

Report Transmission Cover Page

Bill To: Aaron Service 4703 Marine Avenue Powell River, BC, Canada V8A 2L2	Project ID: Project Name: Savary Shores Imp Project Location: 2785 Vancouver LSD: Savary Island / Blvd P.O.: 420361 Proj. Acct. code:	Lot ID: 1789985 Control Number: Date Received: Jan 22, 2025 Date Reported: Jan 28, 2025 Report Number: 3099718 Report Type: Final Report
Attn: Coranne Anderson Sampled By: Company:		

Contact	Company	Address
Accounts Payable	Aaron Service	4703 Marine Avenue Powell River, BC V8A 2L2 Phone: (604) 485-5611 Fax: (604) 485-6858 Email: sales@aaronservice.com
<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>
Email - Merge	PDF	COC / Test Report
Email - Merge	PDF	Invoice
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<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>
Email	PDF	COA
Email - Merge	PDF	COC / Test Report
Email - Merge	PDF	Invoice
Ryan Anderson	Aaron Service	4703 Marine Avenue Powell River, BC V8A 2L2 Phone: (604) 485-5611 Fax: (604) 485-6858 Email: ryan@aaronservice.com,ryan.aaronservice@gmail.com
<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>
Email - Merge	PDF	COC / Test Report
Trevor Anderson	Aaron Service	4703 Marine Avenue Powell River, BC V8A 2L2 Phone: (604) 485-5611 Fax: (604) 485-6858 Email: trevor@aaronservice.com
<u>Delivery</u>	<u>Format</u>	<u>Deliverables</u>
Email - Merge	PDF	COC / Test Report

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Analytical Report

Bill To: Aaron Service 4703 Marine Avenue Powell River, BC, Canada V8A 2L2	Project ID: Project Name: Savary Shores Imp Project Location: 2785 Vancouver LSD: Savary Island / Blvd P.O.: 420361	Lot ID: 1789985 Control Number: Date Received: Jan 22, 2025 Date Reported: Jan 28, 2025 Report Number: 3099718 Report Type: Final Report
Attn: Coranne Anderson Sampled By: Company:	Proj. Acct. code:	

Reference Number	1789985-1
Sample Date	January 21, 2025
Sample Time	10:38
Sample Location	
Sample Description	Well 1 / Savary Island / 4.6 °C
Sample Matrix	Drinking Water


Analyte	Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments	
Routine Water						
Nitrate - N	Dissolved	mg/L	3.99	0.01	10	Below MAC

Analytical Report

Bill To: Aaron Service 4703 Marine Avenue Powell River, BC, Canada V8A 2L2	Project ID: Project Name: Savary Shores Imp Project Location: 2785 Vancouver LSD: Savary Island / Blvd P.O.: 420361 Proj. Acct. code:	Lot ID: 1789985 Control Number: Date Received: Jan 22, 2025 Date Reported: Jan 28, 2025 Report Number: 3099718 Report Type: Final Report
Attn: Coranne Anderson Sampled By: Company:		

Reference Number	1789985-2
Sample Date	January 21, 2025
Sample Time	10:45
Sample Location	
Sample Description	Well 2 / Savary Island / 4.6 °C
Sample Matrix	Drinking Water

Analyte	Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments	
Routine Water						
Nitrate - N	Dissolved	mg/L	3.99	0.01	10	Below MAC

Approved by: 
 Max Hewitt
 Operations Manager

Methodology and Notes

Bill To: Aaron Service 4703 Marine Avenue Powell River, BC, Canada V8A 2L2	Project ID: Project Name: Savary Shores Imp Project Location: 2785 Vancouver LSD: Savary Island / Blvd P.O.: 420361 Proj. Acct. code:	Lot ID: 1789985 Control Number: Date Received: Jan 22, 2025 Date Reported: Jan 28, 2025 Report Number: 3099718 Report Type: Final Report
Attn: Coranne Anderson Sampled By: Company:		

Method of Analysis

Method Name	Reference	Method	Date Analysis Started	Location
Anions by IEC in water (VAN)	APHA	* Ion Chromatography with Chemical Suppression of Eluent Cond., 4110 B	Jan 23, 2025	Element Vancouver

