

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, website: www.envirosphere.ca

Attn: Gerry Dickie
Halls Harbour Water Co-op
3586 Highway 359, Halls Harbour, RR3
Centreville, Nova Scotia
B0P 1J0

Re: Water sample results for [REDACTED] Halls Harbour Water Co-op (Well #3)
Sample received August 26, 2011. Date of Analysis: August 26-27, 2011.
Sample identification: 3780
NSE Registered Water Supply Number: 2002-028579

August 27, 2011

Gerry 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. ECL Method 1. Microbial Presence Absence.

Recommendations

Please note, effective October 1, 2000, 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

Report Checked by HL

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



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: 3780

Resident / Contact Person			Property Information		
CONTACT NAME	<u>Gerald Dickie</u>		FACILITY NAME (if applicable)	<u>Hall's Harbour Water Co-OP</u>	
MAILING ADDRESS	<u>3586 Hwy 359</u>		CIVIC ADDRESS	<u>[REDACTED] (Well 3)</u>	
	<u>RR#3, Centreville</u>		COUNTY	<u>Kings</u>	
PHONE	FAX	EMAIL ADDRESS	PHONE	FAX	EMAIL ADDRESS
<u>679-2295</u>					<u>BOP 150</u>

Drinking Water Category	
<input type="checkbox"/> Approved	<input checked="" type="checkbox"/> Registered (Reg #) <u>2602-028579</u>
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential <input type="checkbox"/> Government
Drinking Water Source	
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Lake
<input type="checkbox"/> Reservoir	<input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Watercourse
<input type="checkbox"/> Other: _____	
Other Water Source	
<input type="checkbox"/> Indoor pool	<input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Beach: salt / fresh (circle)
<input type="checkbox"/> Wastewater System: effluent / sewage (circle)	
<input type="checkbox"/> 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)	
<input type="checkbox"/> Raw	<input checked="" type="checkbox"/> Treated (type) _____
(if available) Chlorine Residual: <u>0.4</u> mg/L free / total (circle) pH: _____	
SAMPLE COLLECTED BY (print) <u>M. MacLain</u>	
DATE AND TIME OF COLLECTION (dd / mm / yyyy h:mm) <u>26/08/2011 0910</u>	

Analysis Requested (Verify available analysis with lab)	
<input checked="" type="checkbox"/> Total Coliform Presence/Absence	<input checked="" type="checkbox"/> E.coli Presence/Absence (Fecal Coliform)
<input type="checkbox"/> Total Coliform Count	<input type="checkbox"/> E.coli Count (Fecal Coliform)
<input type="checkbox"/> 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.)	Lab Reporting
SAMPLE RECEIPT COMMENTS (e.g. time, temperature)	Reported By: (print) _____
Total Coliform: <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent Count: _____ /100ml	TO RESIDENT / CONTACT PERSON
Method: <u>PA Colitest 24</u>	Method: (circle) Fax / Phone / Mail / Email
E.coli: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Count: _____ /100ml	Date / Time: (dd / mm / yyyy h:mm) _____
Method: <u>PA Colitest 24</u>	TO NSDEL:
Other: _____	NSDEL Contact: _____
Lab Tech Signature: <u>P. Stewart</u>	Method: (circle) Fax / Phone / Mail / Email
Date/Time: (dd / mm / yyyy h:mm) <u>Aug 27/2011 1229</u>	Date / Time: (dd / mm / yyyy h:mm) _____

SIGNATURE OF RESIDENT/CONTACT PERSON: [Signature]

SIGNATURE OF SAMPLE COLLECTOR: [Signature] DATE/TIME (dd/mm/yyyy h:mm): 26/08/2011 1110

SIGNATURE OF LAB UPON RECEIPT OF SAMPLE: [Signature] DATE/TIME (dd/mm/yyyy h:mm): 26/08/2011 1135

COMMENTS (on sampling): _____

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

Form No: 157078

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, website: www.envirosphere.ca

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

Re: Water sample results for [REDACTED] Halls Harbour, Well 2, Halls Harbour Water Co-operative.

Sample received August 26, 2011. Date of Analysis: August 26-27, 2011.

Sample identification: 3781.

NSE Registered Water Supply Number: 2001-019445

August 27, 2011

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.

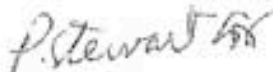
Method Summaries—Total Coliform and E. coli: IDEXX, Colileri 24 hr, Defined Substrate Test; based on Standard Methods, 21st Edition, 2005 and online version, ECL Method 1. Microbial Presence Absence.

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 HL

**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: 5781

Resident / Contact Person			Property Information		
CONTACT NAME <u>Gerald Dickie</u>			FACILITY NAME (if applicable) <u>Hall's Harbour Water Co-op</u>		
MAILING ADDRESS <u>3586 Hwy 359 RR#3, Combeville</u>			CITY <u>[REDACTED] (Well #2)</u>		
PHONE <u>6782295</u>			COUNTY <u>Kings</u>		
FAX			POSTAL CODE <u>B0P 1J0</u>		
EMAIL ADDRESS			PHONE		
			FAX		
			EMAIL ADDRESS		

Drinking Water Category	Result Reporting Contact (If different from Resident / Contact Person)
<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Registered (Reg #) <u>2002-028579</u> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Government	CONTACT NAME MAILING ADDRESS PHONE FAX EMAIL ADDRESS

Drinking Water Source
<input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Lake <input type="checkbox"/> Reservoir <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Watercourse <input type="checkbox"/> Other:

Other Water Source	Payment Information (if applicable)
<input type="checkbox"/> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Beach: salt / fresh (circle) <input type="checkbox"/> Wastewater System: effluent / sewage (circle) <input type="checkbox"/> Other:	CONTACT NAME (if different) ACCOUNT # MAILING ADDRESS PHONE FAX EMAIL ADDRESS

Detailed Sample Information	Analysis Requested (Verify available analysis with lab)
SAMPLE COLLECTION LOCATION (e.g. Meters tap) <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Treated (type) _____ (if available) Chlorine Residual: _____ mg/L free / total (circle) pH: _____ SAMPLE COLLECTED BY (print) <u>Matthew MacLean</u> DATE AND TIME OF COLLECTION (dd / mm / yyyy hh:mm) <u>26/08/2011 09:30</u>	<input checked="" type="checkbox"/> Total Coliform Presence/Absence <input checked="" type="checkbox"/> E.coli Presence/Absence (Fecal Coliform) <input type="checkbox"/> Total Coliform Count <input type="checkbox"/> E.coli Count (Fecal Coliform) <input type="checkbox"/> Other: For chemical analysis packages refer to specific lab (see back of form)

For lab use only	
Results (Results relate only to the tests tested, where relevant)	Lab Reporting
SAMPLE RECEIPT COMMENTS (e.g. time, temperature) Total Coliform: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Count: _____ /100ml Method: <u>PA Colibert 24</u> E.coli: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent Count: _____ /100ml Method: <u>PA Colibert 24</u> Other: Lab Tech Signature: <u>P. Stewart</u> Date/Time: (dd / mm / yyyy hh:mm) <u>aug 27 / 2011 12:25 PM</u>	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: _____ DATE/TIME (dd/mm/yyyy hh:mm) 26/08/2011 11:15

SIGNATURE OF SAMPLE COLLECTOR: _____ DATE/TIME (dd/mm/yyyy hh:mm) 26/08/2011 11:35

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: **157079**