

March 6, 2023

Dear: Water System Operator

Re: Annual Reporting Requirements for Permitted Water Systems

Please find enclosed a copy of the 2022 Range Report for your water system. This report contains a summary of the bacteriological water quality results for the samples submitted through Fraser Health from your water system within the 2022 calendar year. As per the Drinking Water Protection Act the report is required to be made available to all users by June 30th 2022.

Please email <u>david.fowler@fraserhealth.ca</u> if you would like to request a copy of the Annual Report Template.

The following are reminders for all water system operators:

- a) As drinking water testing has been deemed an essential service, all health units continue to remain open for sample drop-off on their regular designated days.
- b) Please do not use expired requisition forms as this will result in the samples either not being processed or results not being returned properly from the lab. Please discard all expired requisition forms. The expiration date is located on the bottom of the form.
- c) Please do not modify sample sites or other sections on the requisition forms. Key information is contained in the barcode and the lab is unable to include handwritten information. Please contact david.fowler@fraserhealth.ca to request any changes to your requisition forms.
- d) Ensure the lead flush message provided is included with your Annual Report.
- e) The coding system from BCCDC has recently changed.

QRWRT indicates that the sample exceeded the 30 hour hold time. This could be due to courier issues or an incorrect date being recorded by the operator on the requisition forms. Water systems will still be given credit for the sample collected and a qualitative result is provided to Fraser Health. If there is bacteria detected, a separate email will be sent to the operator from Fraser Health.

REJCT DELAY3 indicates that the sample has been rejected as it has been too long in transit. No results will be provided for this sample.

Sincerely.

David Forula

David Fowler

Environmental Health Officer, Fraser Health Authority

David.fowler@fraserhealth.ca



February 1, 2022

Water System Operators

Re: Metals in Drinking Water - "Flush" Message in Annual Reports

Fraser Health has recently revised its metals at the tap "Flush" message and we are asking all water systems to please include the following health message with your next annual reports to your users.

Anytime the water in a particular faucet has not been used for six hours or longer, "flush" your cold-water pipes by running the water until you notice a change in temperature. (This could take as little as five to thirty seconds if there has been recent heavy water use such as showering or toilet flushing. Otherwise, it could take two minutes or longer.) The more time water has been sitting in your home's pipes, the more lead it may contain.

Use only water from the cold-tap for drinking, cooking, and especially making baby formula. Hot water is likely to contain higher levels of lead.

The two actions recommended above are very important to the health of your family. They will probably be effective in reducing lead levels because most of the lead in household water usually comes from the plumbing in your house, not from the local water supply.

Conserving water is still important. Rather than just running the water down the drain you could use the water for things such as watering your plants.

If you have any questions, please contact our Drinking Water Program at 604-870-7903. Sincerely,

Drinking Water Program
Fraser Health Authority
HPLand@fraserhealth.ca

DRINKING WATER SYSTEM ANNUAL REPORT PAGE 1 054

| The same of the sa | | | The state of the s | |
|--|----------------------------|---------------------------------|--|---|
| DRINKING WATER SYST | evi Annual Report | | | |
| Reporting Period: | | January 1 st to Dece | mber 31 st , 2022 (year) | |
| Water System | Northbend Wate | er System | | |
| Water System Owne | Fraser Valle | ey Regional District | | |
| Primary Contact Nar | ne (Operator or Manager) | Dave Roblin | | |
| Phone Number (Opera | ator or Manager) 604- | 798-5426 | 14 | |
| E-mail (Operator or Mana | _{ager)} droblin@f | vrd.ca | | |
| | | | | |
| DESCRIBE YOUR WATER | SUPPLY SYSTEM | | | an and an and and and an and an |
| What is the Source(s |) of Raw Water? | | | |
| Deep Well | Shallow Well | Surface Water | Other | |
| If other, specify deta | ils: | × | | |
| Does the Drinking W | ater System have Prin | nary Disinfection? | ☐ Yes | □No |
| X Chlorination | 👿 Ultraviolet Light | Ozone | ☐ Other | |
| f other, specify deta | ils: | | | |
| Does the Drinking W | ater System have Seco | ondary Disinfection? | ☐ Yes | X No |
| ☐ Chlorination | □Other | - | | |
| f other, specify deta | ils: | | | |
| Does the Drinking W | ater System have Filtr | ation? | X Yes | □No |
| theck all boxes that appl | у | | | |
| ⊋Cartridge Filter(s) | ☐ Carbon Filter | X Sand Filtration | Reverse Osmosis | ☐ Other |
| f other, specify detai | ils: | A | 2 | |
| | | | | |
| PUBLIC REPORTING | | | | |
| mergency Response | e & Contingency Plan (| ERCP) | | |
| s your ERCP up to De | ate? | 🔀 Yes | □No | |
| low do you Inform t | he System Users of the | ERCP? | | |
| Hand Delivered | ☐ Bulletin Board | □ Newspaper | Utility Bill Insert | ☑ Website |
| Other (specify det | | | | |
| rinking Water Syste | - | | | |
| | he System Users of the | • | _ | |
| Hand Delivered | ☐ Bulletin Board | □ Newspaper | Utility Bill Insert | X Website |
| Other (specify det | ails) | | | |
| 8 | | | | |
| outcod March 3045 | | | | |
| levised March 2016 | | | | |

