

General Information Laboratory Report

## Laboratory Report

**Client Name:** JOYCE, PATTI WILLIAMS LAKE First Nations Health Authority

**Bill To:** First Nations Health Authority

Address: 177 Victoria St. Suite 220, Prince George, BC V2L5R8

| Report ID:                | WILLIAMSLAKE20220216 |
|---------------------------|----------------------|
| Sampler:                  | WYCOTTE, TOMMY       |
| Collection Date:          | 2022-02-16           |
| Receiving Date/Time:      | 2022-02-17 13:40     |
| Analysis Start Date/Time: | 2022-02-17 14:00     |
| Analysis End Date/Time:   | 2022-02-18 14:00     |
| Reported Date/Time:       | 2022-02-18 14:30     |

The information contained in this report is considered confidential and is intended for the addressee whose name is specified above. Should you receive this report by error, please notify us by phone and delete this message from your mailbox.

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### Report Status: Final

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## 1. Bacteriology Results:

| # | Disject Name, Address and Source | Site<br>Code | Lab Reference<br>Number | Microorganisms (MPN/100 ML) |        | Commant |
|---|----------------------------------|--------------|-------------------------|-----------------------------|--------|---------|
| # | Project Name, Address and Source |              |                         | Total Coliform              | E.Coli | Comment |
| 1 | .15 O and M Shop                 | 15463        | 13306                   | <1                          | <1     |         |
| 2 | .01 Sugar Cane Health Centre     | 15976        | 13307                   | <1                          | <1     |         |
| 3 | Bear Dr 48                       | 15570        | 13308                   | <1                          | <1     |         |
| 4 | .04 Chief Will-Yum Store         | 15465        | 13309                   | <1                          | <1     |         |
| 5 | NEW ADMIN OFFICE, CWS, KT        | 21163        | 13310                   | <1                          | <1     |         |

2. Analytical Comments:

•See section #12 for additional documents



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### 3. Sample Details:

| # | Project Name & Address Provided on<br>Chain of Custody Form and/or Sample Label | Source                             | Collection<br>Date/Time | Hold Time<br>(hh:mm) | Chlorination (mg/L) |       | Note |
|---|---|------------------------------------|-------------------------|----------------------|---------------------|-------|------|
|   |   |                                    |                         |                      | Free                | Total | Note |
| 1 | .15 O and M Shop  | Sugar Cane<br>Williams Lake<br>CWS | 2022-02-16 9:31         | 28:29                | 0.37                | 0.43  |      |
| 2 | .01 Sugar Cane Health Centre  | Sugar Cane<br>Williams Lake<br>CWS | 2022-02-16 10:02        | 27:58                | 0.34                | 0.48  |      |
| 3 | Bear Dr 48  | Sugar Cane<br>Williams Lake<br>CWS | 2022-02-16 10:25        | 27:35                | 0.62                | 0.7   |      |
| 4 | .04 Chief Will-Yum Store  | Sugar Cane<br>Williams Lake<br>CWS | 2022-02-16 12:22        | 25:38                | 0.47                | 0.6   |      |
| 5 | NEW ADMIN OFFICE, CWS, KT   | Sugar Cane<br>Williams Lake<br>CWS | 2022-02-16 12:52        | 25:08                | 0.28                | 0.3   |      |

## 4. Note To Clients:

| А | Sample/s Temperature (°C) : | 8.0 |  |
|---|-----------------------------|-----|--|
| В | Sample/s Holding Time (hh): | <30 |  |
| С | Verbal Notification:        | NO  |  |
| D | Aditional Documents:        | YES | <ul> <li>See section #12 for additional documents</li> </ul> |

a)Temperature shown in the above is the average of up to three sample temperatures in the same cooler taken at receipt b)Sample Holding Time is the elapsed time between collection date/time and analysis start date/time



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### 5. Quality Assurance:

#1 Positive Control, Klebsiella pneumoniae#2 Positive Control, Escherichia coli#3 Negative Control, Pseudomonas aeruginosa

### 6. Methodology:

Analyte: Total coliform & Escherichia coli Method: Enzyme Substrate Colilert 24 Unit: MPN/100ml Detection Limit: 1.0 MPN/100ml

