

# 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)

Attn: Gerald Dickie  
Halls Harbour Water Co-operative  
3586 Highway 359, RR3  
Centreville, NS  
B0P 1J0

Re: Water sample results for [REDACTED], Well #2 (Halls Harbour Water Co-operative)  
Sample received August 26, 2009  
Sample identification: 2992  
NSE Registered Water Supply Number: 2001-019445

August 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 coliform) 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. FCL 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.

**Drinking Water Sample  
Submission Form**

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

Sample ID: 2992 well #2

Resident / Contact Person		Property Information	
CONTACT NAME <u>Gerald Dickie</u>		FACILITY NAME (if applicable) <u>Halls Harbour Water Co-operative</u>	
MAILING ADDRESS <u>3586 Hwy 359, RR3 Centreville BOP 130</u>		CIVIC ADDRESS <u>21 Cove Rd.</u>	
PHONE <u>678-2295</u>		COUNTY <u>Kings</u>	POSTAL CODE
FAX	EMAIL ADDRESS	PHONE	FAX
			EMAIL ADDRESS

**Drinking Water Category**

Approved     Registered (Reg #) 2001-019445

Commercial     Residential     Government

**Drinking Water Source**

Municipal     Drilled Well     Dug Well     Lake

Reservoir     Spring     Cistern     Watercourse

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

**Other Water Source**

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

Wastewater System: effluent / sewage (circle)

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

**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 \_\_\_\_\_

**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)  
H. Long

DATE AND TIME OF COLLECTION (dd/mm/yyyy hh:mm)  
26/08/2009 8:30am

**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)

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

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

Total Coliform:  Present  Absent    Count: \_\_\_\_\_ /100ml

Method: 24 Collect

E. coli:  Present  Absent    Count: \_\_\_\_\_ /100ml

Method: 24 Collect

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

Lab Tech Signature: A. Lawrence

Date/Time: (dd/mm/yyyy hh:mm) 20/08/2009 1300

**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  
Gerald Dickie

SIGNATURE OF SAMPLE COLLECTOR  
H. Long    DATE/TIME (dd/mm/yyyy hh:mm) 26/08/2009 12:30

SIGNATURE OF LAB UPON RECEIPT OF SAMPLE  
A. Lawrence    DATE/TIME (dd/mm/yyyy hh:mm) 26/08/2009 12:45

**COMMENTS (on sampling):**

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

Form No: **156643**

# 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)

Attn: Gerald Dickie  
Halls Harbour Water Co-operative  
3586 Highway 359, RR3  
Centreville, NS  
B0P 1J0

Re: Water sample results for [REDACTED] Well #3 (Halls Harbour  
Water Co-operative)  
Sample received August 26, 2009  
Sample identification: 2991  
NSE Registered Water Supply Number: 2002-028579

August 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 coliform) 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 2<sup>st</sup> 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.

**Drinking Water Sample  
Submission Form**

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

Sample ID: 2991 - Well #3

Resident / Contact Person			Property Information		
CONTACT NAME <u>Gerald Dickie</u>			FACILITY NAME (if applicable) <u>Halls Harbour Water Co-operative</u>		
MAILING ADDRESS <u>3586 Hwy 359, RR 3 Centerville B0R 1J0</u>			CIVIC ADDRESS <u>4099 Hwy 359, Halls Harbour</u>		
PHONE			COUNTY <u>Kings</u>		POSTAL CODE
FAX	EMAIL ADDRESS		PHONE	FAX	EMAIL ADDRESS

**Drinking Water Category**

Approved     Registered (Reg #) 2002-028579

Commercial     Residential     Government

**Drinking Water Source**

Municipal     Drilled Well     Dig Well     Lake

Reservoir     Spring     Cistern     Watercourse

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

**Other Water Source**

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

Wastewater System: effluent / sewage (circle)

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

**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 \_\_\_\_\_

**Detailed Sample Information**

SAMPLE COLLECTION LOCATION (e.g. kitchen tap)  
Well 3 - Kitchen tap

Raw     Treated (type) 0.7 Chlorine dip

(if available)  
Chlorine Residual: 0.77 mg/L free / total (circle)    pH: \_\_\_\_\_

SAMPLE COLLECTED BY (print)  
H. Long

DATE AND TIME OF COLLECTION (dd / mm / yyyy hh:mm)  
26/08/2009 8:25am

**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)

Results (Results relate only to the items tested, where relevant.)		Lab Reporting	
SAMPLE RECEIPT COMMENTS (e.g. time, temperature)		Reported By: (print) _____	
Total Coliform: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent    Count: _____ /100ml	Method: <u>24 Colibact</u>	TO RESIDENT / CONTACT PERSON:	
E.coli: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent    Count: _____ /100ml	Method: <u>24 Colibact</u>	Method: (circle) Fax / Phone / Mail / Email	
Other: _____	Lab Tech Signature: <u>[Signature]</u>	Date / Time: (dd / mm / yyyy hh:mm) _____	
Date/Time: (dd / mm / yyyy hh:mm) <u>27/08/2009 1300</u>		TO NSDEL:	
		NSDEL Contact: _____	
		Method: (circle) Fax / Phone / Mail / Email	
		Date / Time: (dd / mm / yyyy hh:mm) _____	

SIGNATURE OF RESIDENT/CONTACT PERSON \_\_\_\_\_

SIGNATURE OF SAMPLE COLLECTOR [Signature] DATE/TIME (dd/mm/yyyy hh:mm) 26/08/2009 12:30

SIGNATURE OF LAB UPON RECEIPT OF SAMPLE [Signature] DATE/TIME (dd/mm/yyyy hh:mm) 26/08/2009 12:45

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

Form No: **156644**