<br>th Protection (Env. Hith<br>B Bourquin Cres<br>V2S 6A4<br>st Required | port: . Services) -  Preliminary Result Count per 100 mi | Send Additional C  LABORATO | Copy To: RY USE ONLY Final Result |              |

DO NOT PHOTOCOPY



|  | C=11-                      | alth Authorite                                    | LABORATO                        | RY USE ONLY   |  |  |
|--|----------------------------|---|---------------------------------|---|--|--|
|  |                            | Fraser Health Authority<br>PHONE: (604) 870-7900  |                                 | LABORATORY USE ONLY Lab Number:                     |  |  |
| fraser <b>health</b>   | FAX: (604) 870-7901        |   | Date Reported:                  |   |  |  |
| ¿ W. Hasoineann  |                            | 1154 (65.) 5.5 755.                               |                                 |   |  |  |
| MHO / EHO IN CHARGE  | DRINKING WAT               | ER OFFICER  | WATER SUPPLIE                   | ≅R  |  |  |
| Name: Lloyd Struck   | Name:                      |   | Name:                           |   |  |  |
| Phone #: (604) 870-7900  | Phone #:                   |   | Phone #:                        |   |  |  |
| Cell phone #: ()   | Cell phone #:              |   | Cell phone #:                   |   |  |  |
| Fax #: (604) 870-7901  | Fax#:                      | +   | Fax #:                          |   |  |  |
| Pager#: ()   | Pager #:                   |   | Pager #:                        |   |  |  |
| Email: lloyd.struck@fraserh<br>lth.ca  |                            |   | Email:                          |   |  |  |
|  |                            | 15322 Buena<br>Vista Ave                          | Date/time<br>collected: [5 > [] | -To 04:58   |  |  |
| System Name: Private Water San   | ples - White Rock          |   |                                 |   |  |  |
| SystemType: WS5  |                            |   |                                 | •   |  |  |
| Population:  |                            | <u> </u>  |                                 |   |  |  |
| SiteName: 3b-Roper Reservo   | ir-50%                     |   | Site Code:                      | MKAA-A3SPYR   |  |  |
| SiteAddress: 1315 George St  |                            |   | GIS Location:                   | ***************************************             |  |  |
| Site Type: Distribution System   |                            |   |                                 |   |  |  |
| Source: Deep Well  | •                          |   |                                 |   |  |  |
| Site Treatment: No   | Treatment Type:            |   |                                 |   |  |  |
| Free Chlorine ppm  | pH:                        |   | Turbidity:                      | NTU   |  |  |
| THE CONTROL OF THE CO |                            |   | - MKAA-A3ST                     | PQ  |  |  |
| Is sample submitted for purpose of Dri   |                            | ion Act? Yes                                      |                                 |   |  |  |
| Is the Water System on Boil Advisory?  | No No                      |   |                                 |   |  |  |
| Sample Submitted for: Monitoring   |                            | <del>, , , , , , , , , , , , , , , , , , , </del> |                                 |   |  |  |
| Address of Health Unit to Receive R  |                            | Send Additional C                                 | ору То:                         |   |  |  |
| Abbotsford Health Protection (Env. Hit   | h. Services) -             |   |                                 |   |  |  |
| Bourquin Cres<br>Suite 207 - 2776 Bourquin Cres  |                            |   |                                 |   |  |  |
| Abbotsford, BC, V2S 6A4  |                            |   |                                 |   |  |  |
|  |                            |   |                                 |   |  |  |
|  |                            | LABORATO  | RY USE ONLY                     |   |  |  |
| Test Required  | Preliminary Result         | Technician Initial &                              | Final Result                    | CFU per mi  |  |  |
| ☑ Total Coliform   | Count per 100 ml           | Date  | Count per 100 mi                | property and a second at the contract of the second |  |  |
| Fecal Coliform   |                            |   |                                 |   |  |  |
|  |                            |   |                                 |   |  |  |
| Enterococci  |                            |   |                                 |   |  |  |
| ∑ E. Coli  |                            |   |                                 |   |  |  |
| HPC - 35C; 2 days  | Participation of Equipment |   |                                 |   |  |  |
| HPC - 28C; 5 days  |                            |   |                                 |   |  |  |
| Pseudomonas  |                            |   |                                 |   |  |  |
| Enzyme Substrate Coliform Test - Quantitativ   | e                          |   |                                 |   |  |  |
| Other  |                            |   |                                 |   |  |  |
| Previous Sample Overgrown  |                            |   |                                 |   |  |  |
| Check 2 consecutive volumes for sewage/pollution   | n sample: 50 mL            | 10 mL 1 mL  | 0.1 mL0.01                      | mL 0.001 mL   |  |  |

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|  |  | Fraser He            | ealth Authority                              | LABORATO                      | RY USE ONLY    |  |
|--|--|----------------------|--|-------------------------------|----------------|--|
| fraser <b>health</b>                   |  |                      | PHONE: (604) 870-7900<br>FAX: (604) 870-7901 |                               | Lab Number:    |  |
|  |  | FAX: (6)             |  |                               |                |  |
|  |  |                      |  | Date Reported:                |                |  |
| MHO / EHO IN CI                        | HARGE                                  | DRINKING WA          | TER OFFICER                                  | WATER SUPPLI                  | ER .           |  |
| Name:                                  | Lloyd Struck                           | Name:                |  | Name:                         |                |  |
| Phone #:                               | (604) 870-7900                         | Phone #:             |  | Phone #:                      |                |  |
| Cell phone #:                          | ()                                     | Cell phone #:        |  | Cell phone #:                 |                |  |
| Fax #:                                 | (604) 870-7901                         | Fax #:               |  | Fax #:                        |                |  |
| Pager #:                               | ()                                     | Pager #:             |  | Pager#:                       |                |  |
| Email:                                 | lloyd.struck@fraserho<br>lth.ca        | ea Email:            |  | Email:                        |                |  |
| Sampler's Name                         |  | ampler's<br>Address: | 15322 Buena<br>Vista Avenue                  | Date/time<br>collected: (5~[[ | _1771MM 89-16R |  |
| System Name:                           | Private Water Sam                      | oles - White Rock    |  |                               |                |  |
| SystemType:                            | WS5                                    |                      |  |                               |                |  |
| Population:                            |  |                      |  |                               |                |  |
| SiteName:                              | 1a-Merklin Low Re                      | servoir Outlet-25%   | <b>/</b> 6                                   | Site Code:                    | MKAA-A3SM6Z    |  |
| SiteAddress:                           | 15334 North Bluff R                    | i                    |  | GIS Location:                 |                |  |
| Site Type:                             | Distribution System                    |                      | ·····  | <u> </u>                      |                |  |
| Source:                                | Deep Well                              |                      |  |                               |                |  |
| Site Treatment:                        |  | reatment Type:       |  |                               |                |  |
| Free Chlorine<br>Residual:             | ······································ | oH:                  |  | Turbidity:                    | NTU            |  |
|  | ed for purpose of Drin                 |                      | tion Act? Yes                                | - MKAA-A3ST                   | NH             |  |
|  | em on Boil Advisory?                   | Vo                   |  |                               |                |  |
| Sample Submitted                       |  |                      |  |                               |                |  |
|  |  |                      | Send Additional C                            | Сору То:                      |                |  |
| ************************************** |  |                      | LABORATO                                     | RY USE ONLY                   |                |  |
| Test                                   | t Required                             | Preliminary Result   | Technician Initial &                         | Final Result                  | CFU per mi     |  |
|  |  | Count per 100 ml     | Date   | Count per 100 ml              |                |  |
|  |  |                      |  |                               |                |  |
| Fecal Coliform                         |  |                      |  |                               |                |  |
| Enterococci                            |  |                      |  |                               |                |  |
| E. Coli                                |  |                      |  |                               |                |  |
| HPC - 35C; 2 days                      |  |                      |  |                               |                |  |
| HPC - 28C; 5 days                      |  |                      |  |                               |                |  |
| Pseudomonas                            |  |                      |  |                               |                |  |
| Enzyme Substrate                       | Coliform Test - Quantilative           |                      |  |                               |                |  |
| Other                                  |  |                      |  |                               |                |  |
| Previous Sample C                      | vergrown                               |                      |  |                               |                |  |
| Check 2 consecutive vi                 | olumes for sewage/pollution            | sample: 50 ml.       | 10 mL 1 mL                                   | 0.1 mL 0.01                   | mL 0.001 mL    |  |

