

Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> , 2024 (year)   Water System Burgooyne Bay   Water System Owner BC Parks   Primary Contact Name (operator or Manager) Fred King   Phone Number (operator or Manager) 250 539-2115   E-mail (operator or Manager) k2parks@shaw.ca   Describe Your Water Supply System   What is the Source(s) of Raw Water?   Dege Well   Shallow Well   Shallow Well   Shallow Well   Shallow Well   Shallow Well   Obes the Drinking Water System have Primary Disinfection?   Yes   Obes the Drinking Water System have Primary Disinfection?   Yes   Obes the Drinking Water System have Secondary Disinfection?   Yes   One the Drinking Water System have Filtration?   Yes   Mo   Chlorination   Other   If other, specify details:   Does the Drinking Water System have Filtration?   Yes   Does the Drinking Water System have Filtration?   Yes   No   Check all boxes that apply   Cartridge Filter(s)	DRINKING WATER SYSTEM ANNUAL REPORT			
Water System Burgoyne Bay   Water System Owner BC Parks   Primary Contact Name (operator or Manager) Fred King   Phone Number (operator or Manager) 250 539-2115   E-mail (operator or Manager) 250 539-2115   E-mail (operator or Manager) k2parks@shaw.ca   Describer Your WATER SUPPLY SYSTEM   What is the Source(s) of Raw Water? <ul> <li>Deep Well</li> <li>Shallow Well</li> <li>Surface Water</li> <li>Other</li> <li>of other, specify details:</li> </ul> Does the Drinking Water System have Primary Disinfection? <ul> <li>Chlorination</li> <li>Ultraviolet Light</li> <li>Ozone</li> <li>Other</li> <li>of other, specify details:</li> </ul> Does the Drinking Water System have Secondary Disinfection? <ul> <li>Chlorination</li> <li>Other</li> <li>Other</li> <li>If other, specify details:</li> </ul> Does the Drinking Water System have Filtration? <ul> <li>Chlorination</li> <li>Other</li> <li>Other</li> </ul> If other, specify details:     Does the Drinking Water System have Filtration? <ul> <li>Yes</li> <li>No</li> </ul> Chlorination <li>Other</li> <li>If other, specify details:</li> Des the Drinking Water System have Filtration? <ul> <li>Yes</li> <li>No</li> </ul> <ul> <li>Chlorination</li> <li>Other</li> <li>If other, specify details:</li> </ul> <ul> <li>Des the Drinking Water System have Filtration?</li> <li>Yes</li> <li>No</li> </ul> <ul> <li>Des the Drinking Water System have Filtration?</li> <li>If other, specify details:</li> </ul> PUBLIC REPORTINC    PUBLIC REPORTINC	Reporting Period:	January 1 <sup>st</sup> to Decemb	per 31 <sup>st</sup> , 2024 (year)	
Primary Contact Name (operator or Manager) Fred King         Phone Number (operator or Manager) 250 539-2115         E-mail (operator or Manager) k2parks@shaw.ca         DESCRIBE YOUR WATER SUPPLY SYSTEM         What is the Source(s) of Raw Water?         Deep Well       Shallow Well         Surface Water       Other         If other, specify details:       Other         Does the Drinking Water System have Primary Disinfection?       Yes         Chlorination       Ultraviolet Light       Ozone         Other       Other         If other, specify details:       Does the Drinking Water System have Secondary Disinfection?       Yes         Does the Drinking Water System have Secondary Disinfection?       Yes       No         Chlorination       Other       If other, specify details:       No         Does the Drinking Water System have Secondary Disinfection?       Yes       No         Chlorination       Other       If other, specify details:       If other, specify details:         Does the Drinking Water System have Filtration?       Yes       No         Check all boxes that apply       Emergency Response & Contingency Plan (ERCP)       If other, specify details:         PUBLIC REPORTING       Emergency Response & Contingency Plan (ERCP)       Is your ERCP up to Date?       No		-		
Phone Number (operator or Manager)       250       539-2115         E-mail (operator or Manager)       k2parks@shaw.ca         Describe Your WATER SUPPLY SYSTEM         What is the Source(s) of Raw Water?	Water System Owner BC Parks			
E-mail (Operator or Manager) k2parks@shaw.ca	Primary Contact Name (Operator or Manager) Fre	ed King		
DESCRIBE YOUR WATER SUPPLY SYSTEM         What is the Source(s) of Raw Water? <ul> <li>Deep Well</li> <li>Shallow Well</li> <li>Surface Water</li> <li>Other</li> <li>If other, specify details:</li> </ul> Does the Drinking Water System have Primary Disinfection?           Chlorination         If other, specify details:         Does the Drinking Water System have Secondary Disinfection?         If other, specify details:         Does the Drinking Water System have Secondary Disinfection?         If other, specify details:         Does the Drinking Water System have Filtration?         If other, specify details:         Does the Drinking Water System have Filtration?         If other, specify details:         Does the Drinking Water System have Filtration?         If other, specify details:         Does the Infining Water System have Filtration?         If other, specify details:         PUBLIC REPORTING         Emergency Response & Contingency Plan (ERCP)         Is your ERCP up to Date?       If Yes         Is your ERCP up to Date?         If Yes         Hand Delivered         Bulletin Board	Phone Number (Operator or Manager) 250 539	-2115		