DRINKING WATER SYSTEM ANNUAL REPORT

| P1.57 | 100-02 | 172.50 | 0.000 | 0.77 | 777 - A S. |
|---------|-----------|----------|-------|--------|------------|
| ALTON | 0.0 | | 20 | io its | PALA. |
| 110 | MAKE 1 | 15 | 221 | ONS | 24 GW |
| 114 (6) | COLUMN TO | Tighter: | | 200 | 27 May 2 |

| The state of the s | TH OPERATING D | The state of the s | | | | 可美国的教育 的 | |
|--|--|--|---|--|--------------------------------|-----------------|-------------------|
| ist the condit | ions that have | been placed o | n your Operating l | ermit (if you have a | onditions, thes | e will be state | d on your permit) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | r X 1 v | | □ N/A |
| Are you in con | mpliance with | the conditions | listed on your Ope | rating Permit? | Yes | □No | □ N/A |
| | | | Section 250 Page 250 To April 250 Page | | | ug i garage at | |
| A STATE OF THE PARTY OF THE PAR | CONTRACTOR OF THE STATE OF THE | | r Promection Resul | | | | |
| | | | ollected during this | | | 50 | |
| Nhat is the m | inimum requi | red sampling fr | requency for this sy | stem? (#sample | s/month) | 4 | |
| | npling details: | | | | | | |
| Nas the mini | mum required | sampling frequ | uency achieved? | X Yes | | □ No | |
| Comments: | | | | | | | |
| Bacteriologic | al summary at | tached to this | report? | 🔀 Yes | | ☐ No | |
| If no. how do | the users of th | he system view | the results? | | | | |
| | | | | | | | |
| | Y SIJANDARDS FO | or Ponatus Wai | | - | old this syst | em meet s | standard? |
| Parameter: | White I to the state of the sta | Standard: | | | oid this syst | | |
| Parameter: Escherichia co | White I to the state of the sta | Standard: | | | Did this syst | em meet s | |
| Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample | oli | Standard: | | 00ml [| | | No |
| Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s | oli n Bacteria e collected in a 30 | No detectab No more that coliform back | le <i>Escherichia coli</i> per 1 le total coliform bacter an 10% of samples cont cteria, and No sample h | 00ml [ia per 100ml [ain total as more than [| x Yes ☐ Yes | | No |
| Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system | n Bacteria collected in a 30 n Bacteria sample collected i | No detectab No detectab No more that coliform back 10 total coliform. | le Escherichia coli per 1 le total coliform bacter an 10% of samples cont cteria, and No sample h form bacteria per 100n Orinking Water Pro | 00ml [ia per 100ml [ain total as more than [il tection Regulation | X Yes Yes X Yes on standard | ds, record t | No No No |
| Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system | n Bacteria collected in a 30 n Bacteria sample collected i | No detectab No more that coliform bact 10 total coliform any of above D | le Escherichia coli per 1 le total coliform bacter an 10% of samples cont cteria, and No sample h form bacteria per 100n Orinking Water Pro | 00ml [ia per 100ml [ain total as more than [il tection Regulation | Yes Yes X Yes | ds, record t | No No No |
| Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table bel | n Bacteria collected in a 30 m Bacteria sample collected in did not meet low; attach ad | No detectab No detectab No more that coliform bacton a coliform bacton any of above Diditional sheets | le Escherichia coli per 1 le total coliform bacter an 10% of samples cont cteria, and No sample h form bacteria per 100n Orinking Water Pro if necessary. | 00ml [ia per 100ml [ain total as more than [it cection Regulation | X Yes Yes X Yes on standard | ds, record t | No No No |
| Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table bel | n Bacteria collected in a 30 m Bacteria sample collected is did not meet ow; attach ad | No detectab No detectab No more that coliform bacton a coliform bacton any of above Diditional sheets | le Escherichia coli per 1 de total coliform bacter an 10% of samples cont cteria, and No sample h form bacteria per 100n Orinking Water Pro if necessary. | 00ml [ia per 100ml [ain total as more than [it cection Regulation | Yes Yes X Yes on standard | ds, record t | No No No |
| Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table bel | n Bacteria collected in a 30 m Bacteria sample collected is did not meet ow; attach ad | No detectab No detectab No more that coliform bacton a coliform bacton any of above Diditional sheets | le Escherichia coli per 1 de total coliform bacter an 10% of samples cont cteria, and No sample h form bacteria per 100n Orinking Water Pro if necessary. | 00ml [ia per 100ml [ain total as more than [it cection Regulation | Yes Yes X Yes on standard | ds, record t | No No No |
| Parameter: Escherichia co (for all samples) Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period) If the system the table bel | n Bacteria collected in a 30 m Bacteria sample collected is did not meet ow; attach ad | No detectab No detectab No more that coliform bacton a coliform bacton any of above Diditional sheets | le Escherichia coli per 1 de total coliform bacter an 10% of samples cont cteria, and No sample h form bacteria per 100n Orinking Water Pro if necessary. | 00ml [ia per 100ml [ain total as more than [it cection Regulation | Yes Yes X Yes on standard | ds, record t | No No No |