DO NOT PHOTOCOPY

| Sampler's Name: City of White Rock Address: Vista Avenue Collected: 15 1   System Name: Private Water Samples - White Rock SystemType: WS5 Population: SiteName: 1b-Merklin Low Reservoir Outlet-50% Site Code: SiteAddress: 15334 North Bluff Rd GIS Location: Site Type: Distribution System Source: Deep Well Site Treatment: No Treatment Type: Free Chlorine ppm pH: Turbidity:   |  |  |  |
|--|--|--|--|
| Traser health  FAX: (604) 870-7901  Date Reported:  Name:  Phone #:  Cell phone #:  Pager #:  Date Reported:  Date Proling Report  Count per 100 ml  Date Reported:  Dat | LABORATORY USE ONLY Lab Number:        |  |  |
| MHO / EHO IN CHARGE Name: Lloyd Struck Name: Name: Name: Name: Name: Oct Name: Count of the Name: Name |  |  |  |
| Name: Lloyd Struck Name: Name: Phone #: (604) 870-7900 Phone #: Phone #: Cell phone #: (604) 870-7901 Phone #: Cell phone #: Cell phone #: Cell phone #: Pager #: Pag |  |  |  |
| Name: Lloyd Struck Name: Name: Phone #: (604) 870-7900 Phone #: Phone #: Cell phone #: (604) 870-7901 Phone #: Cell phone #: Cell phone #: Cell phone #: Payer #: (604) 870-7901 Fax #: Fax #: Fax #: Pager #: Pag | JER                                    |  |  |
| Phone #: (604) 870-7900 Phone #: Cell phone #: Pax #: Fax #: Fax #: Fax #: Pager #: () Pager #: Pager #: Pager #: Pager #: Pager #: Pager #: Email: E |  |  |  |
| Fax #: (604) 870-7901 Fax #: Pager #: Email: Iloyd.struck@fraserhea Email: Email: Email: Email: Email: Email: Email: Ith.ca  Sampler's Name: City of White Rock Suppler's Address: Vista Avenue Collected: System Name: Private Water Samples - White Rock  System Name: Private Water Samples - White Rock  System Name: Private Water Samples - White Rock  System Name: 1b-Merklin Low Reservoir Outlet-50% Site Code: SiteAddress: 15334 North Bluff Rd GIS Location: Site Type: Distribution System  Source: Deep Well  Site Treatment: No Treatment Type: Turbidity: Presidual: Turbidity: Turbidity: Residual: Turbidity: Page North Page Nort |  |  |  |
| Pager #: () Pager #: Email:   Pager #:   Pag |  |  |  |
| Email:   |  |  |  |
| Sampler's Name: City of White Rock Address: Vista Avenue Collected: 15 11  |  |  |  |
| Rock Address: Vista Avenue collected: // (/- System Name: Private Water Samples - White Rock SystemType: WS5 Population: SiteName: 1b-Merklin Low Reservoir Outlet-50% Site Code: SiteAddress: 15334 North Bluff Rd GIS Location: SiteType: Distribution System Source: Deep Well Site Treatment: No Treatment Type: Free Chlorine ppm ph: Turbidity: Free Chlorine Residual: Ph: Turbidity:  Is sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boil Advisory? No Sample Submitted for: Monitoring Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4  Test Required Proliminary Result Count per 100 ml Total Coliform Fecal Coliform  |  |  |  |
| SystemType: WS5  Population: SiteName: 1b-Merklin Low Reservoir Outlet-50% Site Code: SiteAddress: 15334 North Bluff Rd GIS Location: Site Type: Distribution System Source: Deep Well Site Treatment: No Treatment Type: Free Chlorine Residual:  Site Sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boll Advisory? No Sample Submitted for: Monitoring Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4  Test Required  Test Required  Prollminary Result Count per 100 ml Technician Initial & Final Result Count per 100 ml Fecal Colliform Enterococci   | -134mm rody HR                         |  |  |
| Population: SiteName: 1b-Merklin Low Reservoir Outlet-50% Site Code: SiteAddress: 15334 North Bluff Rd GIS Location: Site Type: Distribution System Source: Deep Well Site Treatment: No Treatment Type: Free Chlorine ppm ph: Turbidity: Residual: - MKAA-A3S* Is sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boll Advisory? No Sample Submitted for: Monitoring Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4    Proliminary Result   Technician Initial & Final Result   Count per 100 ml   Date   Count per 100 ml   |  |  |  |
| Population: SiteName: 1b-Merklin Low Reservoir Outlet-50% Site Code: SiteAddress: 15334 North Bluff Rd GIS Location: Site Type: Distribution System Source: Deep Well Site Treatment: No Treatment Type: Free Chlorine ppm ph: Turbidity: Residual: - MKAA-A3S* Is sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boll Advisory? No Sample Submitted for: Monitoring Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4    Proliminary Result   Technician Initial & Final Result   Count per 100 ml   Date   Count per 100 ml   | ······································ |  |  |
| Site Name: 1b-Merklin Low Reservoir Outlet-50% Site Code: SiteAddress: 15334 North Bluff Rd GIS Location: Site Type: Distribution System Source: Deep Well Site Treatment: No Treatment Type: Free Chlorine Residual: Turbidity: Residual: Turbidity:  I sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boll Advisory? No Sample Submitted for: Monitoring Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4    Preliminary Result   Technician Initial & Final Result   Count per 100 ml   Date  | <del></del>                            |  |  |
| Site Type: Distribution System  Source: Deep Well  Site Treatment: No Treatment Type: Free Chlorine ppm pH: Turbidity: Residual:  Is sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boll Advisory? No  Sample Submitted for: Monitoring  Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4  | MKAA-A3SNKC                            |  |  |
| Site Type: Distribution System  Source: Deep Well  Site Treatment: No Treatment Type: Free Chlorine ppm ph: Turbidity: Residual: Turbidity:  Is sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boll Advisory? No  Sample Submitted for: Monitoring  Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4    Count per 100 ml   LABORATORY USE ONLY   |  |  |  |
| Source: Deep Well  Site Treatment: No Treatment Type: Free Chlorine ppm pH: Turbidity: Residual:  Is sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boll Advisory? No Sample Submitted for: Monitoring Address of Health Unit to Receive Report: Send Additional Copy To: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4  Test Required Preliminary Result Technician Initial & Final Result Count per 100 mi Fecal Coliform Fecal Coliform Enterococci  |  |  |  |
| Site Treatment: No Treatment Type: Free Chlorine ppm ph: Turbidity: Residual: Turbidity:  - MKAA-A3S  Is sample submitted for purpose of Drinking Water Protection Act? Yes Is the Water System on Boll Advisory? No Sample Submitted for: Monitoring Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4  - LABORATORY USE ONLY Test Required Prollminary Result Technician Initial & Final Result Count per 100 ml  - Fecal Coliform - Enterococci   |  |  |  |
| Free Chlorine ppm pH: Turbidity:  Residual:  - MKAA-A3S  Is sample submitted for purpose of Drinking Water Protection Act? Yes  Is the Water System on Boll Advisory? No  Sample Submitted for: Monitoring  Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4  - LABORATORY USE ONLY - Prellminary Result - Count per 100 ml - Fecal Coliform - Enterococci  |  |  |  |
| Residual:  - MKAA-A3S  Is sample submitted for purpose of Drinking Water Protection Act? Yes  Is the Water System on Boil Advisory? No  Sample Submitted for: Monitoring  Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4  - Required - Preliminary Result Technician Initial & Final Result Count per 100 ml  Fecal Colliform - Enterococci   | NTU                                    |  |  |
| Is sample submitted for purpose of Drinking Water Protection Act? Yes  Is the Water System on Boll Advisory? No  Sample Submitted for: Monitoring  Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4  Test Required  Preliminary Result Count per 100 ml  Fecal Colliform Enterococci  |  |  |  |
| Is the Water System on Boll Advisory? No  Sample Submitted for: Monitoring  Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4   LABORATORY USE ONLY  Proliminary Result Count per 100 ml  Total Colliform Enterococci  | STNQ                                   |  |  |
| Sample Submitted for: Monitoring  Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4   LABORATORY USE ONLY  Test Required Preliminary Result Count per 100 ml  Total Coliform Enterococci   |  |  |  |
| Address of Health Unit to Receive Report: Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4     LABORATORY USE ONLY  |  |  |  |
| Abbotsford Health Protection (Env. Hith. Services) - Bourquin Cres Suite 207 - 2776 Bourquin Cres Abbotsford, BC, V2S 6A4     Test Required   LABORATORY USE ONLY  |  |  |  |
| Test Required Preliminary Result Count per 100 ml Date Count per 100 ml Count per 100 ml Enterococci   |  |  |  |
| Test Required Preliminary Result Count per 100 ml Date Count per 100 ml Fecal Coliform Enterococci   |  |  |  |
| Count per 100 ml Date Count per 100 ml  Total Coliform Fecal Coliform Enterococci  | CFU per ml                             |  |  |
| Fecal Coliform  Enterococci  | <del></del> i                          |  |  |
| Enterocacc!  |  |  |  |
|  |  |  |  |
| IAI F Codi   |  |  |  |
|  |  |  |  |
| HPC - 35C; 2 days  |  |  |  |
| HPC - 28C; 5 days  | 11.5°                                  |  |  |
| Pseudomonas  |  |  |  |
| Enzyme Substrate Coliform Test - Quantitative  |  |  |  |
| Other  |  |  |  |
| Previous Sample Overgrown Check 2 consecutive volumes for sewage/poliution sample: 50 mL 10 mL 1 mL 0.1 mL 0.0   |  |  |  |

