

## **Annual Report – Small Water System**

### **STAVE FALLS ELEMENTARY**

As required under Section 15 of the Drinking Water Protection Act, water suppliers are to report the water quality monitoring results to the water system users on an annual basis.

**Report Date:** June 30, 2021

**Reporting Period:** January 1, 2020 to December 31, 2020

**Owner:** Board of School Trustees, School District No. 75 (Mission)

**Any questions concerning this report please contact:**

Dana MacLean, Director of Operations  
School District No. 75 (Mission)  
33940 Dlugosh Avenue  
Mission, BC V2V 6B4  
Phone: 604.826.7375  
Email: [ray.seifert@mpsd.ca](mailto:ray.seifert@mpsd.ca)

**Water System Classification:**

Classified as a Small Water System by Environmental Operators  
Certification Program

**Certified Operators for the Small Water System:**

School District No. 75 (Mission) has two (2) employees certified as  
Small Water System Operators

**Results of Coliform/E. coli monitoring as per Section 11 of the Act and Section 8 of the Regulations:**

Attached

**Results of chemical analysis conducted during the period covered by this report:**

Attached

**SCHOOL DISTRICT #75 (MISSION)  
EMERGENCY RESPONSE PLAN**

**SMALL WATER SYSTEMS**

**Part A: Well Water Quality**

1. The Facilities Department will conduct routine sampling of all well water in the district to be tested by a certified test lab.
2. In the event of adverse well water test results, the following procedures, in accordance with the Guidelines for Canadian Drinking Water Quality, will apply:
  - a. Contact Kevin Freer or alternate at Fraser Health Authority
  - b. An alternative source of water will be supplied and corrective action taken in consultation with the applicable governing agency if:
    - i. A sample contains more than ten (10) total coliforms per 100 ml.
    - ii. A sample contains any fecal coliform.
    - iii. Any consecutive samples from the same site show the presence of coliform.
    - iv. A sample shows an unsuitable compound of chemical.
  - c. If total coliform organisms are detected from a single sample, the site shall be re-sampled until three (3) consecutive samples comply with the regulations.
  - d. Alternative water supply will continue until three (3) consecutive samples comply with the Drinking Water Protection Act and Regulations.
  - e. All sources of drinking water on site will be tagged “Do Not Drink” and sealed from use where possible.

**Part B: Loss of Water Supply**

In the event of disruption in the water supply, immediately notify Brian Standing or alternate at Fraser Health Authority. District staff will be dispatched immediately to assess and correct the situation.

- a. Should it be determined that the disruption will exceed two (2) hours, alternate sources of water (dispensers) will be provided to the site.
- b. Should the disruption exceed one (1) day, either a delivery system will be installed at the site or students will be relocated to an unaffected site.

### **Part C: Emergency Contacts**

In the event of any abnormal operating condition or emergency effecting or potentially affecting the water system, please contact one of the following managers from the Facilities Department at 604.826.7375 or directly at the numbers provided. They will then contact Fraser Health Authority immediately.

	<b>Cell Phone #</b>
Dana MacLean, Director of Operations	604.850.4193
Martin Funk, Engineering Foreman	604.302.4161

### **Part D: Questions or Concerns**

If you have any questions or concerns regarding this Emergency Response Plan for Small Water Systems, please contact one of the Fraser Health Authority water inspectors at 604.870.7900 or at the numbers provided:

	<b>Work #</b>	<b>After Hour #</b>
Medical Health Officer	604.587.3828 1.877.342.6467	604.527.4806
Barbara Haworth, Drinking Water Program	604.870.7920	604.615.1140

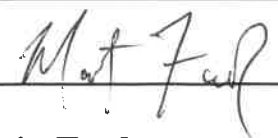
### **Part E: Emergency Contact Numbers**

Dewdney Elementary School	604.826.7375
Ferndale Elementary School	604.826.7375
Silverdale Elementary School	604.826.7375
Stave Falls Elementary School	604.826.7375

# EMERGENCY RESPONSE & CONTINGENCY PLAN

**Water System Name:** Stave Falls Elementary

Emergency Contacts	Name and Title	Phone	Fax	E-mail
<b>Water System - Primary Contact</b> (person responsible for receiving call from lab and/or FHA)	Martin Funk Foreman	604-826-7375 604-302-4161	604-826-9273	martin.funk@mpsd.ca
<b>Water System - Secondary Contact</b> (Should primary contact be ill or on vacation etc.)	Dana MacLean Director	604-826-7375 604-302-4607	604-826-9273	dana.maclean@mpsd.ca
<b>Water System Owner</b>	SD75 Mission	604-826-7375 Cell: n/a	604-826-9273	
<b>Fraser Health Authority Contacts</b>				
Environmental Health Officer	Barbara Haworth	604-870-7900	604-870-7901	barb.haworth@fraserhealth.ca
Medical Health Officer		604-587-3828 1-877-342-6467	604-556-5077	
Fraser Health After Hours Contact (After 4:30 pm or on weekends)	Fraser Health On-Call Staff	604-527-4806		
<b>Emergency Contacts</b>				
Alternate Source of Water i.e. bottled water or bulk supply	Bottled water			
Plumbing Services	own			
Equipment Services i.e. Treatment/pumps	own			
Electrical Services	own			
B.C. Hydro				
Other				

**Signature:** 

**Title:** Foreman Engineering Dept.

**Name:** Martin Funk

**Date:** June 30, 2021

**DRINKING WATER SYSTEM ANNUAL REPORT**

**Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2020 (year)

**Water System** Stave Falls Elementary

**Water System Owner** School District #75 (Mission)

**Primary Contact Name (Operator or Manager)** Martin Funk, Engineering Dept. Foreman

**Phone Number (Operator or Manager)** 604.302.4161

**E-mail (Operator or Manager)** martin.funk@mpsd.ca

**DESCRIBE YOUR WATER SUPPLY SYSTEM**

**What is the Source(s) of Raw Water?**

Deep Well       Shallow Well       Surface Water       Other

If other, specify details:

**Does the Drinking Water System have Primary Disinfection?**       Yes       No

Chlorination       Ultraviolet Light       Ozone       Other

If other, specify details: Filter

**Does the Drinking Water System have Secondary Disinfection?**       Yes       No

Chlorination       Other

If other, specify details:

**Does the Drinking Water System have Filtration?**       Yes       No

Check all boxes that apply

Cartridge Filter(s)       Carbon Filter       Sand Filtration       Reverse Osmosis       Other

If other, specify details:

**PUBLIC REPORTING**

**Emergency Response & Contingency Plan (ERCP)**

**Is your ERCP up to Date?**       Yes       No

**How do you Inform the System Users of the ERCP?**

Hand Delivered       Bulletin Board       Newspaper       Utility Bill Insert       Website

Other (specify details)

**Drinking Water System Annual Report**

**How do you Inform the System Users of the Annual Report?**

Hand Delivered       Bulletin Board       Newspaper       Utility Bill Insert       Website

Other (specify details)

**COMPLIANCE WITH OPERATING PERMIT**

**List the conditions that have been placed on your Operating Permit** (if you have conditions, these will be stated on your permit):

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**Are you in compliance with the conditions listed on your Operating Permit?**      Yes      No      N/A

**BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS**

**How many bacteriological samples were collected during this reporting period?**     4

**What is the minimum required sampling frequency for this system? (#samples/month)**     \_\_\_\_\_

Additional sampling details:

**Was the minimum required sampling frequency achieved?**      Yes      No

Comments:

**Bacteriological summary attached to this report?**      Yes      No

**If no, how do the users of the system view the results?**

**WATER QUALITY STANDARDS FOR POTABLE WATER**

<b>Parameter:</b>	<b>Standard:</b>	<b>Did this system meet standard?</b>	
Escherichia coli <small>(for all samples)</small>	No detectable <i>Escherichia coli</i> per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria <small>(if only 1 sample collected in a 30 day period)</small>	No detectable total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria <small>(if more than 1 sample collected in a 30 day period)</small>	No more than 10% of samples contain total coliform bacteria, <b>and</b> No sample has more than 10 total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.**

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action

**CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD**

**Was any chemical sampling conducted during reporting period?**  Yes  No

**If no, when were the last chemical samples conducted for this system?**  Don't Know  Never

**If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?**  Yes  No

*If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.*

Parameter	Result	Corrective Action / Treatment / Comments

**ADDITIONAL TESTING**

**Does the system have analyzers for continuous monitoring?**  Yes  No

**If yes, check all boxes that apply:**

Chlorine  Turbidity  Other (details)

**Are the results available on request?**

*If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.*

Additional Testing & Reason for Sampling	Corrective Action Taken

**WATER QUALITY COMPLAINTS**

**Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.)**  Yes  No

*If yes, complete the table below; attach additional sheets if necessary.*

Date	Water Quality Complaint	Corrective Action / Treatment

**OPERATIONAL PROBLEMS**

*Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.).*  Yes  No

*If yes, complete the table below; attach additional sheets if necessary.*

Incident Date	Type of Operational Problem	Corrective Action Taken

**MAJOR UPGRADES/REPAIRS & EXPENSES**

*Were there any major upgrades/repairs or any major costs incurred during this reporting period?*  Yes  No

*If yes, complete the table below; attach additional sheets if necessary.*

Major Upgrades/Expenses	Details
Improvements required by DWO	
Additions/changes to system	
Purchase or install new equipment	
Equipment repair or replacement	
Annual maintenance of system	
Specialist report	
Other	

**FUTURE IMPROVEMENTS**

*Are there any plans for future improvements?*  Yes  No

*If yes, complete the table below; attach additional sheets if necessary.*

Future Upgrades or Improvements	Estimated Date of Completion

<b>DATE COMPLETED:</b> 30-Jun-2021	<b>COMPLETED BY:</b> Martin Funk, Engineering Foreman
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## Sample Range Report

Fraser Health Authority

**Facility Name:** Stave Falls Elementary WS

**Date Range:** Jan 1 2020 to Dec 31 2020

**Operator**

<u>Sampling Site</u>	<u>Date Collected</u>	<u>Total Coliform</u>	<u>E. Coli</u>	<u>Fecal Coliform</u>
<u>Room 102A, 30204</u>				
<u>Brackley Rd</u>				
	1-7-2020	L1	L1	
	1-21-2020	L1	L1	
	1-28-2020 9:30:00 AM	LT1	LT1	
	2-4-2020 8:30:00 AM	LT1	LT1	
	2-25-2020 8:30:00 AM	LT1	LT1	
	3-31-2020 8:30:00 AM	LT1	LT1	
	4-7-2020 8:30:00 AM	LT1	LT1	
	4-14-2020 8:30:00 AM	LT1	LT1	
	4-28-2020 8:30:00 AM	LT1	LT1	
	5-12-2020 8:30:00 AM	LT1	LT1	
	5-20-2020 9:00:00 AM	LT1	LT1	
	6-2-2020 8:30:00 AM	LT1	LT1	
	6-9-2020 8:30:00 AM	LT1	LT1	
	6-23-2020 8:30:00 AM	LT1	LT1	
	7-7-2020 8:30:00 AM	LT1	LT1	
	7-14-2020 8:30:00 AM	LT1	LT1	
	8-4-2020 9:08:00 AM	LT1	LT1	
	8-19-2020 8:30:00 AM	LT1	LT1	
	8-25-2020 8:30:00 AM	LT1	LT1	
	9-2-2020 8:30:00 AM	LT1	LT1	
	9-9-2020 8:30:00 AM	LT1	LT1	

9-16-2020 8:30:00 AM	LT1	LT1	
9-22-2020 8:30:00 AM	LT1	LT1	
9-29-2020 9:10:00 AM	LT1	LT1	
10-6-2020 8:30:00 AM	LT1	LT1	
10-20-2020 8:30:00 AM	LT1	LT1	
10-27-2020 8:30:00 AM	LT1	LT1	
11-24-2020 8:30:00 AM	LT1	LT1	
12-1-2020 8:30:00 AM	LT1	LT1	
12-8-2020 8:30:00 AM	LT1	LT1	
12-15-2020 8:30:00 AM	<u>LT1</u>	<u>LT1</u>	
<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

Room 116, 30204  
Brackley Rd

2-11-2020 8:30:00 AM	LT1	LT1	
2-18-2020 8:30:00 AM	LT1	LT1	
3-4-2020 8:30:00 AM	LT1	LT1	
3-10-2020 8:30:00 AM	LT1	LT1	
3-17-2020 8:30:00 AM	LT1	LT1	
4-21-2020 8:30:00 AM	LT1	LT1	
5-6-2020 8:30:00 AM	LT1	LT1	
5-26-2020 8:30:00 AM	QRWRT	QRWRT	
6-16-2020 8:30:00 AM	LT1	LT1	
7-21-2020 8:30:00 AM	LT1	LT1	
10-14-2020 8:30:00 AM	LT1	LT1	
11-3-2020 8:30:00 AM	LT1	LT1	
11-17-2020 8:30:00 AM	<u>LT1</u>	<u>LT1</u>	
<b>Total Positive:</b>	<b>0</b>	<b>1</b>	<b>0</b>

**Result Values:**                      **E - estimated**                      **L - less than**                      **G - greater than**

Samples that contain total coliform:	0	0.00% of total
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Samples that contain e. coli:	1	2.27% of total
Samples that contain fecal coliform:	0	0.00% of total
Number of consecutive samples that contain total coliform:	0	
Number of samples that contain total coliform in last 30 days:	0/0	
Total number of samples:	44	

**Comments:**

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Environmental Health Officer

Feb 11 2021

FOR FURTHER INFORMATION PLEASE CALL: Barb Haworth



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

T: +1 (604) 514-3322  
 F: +1 (604) 514-3323  
 E: info.vancouver@element.com  
 W: www.element.com

**Report Transmission Cover Page**

Bill To: School District #75 - Mission  
 33919 Dewdney Trunk Road  
 Mission, BC, Canada  
 V2V 5X4  
 Attn: Mihaela Vidam  
 Sampled By:  
 Company:

Project ID: 59772  
 Project Name: Stave Falls  
 Project Location: 30204 Brackley Ave.  
 RR7  
 LSD: Mission BC V4S 1C2  
 P.O.:  
 Proj. Acct. code:

Lot ID: **1488550**  
 Control Number:  
 Date Received: Apr 27, 2021  
 Date Reported: May 3, 2021  
 Report Number: 2617702

Contact	Company	Address
Dana Maclean	School District #75 - Mission	33940 Dlugosh Avenue Mission, BC V2V 6B2 Phone: (604) 826-7375 Fax: (604) 820-0927 Email: dana.maclean@mpsd.ca

Delivery	Format	Deliverables
Email - Single Report	PDF	Invoice

Lynn McCaw	School District #75 - Mission	33940 Dlugosh Avenue Mission, BC V2V 6B2 Phone: (604) 826-7375 Fax: (604) 820-0927 Email: lynn.mccaw@mpsd.ca
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Delivery	Format	Deliverables
Email - Merge Reports	PDF	COC / Test Report
Email - Single Report	PDF	COA
Email - Single Report	PDF	COR

Mihaela Vidam	School District #75 - Mission	33919 Dewdney Trunk Road Mission, BC V2V 5X4 Phone: (604) 826-6286 Fax: (604) 820-0927 Email: mihaela.vidam@mpsd.ca
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Delivery	Format	Deliverables
Email - Single Report	PDF	Invoice

**Notes To Clients:**

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**Analytical Report**

Bill To: School District #75 - Mission 33919 Dewdney Trunk Road Mission, BC, Canada V2V 5X4	Project ID: 59772 Project Name: Stave Falls Project Location: 30204 Brackley Ave. RR7 LSD: Mission BC V4S 1C2 P.O.: Proj. Acct. code:	Lot ID: <b>1488550</b> Control Number: Date Received: Apr 27, 2021 Date Reported: May 3, 2021 Report Number: 2617702
Attn: Mihaela Vidam		
Sampled By:		
Company:		

Analyte	Lead
Description	Element
Unit of Measure	mg/L
Nominal Detection Limit	0.00001

Sample Id	Description	Results	Guideline Limit	Guideline Comments
7473060	5 / Rm 116 Staff Room Faucet / 20.5 °C	0.00076	0.005	Below MAC
7473061	5A / Rm 116 Staff Room Faucet / 20.5 °C	0.00010	0.005	Below MAC
7473062	6 / BF Outside Rm 115 / 20.5 °C	<0.00001	0.005	Below MAC
7473063	6A / BF Outside Rm 115 / 20.5 °C	<0.00001	0.005	Below MAC
7473064	11 / Rm 122 PAC Kitchen Faucet / 20.5 °C	0.00069	0.005	Below MAC
7473065	11A / Rm 122 PAC Kitchen Faucet / 20.5 °C	0.00018	0.005	Below MAC
7473066	1 / Rm 104 Med Rm Faucet / 20.5 °C	0.0025	0.005	Below MAC
7473067	1A / Rm 104 Med Rm Faucet / 20.5 °C	0.00014	0.005	Below MAC
7473068	10 / Rm 102A Staff Kitchen Faucet / 20.5 °C	0.00060	0.005	Below MAC
7473069	10A / Rm 102A Staff Kitchen Faucet / 20.5 °C	0.00010	0.005	Below MAC
7473070	9 / Rm 110 Faucet / 20.5 °C	0.0029	0.005	Below MAC
7473071	9A / Rm 110 Faucet / 20.5 °C	0.00021	0.005	Below MAC
7473072	4 / Rm 108 Faucet / 20.5 °C	0.00084	0.005	Below MAC
7473073	4A / Rm 108 Faucet / 20.5 °C	0.00024	0.005	Below MAC
7473074	8 / Rm 107 Faucet / 20.5 °C	0.00095	0.005	Below MAC
7473075	8A / Rm 107 Faucet / 20.5 °C	0.00023	0.005	Below MAC
7473076	3 / Rm 106 Faucet / 20.5 °C	0.0016	0.005	Below MAC
7473077	3A / Rm 106 Faucet / 20.5 °C	0.00015	0.005	Below MAC
7473078	12 / Rm 106B Faucet / 20.5 °C	0.0025	0.005	Below MAC
7473079	12A / Rm 106B Faucet / 20.5 °C	0.00030	0.005	Below MAC
7473080	2 / BF Outside Rm 106 / 20.5 °C	<0.00001	0.005	Below MAC
7473081	2A / BF Outside Rm 106 / 20.5 °C	<0.00001	0.005	Below MAC

Approved by:



 Max Hewitt  
 Operations Manager

## Methodology and Notes

Bill To: School District #75 - Mission 33919 Dewdney Trunk Road Mission, BC, Canada V2V 5X4	Project ID: 59772	Lot ID: <b>1488550</b>
Attn: Mihaela Vidam	Project Name: Stave Falls	Control Number:
Sampled By:	Project Location: 30204 Brackley Ave. RR7	Date Received: Apr 27, 2021
Company:	LSD: Mission BC V4S 1C2	Date Reported: May 3, 2021
	P.O.:	Report Number: 2617702
	Proj. Acct. code:	

## Method of Analysis

Method Name	Reference	Method	Date Analysis Started	Location
Trace Metals (extractable) in Water (VAN)	US EPA	* Determination of Trace Elements in Waters and Wastes by ICP-MS, 200.8 <i>* Reference Method Modified</i>	Apr 29, 2021	Element Vancouver

## References

US EPA	US Environmental Protection Agency Test Methods
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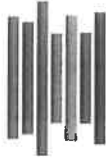
## Guidelines

Guideline Description	Health Canada GCDWQ
Guideline Source	Guidelines for Canadian Drinking Water Quality, Health Canada, Sept 2020
Guideline Comments	MAC = Maximum Acceptable Concentration AO = Aesthetic Objective OG = Operational Guideline for Water Treatment Plants (does not apply to private groundwater wells). Refer to Health Canada for complete guidelines at <a href="http://www.hc-sc.gc.ca">www.hc-sc.gc.ca</a>

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.



Testing  
Advising  
Assuring

LOT:

Control Number

### Environmental Sample Information Sheet

Note: Proper completion of this form is required in order to proceed with analysis

<b>Billing Address:</b>		<b>Copy of Report To:</b>		<b>Copy of invoice:</b>	
Company: SD#75 Mission	QA/QC Report <input type="checkbox"/>	Company SD &75 Miss		Mail invoice to this	
Address: 33940 Dlugosh Avenue		Address: 33940 Dluogo:		address for approval <input type="checkbox"/>	
Mission, BC V2V 6B2		Mission, BC '			
Attention: Dana MacLean	Report Result:	Attention: Lynn McCaw		Report Result:	
Phone: 604.826.7375	Fax <input type="checkbox"/>	Phone:		Fax <input type="checkbox"/>	
Fax: 604.826.9273	Mail <input type="checkbox"/>	Fax:		Mail <input type="checkbox"/>	
Cell:	Courier <input type="checkbox"/>	Cell:		Courier <input type="checkbox"/>	
e-mail: dana.macleam@mpsd.ca	e-mail <input type="checkbox"/>	e-mail lynn.mccaw@m		e-mail <input type="checkbox"/>	
	e-Service <input type="checkbox"/>			e-Service <input type="checkbox"/>	


<b>Information to be included on Report and Invoice</b>	<b>RUSH</b> Please contact the laboratory to confirm rush dates and times before submitting samples. Upon filling out this section, client accepts that surcharges will be attached to this analysis RUSH required on: <input type="checkbox"/> All Analysis or <input type="checkbox"/> As indicated Date Required: _____ Signature: _____ Exova Authorization: _____	<b>Sample Custody (Please Print)</b>	
		Sampled by: _____ Company _____ Signature _____	
		I authorize Exova to proceed with the work work indicated on this form: Date: _____ Initial: _____	
		Received by: <u>LC</u>	Sample Temp. _____
		Waybill #: _____	Date _____
		Company _____	Time _____

**Special Instructions / Comments**

**FOR LAB USE ONLY**

Condition of containers/coolers upon arrival at lab

Lot: 1488550<sup>COC</sup>

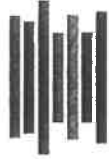


Please indicate which regulations you are required to meet: \_\_\_\_\_

	Sample Identification	Location	Depth			Date/Time Sampled	Matrix	Sampling Method	↓	Enter tests above (✓ relevant samples below)													
			IN	CM	M																		
1	Rm 116 staff room Faucet	5				Apr. 26/21 6:10 a.m.																	
2	Rm 116 staff room Faucet	5A				Apr. 26/21 6:10 a.m.																	
3	BF outside Rm 115	6				Apr. 26/21 6:13 a.m.																	
4	BF outside Rm 115	6A				Apr. 26/21 6:13 a.m.																	
5	RM 122 PAC kitchen Faucet	11				Apr. 26/21 6:26 a.m.																	
6	RM 122 PAC kitchen Faucet	11A				Apr. 26/21 6:26 a.m.																	
7	Rm 104 Med Rm Faucet	1				Apr. 26/21 6:29 a.m.																	
8	Rm 104 Med Rm Faucet	1A				Apr. 26/21 6:29 a.m.																	
9	Rm 102A Staff Kitchen Faucet	10				Apr. 26/21 6:32 a.m.																	
10	Rm 102A Staff Kitchen Faucet	10A				Apr. 26/21 6:32 a.m.																	
11	Rm 110 Faucet	9				Apr. 26/21 6:35 a.m.																	
12	Rm 110 Faucet	9A				Apr. 26/21 6:35 a.m.																	
13	Rm 108 Faucet	4				Apr. 26/21 6:38 a.m.																	
14	Rm 108 Faucet	4A				Apr. 26/21 6:38 a.m.																	
15	Rm 107 Faucet	8				Apr. 26/21 6:41 a.m.																	