DRINKING WATER SYSTEM ANNUAL REPORT

| THE REAL PROPERTY. | TOTAL PROPERTY. | उपाक्त | 211100.9 | 9500 |
|--------------------|-----------------|---------------|----------|--------|
| XD. | YAKE | 100 | FARE | 300 |
| 100 | HAYES | | 10IF | THE ST |
| | 100 | 77.3 | - | - |

| | PUNC COMPLETE | DURING THIS REPORTING PER | 10D | | 起手時也是這樣也是是生態。 |
|--|--|---|--------------------------------------|----------------------------|---|
| Mas anv chen | nical sampling | conducted during reportin | g period? 🔯 Y | | □No |
| f no, when we for this systen | ere the last che n? | emical samples conducted | If yes, did all we Canadian Drink | ater sample ing Water (| s meet the Guidelines for Quality? \to No |
| date) | ☐ Don't k | | | | |
| f any water s the table belo | amples did not ow; attach addi | meet the Guidelines for Citional sheets if necessary. | anadian Drinking | Water Qua | lity, record the results in |
| Parameter | Result | Corrective Action / Tre | atment / Comme | nts | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ADOMINIAL TE | of more | | | | |
| | THE PERSON NAMED IN COLUMN | zers for continuous monito | orina? 🕱 🗀 | 'es | □No |
| | | | g. <u>us</u> | | |
| • • | all boxes that a | | (details) | | |
| X Chlorine | ایر ts available on | | (actums) | | |
| | | request: | | | |
| If any additio | onal testing or s | sampling was conducted, r | ecord results in th | ne table bel | ow; attach additional |
| If any additionsheets if nece | onal testing or s | sampling was conducted, r | ecord results in the | ne table bel | ow; attach additional |
| If any additionsheets if nece | onal testing or s essary. | sampling was conducted, r | | ne table bel | ow; attach additional |
| If any additionsheets if nece | onal testing or s essary. | sampling was conducted, r | | ne table bel | ow; attach additional |
| If any additionsheets if nece | onal testing or s essary. | sampling was conducted, r | | ne table bel | ow; attach additional |
| If any additionsheets if nece | onal testing or s essary. | sampling was conducted, r | | ne table bel | ow; attach additional |
| If any additio sheets if nece Additional Te | onal testing or s essary. | sampling was conducted, r | | ne table bel | ow; attach additional |
| If any additionsheets if necessary Additional Telegraphy Water Quality Were there of | onal testing or sessary. esting & Reason | ity complaints in this repo | ive Action Taken | yes | ow; attach additional |
| If any additional Telegraphics Additional Telegraphics Water there of period? (e.g. | onal testing or sessary. esting & Reason in Gompulisis any water qual. taste, odour, o | ity complaints in this repo | tive Action Taken | | |
| If any additional Telegraphics Additional Telegraphics Water there of period? (e.g. | esting & Reason any Gompunitis any water qual taste, odour, o | ity complaints in this report | tive Action Taken | Yes | |
| If any additional Telegraphics Maintenant Telegraphics Were there of period? (e.g., lf yes, complete the second) | esting & Reason any Gompunitis any water qual taste, odour, o | ity complaints in this report | ting | Yes | |
| Water QUAU Were there of period? (e.g. | esting & Reason any Gompunitis any water qual taste, odour, o | ity complaints in this report | ting | Yes | |

