AQUA-CHECK

Water Sample Results Report
CONFIDENTIAL

Aqua-Check
1801 Hollis Street, Suite 1220
Halifax, NS, B3J 3N4
p. (902) 423-6030
p. (866) 423-6030 (Toll free)
f. (902) 423-6047

Test Name: P/A + chl res

Company: **CSAP Acadian School Board**
9248 Highway 1
Meteghan River, NS, B0W2Z0

Registration No.

Sample ID: AC 50614
Sample Location staff kitchen tap
Sample Date: 4 Jun 2014

Building: **École Rose-des-Vents**
6 Bedford Road
Greenwood, NS, B0P1N0

Company Contact: **Stephane Bertrand**
p. 902-769-5463
f. 902-769-5471

Building Contact: DOE- Kentville
p. 902-679-6088
f. 902-679-6186
e.

This sample meets the health objective guidelines for Canadian Drinking Water Quality for the parameters below. (See **Exceeds** column below)

Parameter	Value	Units	Exceeds	GCDWQ Level	Health Objective
E.Coli	ABSENT	unit	No	n/a	MAC
Total Coliform	ABSENT	unit	No	n/a	MAC
Chlorine Residual	0.7	mg/L	No	0.200 to 4.000 mg/L	n/a

GCDWQ = Guidelines for Canadian Drinking Water Quality
MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration AO = Aesthetic Objective

PRIVATE RESIDENCE

1. If any COLIFORMS (E.coli or Total) are present, water source should be disinfected or water boiled prior to consumption. Health Canada recommends that water contaminated with any coliforms be maintained at a rolling boil for at least 1 minutes prior to being consumed.

2. Refer to the provided information regarding suggested safety measures. After disinfection, resample at all regular sampling locations as soon as possible.

3. Contact the NS Department of Health or the NS Department of Environment for additional information, including disinfection instructions or check their website (http://www.gov.ns.ca/nse/water/privatewells.asp).

NSDE REGISTERED PUBLIC DRINKING WATER SOURCES

1. Owners of Registered public drinking water supplies are required to immediately report positive results to their local Department of Environment (NSDE) office. If the local office cannot be reached, the NSDE Environmental toll free number is 1-877-936-8476. Registed public drinking water sources are also required to resample withing 24-hours of receiving notification of presence of any coliforms and forward results immediately to NSDE.

2. If any COLIFORMS (E.coli or Total) are present initiate a BOIL WATER ADVISORY. Health Canada recommends that water contaminated with any coliforms be maintained at a rolling boil for at least 1 minutes prior to being consumed.

3. Contact the NS Department of Health or the NS Department of Environment for additional information, including disinfection instructions or check their website (http://www.gov.ns.ca/nse/).

----------END OF REPORT----------

Please store sample at < 10 °C (do not freeze) and deliver within 24 hours.

NOVA SCOTIA
Transportation and Infrastructure Renewal

Drinking Water Sample Submission Form

Sample ID: AC 50614 966D

Lab Name: NOVA WEST Maxxam Bedford
Address: 200 Bluewater Road
Phone No: 902 832 4852
Fax No: 902 420 8812

Resident / Contact Person

CONTACT NAME: CSAP Acadian School Board
MAILING ADDRESS: c/o Mathieu Haley
PHONE: 902-224-0852 | FAX: | EMAIL ADDRESS:

Property Information

FACILITY NAME (if applicable): cole Rose-des-Vents
CIVIC ADDRESS: 5 Bedford Road
COUNTY: | POSTAL CODE:
PHONE: 902-570-5088 | FAX: 902-570-5185 | EMAIL ADDRESS:

Drinking Water Category

☐ Approved ☐ Registered (Reg #) _____
☐ Commercial ☐ Residential ☐ Government

Drinking Water Source

☐ Municipal ☐ Drilled Well ☐ Dug Well ☐ Lake
☐ Reservoir ☐ Spring ☐ Cistern ☐ Watercourse
☐ Other: _____

Other Water Source

☐ Indoor pool ☐ Outdoor pool ☐ Spa ☐ Beach: salt / fresh (circle)
☐ Wastewater System: effluent / sewage (circle)
☐ Other: _____

Result Reporting Contact
(If different from Resident / Contact Person)

CONTACT NAME: Aqua-Check Inc.
MAILING ADDRESS: 1220-1801 Hollis Street
Halifax, NS, B3J 3N4
PHONE: 902-423-6030 | FAX: 902-423-6047 | EMAIL ADDRESS: info@aquacheck.ca

Payment Information (if applicable)

CONTACT NAME (if different): Aqua-Check Inc. | ACCOUNT #:
MAILING ADDRESS: 1220-1801 Hollis Street
Halifax, NS, B3J 3N4
PHONE: 902-423-6030 | FAX: 902-423-6047 | EMAIL ADDRESS: info@aquacheck.ca

INVOICE

Detailed Sample Information

SAMPLE COLLECTION LOCATION (e.g. kitchen tap): staff kitchen tap
☐ Raw ☐ Treated (type) _____
(if available) Chlorine Residual: _____ mg/L free / total (circle) pH: _____
SAMPLE COLLECTED BY (print): Jerry Osham - 82
DATE AND TIME OF COLLECTION (dd / mm / yyyy hh:mm): 04/06/2014 1425

Analysis Requested (Verify available analysis with lab)

☒ Total Coliform Presence/Absence
☒ E.coli Presence/Absence (Fecal Coliform)
☐ Total Coliform Count
☐ E.coli Count (Fecal Coliform)
☒ Other: ~~Coli Chemical~~ Chl res 0.7/0.7
For chemical analysis packages refer to specific lab (see back of form)

For lab use only

Results (Results relate only to the items tested, where relevant.)

SAMPLE RECEIPT COMMENTS (e.g. time, temperature): 8°C PS
Total Coliform: ☐ Present ☒ Absent Count: _____ /100ml
Method: _____
E.coli: ☐ Present ☒ Absent Count: _____ /100ml
Method: _____
Other: _____
Lab Tech Signature: Julienne LeBlanc
Date/Time: (dd/mm/yyyy hh:mm) 06-06-14 P12:07 OUT

Lab Reporting

Reported By: (print) _____
TO RESIDENT / CONTACT PERSON:
Method: (circle) Fax / Phone / Mail / Email
Date / Time: (dd / mm / yyyy hh:mm) _____
TO NSDEL:
NSDEL Contact: _____
Method: (circle) Fax / Phone / Mail / Email
Date / Time: (dd / mm / yyyy hh:mm) _____

SIGNATURE OF RESIDENT/CONTACT PERSON: [signature]
SIGNATURE OF SAMPLE COLLECTOR: [signature] DATE/TIME (dd/mm/yyyy hh:mm): 04/06/2014 1425
SIGNATURE OF LAB UPON RECEIPT OF SAMPLE: Paulette Saulnes DATE/TIME (dd/mm/yyyy hh:mm): 05 Jun 14

COMMENTS: T 05-06-14 P02:23 IN JLB 10:05 am

Refer to the back of the form for submission and sampling instructions.

Form No: 192266

Form 9767 (REV. 30/10/07) Original: Lab (Results Reporting) Copy 1: Lab Copy 2: Collector Copy 3: Resident / Contact Person