DO NOT PHOTOCOPY

|                                 |  | Eroger Meal                                   | Ith Authority  | LABORATOR                      | Y USE ONLY                             |
|---------------------------------|--|---|--|--------------------------------|--|
| * ~                             |  | PHONE: (60                                    | 04) 870-7900   | Lab Number:                    |  |
| To f                            | raser <b>health</b>  |   | 870-7901   | Date Reported:                 |  |
| /HO / EHO IN C                  | HARGE  | DRINKING WATE                                 | ROFFICER   | WATER SUPPLIE                  | R                                      |
| lame:                           | Lloyd Struck   | Name:   |  | Name:                          |  |
| hone #:                         | (604) 870-7900   | Phone #:                                      |  | Phone #:                       |  |
| Cell phone #:                   | 0  | Cell phone #:                                 |  | Cell phone #:                  |  |
| ax #:                           | (604) 870-7901   | Fax #:  |  | Fax #:                         |  |
| Pager #:                        | 0  | Pager#:                                       |  | Pager #:                       |  |
| Email:                          | iloyd.struck@fraserheath.ca  | a Email:                                      |  | Email:                         |  |
|                                 | 化环烷 医脑膜 医原性结束 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基                  | ddress: V                                     | 5322 Buena<br>'Ista Ave  | Date/time<br>collected: (5-    | TYMMODI JHR                            |
| System Name:                    |  | ies - Atlife Vock                             |  |                                |  |
| SystemType:                     | WS5  |   |  |                                |  |
| Population:                     | 4 40040 Maria Da   | D   |  | Site Code:                     | MKAA-A3SQ6Q                            |
| SiteName:                       | 4 - 13616 Marine Dr  | Sampling Station                              |  | GIS Location:                  | 111101111001101                        |
| SiteAddress:                    | 13616 Marine Dr  |   |  | GIS Location.                  |  |
| Site Type:                      | Distribution System  |   |  |                                |  |
| Source:                         | Deep Well  |   |  |                                |  |
| Site Treatment:                 |  | reatment Type:                                |  | <b>-</b>                       | ALTER                                  |
| Free Chlorine<br>Residual:      | ppm p  | H:  |  | Turbidity:                     | NTU                                    |
| Is sample subm                  | itted for purpose of Drini   | king Water Protecti                           | on Act? Yes  | - MKAA-A3ST                    | `Q6                                    |
|                                 | stem on Boil Advisory?   |   |  |                                |  |
|                                 | ed for: Monitoring   |   |  |                                |  |
| Abbotsford Hea<br>Bourquin Cres | alth Unit to Receive Re<br>Ith Protection (Env. Hith.<br>6 Bourquin Cres |   | Send Additional  | Сору То:                       |  |
| Abbotsford, BC                  |  |   |  |                                |  |
|                                 |  |   |  |                                |  |
| -                               | est Beguited   | Buildings Barrie                              | LABORATO Technician initial &                                    | ORY USE ONLY Final Result      | CFU per ml                             |
| 16                              | est Required   | Preliminary Result Count per 100 ml           | Date   | Count per 100 mi               | †                                      |
| X Total Coliform                |  | Secure per realist                            |  | 1                              |  |
| Fecal Coliform                  |  |   |  |                                |  |
| Enterococci                     |  |   |  |                                |  |
| E. Coli                         |  |   |  | <u> </u>                       |  |
| HPC - 35C; 2 da                 | 100  | er andere er | were and the contract of the figure of                           | as Verestelleres av Octobrillo | ************************************** |
|                                 | ·  |   | togganest sinter sitter i it kan<br>menger singgan sandawit sitt |                                | # L                                    |
| HPC - 28C; 5 da                 | ays  |   |  |                                |  |
| Pseudomonas                     | to California Tarita Constitution  |   |  |                                |  |
| Other                           | ate Coliform Test - Quantitative   |   |  | <del> </del>                   |  |
| Previous Samp                   | A Overmous   |   | <u> </u>   |                                |  |
| Charles Camp                    | e overgrows  | cample: 50 ml                                 | 10 ml 1 ml   | 0.1 mL 0.0                     | 1 mL 0.001 mL                          |

DO NOT PHOTOCOPY

Use this Requisition before 30-Apr-2016

|  |  | Fraser He  | alth Authority   | LABORATO   | ORY USE ONLY      |
|--|--|--|--|--|-------------------|
|  |  |  | 504) 702-4950  | Lab Number:  |                   |
| fr   | aser <b>health</b>   |  | 4) 702-4951  | Date Reported:   |                   |
| · <b>V</b>   |  |  |  |  |                   |
| MHO / EHO IN CH  | ARGF   | DRINKING WAT   | FR OFFICER   | WATER SUPPL  | FR Carte Marie Co |
|  | Lloyd Struck   | Name:  | Michelle Murti   | Name:  | John Foster       |
|  | (604) 870-7900   | Phone #:   | 0  | Phone #:   |                   |
| Cell phone #:  | ()   | Cell phone #:  | Ŏ  | Cell phone #:  | 604-250-5247      |
| -ax #:   | (604) 870-7901   | Fax #:   | 0  | Fax #:   |                   |
| Pager #:   | 0  | Pager #:   | ()   | Pager #:   |                   |
| Email:   | lloyd.struck@fraserhe  | a Email:   | michelle.murti@fi  | Email: 'Lad  | رياري ملالي هـ    |
|  | Ith.ca   |  | aserhealth.ca  | 71016  | re whiteracted    |
|  |  |  | volumi — a a a a a a a a a a a a a a a a a a                     |  |                   |
| Sampler's Name:  |  |  | 14809 Beuna  | Date/time  | 1999/11:55        |
|  | はっていてあっ  | 2.00   |  | collected: 1 > 1   | יון טוי           |
| System Name: -   | BRESHOLITY of White  | te Rock Water Sy   | stem   |  | 1                 |
| SystemType:  | WS1A   |  |  |  |                   |
| opulation:   |  | ·  |  |  |                   |
| SiteName:  | Stevens St Samplin   | g Station Port   |  | Site Code:   | SJEN-6TMQW4       |
| SiteAddress:   | 1593 Stevens St  |  |  | GIS Location:  |                   |
| Site Type:   | Distribution System  |  |  | · ·  |                   |
| Source:  | Deep Well  |  |  |  |                   |
| Jource.  |  |  |  |  |                   |
|  | No T   | reatment Type:   |  |  |                   |
| Site Treatment:  | <del></del>  | reatment Type: H:  |  | Turbldity:   | NTU               |
| Site Treatment:<br>ree Chlorine  | <u>.</u>   |  |  | Turbldity:   | NTU               |
| Site Treatment:<br>Free Chlorine<br>Residual:  | ppm p  |  |  | Turbldity:   |                   |
| Site Treatment: Free Chlorine Residual:  | ppm p  | H:   |  | •  |                   |
| Site Treatment: Free Chlorine Residual:  s sample submitte s the Water Syste   | ppm p<br>d for purpose of Drini<br>m on Boil Advisory? N   | H:   |  | •  |                   |
| Site Treatment: Free Chlorine Residual: s sample submitte s the Water Syste Sample Submitted   | ppm p<br>d for purpose of Drini<br>m on Boil Advisory? N   | H:<br>king Water Protect   |  | - MKAA-A3C   |                   |
| Site Treatment: Free Chlorine Residual: s sample submitte s the Water Syste Sample Submitted Address of Health Chilliwack Health   | ppm p  ed for purpose of Drint em on Boil Advisory? N  for: Monitoring h Unit to Receive Re Protection   | H:<br>king Water Protect   | ion Act? Yes   | - MKAA-A3C   |                   |
| Site Treatment: Free Chlorine Residual: s sample submitte s the Water Syste Sample Submitted Address of Health H5470 Menholm R   | ppm p  ed for purpose of Drint em on Boil Advisory? N  for: Monitoring h Unit to Receive Re Protection   | H:<br>king Water Protect   | ion Act? Yes   | - MKAA-A3C   |                   |
| Site Treatment: Free Chlorine Residual: s sample submitte s the Water Syste Sample Submitted Address of Health H5470 Menholm R   | ppm p  ed for purpose of Drint em on Boil Advisory? N  for: Monitoring h Unit to Receive Re Protection   | H:<br>king Water Protect   | ion Act? Yes   | - MKAA-A3C   |                   |
| Site Treatment: Free Chlorine Residual:  s sample submitte s the Water Syste Sample Submitted Address of Health Chilliwack Health I 45470 Menholm R  | ppm p  ed for purpose of Drint em on Boil Advisory? N  for: Monitoring h Unit to Receive Re Protection   | H:<br>king Water Protect   | ion Act? Yes Send Additional C                                   | - MKAA-A3C   |                   |
| Site Treatment: Free Chlorine Residual: S sample submitted S the Water Syste Sample Submitted Address of Health Chilliwack Health I S470 Menholm R Chilliwack, BC, V2  | ppm p  ed for purpose of Drint em on Boil Advisory? N  for: Monitoring h Unit to Receive Re Protection   | H:<br>king Water Protect   | ion Act? Yes Send Additional C                                   | - MKAA-A3C   |                   |
| Site Treatment: Free Chlorine Residual: Ses sample submitte Set the Water Syste Sample Submitted Chilliwack Health I Set 70 Menholm R Chilliwack, BC, V2   | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:    Continue of the continue | ion Act? Yes  Send Additional C                                  | - MKAA-A3C opy To:   | TES               |
| Site Treatment: Free Chlorine Residual:  s sample submitted Sample Submitted Address of Health Chilliwack Health St470 Menholm R Chilliwack, BC, V2  | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual: s sample submitte s the Water Syste Sample Submitted Address of Healt Chilliwack Health I 15470 Menholm R Chilliwack, BC, V2   | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual:  s sample submitte s the Water Syste Sample Submitted Address of Health Chilliwack Health I 45470 Menholm R Chilliwack, BC, V2  Test   | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual:  s sample submitte s the Water Syste Sample Submitted Address of Health Chilliwack Health I 45470 Menholm R Chilliwack, BC, V2  Test   | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual:  s sample submitte s the Water Syste Sample Submitted Address of Health Chilliwack Health I 15470 Menholm R Chilliwack, BC, V2  Test   | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual: Ses sample submitte Ses the Water Syste Sample Submitted Address of Health Set He | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual: Ses sample submitted Sample Submitted Address of Health Chilliwack Health IS470 Menholm R Chilliwack, BC, V2  Test Total Coliform Fecal Collform Fecal Collform HPC - 35C; 2 days  | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual:  S sample submitted S the Water Syste Cample Submitted Address of Health Chilliwack Health S 15470 Menholm R Chilliwack, BC, V2  Test 1  Total Coliform Fecal Collform Fecal Collform Fecal Collform Fecal Collform Precal Collform Fecal Collform Fecal Collform Precal Collform Fecal Collform Fecal Collform Precal Collform Fecal Collform   | ed for purpose of Drintem on Boil Advisory? Note to Receive Reprotection and the protection and the protecti | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual:  S sample submitted S the Water Syste Cample Submitted Address of Health Chilliwack Health S 15470 Menholm R Chilliwack, BC, V2  Test 1  Total Coliform Fecal Collform Enterococci E. Coll HPC - 35C; 2 days Pseudomonas   | ed for purpose of Driniem on Boil Advisory? Note to Receive Reprotection and Protection and Prot | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual:  s sample submitted Sample Submitted Address of Health Address | ed for purpose of Drintem on Boil Advisory? Note to Monitoring the Unit to Receive Reserve Protection and Protection Required  | H:  king Water Protect No  port:  Preliminary Result   | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result                   | TES               |
| Site Treatment: Free Chlorine Residual:  S sample submitted Address of Health Chilliwack Health Address of Health Chilliwack, BC, V2  Test if Total Coliform Fecal Coliform Fecal Coliform HPC - 35C; 2 days HPC - 28C; 5 days Pseudomonas Enzyme Substrate of Other Previous Sample O   | ed for purpose of Drintem on Boil Advisory? Note to Monitoring the Unit to Receive Reserve Protection and Protection Required  | H:  king Water Protect  No  port:  Preliminary Result  Count per 100 ml  | ion Act? Yes  Send Additional C  LABORATOR  Technician initial & | - MKAA-A3C  opy To:  RY USE ONLY  Final Result  Count per 100 ml | TES               |