DRINKING WATER SYSTEM ANNUAL REPORT

| OPERATIONAL PROBLEMS | | | | | 的特色的 |
|--|------------------|-----------|---------------------------------------|------------------|---------------|
| Were there any operational problem period? (e.g. insufficient water suppl disinfection equipment, line breaks, e | y, malfunction | of | ∐ Yes | Ę | No |
| If yes, complete the table below; atto | nch additional s | sheets i | if necessary. | | |
| Incident Date Type of Operational | Problem C | Correcti | ive Action Taken | | |
| | | | | | |
| | | | | | |
| | | | | | |
| MAIOR UPGRADES/REPARS & EXPENSES | | | | | |
| Were there any major upgrades/repincurred during this reporting period | | ior cost | r s ☐ Yes | X | No |
| If yes, complete the table below; att | | sheets | if necessary. | | |
| | , | 3110003 | ,, necessury. | | |
| Major Upgrades/Expenses | Details | | | | |
| Improvements required by DWO | | | | | |
| Additions/changes to system | | | Hills | | |
| Purchase or install new equipment | | | | | |
| Equipment repair or replacement | | | | | |
| Annual maintenance of system | flushing | | | | |
| Specialist report | | | | | |
| Other | | | | | |
| Production of the Control of the Con | | A 1 7 5 7 | · · · · · · · · · · · · · · · · · · · | | |
| | | SHIP SEL | | | No |
| Are there any plans for future impro | vements: | | Yes | <u>[A</u> | INO |
| If yes, complete the table below; att | ach additional | sheets | if necessary. | | |
| Future Upgrades or Improvements | | | | Estimated Date o | of Completion |
| | | | | | |
| | | | | | |
| | | | | | |
| DATE COMPLETED: June 14 2023 | | | COMPLETED BY: | ave Roblin | |

Sample Range Report

Fraser Health Authority

Facility Name: Date Range: North Bend Water System Jan 1 2022 to Dec 31 2022

Operator

Dave Roblin 45950 Cheam Ave Chilliwack, BC V2P 1N6

| Sampling Site | Date Collected | Total Coliform | E. Coli | Fecal Coliform |
|-------------------------------------|---------------------------|----------------|------------|----------------|
| i | | | | |
| Reservoir, | 2-8-2022 12:00:00 PM | LT1 | LT1 | |
| | 4-5-2022 11:35:00 AM | LT1 | LT1 | |
| | 5-3-2022 10:45:00 AM | LT1 | LT1 | |
| | 6-28-2022 10:00:00 AM | LT1 | LT1 | |
| | 7-26-2022 9:45:00 AM | LT1 | LT1 | |
| | 8-23-2022 11:30:00 AM | LT1 | LT1 | |
| | 9-20-2022 10:00:00 AM | LT1 | LT1 | |
| | 10-18-2022 1:00:00 PM | LT1 | LT1 | |
| | 11-15-2022 9:15:00 AM | LT1 | LT1 | |
| | 12-13-2022 10:45:00 AM | <u>LT1</u> | <u>LT1</u> | |
| | Total Positive: | 0 | 0 | 0 |
| CN Meter Sample Port, North Bend | | | | |
| Tort, North Bond | 1-25-2022 11:25:00 AM | LT1 | LT1 | |
| | 2-22-2022 10:20:00 AM | LT1 | LT1 | |
| | 3-8-2022 10:50:00 AM | LT1 | LT1 | |
| | 4-19-2022 10:05:00 AM | LT1 | LT1 | |
| | 5-10-2022 11:25:00 AM | LT1 | LT1 | |
| | 5-31-2022 10:20:00 AM | LT1 | LT1 | |
| | 6-7-2022 10:05:00 AM | LT1 | LT1 | |
| | 6-14-2022 10:05:00 | LT1 | LT1 | |

