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Report Transmission Cover Page

Bill To: Aaron Service 4703 Marine Avenue Powell River, BC, Canada V8A 2L2	Project ID: Project Name: Savary Shores Project Location: 2785 Vancouver Blvd LSD: Savary Island P.O.:	Lot ID: 1748043 Control Number: Date Received: Jul 24, 2024 Date Reported: Jul 29, 2024 Report Number: 3028725 Report Type: Final Report
Attn: Coranne Anderson Sampled By: Janine Reimer Company:	Proj. Acct. code: 412557	

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
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<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 Project Location: 2785 Vancouver Blvd LSD: Savary Island P.O.:	Lot ID: 1748043 Control Number: Date Received: Jul 24, 2024 Date Reported: Jul 29, 2024 Report Number: 3028725 Report Type: Final Report
Attn: Coranne Anderson Sampled By: Janine Reimer Company:	Proj. Acct. code: 412557	

Reference Number 1748043-1
Sample Date July 23, 2024
Sample Time 10:08
Sample Location
Sample Description Well Head #1 / 7.9 °C
Sample Matrix Drinking Water


Analyte	Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments	
Routine Water						
Nitrate - N	Dissolved	mg/L	3.00	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 Project Location: 2785 Vancouver Blvd LSD: Savary Island P.O.:	Lot ID: 1748043 Control Number: Date Received: Jul 24, 2024 Date Reported: Jul 29, 2024 Report Number: 3028725 Report Type: Final Report
Attn: Coranne Anderson Sampled By: Janine Reimer Company:	Proj. Acct. code: 412557	

Reference Number	1748043-2
Sample Date	July 23, 2024
Sample Time	10:16
Sample Location	
Sample Description	Well Head #2 / 7.9 °C
Sample Matrix	Drinking Water

Analyte	Units	Result	Nominal Detection Limit	Guideline Limit	Guideline Comments	
Routine Water						
Nitrate - N	Dissolved	mg/L	3.00	0.01	10	Below MAC

Approved by: 
 Rachel Eden, B. Sc.
 Operations Manager

Methodology and Notes

Bill To: Aaron Service 4703 Marine Avenue Powell River, BC, Canada V8A 2L2	Project ID: Project Name: Savary Shores Project Location: 2785 Vancouver Blvd LSD: Savary Island P.O.:	Lot ID: 1748043 Control Number: Date Received: Jul 24, 2024 Date Reported: Jul 29, 2024 Report Number: 3028725 Report Type: Final Report
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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	Jul 25, 2024	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, Sept 2020
 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.

Invoice To:		Report To:		Report Results		Regulatory Requirement	
Company	Aaron Service	Company	Aaron Service	E-Mail	X	HCDWQG	
Address	4703 Marine Avenue Powell River, BC V8A 2L2	Address	4703 Marine Avenue Powell River, BC V8A 2L2	Mail		Ab Tier 1	
Attention	Coranne Anderson	Attention	Coranne Anderson	Online		SPIGEC	
Phone	604-485-5611	Phone	604-485-5611	Fax		BCCSR	
Cell		Cell		PDF		Other (list below)	
Fax		Fax		Excel			
E-mail	coranne@aaronservice.com	E-mail 1	coranne@aaronservice.com	QA/QC			
Agreement ID	66993	E-mail 2	sales@aaronservice.com				
Copy of Report		Copy of Invoice					

Project Information

Project ID _____
 Project Name Savary Shores
 Project Location 2785 Vancouver
 Legal Location Savary Island Blvd
 PO/AFE# 412 0537
 Proj. Acct. Code _____
 Quote # _____

RUSH Priority

<input type="checkbox"/> Emergency (contact lab for turnaround and pricing)	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.
<input type="checkbox"/> Priority 1-2 working days (100% surcharge)	
<input type="checkbox"/> Urgent 2-3 working days (50% surcharge)	

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

Number of Containers	W99	DW20	T/L	UVT	TOC	Nitrates	M99R (repeat total & e'coil)	M99S (includes HPC)

Sample Custody (please print)

Sampled by: Janine Reimer
 Company: _____

I authorize Exova to proceed with the work indicated on this form:
 Date: _____ Initial: _____

This section for Lab use
 Date/Time stamp: JUL 24 12:43

Site I.D.	Sample description	Depth start end in cm m	Date/Time sampled	Matrix	Sampling method	Enter tests above (√ relevant samples below)														
1																				
2	2785 Vancouver Blvd.		July 23																	
3	Savary Island.																			
4																				
5	Well Head #1		10:08																	
6																				
7	Well Head #2		10:16																	
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				

- Indicate any samples that were not packaged well
- Indicate any samples not received in Exova supplies
- Indicate any samples that were not clearly labeled
- Indicate any samples not received within the required hold time or temp.
- Indicate any missing or extra samples
- Indicate any samples that were received broken
- Indicate any samples where sufficient volume was not received
- 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 # _____

Lot: 1748043 COC
 Aaron Service



Shipping: COD Y/N _____
 # and size of coolers _____
 Temp. received: 7.9
 Delivery Method: C
 Waybill: _____
 Received by: [Signature]