#### 7. Guideline:

Bacteria Growth Limit: None Detected = 0.0 = <1.0 MPN/100ml Sample Temperature: 2 to 10 °C Maximum Sample Holding Time: 30 hours

### 8. References:

British Columbia Drinking Water Protection Act Guideline for Canadian Drinking Water Quality Standard Methods for the Examination of Water and Wastewater, 23rd Edition Enhanced Water Quality Assurance Program (EWQA)

#### 9. PHO Approval:

Provincial Health Officer Approved Laboratory List

### 10. Acronyms:

BML: Below Minimum Limit
BT: Bathroom Tap
BW: Bottled Water
CWS: Community Water System
EC: E. coli (*Escherichia coli*)
EML: Exceeded Maximum Limit
f: Free Chlorine
IL: Illegible
KT: Kitchen Tap
MAC: Maximum Acceptable Concentration
mg/L: Milligram per litre

MPN: Most Probable Number (per 100 ml) NA: Not Applicable NC: Non-Conforming NCD: No Collection Date NCT: No Collection Time NI: Not Indicated NR: No Result NSQ: Not Sufficient Quantity NT: Not Tested OT: Outside Tap ppm: Part per million PW: Private Well
SC: See Comment
SPL: Sampling Poing Locator
t: Total Chlorine
TC: Total Coliform
<: Below</li>
>: Above
°C: Degree Celcius
\*: Indicates Criteria Not Met



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## 11. Signature Page:

The results and Quality Control validations in this report were reviewed and approved by:

Arian Javaherdashti, MLT, CSMLS, Senior Analyst

The test results and additional information provided in this report applies only to the listed samples and is relevant only for the date, time and exact location of collections. Samples are tested as received and Wellness Water Testing Laboratory Inc. assumes no responsibility for the method of collection or samples shipment condition and disclaims any liability for damages arising from interpretation of results. The person and/or company performing the field work is advised to consult British Columbia Drinking Water official regulatory references when evaluating compliance. Please direct your inquiries about this report to us by phone at 250-301-7898.

**12. Additional Documents:** 

• Please see attached copy of Chain of Custody form

| J     | Ī           |         |
|-------|-------------|---------|
| L     | Wellness    |         |
| Water | Testing Lab | oratory |

# CHAIN OF CUSTODY FORM

Unit 210-1811 Victoria St. Prince George, BC, V2L 2L6 Phone: 250-301-7898 Email: contact@wellnesswaterlab.com

Wycotte Sampler: PRINT FULL NAME Nation/Community Name: ommy W.L.F.N. 0212022 **Environmental Public Health Services** Date of Collection: First Nations Health Authority FOR LAB USE ONLY Chlorinated Site Name/Address Time of LID/WSI (DO NOT WRITE IN THIS SECTION) Project Type: CWS: Community Water System, PW: Private Well (mg/L)Collection Location: KT: Kitchen Tap, BT: Bathroom Tap, OT: Outside Tap, Location ID Number/ 00:00 BW: Bottled Water Water System ID AM/PM Ot m office, CWS, Yes No 🔿 1. 471-9:31 WWTL 13306 free: 0.37 K.T. 15463 gm total: 0.43 Health Centre, CWS, K.T. Yes No O WWTL 13307 10:02 am free: 0,34 15976 total: 0.48 Roseanne McGregor, CWS. Yes S No O WWTL 13308 10:25 free: 0.62 .K.T. 15570 am total: 0,70 Chief Will Yum Store, Yes No O WWTL 13309 12:22 pm free: 0.47 CWS, B.T. total: 0,60 New Admin. Office, CWS, Yes No O WWTL 13310 12=50 free: 0, 28 .K.T. DM total: 0,30 Yes \O 6. free: total: Yes O No O 7. free: total: Yes \ No \ 8. free: total: Yes O No O 9. free: total: Yes \ No \ 10. free: total: Yes \ No \ 11. free: total: Yes \ No \ 12. free: total: FOR LAB USE ONLY (DO NOT WRITE IN THIS SECTION) Received By: Arian Date: AFeb 22 Time: CAU Temperature: Note: