

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

### **SILVERDALE 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 6B2  
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 #s</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:** Silverdale 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>Water System – Community Hall</b>	Joan Crouch	604-826-2426		
<b>Fraser Health Authority Contacts</b>				
Environmental Health Officer	Barb 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)

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**Water System** Silverdale Elementary

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

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

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

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

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**DESCRIBE YOUR WATER SUPPLY SYSTEM**

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

Deep Well     
  Shallow Well     
  Surface Water     
  Other

If other, specify details: \_\_\_\_\_

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

Chlorination     
  Ultraviolet Light     
  Ozone     
  Other

If other, specify details: \_\_\_\_\_

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

Chlorination     
  Other

If other, specify details: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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) \_\_\_\_\_

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**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) \_\_\_\_\_

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**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? 54

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**

Parameter:	Standard:	Did this system meet standard?	
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	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?**    **If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?**

(date)                       Don't Know             Never                       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:** Silverdale Elementary School - Water System  
**Date Range:** Jan 1 2020 to Dec 31 2020

**Operator**

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
<u>AUDIT Silverdale</u>				
<u>School - Staff Room,</u>				
<u>29715 Donatelli</u>				
	3-11-2020 9:45:00 AM	LT1	LT1	
	6-2-2020 12:10:00 PM	<u>LT1</u>	<u>LT1</u>	
	<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>
<u>Classroom 144 -</u>				
<u>Office Washroom,</u>				
<u>29715 Donatelli Ave</u>				
	2-11-2020 8:30:00 AM	LT1	LT1	
	3-4-2020 8:30:00 AM	LT1	LT1	
	4-14-2020 8:30:00 AM	LT1	LT1	
	4-28-2020 8:30:00 AM	LT1	LT1	
	5-20-2020 9:26:00 AM	LT1	LT1	
	7-7-2020 8:30:00 AM	LT1	LT1	
	8-4-2020 9:27:00 AM	LT1	LT1	
	9-2-2020 8:30:00 AM	LT1	LT1	
	9-22-2020 8:30:00 AM	LT1	LT1	
	10-20-2020 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>
<u>Classroom 111,</u>				
<u>29715 Donatelli Ave</u>				
	1-21-2020	L1	L1	
	2-18-2020 8:30:00	LT1	LT1	

AM			
3-10-2020 8:30:00	LT1	LT1	
AM			
4-7-2020 8:30:00	LT1	LT1	
AM			
5-6-2020 8:30:00	LT1	LT1	
AM			
5-12-2020 8:30:00	LT1	LT1	
AM			
7-14-2020 8:30:00	LT1	LT1	
AM			
8-19-2020 8:30:00	LT1	LT1	
AM			
9-29-2020 9:30:00	LT1	LT1	
AM			
10-14-2020 8:30:00	<u>LT1</u>	<u>LT1</u>	
AM			
<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

Staff Room Kitchen  
Tap, 29715 Donatelli  
Ave

1-7-2020	L1	L1	
1-28-2020 9:05:00	LT1	LT1	
AM			
2-25-2020 8:30:00	LT1	LT1	
AM			
3-31-2020 8:30:00	LT1	LT1	
AM			
5-26-2020 8:30:00	QRWRT	QRWRT	
AM			
6-9-2020 8:30:00	LT1	LT1	
AM			
6-23-2020 8:30:00	LT1	LT1	
AM			
8-25-2020 8:30:00	LT1	LT1	
AM			
9-16-2020 8:30:00	LT1	LT1	
AM			
10-6-2020 8:30:00	LT1	LT1	
AM			
10-27-2020 8:30:00	LT1	LT1	
AM			
12-1-2020 8:30:00	<u>LT1</u>	<u>LT1</u>	
AM			
<b>Total Positive:</b>	<b>0</b>	<b>1</b>	<b>0</b>

Classroom 150,  
29715 Donatelli Ave

2-4-2020 8:30:00	LT1	LT1	
AM			
3-17-2020 8:30:00	LT1	LT1	
AM			
4-21-2020 8:50:00	LT1	LT1	

AM			
6-2-2020 8:30:00	LT1	LT1	
AM			
6-16-2020 8:30:00	LT1	LT1	
AM			
7-21-2020 8:30:00	LT1	LT1	
AM			
9-9-2020 8:30:00	LT1	LT1	
AM			
11-3-2020 8:30:00	LT1	LT1	
AM			
11-17-2020 9:00:00	LT1	LT1	
AM			
11-24-2020 8:30:00	LT1	LT1	
AM			
12-8-2020 8:30:00	<u>LT1</u>	<u>LT1</u>	
AM			
<b>Total Positive:</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Samples that contain total coliform:	0		0.00% of total
Samples that contain e. coli:	1		2.17% 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:	46		

**Comments:**

\_\_\_\_\_  
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: element.com

**Report Transmission Cover Page**

Bill To: School District #75 - Mission 33919 Dewdney Trunk Road Mission, BC, Canada V2V 5X4	Project ID: 59722 Project Name: Silverdale Project Location: 29715 Donatelli Avenue LSD: Mission BC V4S 1H6 P.O.:	Lot ID: <b>1412866</b> Control Number: Date Received: Mar 10, 2020 Date Reported: Mar 13, 2020 Report Number: 2498824
Attn: Mihaela Vidam	Proj. Acct. code:	
Sampled By:		
Company:		

Contact	Company	Address
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

Delivery	Format	Deliverables
Email - Merge Reports	PDF	COC / Test Report
Email - Single Report	PDF	COA
Email - Single Report	PDF	COR

Contact	Company	Address
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

Delivery	Format	Deliverables
Email - Single Report	PDF	Invoice

**Notes To Clients:**

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**Methodology and Notes**

Bill To: School District #75 - Mission 33919 Dewdney Trunk Road Mission, BC, Canada V2V 5X4	Project ID: 59722	Lot ID: <b>1412866</b>
Attn: Mihaela Vidam	Project Name: Silverdale	Control Number:
Sampled By:	Project Location: 29715 Donatelli Avenue	Date Received: Mar 10, 2020
Company:	LSD: Mission BC V4S 1H6	Date Reported: Mar 13, 2020
	P.O.:	Report Number: 2498824
	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>	Mar 12, 2020	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, June 2019
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.

Lot: 1412866 <sup>COC</sup> 16



Control Number

**EXOVA**



Testing  
Advising  
Assuring

**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 DluGo:		address for approval <input type="checkbox"/>	
Mission, BC V2V 6B2		Mission, BC			
QA/QC Report <input type="checkbox"/>		Report Result:		Report Result:	
Attention: Lynn McCaw		Fax <input type="checkbox"/>		Fax <input type="checkbox"/>	
Phone: 604.826.7375		Mail <input type="checkbox"/>		Mail <input type="checkbox"/>	
Fax: 604.826.9273		Courier <input type="checkbox"/>		Courier <input type="checkbox"/>	
Cell:		e-mail <input type="checkbox"/>		e-mail <input type="checkbox"/>	
e-mail: <u>lynn.mccaw@mpsd.ca</u>		e-Service <input type="checkbox"/>		e-Service <input type="checkbox"/>	

<b>Information to be included on Report and Invoice</b>  Project ID: 59772 Project Name: Silverdale Project Location: 29715 Donatelli Avenue Legal Location: Mission, BC V4S1H6 PO#: Proj. Acct. Code: Agreement ID: 59772	<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. <u>17.4</u> Waybill #: _____ Date _____ Company <u>HD</u> Time _____
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<b>Special Instructions / Comments</b>  Please indicate which regulations you are required to meet: _____	<b>FOR LAB USE ONLY</b> Condition of containers/coolers upon arrival at lab
---	--

Sample Identification	Location	Depth			Date/Time Sampled	Matrix	Sampling Method	Number of Containers	Enter tests above (✓ relevant samples below)															
		IN	CM	M																				
1	DF Between Rm 115 & 116	1			Mar. 9/20 6:05 am																			
2	DF Between Rm 115 & 116	1A			Mar. 9/20 6:05 am																			
3	Faucet Rm 111	2			Mar. 9/20 6:08 am																			
4	Faucet Rm 111	2A			Mar. 9/20 6:08 am																			
5	Faucet Rm 110	3			Mar. 9/20 6:11 am																			
6	Faucet Rm 110	3A			Mar. 9/20 6:11 am																			
7	Kitchen Faucet Rm 135	4			Mar. 9/20 6:14 am																			
8	Kitchen Faucet Rm 135	4A			Mar. 9/20 6:14 am																			
9	Staff Faucet Rm 134	5			Mar. 9/20 6:17 am																			
10	Staff Faucet Rm 134	5A			Mar. 9/20 6:17 am																			
11	DF gym	6			Mar. 9/20 6:20 am																			
12	DF gym	6A			Mar. 9/20 6:20 am																			
13	DF Rm 102	7			Mar. 9/20 6:23 am																			
14	DF Rm 102	7A			Mar. 9/20 6:23 am																			
15	DF Rm 150	8			Mar. 9/20 6:26 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 Dluo:		address for approval <input type="checkbox"/>	
Mission, BC V2V 6B2		Mission, BC`			
QA/QC Report <input type="checkbox"/>		Report Result:		Report Result:	
Attention: Lynn McCaw		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: lynn.mccaw@mpsd.ca		e-mail lynn.mccaw@m		e-Service <input type="checkbox"/>	

<b>Information to be included on Report and Invoice</b>  Project ID: 59772 Project Name: Silverdale Project Location: 29715 Donatelli Avenue Legal Location: Mission, BC V4S1H6 PO#: _____ Proj. Acct. Code: _____ Agreement ID: 59772	<b>RUSH Please contact the laboratory to confirm rush dates and times before submitting samples.</b> Upon filling out this section, client accepts that surcharges will be attached to this analysis  RUSH required on: <input type="checkbox"/> All Analysis <input type="checkbox"/> 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: _____ Sample Temp. _____ Waybill #: _____ Date _____ Company _____ Time _____
		<b>Special Instructions / Comments</b>  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>FOR LAB USE ONLY</b>            Condition of containers/coolers upon arrival at lab         </div>

Please indicate which regulations you are required to meet: _____	<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 <b>POTABLE WATER for HUMAN CONSUMPTION</b>
---	--

Sample Identification	Location	Depth			Date/Time Sampled	Matrix	Sampling Method	↓	Enter tests above (✓ relevant samples below)													
		IN	CM	M																		
1	DF Rm 150	8A			Mar. 9/20 6:26 am																	
2	DF Rm 112	10			Mar. 9/20 6:29 am																	
3	DF Rm 112	10A			Mar. 9/20 6:29 am																	
4	DF Rm 109	11			Mar. 9/20 6:32 am																	
5	DF Rm 109	11A			Mar. 9/20 6:32 am																	
6	DF Rm 101	12			Mar. 9/20 6:35 am																	
7	DF Rm 101	12A			Mar. 9/20 6:35 am																	
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						