What is the Source(s) of Raw Water?   Deep Well Shallow Well   If other, specify details:   Does the Drinking Water System have Primary Disinfection?   Other   If other, specify details:   Does the Drinking Water System have Secondary Disinfection?   If other, specify details:   Does the Drinking Water System have Secondary Disinfection?   If other, specify details:   Does the Drinking Water System have Secondary Disinfection?   If other, specify details:   Does the Drinking Water System have Filtration?   If other, specify details:   Does the Drinking Water System have Filtration?   If other, specify details:    Public Reporting Water System have Filtration?  Public Reporting   Public Reporting    Public Reporting    Public Reporting    Public Reporting bis and Filtration and the system S	E-mail (Operator or Manager) k2parks@shaw.c	а		
What is the Source(s) of Raw Water?   Deep Well Shallow Well   If other, specify details:   Does the Drinking Water System have Primary Disinfection?   Chlorination   JUltraviolet Light   Ozone   Other   If other, specify details:   Does the Drinking Water System have Secondary Disinfection?   Yes   No   Chlorination   Other   If other, specify details:   Does the Drinking Water System have Secondary Disinfection?   Yes   Chlorination   Other   If other, specify details:   Does the Drinking Water System have Secondary Disinfection?   Yes   No   Chlorination   Other   If other, specify details:   Does the Drinking Water System have Filtration?   Yes   No   Check all boxes that apply   Cartridge Filter(s)   Carbon Filter   Sand Filtration   Reverse Osmosis   Other   If other, specify details:   PUBLIC REPORTING   Emergency Response & Contingency Plan (ERCP)   Is your ERCP up to Date?   Syour ERCP up to Date?   Yes   No   How do you Inform the System Users of the ERCP?   Hand Delivered   Bulletin Board   Newspaper   Utility Bill Insert				
Deep Well Shallow Well Surface Water Other   If other, specify details: Does the Drinking Water System have Primary Disinfection? Yes No   Chlorination Ultraviolet Light Ozone Other   If other, specify details: Does the Drinking Water System have Secondary Disinfection? Yes No   Chlorination Other Yes No   Check all boxes that apply Yes Other   If other, specify details: Yes Other   PUBLIC REPORTING Yes Other   If other, specify details: Yes No   PUBLIC REPORTING Yes No   Hand Delivered Bulletin Board Newspaper   Hand Delivered Bulletin Board Newspaper	DESCRIBE YOUR WATER SUPPLY SYSTEM			
If other, specify details:   Does the Drinking Water System have Primary Disinfection?    Other    Chlorination     Ultraviolet Light   Ozone   Other   If other, specify details:      Does the Drinking Water System have Secondary Disinfection?   Other   If other, specify details:      Does the Drinking Water System have Secondary Disinfection?   Other   If other, specify details:      Does the Drinking Water System have Filtration?   Other and the system have Filtration?   Other and the system have Filtration?   If other, specify details:      Public Reporting  Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date? Yes No Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website	What is the Source(s) of Raw Water?			
Does the Drinking Water System have Primary Disinfection? Yes No   Chlorination Ultraviolet Light Ozone Other   If other, specify details: Other No   Ochlorination Other Yes No   Chlorination Other Yes No   Chlorination Other Yes No   Chlorination Other Yes No   If other, specify details: Other No   Does the Drinking Water System have Secondary Disinfection? Yes No   Chlorination Other No No   Chlorination Carbon Filter Sand Filtration Reverse Osmosis   If other, specify details: Other Other   PUBLIC REPORTING   Emergency Response & Contingency Plan (ERCP)   Is your ERCP up to Date? Yes   No No   How do you Inform the System Users of the ERCP?   Hand Delivered Bulletin Board	Deep Well Shallow Well	Surface Water	Other	
Chlorination ■Ultraviolet Light Ozone Other   If other, specify details:   Does the Drinking Water System have Secondary Disinfection?   Yes ■No   Chlorination Other   If other, specify details:   Does the Drinking Water System have Filtration? Yes No Check all boxes that apply Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other If other, specify details: PUBLIC REPORTING Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date? ¶Yes No How do you Inform the System Users of the ERCP? Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website	If other, specify details:			
If other, specify details:   Does the Drinking Water System have Secondary Disinfection? Yes   Chlorination Other   If other, specify details: Yes   Does the Drinking Water System have Filtration? Yes   If other, specify details: Yes   Does the Drinking Water System have Filtration? Yes   If other, specify details: Yes   Output: Carbon Filter Sand Filtration Reverse Osmosis Other   If other, specify details:   PUBLIC REPORTING Emergency Response & Contingency Plan (ERCP)   Is your ERCP up to Date?   If yes   No   Hand Delivered   Bulletin Board   Newspaper   Utility Bill Insert   Website	Does the Drinking Water System have Prima	ry Disinfection?	Yes	No