| | AM 7-12-2022 9:50:00 AM | LT1 | LT1 | |
|--|--|------------|------------|---|
| | 8-9-2022 8:30:00 AM 9-6-2022 10:35:00 | LT1 LT1 | LT1 LT1 | |
| | AM 10-4-2022 10:00:00 | LT1 | LT1 | |
| | AM 11-1-2022 10:00:00 | 1 | LT1 | |
| | AM 11-8-2022 11:00:00 | LT1 | LT1 | |
| | AM 11-29-2022 12:00:00 PM | QRWRT | QRWRT | |
| | Total Positive: | 1 | 0 | 0 |
| Highline Rd stand pipe, Highline Rd, North Bend | | | | |
| North Bend | 2-1-2022 8:35:00 AM | LT1 | LT1 | |
| | 3-1-2022 0.33.00 AW 3-1-2022 10:15:00 AM | LT1 | LT1 | |
| | 3-29-2022 10:00:00 AM | LT1 | LT1 | |
| | 4-26-2022 11:10:00 AM | LT1 | LT1 | |
| | 5-17-2022 10:05:00 AM | LT1 | LT1 | |
| | 6-21-2022 9:40:00 AM | LT1 | LT1 | |
| | 7-19-2022 10:15:00 AM | LT1 | LT1 | |
| | 8-16-2022 11:10:00 AM | LT1 | LT1 | |
| | 9-13-2022 10:10:00 AM | LT1 | LT1 | |
| | 10-11-2022 10:15:00 AM | LT1 | LT1 | |
| | 11-8-2022 10:45:00 AM | LT1 | LT1 | |
| | 12-6-2022 9:45:00 AM | LT1 | LT1 | 0 |
| | Total Positive: | 0 | 0 | U |
| Old Post Office Ro stand pipe, Old Post Office Rd, North Bend | | | | |
| <u>benu</u> | 1-4-2022 10:00:00 AM | LT1 | LT1 | |
| | 1-18-2022 9:55:00 AM | LT1 | LT1 | |
| | 2-15-2022 11:00:00 | LT1 | LT1 | |

· · ·

| AM | | | |
|--------------------------|------------------|------------|---|
| 3-15-2022 10:15:00 | LT1 | LT1 | |
| AM 3-22-2022 9:30:00 | LT1 | LT1 | |
| AM | Ç, , | 2 | |
| 4-12-2022 9:35:00 | LT1 | LT1 | |
| AM | | | |
| 5-24-2022 10:25:00 | LT1 | LT1 | |
| AM | | | |
| 7-5-2022 10:00:00 | LT1 | LT1 | |
| AM | 1 74 | 1.74 | |
| 8-2-2022 10:00:00 | LT1 | LT1 | |
| AM | ı T 4 | LT1 | |
| 8-30-2022 9:30:00 AM | LT1 | LII | |
| 9-27-2022 10:35:00 | LT1 | LT1 | |
| 9-27-2022 10.33.00 AM | | 211 | |
| 10-25-2022 10:15:00 | LT1 | LT1 | |
| AM | | | |
| 11-22-2022 10:00:00 | LT1 | <u>LT1</u> | |
| AM | | | |
| Total Positive: | 0 | 0 | 0 |

| Result Values: | E - estimated | L - less than | G - greater than | |
|---|--------------------------------|---------------|--|--|
| Samples that contain total Samples that contain e. co Samples that contain fecal Number of consecutive sar contain total coliform: Number of samples that co coliform in last 30 days: Total number of samples: | li: 0 coliform: 0 mples that 0 | | 2.00% of total 0.00% of total 0.00% of total | |

Comments:

Environmental Health Officer Feb 27 2023

FOR FURTHER INFORMATION PLEASE CALL: Jessica Hibbs (604) 870-7900



Element #104, 19575-55 A Ave. Surrey, British Columbia V3S 8P8, Canada

T: +1 (604) 514-3322 F: +1 (604) 514-3323

E: info.vancouver@element.com

W: www.element.com

Analytical Report

Bill To: Fraser Valley Regional District

Project ID: 1 - 45950 Cheam Ave.

