

# Envirosphere Consultants Limited

Unit 5—120 Morison Drive, Box 2906, Windsor, Nova Scotia, B0N 2T0  
ph: (902) 798-4022, fax: (902) 798-2614, e-mail: [enviroco@ns.sympatico.ca](mailto:enviroco@ns.sympatico.ca), website: [www.envirosphere.ca](http://www.envirosphere.ca)

Gerald Dickie  
Halls Harbour Water Co-operative  
3586 Highway 359  
Centreville, Nova Scotia  
B0P 1J0

Re: Water sample results for [REDACTED] Well 3, Halls Harbour Water Co-operative  
Sample received November 26, 2009  
Sample identification: 3087  
NSE Registered Water Supply Number: 2002-028579

November 27, 2009

Gerald Dickie,

Your water sample passed the Canadian Drinking Water Quality Guidelines as indicated below by the absence of bacteria: total or fecal coliforms in your water sample.

## Results

E. coli	absent.	No evidence of sewage contamination (human or animal).
Total coliforms	absent.	No evidence of soil bacteria (coliform type) infiltrating into the well water via surface water.

*Method Summaries—Total Coliform and E. coli: IDEXX, Colilert 24 hr, Defined Substrate Test: based on Standard Methods, 21st Edition, 2005 and online version. ECL Method 1. Microbial Presence Absence.*

## Recommendations

Please note, the Department of Environment requires that registered water supply owners test their water four times a year for bacteria and once every two years for chemical/mineral tests.

Keep in mind that the quality of the results are dependent on the quality of the sample given. If you have any questions concerning your water sample results, we would be happy to address them.

Sincerely,



Heather Levy  
Lab Manager

Report Checked by     B

Please store sample at < 10 °C (do not freeze) and deliver within 24 hours.



Transportation and Infrastructure Renewal

### Drinking Water Sample Submission Form

**Envirosphere** Consultants Limited

Unit 5 - 120 Morison Dr.,  
Box 2906, Windsor, NS B0N 2T0  
ph: (902) 798-4022, fax: (902) 798-2614

Sample ID: 3087 - well #3

Resident / Contact Person			Property Information		
CONTACT NAME <u>Gerala Dohie</u>			FACILITY NAME (if applicable) <u>Halls Harbour Water Co-op</u>		
MAILING ADDRESS <u>5546 Hwy. 550</u>			CIVIC ADDRESS [REDACTED]		
PHONE <u>902-798-2614</u>			COUNTY <u>Unincorporated</u>		POSTAL CODE
FAX			PHONE <u>902-798-2614</u>		FAX
EMAIL ADDRESS			EMAIL ADDRESS		

**Drinking Water Category**

Unincorporated     Registered Reg # 2005-005

Commercial     Residential     Government

**Drinking Water Source**

Municipal     Drilled Well     Dug Well     Lake

Reservoir     Spring     Cistern     Watercourse

Other: \_\_\_\_\_

**Other Water Source**

Reservoir     Outdoor pool     Spa     Beach: salt / fresh (circle)

Wastewater System: effluent / sewage (circle)

Other: \_\_\_\_\_

**Detailed Sample Information**

SAMPLE COLLECTION LOCATION (e.g. kitchen tap)  
well #3

Raw     Treated (type) Chlorine drip 0.52mg/l

(if available)  
Chlorine Residual: \_\_\_\_\_ mg/L free / total (circle)    pH: \_\_\_\_\_

SAMPLE COLLECTED BY (print)  
Heath Low

DATE AND TIME OF COLLECTION (dd / mm / yyyy hh:mm)  
26/11/2009 11:20am

**Result Reporting Contact**  
(If different from Resident / Contact Person)

CONTACT NAME

MAILING ADDRESS

PHONE    FAX    EMAIL ADDRESS

**Payment Information (if applicable)**

CONTACT NAME (if different):    ACCOUNT #

MAILING ADDRESS

PHONE    FAX    EMAIL ADDRESS

**Analysis Requested** (Verify available analysis with lab)

Total Coliform Presence/Absence  
 E.coli Presence/Absence (Fecal Coliform)

Total Coliform Count  
 E.coli Count (Fecal Coliform)

Other: \_\_\_\_\_

For chemical analysis packages refer to specific lab (see back of form)

**For lab use only**

**Results (Results relate only to the items tested, where relevant.)**

SAMPLE RECEIPT COMMENTS (e.g. time, temperature)

Total Coliform:  Present  Absent    Count: \_\_\_\_\_ /100ml  
Method: PA Coli/ert 24

E. coli:  Present  Absent    Count: \_\_\_\_\_ /100ml  
Method: PA Coli/ert 24

Other: \_\_\_\_\_

Lab Tech Signature: P. Kewant  
Date/Time: (dd / mm / yyyy hh:mm) 27/11/09 1110 RL

**Lab Reporting**

Reported By: (print) \_\_\_\_\_

TO RESIDENT / CONTACT PERSON:  
Method: (circle) Fax / Phone / Mail / Email  
Date / Time: (dd / mm / yyyy hh:mm) \_\_\_\_\_

TO NSDEL:  
NSDEL Contact: \_\_\_\_\_  
Method: (circle) Fax / Phone / Mail / Email  
Date / Time: (dd / mm / yyyy hh:mm) \_\_\_\_\_

SIGNATURE OF RESIDENT/CONTACT PERSON  
Heath Low    DATE/TIME (dd/mm/yyyy hh:mm) 26/11/2009 11:18am

SIGNATURE OF SAMPLE COLLECTOR  
Heath Low    DATE/TIME (dd/mm/yyyy hh:mm) 26/11/2009 11:20

SIGNATURE OF LAB UPON RECEIPT OF SAMPLE    DATE/TIME (dd/mm/yyyy hh:mm)

COMMENTS (on sampling):

Refer to the back of the form for submission and sampling instructions.