Does the Drinking Water System have Secondary Disinfection? Yes   Othor Other   If other, specify details: If other, specify details:   Does the Drinking Water System have Filtration? Yes   Oes the Drinking Water System have Filtration? Yes   Oreck all boxes that apply Sand Filtration   If other, specify details: Other   PUBLIC REPORTING   PUBLIC REPORTING   Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date?   If Yes No   How do you Inform the System Users of the ERCP?   Hand Delivered Bulletin Board   Newspaper Utility Bill Insert	Chlorination	Ozone	Other	
Chlorination Other   If other, specify details:     Does the Drinking Water System have Filtration?   Yes   No   Check all boxes that apply   Cartridge Filter(s)   Carbon Filter   Sand Filtration   Reverse Osmosis   Other   If other, specify details:   PUBLIC REPORTING   Emergency Response & Contingency Plan (ERCP)   Is your ERCP up to Date?   Yes   Yes   Hand Delivered   Bulletin Board   No   Website	If other, specify details:			
If other, specify details:   Does the Drinking Water System have Filtration? Yes No Check all boxes that apply Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other If other, specify details: PUBLIC REPORTING Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date? In Yes No How do you Inform the System Users of the ERCP? Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website	Does the Drinking Water System have Secon	dary Disinfection?	Yes	No
Does the Drinking Water System have Filtration?       Yes       No         Check all boxes that apply       Sand Filtration       Reverse Osmosis       Other         I Cartridge Filter(s)       Carbon Filter       Sand Filtration       Reverse Osmosis       Other         If other, specify details:       Sand Filtration       Reverse Osmosis       Other         PUBLIC REPORTING       Sand Filtration       No       Sand Filtration       Sand Filtration         Emergency Response & Contingency Plan (ERCP)       Is your ERCP up to Date?       No       No         How do you Inform the System Users of the ERCP?       Hand Delivered       Bulletin Board       Newspaper       Utility Bill Insert       Website	Chlorination Other			
Check all boxes that apply   Cartridge Filter(s)   Carbon Filter   Sand Filtration   Reverse Osmosis   Other   If other, specify details:     PUBLIC REPORTING     Emergency Response & Contingency Plan (ERCP)   Is your ERCP up to Date?   Yes   Yes   Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website	If other, specify details:			
Cartridge Filter(s) Carbon Filter Sand Filtration Reverse Osmosis Other   If other, specify details:     PUBLIC REPORTING     Emergency Response & Contingency Plan (ERCP)   Is your ERCP up to Date?   If Yes   No    How do you Inform the System Users of the ERCP?   Hand Delivered   Bulletin Board   No	Does the Drinking Water System have Filtrat	tion?	Yes	No
If other, specify details:  PUBLIC REPORTING  Emergency Response & Contingency Plan (ERCP)  Is your ERCP up to Date?  I Yes No How do you Inform the System Users of the ERCP? Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website	Check all boxes that apply			
PUBLIC REPORTING         Emergency Response & Contingency Plan (ERCP)         Is your ERCP up to Date?       Yes         Mow do you Inform the System Users of the ERCP?         Hand Delivered       Bulletin Board         Newspaper       Utility Bill Insert         Website	Cartridge Filter(s)	Sand Filtration	Reverse Osmosis	Other
Emergency Response & Contingency Plan (ERCP)         Is your ERCP up to Date?         Image: Second s	If other, specify details:			
Emergency Response & Contingency Plan (ERCP)         Is your ERCP up to Date?       Yes         How do you Inform the System Users of the ERCP?         Hand Delivered       Bulletin Board         Newspaper       Utility Bill Insert         Website				
Is your ERCP up to Date?       Yes       No         How do you Inform the System Users of the ERCP?       Hand Delivered       Bulletin Board       Newspaper         Utility Bill Insert       Website	PUBLIC REPORTING			
How do you Inform the System Users of the ERCP?         Hand Delivered       Bulletin Board         Newspaper       Utility Bill Insert         Website	Emergency Response & Contingency Plan (El	RCP)		
Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website	Is your ERCP up to Date?	Yes	No	
	How do you Inform the System Users of the l	ERCP?		
Contractor KO Dark Contractor			Utility Bill Insert	Website
Other (specify details)	Other (specify details) Contractor	- K2 Park Services		
Drinking Water System Annual Report	Drinking Water System Annual Report			
How do you Inform the System Users of the Annual Report?	How do you Inform the System Users of the A	Annual Report?		
Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website	Hand Delivered Bulletin Board	Newspaper	Utility Bill Insert	Website
Other (specify details)	Other (specify details)			



