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 50305
Sample Location staff kitchen tap
Sample Date: 17 Mar 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	0.6	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

Lab Name: NOVA WEST
Address:
Phone No:
Fax No:

Sample ID: AC 50305 398E

CONTACT NAME	FACILITY NAME (if applicable)
Principal	Ecole Rose-des-Vents*
MAILING ADDRESS: 6 Bedford CH Greenwood NS B0P 1N0	CIVIC ADDRESS: 6 Bedford CH Greenwood COUNTY: Kings B0P 1N0 POSTAL CODE
PHONE: 765-7100 FAX: 765-7107 EMAIL ADDRESS:	PHONE: 765-7100 FAX: 765-7107 EMAIL ADDRESS:

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

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

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

CONTACT NAME: [redacted] c/o Aqua-Check Inc
MAILING ADDRESS: 1001 Hollis Street Suite 1220
Halifax, NS B3J 3N4
PHONE: 902-423-6030 FAX: 902-423-6047 EMAIL ADDRESS: [redacted]@aquacheck.ca

CONTACT NAME (if different): Aqua-Check Inc ACCOUNT #:
MAILING ADDRESS: 1001 Hollis Street Suite 1220
Halifax, NS B3J 3N4
PHONE: 902-423-6030 FAX: 902-423-6047 EMAIL ADDRESS: [redacted]@aquacheck.ca

SAMPLE COLLECTION LOCATION (e.g. kitchen tap): (D) staff kitchen tap
☐ Raw ☐ Treated (type) _____
(if available) Chlorine Residual: _____ mg/L free / total (circle) pH: _____
SAMPLE COLLECTED BY (print): J. OSBORN
DATE AND TIME OF COLLECTION (dd / mm / yyyy hh:mm): 17/03/2014 13:20

☑ Total Coliform Presence/Absence
☑ E.coli Presence/Absence (Fecal Coliform)
☐ Total Coliform Count
☐ E.coli Count (Fecal Coliform)
☑ Other: CHL. RES. 0.6/0.6
For chemical analysis packages refer to specific lab (see back of form)

SAMPLE RECEIPT COMMENTS (e.g. time, temperature): 5°C P8
Total Coliform: ☐ Present ☑ Absent Count: _____ /100ml
Method: _____
E.coli: ☐ Present ☑ Absent Count: _____ /100ml
Method: _____
Other: _____
Lab Tech Signature: Julieanne LeBlanc JD
Date/Time: (dd / mm / yyyy hh:mm) 18-03-14 P01:03 OUT

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 OF SAMPLE COLLECTOR DATE/TIME (dd/mm/yyyy hh:mm) 17/03/2014 13:20
SIGNATURE OF LAB UPON RECEIPT OF SAMPLE DATE/TIME (dd/mm/yyyy hh:mm) 17 mar/14

COMMENTS:
17-03-14 P03:30 IN JB

Refer to the back of the form for submission and sampling instructions. Form No: 192015

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