Form No: 3087

Gerald Dickie  
Halls Harbour Water Co-operative  
3586 Highway 359  
Centreville, Nova Scotia  
B0P 1J0

Re: Water sample results for [REDACTED] Highway 359, Well 2, Halls Harbour  
Water Co-operative  
Sample received November 26, 2009  
Sample identification: 3086  
NSE Registered Water Supply Number: 2001-019445

November 30, 2009

Gerald Dickie,

Your water sample *passed* the Canadian Drinking Water Quality Guidelines as indicated below by the absence of bacteria (total or fecal coliform) and moderate level of chloride in your water sample.

### Results

E. coli                      absent.                      No evidence of sewage contamination (human or animal).

Total coliforms            absent.                      No evidence of soil bacteria (coliform type) infiltrating into the well water via surface water.

*Method Summaries—Total Coliform and E. coli: IDEXX, Colilert 24 hr, Defined Substrate Test: based on Standard Methods, 21st Edition, 2005 and online version. ECL Method 1. Microbial Presence Absence.*

### Chemical Results

Please see below for the constituent which was within the acceptable limits according to the Canadian Drinking Water Quality Guidelines.

<b>Chloride Test</b>					
<b>Determination</b>	<b>Result</b>	<b>Unit</b>	<b>Allowable Limits*</b>	<b>Regulation Status</b>	<b>Interpretation</b>
Dissolved Chloride (Cl)	135	mg/L	250	NR	Acceptable

\* Based on: Guidelines for Canadian Drinking Water Quality.

Description of Terms:

NR = Not currently regulated;

1mg/L = 1000µg/L

Note: The analyses for chemicals/minerals/metals were subcontracted to an accredited laboratory.



Transportation and Infrastructure Renewal

### Drinking Water Sample Submission Form

**Envirosphere** Consultants Limited

Unit 5 – 120 Morison Dr.,  
Box 2906, Windsor, NS B0N 2T0  
ph: (902) 798-4022, fax: (902) 798-2614

Sample ID: 5056-well2

Resident / Contact Person			Property Information		
CONTACT NAME <u>Donna Dickie</u>	PROPERTY NAME (if applicable) <u>Halls Harbour Water Co-OP</u>		CONTACT ADDRESS <u>[Redacted]</u>	PROPERTY ADDRESS <u>Halls Harbour</u>	
PHONE <u>[Redacted]</u>	FAX <u>[Redacted]</u>	EMAIL ADDRESS <u>[Redacted]</u>	PHONE <u>[Redacted]</u>	FAX <u>[Redacted]</u>	EMAIL ADDRESS <u>[Redacted]</u>

**Drinking Water Category**

Approved  Registered (Reg # 2000-0000-5)

Commercial  Residential  Government

**Drinking Water Source**

Municipal  Dug Well  Lake

Reservoir  Spring  Stream  Watercourse

Other: \_\_\_\_\_

**Other Water Source**

Indoor pool  Outdoor pool  Spa  Beach: salt / fresh (circle)

Wastewater System: effluent / sewage (circle)

Other: \_\_\_\_\_

**Detailed Sample Information**

SAMPLE COLLECTION LOCATION (e.g. kitchen tap)  
Well 2

Raw  Treated (type) \_\_\_\_\_

(if available)  
Chlorine Residual: \_\_\_\_\_ mg/L free / total (circle) pH: \_\_\_\_\_

SAMPLE COLLECTED BY (print)  
Heather Levy

DATE AND TIME OF COLLECTION (dd / mm / yyyy hh:mm)  
26/11/2009 11:20 AM

**Result Reporting Contact**  
(if different from Resident / Contact Person)

CONTACT NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**Payment Information (If applicable)**

CONTACT NAME (if Parent) \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**Analysis Requested** (Verify available analysis with lab)

Total Coliform Presence/Absence  
 E.coli Presence/Absence (Fecal Coliform)

Total Coliform Count  
 E.coli Count (Fecal Coliform)

Other: Chloride - AGA7  
For chemical analysis packages refer to specific lab (see back of form)

**For lab use only**

**Results (Results relate only to the items tested, where relevant.)**

SAMPLE RECEIPT COMMENTS (e.g. time, temperature) \_\_\_\_\_

Total Coliform:  Present  Absent Count: \_\_\_\_\_ /100ml  
Method: PA ColiKert 24

E.coli:  Present  Absent Count: \_\_\_\_\_ /100ml  
Method: PA ColiKert 24

Other: \_\_\_\_\_

Lab Tech Signature: P Stewart

Date/Time: (dd / mm / yyyy hh:mm) 27 Nov 2009 11:00 AM

**Lab Reporting**

Reported By: (print) \_\_\_\_\_

TO RESIDENT / CONTACT PERSON:  
Method: (circle) Fax / Phone / Mail / Email  
Date / Time: (dd / mm / yyyy hh:mm) \_\_\_\_\_

TO NSDEL:  
NSDEL Contact: \_\_\_\_\_  
Method: (circle) Fax / Phone / Mail / Email  
Date / Time: (dd / mm / yyyy hh:mm) \_\_\_\_\_

SIGNATURE OF RESIDENT/CONTACT PERSON  
Donna Dickie

SIGNATURE OF SAMPLE COLLECTOR  
Heather Levy

SIGNATURE OF LAB UPON RECEIPT OF SAMPLE  
[Redacted]

DATE/TIME (dd/mm/yyyy hh:mm)  
26/11/2009 11:20

**COMMENTS (on sampling):**

\_\_\_\_\_

\_\_\_\_\_

Refer to the back of the form for submission and sampling instructions.

Form No: 2007-11