1488550

RECEIVED  
APR 27 2021 @ 9:29 am



Testing  
Advising  
Assuring

LOT:  Control Number

## Environmental Sample Information Sheet

Note: Proper completion of this form is required in order to proceed with analysis

<b>Billing Address:</b>		<b>Copy of Report To:</b>		<b>Copy of invoice:</b>	
Company: SD#75 Mission		Company SD &75 Miss		Mail invoice to this	
Address: 33940 Dlugosh Avenue		Address: 33940 Dlugos		address for approval <input type="checkbox"/>	
Mission, BC V2V 6B2		Mission, BC '			
QA/QC Report <input type="checkbox"/>		Report Result:		Report Result:	
Attention: Dana MacLean		Attention: Lynn McCaw		Fax <input type="checkbox"/>	
Phone: 604.826.7375		Phone:		Mail <input type="checkbox"/>	
Fax: 604.826.9273		Fax:		Courier <input type="checkbox"/>	
Cell:		Cell:		e-mail <input type="checkbox"/>	
e-mail: dana.maclea@mpsd.ca		e-mail lynn.mccaw@m		e-Service <input type="checkbox"/>	

<b>Information to be included on Report and Invoice</b>	<b>RUSH</b> Please contact the laboratory to confirm rush dates and times before submitting samples.	<b>Sample Custody (Please Print)</b>
	Upon filling out this section, client accepts that surcharges will be attached to this analysis	Sampled by:
Project ID: 59772	RUSH required on: <input type="checkbox"/> All Analysis <input type="checkbox"/> or <input type="checkbox"/> As indicated	Company _____ Signature _____
Project Name: Stave Falls	Date Required: _____	I authorize Exova to proceed with the work work indicated on this form:
Project Location: 30204 Brackley Ave., RR7	Signature: _____	Date: _____ Initial: _____
Legal Location: Mission, BC V4S 1C2	Exova Authorization: _____	Received by: _____ Sample Temp. _____
PO#: _____		Waybill #: _____ Date _____
Proj. Acct. Code: _____		Company _____ Time _____
Agreement ID: 59772		

<b>Special Instructions / Comments</b>	<b>FOR LAB USE ONLY</b>	
	Condition of containers/coolers upon arrival at lab	<input type="checkbox"/> Check here if Exova is required to report results directly to a regulatory body (Please include contact information)
		<input type="checkbox"/> Check here if you are testing <u>POTABLE WATER</u> for <u>HUMAN CONSUMPTION</u>
		Number of Containers
		↓

	Sample Identification	Location	Depth			Date/Time Sampled	Matrix	Sampling Method	Enter tests above (✓ relevant samples below)												
			IN	CM	M																
1	Rm 107 Faucet	8A				Apr. 26/21 6:41 a.m.															
2	Rm 106 Faucet	3				Apr. 26/21 6:44 a.m.															
3	Rm 106 Faucet	3A				Apr. 26/21 6:44 a.m.															
4	Rm 106B Faucet	12				Apr. 26/21 6:47 a.m.															
5	Rm 106B Faucet	12A				Apr. 26/21 6:47 a.m.															
6	BF Outside Rm 106	2				Apr. 26/21 6:50 a.m.															
7	BF Outside Rm 106	2A				Apr. 26/21 6:50 a.m.															
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					