Use this Requisition before 16-Apr-2016

4

|                   |                                | Erosar Us  | alth Authority   | LABORATOR  | RY USE ONLY                                    |
|-------------------|--------------------------------|--|--|--|--|
| A S               |                                |  | 604) 702-4950  | Lab Number:  | .,   |
| TO F              | raser <b>health</b>            |  | 04) 702-4951   |  |  |
| ( 1               | (USUI NOUISII                  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | Date Reported:   |  |
| MHO / EHO IN C    | UNDCE                          | DRINKING WAT   | ED OFFICED   | WATER SUPPLIE  | · ·  |
| Name:             | Lloyd Struck                   | Name:  | Michelle Murti   | <u> </u>   |  |
| Phone #:          | (604) 870-7900                 | Phone #:   |  | Name:<br>Phone #:  | John Foster                                    |
| Cell phone #:     | ()                             | Cell phone #:  | <u> </u>   | Cell phone #:  | 604-250-5247                                   |
| Fax #:            | (604) 870-7901                 | Fax #:   | 0  | Fax #:   | 004-200-0247                                   |
| Pager#:           | ()                             | Pager#:  | 0  | Pager#:  |  |
| Email:            | lloyd.struck@fraserhe          |  | ()<br>michelle.murti@fr  |  | - I- I   |
|                   | Ith.ca                         |  | aserhealth.ca  | - Jane   | 不可能出   |
| Sampler's Name    | Nuittingo S                    | ampler's   | 14809 Beuna  | Date/time  | Nota Meles                                     |
| 2119              |                                |  |  | collected:  5 =( -   | (YVMM/\$D) HR<br>10 110:55                     |
| System Name:      | TERSOR-City of Whit            | e Rock Water Sy  | stem   |  |  |
| SystemType:       | WS1A                           |  |  |  |  |
| Population:       |                                | · · · · · · · · · · · · · · · · · · ·                      | ·  |  |  |
| SiteName:         | City of White Rock-            | Washroom Utilit  | / Tap  | Site Code:   | SJEN-6TLPEZ                                    |
| SiteAddress:      | Marine & Balsam St             |  |  | GIS Location:  |  |
| Site Type:        | Distribution System            |  |  |  |  |
| Source:           | Deep Well                      |  |  |  |  |
| Site Treatment:   |                                | reatment Type:   |  |  |  |
| Free Chlorine     |                                | 1:   |  | Turbidity:   | NTU  |
| Residual:         |                                | .,   |  | , aranaty,   |  |
| ls sample submit  | ted for purpose of Drink       | ing Water Protect  | ion Act? Yes   | - MKAA-A3CT  | G5   |
| is the Water Sys  | tem on Boil Advisory? N        | 0  |  |  |  |
| Sample Submitte   | d for: Monitoring              |  |  |  | <u></u>  |
| Address of Heal   | Ith Unit to Receive Rep        | ort:   | Send Additional C  | ору То:  |  |
| Chilliwack Health | Protection                     |  |  |  |  |
| 45470 Menholm     |                                |  |  |  |  |
| Chilliwack, BC, V | /2P 1M2                        |  |  |  |  |
|                   |                                |  | LABORATOR  | VIIET ON V   |  |
| Tes               | t Required                     | Preliminary Result   | LABORATOR Technician initial &   | Final Result   | CFU per ml                                     |
|                   | <u> </u>                       | Count per 100 ml   | Date   | Count per 100 ml   | or o per mi                                    |
|                   |                                |  |  |  |  |
| Fecal Coliform    |                                |  |  |  |  |
| Enterococci       |                                |  |  |  |  |
| ⊠ E. Coll         |                                |  |  |  |  |
| HPC - 35C; 2 days | 5                              |  |  |  |  |
| HPC - 28C; 5 days | 5 :                            |  |  |  |  |
| Pseudomonas       |                                | And a service region with the following restriction (18.1) | and the second s | The state of the s |  |
| Enzyme Substrate  | Coliform Test - Quantitative   |  |  |  | Assessment outside and the s                   |
| Other             |                                | ***************************************                    |  |  |  |
| Previous Sample   | Overgrown                      |  | L  |  | eta energiagnas escuentes and eta egypte tiene |
| ,                 | unhimas for sewana/nollution e | ample: 50 ml   | 10 ml   1 ml   | 0.1 ml 0.01  | ml   0.001 ml                                  |

DO NOT PHOTOCOPY

Use this Requisition before 16-Apr-2016

# Bacterial Results November 16 to 20, 2015

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 20, 2015 6:08 AM

To:

John Foster, Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/17/2015

# DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: Marine & Balsam, 6 - City Washroom

Date Collected: 11/17/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSS5 Lab: BCCDC

Sample ID: MKAA-A3STQS Lab Sample ID: B5WW063971

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 20, 2015 6:08 AM

To: John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/17/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14233 Malabar Ave, 7 - Sampling Station

Date Collected: 11/17/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3ST34 Lab: BCCDC

Sample ID: MKAA-A3STR6 Lab Sample ID: B5WW063966

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments:

L:LESS THAN MAIN SHOP YARD, 14809 BUENA VISTA AVE- GIVEN ON REQUISITION.]

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 20, 2015 6:09 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/17/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14233 Malabar Ave, 7 - Sampling Station

Date Collected: 11/17/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3ST34 Lab: BCCDC

Sample ID: MKAA-A3STR3 Lab Sample ID: B5WW064000

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 20, 2015 6:08 AM

To: John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/17/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 13616 Marine Dr, 4 - 13616 Marine Dr Sampling Station

Date Collected: 11/17/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SQ6Q Lab: BCCDC

Sample ID: MKAA-A3STQA Lab Sample ID: B5WW063962

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments:

L:LESS THAN MERKLIN (?) STANDPIPE, 15334 NORTH BLUFF RD. - GIVEN ON

REQUISITION.]

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 20, 2015 6:08 AM

**To:** John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/17/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 1315 George St, 3a-Roper Reservoir-25%

Date Collected: 11/17/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SPWS Lab: BCCDC

Sample ID: MKAA-A3STPK Lab Sample ID: B5WW063965

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments:

L:LESS THAN ROPER PRV- LOW ZONE- GIVEN ON REQUISITION.]

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 20, 2015 6:08 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/17/2015

## DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 1315 George St, 3b-Roper Reservoir-50%

Date Collected: 11/17/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SPYR Lab: BCCDC

Sample ID: MKAA-A3STPT Lab Sample ID: B5WW063972

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 20, 2015 6:09 AM

To: John Foster, Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/17/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: 1593 Stevens St, 9 - Sampling Station

Date Collected: 11/17/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3STFX Lab: BCCDC

Sample ID: MKAA-A3STRK Lab Sample ID: B5WW063999

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 20, 2015 6:08 AM

**To:** John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/17/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: Marine Dr & Stayte Rd, 5 - Marine & Stayte Sampling Station

Date Collected: 11/17/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSKY Lab: BCCDC

Sample ID: MKAA-A3STQG Lab Sample ID: B5WW063959

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

Exova #104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada T +1 (604) 514-3322 F +1 (604) 514-3323 E: Surrey@exova.com W: www.exova.com



#### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada V4B 4V6

Attn: Greg St Louis Sampled By: John Foster

Company: City of White Rock

Project:

ID: Name:

LSD:

P.O.:

Location:

Acct code:

C-Whiter-01

White Rock Water System

Control Number: Date Received:

Nov 18, 2015 Date Reported: Nov 19, 2015

Lot ID: 1107229

Report Number: 2062535

Reference Number

Sample Date Sample Time 1107229-1

November 18, 2015

10:50

Sample Location **Sample Description** 

Merklin Reservoir 25%

Sample Matrix Drinking Water

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysls                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

#104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada T: +1 (604) 514-3322 F +1 (604) 514-3323 E. Surrey@exava.com W. www.excva.com



#### **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1107229

Report To: City of White Rock 877 Keil Street

Name:

White Rock Water System

Control Number:

White Rock, BC, Canada V4B 4V6

Location: LSD:

Date Received: Nov 18, 2015 Date Reported: Nov 19, 2015

C-Whiter-01

Report Number: 2062535

Attn: Greg St Louis

Sampled By: John Foster

P.O.: Acct code:

Company: City of White Rock

Reference Number

1107229-2

Sample Date

November 18, 2015

Sample Time

10:55

Sample Location

Sample Description

Merklin Reservoir 50%

**Drinking Water** Sample Matrix

| ····                  |                          | <u> </u>   |        |                   |              |           |
|-----------------------|--------------------------|------------|--------|-------------------|--------------|-----------|
|                       |                          |            |        | Nominal Detection | Guideline    | Guideline |
| Analyte               |                          | Units      | Result | Limit             | Limit        | Comments  |
| Microbiological Analy | ysis                     |            |        |                   |              |           |
| Total Coliforms       | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0               | 0 per 100 mL | Below MAC |
| Escherichia coli      | Enzyme Substrate Test    | MPN/100 mL | <1.0   | 1.0               | 0 per 100 mL | Below MAC |

Excva #104, 19575-55 A Ave. Surrey, British Columbia V35 8P8, Canada

T: +1 (604) 514-3322 F: +1 (604) 514-3323 E: Silrrey@exova.com W: www.axova.com



#### **Analytical Report**

Bill To: City of White Rock

Lot ID: 1107229

Report To: City of White Rock

877 Keil Street

Project: ID:

Control Number: White Rock Water System

Name: Location:

Date Received: Nov 18, 2015

White Rock, BC, Canada V4B 4V6

LSD:

Date Reported: Nov 19, 2015

Attn: Greg St Louis

P.O.:

C-Whiter-01

Company: City of White Rock

Sampled By: John Foster

Acct code:

Report Number: 2062535

Reference Number

1107229-3

Sample Date

November 18, 2015

Sample Time

11:00

**Sample Location** 

Sample Description

Merklin Reservoir 75%

Sample Matrix

**Drinking Water** 

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guldeline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

Approved by:

Mathieu Simoneau Operations Manager

Mathier Simoca

#104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada

T: +1 (604) 514-3322 F: +1 (604) 514-3323 E: Surrey@exova.com



#### Methodology and Notes

Bill To: City of White Rock

Project:

1107229 Lot ID:

Report To: City of White Rock

ID:

Control Number: White Rock Water System

877 Keil Street

Name: Location:

White Rock, BC, Canada

Date Received: Nov 18, 2015

Date Reported: Nov 19, 2015

V4B 4V6

LSD: P.O.:

Report Number: 2062535

Attn: Greg St Louis Sampled By: John Foster

Acct code:

Company: City of White Rock

Method of Analysis

Method Name

Reference

Method

C-Whiter-01

Date Analysis Location

Total and E-Coli - Colilert - DW

APHA

Enzyme Substrate Test, APHA 9223 B

Started 18-Nov-15

Exova Surrey

(Surrey)

References

**APHA** 

Standard Methods for the Examination of Water and Wastewater

Guidelines

Guideline Description Health Canada GCDWQ

Guideline Source

Guidelines for Canadian Drinking Water Quality, Health Canada, October 2014

**Guideline Comments** 

MAC = Maximum Acceptable Concentration

AO = Aesthetic Objective

OG = Operational Guideline for Water Treatment Plants

Refer to Health Canada GCDWQ for complete guidelines and additional drinking water information at www.hc-sc.gc.ca

#### Comments:

· Temperature of samples on arrival was 4.6 °C.

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group. Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.

| Fax: - WHITE 4-01 E-mail: Agreement ID:   |  | Phone:   | notes<br>option                       | ST. LOUIS                                       | LICT ON ACCOUNT                         | Mail Online Fax PDF X | Ab Ter 1 SPIGEC BCCSR Other (list below)                                 |
|---|--|--|---------------------------------------|---|---|-----------------------|--|
|   |  | Fax: E-mail 1: E-mail 2: Copy of invoice                                   |                                       | POSTEPE UNIFOCUCINA                             | Producty.                               | Sample Ousi           | OA/OC   Sample Gustody (please print)   Sampled by: TRAN                 |
| Emergency (contact lab for turnaround and pricing) Priority 1-2 working days (100% surchangs) Irrent 2-3 working days (60% surchangs) Rush, p | When "ASAP" is requested, turn around will default to a 100% RUSH priority, with priving and turn around time to match. Please confact the lab prior to submitting RUSH samples. If not all samples require RUSH, please indicate in the special instructions. | delault to a 100% RUSH match. Plaase contact not all samples requite tera. | granis!                               |   |   | Company:<br>This sedi | Company: CITY OF WILLE PALL. This section for Lab use only               |
| Signa   |  |  | 90<br>0<br>5V                         | £<br>M∕\<br>,€                                  |   | Date/Time stamp:      | stamp:   |
| <u> </u>  | e it diligrant from above).  |  | (a<br>279<br>179                      | 177<br>179<br>100                               | - जिंद्<br>की0                          | ;                     |  |
| EXAMELES ANALYSIS   |  |  |                                       |   | -                                       | Indicate Ir           | Indicate in the space altotted any                                       |
| Sample Description start end D  | Date/Time Sampled  | Matrix Method  | <b>₽</b>                              | Enter tests above<br>(/ relevant samples below) | ve<br>below)                            | deficienci<br>number  | deficiencles by the corresponding<br>number.                             |
|   | NOV. 17-15 D7:110  |  | X<br>汉<br>汉                           |   | X                                       |                       | <ol> <li>Indicate any samples that<br/>were not packaged well</li> </ol> |
| No.   | 17-15-07-15  | <b>D</b> J   |                                       | 7 X<br>X X<br>X X                               |   |                       | 2. Indicate any samples not  |
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|   | ار.  |  | Х<br>Х<br>Х                           | X   |   |                       | 3. Indicate any samples that   |
| £   | 1 / 1  | ط<br>ه   | 1000                                  | メ<br>×<br>×                                     | X                                       |                       | 4 Indicate our samples not   |
|   | 1871 2   | ه<br>ع   |                                       | X<br>X  | X                                       |                       | received within the required   |
| 16 No Winder 215 6  | . 1 -  | 9 J  |                                       |   | X X                                     |                       | 5. Indicate any missing or   |
| 7.09 Market   | 17.17  | -  | **                                    |   | X<br>S                                  |                       | extra samples  |
|   |  |  |                                       |   | 2 L S L S L S L S L S L S L S L S L S L |                       | 6. Indicate any samples that   |
|   |  |  |                                       |   |   |                       | were racelvad brokan   |
|   |  |  |                                       |   |   |                       | 7. Indicate any samples where sufficient volume was                      |
|   |  |  |                                       |   |   |                       | not received   |
|   |  |  |                                       |   |   | ;                     | 8. Indicate any samples<br>received in an inappropriate                  |
| Submission of this form acknowledges acceptance of Exova's Standard Terms   |  | <b>Cot:</b> 1107229 <sup>coc</sup>   | ဗ္ဗ                                   |   | Shipping: C                             | COD Y/ N              | container  |
| wa.com/about/terms-and-conditions//   |  |  |                                       | Ten   | Temp. mçelyed:                          | Delivery Method:      | → pod;   |
| Please included any potentially ingentions smithter   |  |  |                                       |   | 700                                     | Wayblii:              |  |

50.0S1 03

# Bacterial Results November 23 to 27, 2015

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 27, 2015 6:12 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

Importance:

High

# DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: Marine & Balsam, 6 - City Washroom

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSS5 Lab: BCCDC

Sample ID: MKAA-A3STQW Lab Sample ID: B5WW065491

WATER TEST RESULTS: Total Coliform per 100 mL: 1 E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: To: Friday, November 27, 2015 6:12 AM Greg St. Louis; John Foster; Simon Pither

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14809 Buena Vista Ave, Main Shop (Buena Vista)

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A4623T Lab: BCCDC

Sample ID: MKAA-A4625S Lab Sample ID: B5WW065490

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 27, 2015 6:12 AM

To:

John Foster, Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14233 Malabar Ave, 7 - Sampling Station

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3ST34 Lab: BCCDC

Sample ID: MKAA-A45W5N Lab Sample ID: B5WW065479

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 27, 2015 6:12 AM

To: John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

## DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14424 Mann Park Cres, 10 - Mann Park Sampling Station

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3STHE Lab: BCCDC

Sample ID: MKAA-A3STM2 Lab Sample ID: B5WW065480

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 27, 2015 6:12 AM

To:

Greg St. Louis; John Foster

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1a-Merklin Low Reservoir Outlet-25%

Date Collected: 11/24/2015

Operator:

, BC

Site ID: MKAA-A3SM6Z Lab: BCCDC

Sample ID: MKAA-A3STNL Lab Sample ID: B5WW065483

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 27, 2015 6:12 AM

To: Greg St. Louis; John Foster

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1b-Merklin Low Reservoir Outlet-50%

Date Collected: 11/24/2015

Operator:

, BC

Site ID: MKAA-A3SNKC Lab: BCCDC

Sample ID: MKAA-A45W2C Lab Sample ID: B5WW065468

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 27, 2015 6:12 AM

To: Greg St. Louis; John Foster

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

# DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1c-Merklin Low Reservoir Outlet-75%

Date Collected: 11/24/2015

Operator:

, BC

Site ID: MKAA-A3SNTR Lab: BCCDC

Sample ID: MKAA-A45W34 Lab Sample ID: B5WW065492

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 27, 2015 6:12 AM

**To:** John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 2-Merklin High Standpipe

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SPMD Lab: BCCDC

Sample ID: MKAA-A3STPA Lab Sample ID: B5WW065481

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 27, 2015 6:12 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: , Roper PRV - High Zone

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: CSCI-A47V6B Lab: BCCDC

Sample ID: CSCI-A47V84 Lab Sample ID: B5WW065484

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 27, 2015 6:12 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: , Roper PRV - Low Zone

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: CSCI-A47UZ9 Lab: BCCDC

Sample ID: CSCI-A47V5K Lab Sample ID: B5WW065485

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, November 27, 2015 6:12 AM

To:

John Foster, Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: Marine Dr & Stayte Rd, 5 - Marine & Stayte Sampling Station

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSKY Lab: BCCDC

Sample ID: MKAA-A3STQK Lab Sample ID: B5WW065482

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, November 27, 2015 6:12 AM

**To:** John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 11/24/2015

## DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: 1593 Stevens St, 9 - Sampling Station

Date Collected: 11/24/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3STFX Lab: BCCDC

Sample ID: MKAA-A3STRN Lab Sample ID: B5WW065478

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

# Bacterial Results November 30 to December 04, 2015

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 05, 2015 8:10 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/2/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: Marine & Balsam, 6 - City Washroom

Date Collected: 12/02/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSS5 Lab: BCCDC

Sample ID: MKAA-A45W5K Lab Sample ID: B5WW067363

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: To: Saturday, December 05, 2015 8:10 AM Greg St. Louis; John Foster; Simon Pither

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/2/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14809 Buena Vista Ave, Main Shop (Buena Vista)

Date Collected: 12/02/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A4623T Lab: BCCDC

Sample ID: MKAA-A4625V Lab Sample ID: B5WW067365

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Saturday, December 05, 2015 8:10 AM

To: John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/2/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14233 Malabar Ave, 7 - Sampling Station

Date Collected: 12/02/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3ST34 Lab: BCCDC

Sample ID: MKAA-A45W5R Lab Sample ID: B5WW067366

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Saturday, December 05, 2015 8:10 AM

**To:** John Foster; Greg St. Louis

**Subject:** Drinking Water Report for Private Water Samples - White Rock - 12/2/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 13616 Marine Dr, 4 - 13616 Marine Dr Sampling Station

Date Collected: 12/02/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SQ6Q Lab: BCCDC

Sample ID: MKAA-A4623B Lab Sample ID: B5WW067364

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 04, 2015 6:11 AM

To:

Greg St. Louis; John Foster

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/1/2015

## DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1a-Merklin Low Reservoir Outlet-25%

Date Collected: 12/01/2015

Operator:

, BC

Site ID: MKAA-A3SM6Z Lab: BCCDC

Sample ID: MKAA-A45VZH Lab Sample ID: B5WW066928

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, December 04, 2015 6:11 AM

To: Greg St. Louis; John Foster

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/1/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1b-Merklin Low Reservoir Outlet-50%

Date Collected: 12/01/2015

Operator:

, BC

Site ID: MKAA-A3SNKC Lab: BCCDC

Sample ID: MKAA-A3STNT Lab Sample ID: B5WW066923

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 04, 2015 6:11 AM

To:

Greg St. Louis; John Foster

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/1/2015

## DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1c-Merklin Low Reservoir Outlet-75%

Date Collected: 12/01/2015

Operator:

, BC

Site ID: MKAA-A3SNTR Lab: BCCDC

Sample ID: MKAA-A45W37 Lab Sample ID: B5WW066927

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 04, 2015 6:11 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/1/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 2-Merklin High Standpipe

Date Collected: 12/01/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SPMD Lab: BCCDC

Sample ID: MKAA-A3STP7 Lab Sample ID: B5WW066925

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, December 04, 2015 6:11 AM

To: John Foster; Greg St. Louis

**Subject:** Drinking Water Report for Private Water Samples - White Rock - 12/1/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: , Roper PRV - High Zone

Date Collected: 12/01/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: CSCI-A47V6B Lab: BCCDC

Sample ID: CSCI-A47V87 Lab Sample ID: B5WW066924

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, December 04, 2015 6:11 AM

**To:** John Foster; Greg St. Louis

**Subject:** Drinking Water Report for Private Water Samples - White Rock - 12/1/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: , Roper PRV - Low Zone

Date Collected: 12/01/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: CSCI-A47UZ9 Lab: BCCDC

Sample ID: CSCI-A47V5T Lab Sample ID: B5WW066926

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Saturday, December 05, 2015 8:10 AM

To: John Foster; Greg St. Louis

**Subject:** Drinking Water Report for Private Water Samples - White Rock - 12/2/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: Marine Dr & Stayte Rd, 5 - Marine & Stayte Sampling Station

Date Collected: 12/02/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSKY Lab: BCCDC

Sample ID: MKAA-A45W4Q Lab Sample ID: B5WW067362

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace. HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 05, 2015 8:10 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/2/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: 1593 Stevens St, 9 - Sampling Station

Date Collected: 12/02/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3STFX Lab: BCCDC

Sample ID: MKAA-A4622U Lab Sample ID: B5WW067371

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

## Bacterial Results December 7 to 11, 2015

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 11, 2015 7:11 AM

To:

John Foster, Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/8/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: Marine & Balsam, 6 - City Washroom

Date Collected: 12/08/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSS5 Lab: BCCDC

Sample ID: MKAA-A45W5G Lab Sample ID: B5WW068249

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

**Sent:** Friday, December 11, 2015 7:11 AM **To:** Greg St. Louis; John Foster; Simon Pither

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/8/2015

#### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14809 Buena Vista Ave, Main Shop (Buena Vista)

Date Collected: 12/08/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A4623T Lab: BCCDC

Sample ID: MKAA-A46266 Lab Sample ID: B5WW068250

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 11, 2015 7:11 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/8/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14424 Mann Park Cres, 10 - Mann Park Sampling Station

Date Collected: 12/08/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3STHE Lab: BCCDC

Sample ID: MKAA-A3STND Lab Sample ID: B5WW068241

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, December 11, 2015 7:11 AM

**To:** John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/8/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 13616 Marine Dr, 4 - 13616 Marine Dr Sampling Station

Date Collected: 12/08/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SQ6Q Lab: BCCDC

Sample ID: MKAA-A4623E Lab Sample ID: B5WW068246

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Saturday, December 12, 2015 6:40 AM

To: Greg St. Louis; John Foster

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/9/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1a-Merklin Low Reservoir Outlet-25%

Date Collected: 12/09/2015

Operator:

, BC

Site ID: MKAA-A3SM6Z Lab: BCCDC

Sample ID: MKAA-A45VZL Lab Sample ID: B5WW068811

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 12, 2015 6:40 AM

To:

Greg St. Louis; John Foster

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/9/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1b-Merklin Low Reservoir Outlet-50%

Date Collected: 12/09/2015

Operator:

, BC

Site ID: MKAA-A3SNKC Lab: BCCDC

Sample ID: MKAA-A45VZY Lab Sample ID: B5WW068820

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 12, 2015 6:40 AM

To:

Greg St. Louis; John Foster

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/9/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1c-Merklin Low Reservoir Outlet-75%

Date Collected: 12/09/2015

Operator:

, BC

Site ID: MKAA-A3SNTR Lab: BCCDC

Sample ID: MKAA-A45W3A Lab Sample ID: B5WW068819

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Saturday, December 12, 2015 6:40 AM

**To:** John Foster; Greg St. Louis

**Subject:** Drinking Water Report for Private Water Samples - White Rock - 12/9/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 2-Merklin High Standpipe

Date Collected: 12/09/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SPMD Lab: BCCDC

Sample ID: MKAA-A45VA9 Lab Sample ID: B5WW068818

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 12, 2015 6:40 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/9/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: , Roper PRV - High Zone

Date Collected: 12/09/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: CSCI-A47V6B Lab: BCCDC

Sample ID: CSCI-A47V8A Lab Sample ID: B5WW068812

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 12, 2015 6:40 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/9/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: , Roper PRV - Low Zone

Date Collected: 12/09/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: CSCI-A47UZ9 Lab: BCCDC

Sample ID: CSCI-A47V5X Lab Sample ID: B5WW068823

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 11, 2015 7:11 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/8/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: Marine Dr & Stayte Rd, 5 - Marine & Stayte Sampling Station

Date Collected: 12/08/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSKY Lab: BCCDC

Sample ID: MKAA-A45W4T Lab Sample ID: B5WW068242

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, December 11, 2015 7:11 AM

**To:** John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/8/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: 1593 Stevens St, 9 - Sampling Station

Date Collected: 12/08/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3STFX Lab: BCCDC

Sample ID: MKAA-A46238 Lab Sample ID: B5WW068248

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

## Bacterial Results December 14 to 18, 2015

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Saturday, December 19, 2015 6:40 AM

**To:** John Foster; Greg St. Louis

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/16/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: Marine & Balsam, 6 - City Washroom

Date Collected: 12/16/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSS5 Lab: BCCDC

Sample ID: MKAA-A45W57 Lab Sample ID: B5WW070512

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Saturday, December 19, 2015 6:40 AM

To: Greg St. Louis; John Foster; Simon Pither

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/16/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14809 Buena Vista Ave, Main Shop (Buena Vista)

Date Collected: 12/16/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A4623T Lab: BCCDC

Sample ID: MKAA-A4625Y Lab Sample ID: B5WW070514

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 19, 2015 6:40 AM

To:

John Foster; Grea St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/16/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 14233 Malabar Ave, 7 - Sampling Station

Date Collected: 12/16/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3ST34 Lab: BCCDC

Sample ID: MKAA-A45W5U Lab Sample ID: B5WW070518

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 19, 2015 6:40 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/16/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 13616 Marine Dr, 4 - 13616 Marine Dr Sampling Station

Date Collected: 12/16/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SQ6Q Lab: BCCDC

Sample ID: MKAA-A4623H Lab Sample ID: B5WW070519

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, December 18, 2015 6:40 AM

**To:** Greg St. Louis; John Foster

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/15/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1a-Merklin Low Reservoir Outlet-25%

Date Collected: 12/15/2015

Operator:

, BC

Site ID: MKAA-A3SM6Z Lab: BCCDC

Sample ID: MKAA-A45VZP Lab Sample ID: B5WW069891

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 18, 2015 6:40 AM

To:

Greg St. Louis; John Foster

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/15/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1b-Merklin Low Reservoir Outlet-50%

Date Collected: 12/15/2015

Operator:

, BC

Site ID: MKAA-A3SNKC Lab: BCCDC

Sample ID: MKAA-A45W23 Lab Sample ID: B5WW069889

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From: Wol <Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent: Friday, December 18, 2015 6:40 AM

**To:** Greg St. Louis; John Foster

Subject: Drinking Water Report for Private Water Samples - White Rock - 12/15/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 1c-Merklin Low Reservoir Outlet-75%

