


Interior Health Authority

Box 627, 851 - 16th Street Salmon Arm, BC V1E 4N7
 Phone Number: (250) 833-4100 Fax Number: 250-833-4117

| LABORATORY USE ONLY | |
|---------------------|--|
| Lab Number | |
| Date Reported | |

| | | |
|---|---|--|
| MHO: Medical Health Officer - on call | Phone #: 1-866-457-5648 | E-mail: |
| DWO / PHI: Brian Gregory | E-mail: brian.gregory@interiorhealth.ca | |
| Phone #: | Cell #: | Fax #: 250-833-4117 Pager #: |
| OWNER: The Owners Strata Plan K611 | E-mail: | |
| Phone #: (403) 874-5635 | Cell #: | Fax #: Pager #: |
| Sampler's Name: | | Date/time collected: (YY/MM/DD) HR |
| Sampler's Address: | | |
| Facility Name: Queest Village Water System | | Facility Number: 14-098-00056 |
| System Name: Queest Village Water System | | System Type: Water System 15-300 Connections |
| Site Name: Queest Creek RAW | Site Type: Distribution | Site Code: E01FLONON2 |
| Site Address: Queest Access Road | GIS Location: Longitude | Latitude |
| Source: Flowing Supply | Population: 51-500 | |
| Site Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Treatment Type: | |
| Chlorine Residual: Free ppm Total ppm | pH: | Turbidity: NTU |
|  2014022801097 | | |
| Is sample submitted for purposes of the Drinking Water Protection Act? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is the Water System on Boil Water Notice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Since When? 6/2/2010 | | |
| Sample Submitted for: Routine | | |

Print or Type in Box Full Postal Address of Health Unit or Persons Authorized to Receive Report

Additional Copy of Report Send to:

Brian Gregory
 Salmon Arm Health Centre
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 Salmon Arm, BC V1E 4N7
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- 1.
- 2.

| Test Required | LABORATORY USE ONLY | | | |
|---|---------------------|---------------------------|------------------|------------|
| | Preliminary Result | Technician Initial & Date | Final Result | CFU per ml |
| | Count per 100 ml | | Count per 100 ml | |
| <input type="checkbox"/> Total Coliform | | | | |
| <input type="checkbox"/> E. coli | | | | |
| <input type="checkbox"/> Background Growth > 200 | | | | |
| <input type="checkbox"/> Overgrown without coliform/results inconclusive | | | | |
| <input type="checkbox"/> Overgrown, coliform present | | | | |
| <input type="checkbox"/> Overgrown, E. coli present | | | | |
| <input type="checkbox"/> Overgrown without E. coli/results inconclusive | | | | |
| <input type="checkbox"/> Too Long in Transit | | | | |
| <input type="checkbox"/> HPC | | | | |
| <input type="checkbox"/> Free Chlorine | | | | |
| <input type="checkbox"/> Total Chlorine | | | | |
| <input type="checkbox"/> Other | | | | |
| <input type="checkbox"/> Previous Sample Overgrown | | | | |
| Check 2 consecutive volumes for sewage/pollution sample: <input type="checkbox"/> 50mL <input type="checkbox"/> 10mL <input type="checkbox"/> 1mL <input type="checkbox"/> 0.1mL <input type="checkbox"/> 0.01mL <input type="checkbox"/> 0.001mL | | | | |

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| Sampler's Address: | | |
| Facility Name: Queest Village Water System | Facility Number: 14-098-00056 | |
| System Name: Queest Village Water System | System Type: Water System 15-300 Connections | |
| Site Name: Tap @Unit 21 | Site Type: Distribution | Site Code: D01FLONON2 |
| Site Address: Queest Access Road | GIS Location: Longitude | Latitude |
| Source: Flowing Supply | Population: 51-500 | |
| Site Treatment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Treatment Type: | |
| Chlorine Residual: Free ppm Total ppm | pH: | Turbidity: NTU |
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| Is the Water System on Boil Water Notice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Since When? 6/2/2010 | | |
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Previous Sample Overgrown

Check 2 consecutive volumes for sewage/pollution sample: 50mL 10mL 1mL 0.1mL 0.01mL 0.001mL



Interior Health



March, 2014

Attention: Water System Owner

Interior Health has made the decision to change our current practice of mailing out monthly requisitions for samplers to submit with their water samples. A new procedure is in place as follows:

1. Enclosed are your **"Master Requisitions"** for each sampling site. **Photocopy as needed for your regular sample frequency as directed by your Environmental Health Officer.** If you operate seasonally, you only need to submit your samples in the months that you are in operation.
2. The "Master Requisition" will be mailed to you twice a year, in March and November.
3. The requisitions will only be mailed to the "Owners" of the water system. **It will be your responsibility to ensure they are provided to your samplers.**
4. You will be able to continue to view your Water system sample results online <http://www.interiorhealth.ca/YourEnvironment/DrinkingWater/Pages/DWSampleResults.aspx>
5. If you wish to change a sample site or frequency please contact your Environmental Health Officer.
6. Anytime there is a change of sample site or frequency or if there is a change of ownership, the owner will be mailed a "Master Requisition".
7. Please ensure that you recycle any old requisitions you may have in your possession now that you have received your new "Master Requisition".
8. If you need further information on submitting water samples – check this page on the public website for "How to take a water sample": <http://www.interiorhealth.ca/YourEnvironment/DrinkingWater/Pages/Resources.aspx>
9. You can bring your sample(s) into the Salmon Arm Health Unit Monday to Wednesday by 2:00 pm; or Sicamous Health Unit Tuesdays by 11:30 am; or Revelstoke Health Unit Monday to Wednesday by 1:00 pm; or Caravans West RV Resort in Scotch Creek Tuesdays by 11:15 am or Enderby Community Health Centre Wednesdays by noon (all offices are closed Statutory Holidays).

If you have any questions, please feel free to contact this office.

Yours truly,

Pam Makeiff
Health Protection
Program Support