No

COMPLIANCE WITH OPERATING PERMIT

List the conditions of your Operating Permit (Contact the DWO for a copy if needed):

EOCP credits current

Are you in compliance with your Operating Permit?

Yes

BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS					
How many bacteriological samples were collected during this r	eporting period?	22			
What is the minimum required sampling frequency for this syst	2/month				
Additional sampling details:					
Was the minimum required sampling frequency achieved?	Yes	No			
Comments:					
Bacteriological summary attached to this report?	Yes	No			
If no, how do the users of the system view the results?					
V.I.H.A. web site					

## WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system r	neet standard?
Escherichia coli (for all samples)	No detectable Escherichia coli per 100ml	Yes	No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	Yes	No
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	No more than 10% of samples contain total coliform bacteria, <b>and</b> No sample has more than 10 total coliform bacteria per 100ml	Yes	No

If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action



CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD						
Was any chemical sampling conducted during reporting period? Y - attached X Yes						
If no, when we	re the last chem	ical samples	conducted for this s	system? (date)		
lf yes, attach a	list of the chem	ical results - o	attached			
	mples did not m v; attach additio		elines for Canadian necessary.	Drinking Wate	er Quality, red	cord the results in
Next scheduled full chemical test (date) 2029						
Parameter	Result	Corrective A	Action / Treatment	/ Comments		
Additional Testing						
Does the system	m have analyzer	s for continu	ous monitoring?	Yes		No
lf yes, check all	l boxes that app	ly:				
Chlorine	Turbi	dity	Other (details)			

Are the results available on request?

If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.

Additional Testing & Reason for Sampling	Corrective Action Taken

## WATER QUALITY COMPLAINTS

Were there any water quality complaints in this reporting		No	
period? (e.g. taste, odour, colour etc.)	lifes		

If yes, complete the table below; attach additional sheets if necessary.

Date	Water Quality Complaint	Corrective Action / Treatment



OPERATIONAL PROBLEMS				
Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.).X Yes				
lf yes, complete	e the table below; atto	ach additiona	al sheets if necessary.	
Incident Date	Type of Operational	Problem	Corrective Action Taken	
Oct 9	no water to P. Prince	house.	Polaris Plmbg to search for leaks-non detected.	
	Holding tank empty.		Need to excavate and locate leak (Nov).	
Oct 2	UV alarm sounding.		Replace cistern fill valve, some pipe, couplings etc.	
· · ·				
MAJOR UPGRADES/REPAIRS & EXPENSES				
Were there any major upgrades/repairs or any major costs incurred during this reporting period?				
If yes, complete the table below; attach additional sheets if necessary.				
Major Upgrade	es/Expenses	Details		
Improvements	required by DWO			
Additions/changes to system				