Date Collected: 12/15/2015

Operator:

, BC

Site ID: MKAA-A3SNTR Lab: BCCDC

Sample ID: MKAA-A45W3G Lab Sample ID: B5WW069886

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 18, 2015 6:40 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/15/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: 15334 North Bluff Rd, 2-Merklin High Standpipe

Date Collected: 12/15/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SPMD Lab: BCCDC

Sample ID: MKAA-A45VZE Lab Sample ID: B5WW069885

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Friday, December 18, 2015 6:40 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/15/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: , Roper PRV - Low Zone

Date Collected: 12/15/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: CSCI-A47UZ9 Lab: BCCDC

Sample ID: CSCI-A47V63 Lab Sample ID: B5WW069892

WATER TEST RESULTS:

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 19, 2015 6:40 AM

To:

John Foster, Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/16/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock

Sample Location: Marine Dr & Stayte Rd, 5 - Marine & Stayte Sampling Station

Date Collected: 12/16/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3SSKY Lab: BCCDC

Sample ID: MKAA-A45W4W Lab Sample ID: B5WW070510

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

From:

Wol < Wol/HealthSpace.HEALTHSPACE@healthspace.ca>

Sent:

Saturday, December 19, 2015 6:40 AM

To:

John Foster; Greg St. Louis

Subject:

Drinking Water Report for Private Water Samples - White Rock - 12/16/2015

### DRINKING WATER REPORT FRASER HEALTH AUTHORITY

Facility Name: Private Water Samples - White Rock Sample Location: 1593 Stevens St, 9 - Sampling Station

Date Collected: 12/16/2015

Operator: (Blank)

(Blank)

(Blank), BC (Blank)

Site ID: MKAA-A3STFX Lab: BCCDC

Sample ID: MKAA-A4622X Lab Sample ID: B5WW070516

**WATER TEST RESULTS:** 

Total Coliform per 100 mL: Less than 1

E. Coli per 100 mL: Less than 1

Comments: L:LESS THAN

# Bacterial Results December 21 to 25, 2015

Exova #104, 19575-55 A Ave. Surrey, British Columbia V35 8P8, Canada T: +1 (604) 514-3322 F +1 (604) 514-3323 E: Suney@exova.com W: www.exova.com Page 1 of 6

#### **Analytical Report**

Bill To: City of White Rock

Project:

Lot ID: 1113526

Report To: City of White Rock

ID:

877 Keil Street

Name:

Control Number: C0074506

White Rock, BC, Canada

Location:

Dec 22, 2015 Date Received: Date Reported: Dec 23, 2015

V4B 4V6

Attn: Greg St Louis

LSD:

Report Number: 2071415

Sampled By: John Foster

P.O.: Acct code:

Company: City of White Rock

Reference Number

1113526-1

White Rock Water System

Sample Date

December 22, 2015

Sample Time

09:50

Sample Location

Sample Description

Merklin Reservoir 25%

Sample Matrix

**Drinking Water** 

|                       |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|-----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Analyte               |                          |            |        |                            |                    |                       |
| Microbiological Analy | ysis                     |            | ·····  |                            |                    |                       |
| Total Coliforms       | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

Exova #104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada

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Page 2 of 6

#### Analytical Report

Bill To: City of White Rock

Project: ID:

Lot ID: 1113526

Report To: City of White Rock

Control Number: C0074506

877 Keil Street

Name: Location: Date Received: Dec 22, 2015

White Rock, BC, Canada

Date Reported: Dec 23, 2015

V4B 4V6

LSD:

Report Number: 2071415

Attn: Greg St Louis Sampled By: John Foster

P.O.:

Acct code:

Company: City of White Rock

Reference Number

1113526-2

White Rock Water System

Sample Date

December 22, 2015

Sample Time Sample Location 09:55

Sample Description

Merklin Reservoir 50%

Sample Matrix

Drinking Water

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

Exova #104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada

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Page 3 of 6

#### **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1113526

Report To: City of White Rock

Control Number: C0074506

877 Keil Street

Name: Location: Date Received: Dec 22, 2015

White Rock, BC, Canada

Date Reported: Dec 23, 2015

V4B 4V6

LSD:

Attn: Greg St Louis

P.O.:

Report Number: 2071415

Sampled By: John Foster

Acct code:

Company: City of White Rock

Reference Number

1113526-3

White Rock Water System

Sample Date

December 22, 2015

Sample Time

10:00

Sample Location

Sample Description

Merklin Reservoir 75%

Sample Matrix

**Drinking Water** 

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    | <del>1 . · · · </del> |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

Exova #104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada

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Page 4 of 6

# **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock ID:

877 Keil Street White Rock, BC, Canada V4B 4V6

Attn: Greg St Louis Sampled By: John Foster

Company: City of White Rock

Project:

Location:

Acct code:

LSD:

P.O.:

Name:

White Rock Water System

Control Number: C0074506 Date Received: Dec 22, 2015 Date Reported: Dec 23, 2015

Lot ID: 1113526

Report Number: 2071415

Reference Number

Sample Date Sample Time December 22, 2015

10:15

1113526-4

Sample Location

Sample Description Sample Matrix Merklin Standpipe **Drinking Water** 

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    | ·                     |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

Exova #104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada

T: +1 (604) 514-3322 F: +1 (604) 514-3323 E: Surrey@exova.com W: www.exova.com



### **Analytical Report**

Bill To: City of White Rock

Report To: City of White Rock

877 Keil Street

White Rock, BC, Canada

V4B 4V6 Attn: Greg St Louis

Sampled By: John Foster

Company: City of White Rock

Project:

ID:

Name: White Rock Water System Location:

LSD:

P.O.: Acct code:

1113526 Lot ID:

Control Number: C0074506 Date Received: Dec 22, 2015

Date Reported: Dec 23, 2015

Report Number: 2071415

Reference Number

Sample Date

December 22, 2015

1113526-5

09:25

Sample Time Sample Location

Sample Description Sample Matrix Roper PRV High **Drinking Water** 

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

Approved by:

Mathieu Simoneau Operations Manager Exova #104, 19575-55 A Ave. Surrey, British Columbia V35 8P8, Canada

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Page 6 of 6

#### Methodology and Notes

Bill To: City of White Rock

Project:

Lot ID: 1113526

Report To: City of White Rock

ID:

C0074506 Control Number:

877 Keil Street

Name: Location: Date Received: Dec 22, 2015

White Rock, BC, Canada

Date Reported: Dec 23, 2015

V4B 4V6

LSD:

Attn: Greg St Louis

P.O.:

Acct code:

Report Number: 2071415

Sampled By: John Foster

Company: City of White Rock

Method of Analysis

Method Name

Reference

Method

Date Analysis Location Started

Total and E-Coli - Colilert - DW

**APHA** 

Enzyme Substrate Test, APHA 9223 B

White Rock Water System

22-Dec-15

Exova Surrey

(Surrey)

References

APHA

Standard Methods for the Examination of Water and Wastewater

Guidelines

Guideline Description Health Canada GCDWQ

Guideline Source

Guidelines for Canadian Drinking Water Quality, Health Canada, October 2014

Guideline Comments

MAC = Maximum Acceptable Concentration

AO = Aesthetic Objective

OG = Operational Guideline for Water Treatment Plants

Refer to Health Canada GCDWQ for complete guidelines and additional drinking water information at www.hc-sc.gc.ca

#### Comments:

· Temperature of samples on arrival was 5.9 °C.

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group. Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.

| Report Regulatory Results Requirement | _                | II Ab Tier 1   | Online SPIGEC  | BCCSR       | F Other (list below)  | lac               | o.vac   | Sample Custody (please print)   | Sampled by: JUA A | Foster      | Company: CITY OF COLL                              | This section for Lab use only   | Date/Filme Stamp: | 2 2 - 12 - 2015  | 1.14 am | Indicate in the space allotted any deficiencies by the corresponding | number.                    | 1. Indicate any semples that | were not packaged well | 2, Indicate any samples not | received in Exova supplies | 3. Indicate any samples that | were not clearly tabeled | 4. Indicate any samples not received within the required | hold time or temp. | 5. Indicate any missing or | exira samples | 8. Indicate any samples that | were received broken | 7. Indicate any samples where sufficient volume was | not received | Y/ N container  | Delivery Method:   | DIN:  | 7            |
|---------------------------------------|------------------|--|--|-------------|---|-------------------|---|---|-------------------|-------------|--|---|-------------------|--|---------|--|----------------------------|------------------------------|------------------------|-----------------------------|----------------------------|------------------------------|--------------------------|--|--------------------|----------------------------|---------------|------------------------------|----------------------|---|--------------|---|--|---|--------------|
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| ر                                     | ル<br>三<br>三<br>三 |  |  |             | May   |                   |   |   |                   |             | sted, turn aroun                                   | ing RUSH samo<br>In the special in  |                   | from above).   |         |  | ampled                     | 2105                         | 61.52.10               | 277 CO:0]                   | 10:15 40                   | 158.60                       | _                        |  |                    |                            |               |                              |                      |   |              | ÷ -   |  |   | <b>.</b>     |
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| :0; e:                                | any:             | òò   | ,001   |             | <b></b>   |                   | :<br><u>-</u>   | c-man.<br>Anneement 10:   | Copy of report:   | RUSHIPHORIK | \$ 1   | 122   |                   | Signature.   |         | <del>f</del> g   | - Bred                     | T                            | 0                      |                             | G                          | ٥                            |                          |  |                    |                            |               |                              |                      |   | -            | Standard 7  | (Inchesy)  |   |              |
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| EXOVO calibraing.                     |                  | ED 140-04  |  | 100 / CO.   | 24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>26.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52<br>24.52 | 127               | ан менен интерпературу от применения и передерения в ременения в применения в прим | dock mystering mennemental des services (ANASSIANA) (ANASSIANA) (ANASSIANA) (ANASSIANA) (ANASSIANA) (ANASSIANA) |                   |             | Emergency (contact lab for turnaround and pricing) | Priority 1-2 working days (100% surcharge)  |                   | Uate Hequired: Signatured: Signature: Signature: Signature: Signature: Signatured: Signatured: Signatured: Signature |         |  | Sample Description         | MERLYLIN LEEPWAR             | ä                      | 5                           |                            | FORES (PEU WIGH              |                          |  |                    |                            |               |                              |                      |   |              | Submission of this form acknowledges acceptance of Exova's Standard Terms | and Conditions (nitp://www.exova.convencedins-and-convenced) | Please indicate any potentially nazardous samples | :            |
| COVA                                  | mad change man   |  |  | Project IU: | Project Name:   | Project Location: | Legal Location:   | PO/AFE#:  | City, seen cour.  |             | Emergency (cc                                      | Priority 1-2 wa   |                   | Date Required:   |         |  | Sile I.D.                  | ĮŽ                           | \$                     | J.W                         | 2                          | 7                            |                          | 1  |                    |                            | 7             | -                            |                      |   |              | nission of this form  | Conditions (nttp://  | ise indicate any p                                | Page         |

