

Interior Health Authority

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

CARO ENV. SERVICES

LABORATORY USE ONLY	
Lab Number:	AUG 17 2011 5613
Date Reported:	AUG 18 2011

MHO:	Helen (Yue) LU	Phone #:	604-618-8615	E-mail:	Helen.Lu@interiorhealth.ca
DWO / PHI:	Helen (Yue) LU	E-mail:	Hclcn.Lu@interiorhealth.ca		
Phone #:	604-618-8615	Cell #:		Fax #:	
OWNER:	The Owners Strata Plan K611	E-mail:			
Phone #:	(403) 874-5635	Cell #:		Fax #:	

Sampler's Name:		Date/time collected: (YY/MM/DD)	HR
Sampler's Address:		11/08/15	14:40

Facility Name:	Queest Village Water System	Facility Number:	14-098-00056
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System Name:	Queest Village Water System	System Type:	Water System 15-300 Connections
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Site Name:	Random Tap (raw creek water)	Site Type:	Distribution	Site Code:	D01FLON0N2
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Site Address:	Anstey Arm of Shuswap Lake	GIS Location: Longitude	Latitude
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Source:	Flowing Supply	Population:	51-500
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Site Treatment:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Treatment Type:	
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Chlorine Residual: Free	ppm	Total	ppm	pH:		Turbidity:	NTU
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Is sample submitted for purposes of the Drinking Water Protection Act?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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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Sample Submitted for:	Audit
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Print or Type in Box Full Postal Address of Health Unit or Persons Authorized to Receive Report

Additional Copy of Report Sent to:

Helen (Yue) LU
 Salmon Arm Health Centre
 Box 627, 851 - 16th Street
 Salmon Arm, BC V1E 4N7
 Phone: (250) 833-4100 Fax: 250-833-4117

- 1.
- 2.

fax

Test Required	LABORATORY USE ONLY			
	Preliminary Result Count per 100 ml	Technician Initials & Date	Final Result Count per 100 ml	CFU per ml
<input checked="" type="checkbox"/> Total Coliform	96	BG	≥ 96	
<input checked="" type="checkbox"/> E. coli	< 1	BG	< 1	
<input type="checkbox"/> Background Growth > 200		BG	> 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: 50mL 10mL 1mL 0.1mL 0.01mL 0.001mL