Purchase or install new equipment	
Equipment repair or replacement	
Annual maintenance of system	Service & calibration on gas detection system August 21, 2024, oxygen sensor element recommended by CMJ to be replaced next year.
Specialist report	
Other	

Are there any plans for future improvements?	X Yes	No	

## If yes, complete the table below; attach additional sheets if necessary.

Future Upgrades or Improvements	Estimated Date of Completion
Refer to BC Parks	

November 15, 2024	Debbie King
DATE COMPLETED:	COMPLETED BY:

K2 Park Services Ltd. (BC Parks)	14Mar24 2:59p	W179474
*B Fred or Debbie King	Source: Well	
Site 3, Comp 9	Type of Sample: Water	
Galiano Island, BC	No. of Samples: 1	
VON 1P0		
TEL: (877) 559-2115	Arrival temp.: 11.1C	
k2parks@shaw.ca	Pd B1161B 1403R	

Sample: Burgoyne Bay Park

			CFU/100	ml	CFU/100	ml	CFU/100 mL
Site Code	Date	Time	тс	_T-NC	FC	F-NC	<u>E.coli</u>
1 Water Sample	14Mar24	13:30	0	0	0	0	0

WATER DISTRICT SCREEN

			Lactose	Colifo	rms		Total	
Sample	Date	Time	Fermentors	<u>Total</u>	<u>Fecal</u>	<u>E.coli</u>	Aeromonas	
1 Water Sample	14Mar24 1	3:30	ND	ND	ND	ND	ND	
Sample	Date	Time	Sulfur Reduc Iron Bacteri	•	Yeast/Fur	ngi	<u>TPC *</u>	
1 Water Sample	14Mar24 1	3:30	ND / ND		ND / NI	<b>)</b>	84.0	

\* All counts are colony forming units per milli-litre

TC = total coliform bacteria FC = fecal coliform bacteria (aka Thermotolerant Coliforms)
NC = non-coliform bacteria ND = none detected
TPC = total plate count- spread plate method - 35C/48hr TGEA FDA/BAM 9th ed, Oct 2020
CFU = colony forming units

Results may be adversely affected if samples are submitted to the laboratory more than 24 to 30 hours after collection.

E. coli = Escherichia coli, FDA/BAM 9th ed, Oct 2020 Bergy's Manual of Systematic Bacteriology vol 1, AOAC 1984; J.Clin.Micro., J.Intern.Systm.Bact.

- See following page for chemistry results -

W. Riggs Sr. Microbiologist

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EMAILED

K2 Park Services Ltd. (BC Parks) \*B Fred or Debbie King Site 3, Comp 9 Galiano Island, BC VON 1P0 TEL: (877) 559-2115 14Mar24 2:59p Source: Well Type of Sample: Water No. of Samples: 1

Arrival temp.: 11.1C Pd B1161B 1403R

Sample: Burgoyne Bay Park - Water Sample 14Mar24 13:30

k2parks@shaw.ca

					Maximum Limits
	ELEMENTS		SAMPLE	UNITS	In Drinking Water*
1)	Aluminium	Al	0.207	mg/L	no limit listed
2)	Antimony	Sb	<0.500	ug/L	6.00 ug/L
3)	Arsenic	As	1.19	ug/L	10.0 ug/L
4)	Barium	Ba	0.023	mg/L	2.00 mg/L
5)	Beryllium	Be	<0.003	mg/L	no limit listed
6)	Boron	в	0.658	mg/L	5.00 mg/L
7)	Cadmium	Cđ	<0.010	ug/L	7.00 ug/L
8)	Calcium	Ca	32.8	mg/L	200 mg/L
9)	Chromium	Cr	<0.003	mg/L	0.050 mg/L
10)	Cobalt	Co	<0.005	mg/L	no limit listed
11)	Copper	Cu	<0.008	mg/L	1.00 mg/L
12)	Gold	Au	<0.040	mg/L	no limit listed
13)	Iron	Fe	0.066	mg/L	0.300 mg/L
14)	Lanthanum	La	<0.020	mg/L	no limit listed
15)	Lead	Pb	<0.500	ug/L	5.00 ug/L
16)	Magnesium	Mg	3.52	mg/L	50.0 mg/L
17)	Manganese	Mn	<0.004	mg/L	0.120 MAC 0.020 AO
18)	Mercury	Hg	<0.010	ug/L	1.00 ug/L
19)	Molybdenum	Mo	<0.005	mg/L	no limit listed
20)	Nickel	Ni	<0.004	mg/L	no limit listed
21)	Phosphorus	P	<0.010	mg/L	no limit listed
22)	Potassium	к	1.37	mg/L	no limit listed
23)	Scandium	Sc	<0.050	mg/L	no limit listed
24)	Selenium	Se	<0.500	ug/L	5.0 ug/L
25)	Silicon	Si	10.3	mg/L	no limit listed
26)	Silver	Ag	<0.010	mg/L	no limit listed
•	Sodium	Na	31.2	mg/L	200 mg/L
28)	Strontium	Sr	0.110	mg/L	no limit listed
	Tin	Sn	<0.020	mg/L	no limit listed
30)	Titanium	Ti	<0.010	mg/L	no limit listed
31)	Tungsten	W	<0.050	mg/L	no limit listed
32)	Vanadium	v	<0.010	mg/L	no limit listed
33)	Zinc	Zn	0.009	mg/L	5.00 mg/L
Har	dness (mg/L C	aCO3)	96.4	mg/L	75-150  mg/L = moderately hard
рН			8.20	units	7.0 to 10.5