ED 150-05

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# **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1113744

Report To: City of White Rock

Name:

Control Number: C0074507

877 Keil Street White Rock, BC, Canada

Location:

Dec 23, 2015 Date Received:

V4B 4V6

LSD:

Date Reported: Dec 24, 2015

Attn: Greg St Louis

Report Number: 2071714

Sampled By: John Foster

P.O.: Acct code:

Company: City of White Rock

Reference Number

1113744-1

White Rock Water System

Sample Date

December 23, 2015

Sample Time

10:05

Sample Location **Sample Description** 

Main Shop

Sample Matrix

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments                  |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|--|
| Microbiological Anal | ysis                     |            |        |                            |                    | ······································ |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC                              |
| Escherichia colì     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC                              |

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Page 2 of 7

### **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1113744

Report To: City of White Rock

C0074507 Control Number:

877 Keil Street

Name: Location:

White Rock, BC, Canada

Date Received: Dec 23, 2015 Date Reported: Dec 24, 2015

V4B 4V6

LSD:

Attn: Greg St Louis

Report Number: 2071714

Sampled By: John Foster

P.O.: Acct code:

Company: City of White Rock

Reference Number

1113744-2

White Rock Water System

Sample Date

December 23, 2015

Sample Time Sample Location 09:40

Sample Description

Sample Matrix

Stayte Station **Drinking Water** 

| Analyte               |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|-----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Analy | ysis                     |            |        |                            |                    |                       |
| Total Coliforms       | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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## **Analytical Report**

Bill To: City of White Rock

Project:

Lot ID: 1113744

Report To: City of White Rock

ID:

Control Number: C0074507

877 Keil Street

Name:

Date Received: Dec 23, 2015

White Rock, BC, Canada

Location:

V4B 4V6

LSD:

Date Reported: Dec 24, 2015

Attn: Greg St Louis

Report Number: 2071714

Sampled By: John Foster

P.O.: Acct code:

Company: City of White Rock

Reference Number

1113744-3

White Rock Water System

Sample Date

December 23, 2015

Sample Time

09:50

Sample Location Sample Description

City Washroom

Sample Matrix

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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### **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1113744

Report To: City of White Rock

Control Number: C0074507 White Rock Water System

877 Keil Street

Name: Location:

Date Received: Dec 23, 2015

White Rock, BC, Canada

LSD:

Date Reported: Dec 24, 2015

V4B 4V6

Report Number: 2071714

Attn: Greg St Louis

Sampled By: John Foster

P.O.: Acct code:

Company: City of White Rock

Reference Number

1113744-4

Sample Date

December 23, 2015

Sample Time

09:00

Sample Location

Sample Description

Mann Park Station

Sample Matrix

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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### **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1113744

Report To: City of White Rock

Control Number: C0074507

877 Keil Street White Rock, BC, Canada Name: Location:

Date Received: Dec 23, 2015

V4B 4V6

LSD:

Date Reported: Dec 24, 2015

Report Number: 2071714

Attn: Greg St Louis

P.O.:

Sampled By: John Foster Acct code:

Company: City of White Rock

Reference Number

1113744-5

White Rock Water System

Sample Date

December 23, 2015

Sample Time

09:25

Sample Location **Sample Description** 

Stevens Station

Sample Matrix

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

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### **Analytical Report**

Bill To: City of White Rock

Project: ID:

Lot ID: 1113744

Report To: City of White Rock

C0074507 Control Number:

877 Keil Street

Name:

Date Received: Dec 23, 2015

White Rock, BC, Canada V4B 4V6

Location: LSD:

Date Reported: Dec 24, 2015

Attn: Greg St Louis

P.O.:

Report Number: 2071714

Sampled By: John Foster

Acct code:

Company: City of White Rock

Reference Number

1113744-6

White Rock Water System

Sample Date

December 23, 2015

Sample Time Sample Location 08:45

Sample Description Sample Matrix Marine Dr. Station

**Drinking Water** 

| Analyte              |                          | Units      | Result | Nominal Detection<br>Limit | Guideline<br>Limit | Guideline<br>Comments |
|----------------------|--------------------------|------------|--------|----------------------------|--------------------|-----------------------|
| Microbiological Anal | ysis                     |            |        |                            |                    |                       |
| Total Coliforms      | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |
| Escherichia coli     | Enzyme Substrate<br>Test | MPN/100 mL | <1.0   | 1.0                        | 0 per 100 mL       | Below MAC             |

Approved by:

Mathieu Simoneau Operations Manager

Mathier

Exova T: +1 (604) 514-3322 #104, 19575-55 A Ave. F +1 (604) 514-3323 Surrey, British Columbia E: Surrey@exova.com V3S 8P8, Canada

Page 7 of 7

#### Methodology and Notes

Bill To: City of White Rock Project:

Report To: City of White Rock

877 Keil Street Name: White Rock, BC, Canada Location: V4B 4V6 LSD:

Attn: Greg St Louis PO: Sampled By: John Foster Acct code:

Company: City of White Rock

Lot ID: 1113744

Control Number: C0074507 Date Received: Dec 23, 2015 Date Reported: Dec 24, 2015

Report Number: 2071714

Method of Analysis

Method Name Reference Method Date Analysis Location

Started

Total and E-Coli - Colilert - DW

APHA Enzyme Substrate Test, APHA 9223 B 23-Dec-15

Ехоча Ѕитеу

(Surrey)

References

APHA Standard Methods for the Examination of Water and Wastewater

Guidelines

Guideline Description Health Canada GCDWQ

Guideline Source Guidelines for Canadian Drinking Water Quality, Health Canada, October 2014

**Guideline Comments** MAC = Maximum Acceptable Concentration

AO = Aesthetic Objective

OG = Operational Guideline for Water Treatment Plants

Refer to Health Canada GCDWQ for complete guidelines and additional drinking water information at www.hc-sc.gc.ca

White Rock Water System

### Comments:

· Temperature of samples on arrival was 4.1 °C.

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group. Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.

3) of 7. Indicate any samples whem sufficient volume was 1. Indicate any samples that 3. Indicate any samples that were not clearly labeled Indicate any samples received in an inappropriate container 6. Indicate any samples that 4. Indicate any samples not received within the required 2. Indicate any samples not Indicate in the space allotted any deficiencies by the corresponding received in Expva supplies 5. Indicate any missing or -4-14. am were not packaged well Other (list below) This section for Lab use only were received broken Sample Custody (please print Date/Time stemp: 23 -12- 2015 WITH りがら Requirement hold time or temp, ととし HCDWGG extra samples Ab Tier 1 Sampled by: JOHN not received SPIGEC BCCSR  $\Pi$ Delivery Method: Company: Results Report питрег ONOC Online E-Mail Mail Waybill: > Excel PD: TOX 000 Stock on the charter to ca # and size of coolers Tomp received: Received by: Enter tests above (\( \frac{1}{2} \) relevant samples below) Shipping: 9 md 02<u>-</u> Capy of Invoice: Number of Containers Lot: 1113744 COC Сотрапу: Sampling Method Attention: Address: E-mail 1: E-mail 2; When "ASAP" is requested, turn ground will default to a 100% RUSH Phone: priority, with pricing and turn around time to match. Please centact the lab prior to submitting RUSH samples. If not all samples require Cellin Fax Matrix RUSH, please indicate in the special instructions. Special Instructions/Comments (please include contact information including ph. # if different from above). 38:15 9.40 50:0 90 CA: 50 50:50 Date/Time Sampled 20 control # C 0074507 De.2315 045.23/1 DEC: 23/ OE . 23 Dec. 23 Pec. 25/ Submission of this form acknowledges acceptance of Exova's Standard Terms Signature: Copy of report: **FUSH Priority** Agreement ID: and Conditions (http://www.exova.com/about/lerms-and-conditions/) Involce to: start end in cm m end G Company: Attention: Address: Depth Phone: E-mail: ë Fax: Emergency (contact lab for furnaround and pricing) Please indicate any potentially hazardous samples MANNY PAFIC STATION MARINE OF. STATUM Priority 1-2 working days (100% surcharge) Urgent 2-3 working days (50% surcharge) STATION S Testing. calibrating. advising SHERS アステ SALFOR Sample Description かてく ともとできる ED 120-02 31 N M 了强压 SMYTE 255 ج ŏ Exova Project Information Date Required: www.exova.com Proj. Acct. Code: Project Location: Legal Location: Project Name: Site 1.D. Project ID: PO/AFE#: Quote # Page 헏 2 ന 4 ហ 9 ۵ Q1 5 Ξ 13 7