** Reference Method Modified*

References

APHA Standard Methods for the Examination of Water and Wastewater

Guidelines

Guideline Description Health Canada GCDWQ
 Guideline Source Guidelines for Canadian Drinking Water Quality, Health Canada, August 2024
 Guideline Comments MAC = Maximum Acceptable Concentration
 AO = Aesthetic Objective
 OG = Operational Guideline for Water Treatment Plants
 (does not apply to private groundwater wells).
 Refer to Health Canada for complete guidelines at www.hc-sc.gc.ca

The comparison of test results to guideline limits is provided for information purposes only. This is not to be taken as a statement of conformance / nonconformance to any guideline, regulation or limit. The data user is responsible for all conclusions drawn with respect to the data and is advised to consult official regulatory references when evaluating compliance.

Please direct any inquiries regarding this report to our Client Services group.
 Results relate only to samples as submitted.

The test report shall not be reproduced except in full, without the written approval of the laboratory.



Project Information

Project ID _____
 Project Name Savary Shores Imp
 Project Location 2785 Vancouver
 Legal Location Savary Island / Blvd
 PO/AFE# 426361
 Proj. Acct. Code _____
 Quote # _____

Invoice To:

Company Aaron Service
 Address 4703 Marine Avenue
Powell River, BC V8A 2L2
 Attention Coranne Anderson
 Phone 604-485-5611
 Cell _____
 Fax _____
 E-mail coranne@aaronservice.com
 Agreement ID 66993
 Copy of Report _____

Report To:

Company Aaron Service
 Address 4703 Marine Avenue
Powell River, BC V8A 2L2
 Attention Coranne Anderson
 Phone 604-485-5611
 Cell _____
 Fax _____
 E-mail 1 coranne@aaronservice.com
 E-mail 2 sales@aaronservice.com
 Copy of Invoice _____

Report Results

Regulatory Requirement

E-Mail	X	HCDW/QG	
Mail		Ab.Tier 1	
Online		SPIGEC	
Fax		BCCSR	
PDF		Other (list below)	
Excel			
QA/QC			

Sample Custody (please print)

Sampled by: _____
 Company: _____
 I authorize Exova to proceed with the work indicated on this form:
 Date: _____ Initial: _____
This section for Lab use
 Date/Time stamp:
JAN 22 13:06

RUSH Priority

- Emergency (contact lab for turnaround and pricing)
- Priority 1-2 working days (100% surcharge)
- Urgent 2-3 working days (50% surcharge)

When "ASAP" is requested, turn around will default to a 100% RUSH priority, with pricing and turn around time to match. Please contact the lab prior to submitting RUSH samples. If not all samples require RUSH, please indicate in the special instructions.

Date Required _____

Signature _____

Special Instructions/Comments (please include contact information including ph. # if different from above).

CUSTOMER PHONE NUMBER: (604) 414-8448

CUSTOMER EMAIL: administrator@SavaryShoresWater.ca

Site I.D.	Sample description	Depth start end in cm m	Date/Time sampled	Matrix	Sampling method	Enter tests above (√ relevant samples below)														
						W99	DW20	T/L	UVT	TOC	Nitrates	M99R (repeat total & e coli)	M99S (includes HPC)							
1																				
2	well 1		Jan 21/25		10:38am															X
3																				
4	Well2		Jan 21/25		10:45am															X
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				

Indicate in the space allotted any deficiencies by the corresponding number.

1. Indicate any samples that were not packaged well
2. Indicate any samples not received in Exova supplies
3. Indicate any samples that were not clearly labeled
4. Indicate any samples not received within the required hold time or temp.
5. Indicate any missing or extra samples
6. Indicate any samples that were received broken
7. Indicate any samples where sufficient volume was not received
8. Indicate any samples received in an inappropriate container

Environmental Sample Information Sheet

Note: Proper completion of this form is required in order to proceed with analysis

Please indicate any potentially hazardous samples

Page _____ of _____

Control # _____

Indicate

Lot: 1789985 COC

Aaron Service



Shipping: COD Y/N

and size of coolers

Temp. received: 4.6

Delivery Method: Car

Waybill:

Received by: JB