\* As per Canadian or B.C. Health Act Safe Drinking Water Regulation BC Reg 230/92, & 390 Sch 120, 2001. Task Force of the Canadian Council of Resource and Environment Ministers - Guidelines for Canadian Drinking Water Quality, 2020.

Analytical Chemist

H. Hartmann Sr.Analytical Chemist

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K2 Park Services Ltd. (BC Parks)14Mar242:59p\*B Fred or Debbie KingSource: WellSite 3, Comp 9Type of Sample: WaterGaliano Island, BCNo. of Samples: 1VON 1P0TEL: (877) 559-2115Arrival temp.: 11.1Ck2parks@shaw.caPd B1161B 1403R

Sample: Burgoyne Bay Park

SAMPLE	DATE	TIME	Alkalinity (mg/L)	NH3-N (ug/L)	Cl <sup>-</sup> (mg/L)	Colour (TCU)	E.C. ( <u>uS/cm)</u>
Water Sample Lab Blank	14Mar24	13:30	175 ND	ND ND	4.41 ND	1.92 ND	305 ND
So			0.100	0.254	0.015	0.300	0.300
REF. VALUE STD ± 2SD			100 106 ± 7.11	10.0 9.83 ± 0.755	10.0 10.3 ± 0.887	5.00 4.98 ± 0.356	147 141 ± 13.0

SAMPLE	<u>DATE TIN</u>	CORROSIVITY <u>1E (Is @20C)</u>	F <sup>-</sup> (mg/L)	S <sup>2-</sup> (ug/L)	TKN (mg/L)	NO <sub>3</sub> -N (ug/L)
Water Sample Lab Blank	14Mar24 13:	:30 0.572	ND ND	ND ND	ND ND	5.60 ND
So			0.007	0.007	0.012	0.160
REF. VALUE STD ± 2SD			1.00 0.977 ± 0.059	50.0 52.0 ± 3.97	1.00 1.03 ± 0.076	10.0 10.5 ± 0.744

SAMPLE	DATE	TIME	NO2-N (ug/L)	SO4 <sup>2-</sup> (mg/L)	T.O.C. (mg/L)	T&L (mg/L)	TDS (mg/L)
Water Sample Lab Blank	14Mar24	13:30	ND ND	12.7 ND	9.91 ND	ND ND	177 ND
So			0.300	0.075	0.300	0.070	0.010
REF. VALUE STD ± 2SD			10.0 9.77 ± 0.705	10.0 9.78 ± 0.690	10.0 10.3 ± 0.762	1.0 0.983 ± 0.033	200 206 ± 14.9

SAMPLE	DATE	TIME	Turbidity (NTU)	UVT (%)
Water Sample Lab Blank	14Mar24	13:30	0.230 ND	96.8 ND
So			0.015	0.003
REF. VALUE STD ± 2SD			0.500 0.492 ± 0.056	90.0 90.2 ± 0.02

SD = standard deviation; REF VALUE = primary or secondary reference material STD = secondary standard calibrated to primary standard reference material So = standard deviation at zero analyte concentration; method detection limit is generally considered to be 3x So value ND = none detected n/a = not applicable

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W179474 pg3

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