



Report# 1130
Filename 181106FCID.pdf

4240 Passmore Upper Road, Winlaw BC, V0G2J0
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Client Fletcher Creek Improvement District
Attention Dan Knight

CERTIFICATE OF ANALYSIS

<u>Analyses</u>	<u>Method Description</u>	<u>Reference</u>
Total Coliforms	Membrane Filtration on LES Endo medium	APHA 9222B
E. coli	MF Partition on NA-MUG medium	APHA 9222I
Fecal Coliforms	Membrane Filtration on mFC medium	APHA 9222D

Tests were performed in accordance with methods outlined in the "Standard Methods for the Examination of Water and Wastewater", 23rd Edition, 2017 published by the American Public Health Association.

Passmore Laboratory Ltd. complies with methods and certification through the Province of British Columbia Enhanced Water Quality Assurance (EWQA) Program and the Clinical Microbiology Proficiency Testing (CMPT) Program. Other analytical results on this report not listed above are not within the scope of the EWQA. Passmore Laboratory assumes no responsibility for any loss or damage resulting from error or omission in the conduct of testing. Liability is limited to the cost of the analysis.

Processed by: Zach Yeow

Jennifer Yeow,
Lab Manager

Please call or Email for with any questions, feedback, or more information

ANALYTICAL RESULTS

Sample Site	4761 Highway 31			Sample #	1
Date/Time Sampled	2018-11-05	11:40 AM	Matrix DW (Untreated)	Temperature on Receipt	11
Date/Time on Test	2018-11-06	5:30 PM			
<u>Analyses</u>		<u>Result</u>	<u>Units</u>	<u>RDL</u>	
Coliforms, Total		120	CFU/100mL	1	
Verified E.coli		less than 1	CFU/100mL	1	
Fecal (Thermotolerant) Coliforms		less than 1	CFU/100mL	1	

Glossary of Terms

Less than 1	Less than the Reportable Detection Limit, except under circumstances where the detection limit is higher due to interferences, insufficient sample volume, or dilutions.
APHA	American Public Health Association
CFU/100mL	Colony Forming Units per 100 milliliters
Matrix	SW = Surface water, TW = Treated water, DW = Distribution water, UGW = Untreated Ground water, RW = Raw water
RDL	Reportable Detection Limit

References

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- Submit this completed form with sample(s)
 - Ensure label on bottle is accurate
 - Pay by cheque, cash, or e-transfer
 - The report and receipt will be sent by email unless otherwise directed
 - This form and directions on how to collect the sample are on our website
 - *Fecal coliform testing will be done on untreated or raw samples only unless otherwise requested
 - Tests other than bacteriological typically require a different sample bottle

REPORT NUMBER 181106 FETD				
CQ CA ET N	Rec	Scan	Log	Se

Name or Company: FCID		Attention:	
Email Report to: lmclaren57@gmail.com		Email (CC) Report to: fletchercreekwater@gmail.com	
Phone: 250-353-2963		After Hours Phone (if applicable):	
Receipt/Invoice to (Email): FCID RR2 S3 C38 Kaslo BC V0G1M0		P.O. #:	Drinking Water Guideline on Report? (Health Canada) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Project Name and Info:		Email report to public health or DW officer?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Sample information:

Sample information:							Bacteria test					
Sample #.	Sample Identification or Address	Date Collected (mm/dd/yy)	Time collected h:MM tt	Source: Well, Creek, Distribution, Other	Treated or Untreated	Temp (Lab)	Total Coliform E. Coli *Fecal Coliform	*Fecal Coliform	Heterotrophic Plate Count	Turbidity	Conductivity	Other (write)
1	4761 Highway 31	11/05/18	11:40 AM	Dist.	UN	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sampled by: L McLaren

Remarks:

SAMPLE RECEIVING INFORMATION

Lab: Received by:

Date:

Time:

Time: 2pm