Lot ID: 1654384

Chilliwack, BC, Canada

Project Name:

Control Number:

V2P 1N6

Project Location: LSD:

Date Received: May 30, 2023 Date Reported: Jun 6, 2023

Attn: Accounts Payable

P.O.: Proj. Acct. code: Report Number: 2878170

Sampled By: M. Teschke Company: **FVRD**

Reference Number

1654384-5

Chemical/Physical

Canyon

Sample Date Sample Time May 30, 2023

Sample Location

11:30

Sample Description

North Bend WS / North Bend Treatment Plant / 8.3 °C

Sample Matrix **Drinking Water**

| | | Cample Matrix | Dilliking wate | | | |
|-------------------------|---------------------------|---------------|----------------|----------------------------|----------------------|-----------------------|
| Analyte | | Units | Result | Nominal Detection Limit | Guideline Limit | Guideline Comments |
| Metals Extractable | | | | | | |
| Aluminum | Extractable | mg/L | < 0.001 | 0.001 | 0.1 OG; 2.9 MAC | Below OG |
| Antimony | Extractable | mg/L | 0.00006 | 0.00002 | 0.006 | Below MAC |
| Arsenic | Extractable | mg/L | 0.0007 | 0.0001 | 0.010 | Below MAC |
| Barium | Extractable | mg/L | 0.048 | 0.0001 | 2.0 | Below MAC |
| Boron | Extractable | mg/L | 0.010 | 0.002 | 5 | Below MAC |
| Cadmium | Extractable | mg/L | < 0.00001 | 0.00001 | 0.007 | Below MAC |
| Chromium | Extractable | mg/L | 0.00049 | 0.00005 | 0.05 | Below MAC |
| Copper | Extractable | mg/L | 0.0007 | 0.0005 | 1 AO; 2 MAC | Below AO |
| Lead | Extractable | mg/L | 0.00004 | 0.00001 | 0.005 | Below MAC |
| Selenium | Extractable | mg/L | 0.0004 | 0.0002 | 0.05 | Below MAC |
| Strontium | Extractable | mg/L | 0.13 | 0.0001 | 7.0 | Below MAC |
| Uranium | Extractable | mg/L | 0.00011 | 0.00001 | 0.02 | Below MAC |
| Vanadium | Extractable | mg/L | 0.00050 | 0.00005 | | |
| Zinc | Extractable | mg/L | 0.0007 | 0.0005 | 5.0 | Below AO |
| Physical and Aggregate | Properties | | | | | |
| Colour | Apparent, Potable | Colour units | <5 | 5 | 15 | Below AO |
| Turbidity | | NTU | 0.5 | 0.1 | 0.1/0.3/1.0 OG | |
| Routine Water | | | | | | |
| pН | | | 8.10 | 1 | 7.0-10.5 | Within OG Range |
| Electrical Conductivity | at 25 °C | μS/cm | 247 | 1 | | |
| Chloride | Dissolved | mg/L | 1.3 | 0.4 | 250 | Below AO |
| Fluoride | | mg/L | 0.07 | 0.05 | 1.5 | Below MAC |
| Nitrate - N | | mg/L | 0.03 | 0.01 | 10 | Below MAC |
| Nitrite - N | | mg/L | < 0.005 | 0.005 | 1 | Below MAC |
| Sulfate (SO4) | | mg/L | 13.5 | 0.2 | 500 | Below AO |
| T-Alkalinity | as CaCO3 | mg/L | 123 | 5 | | |
| Total Dissolved Solids | Calculated Value | mg/L | 142 | 0.5 | | |
| Calcium | Extractable | mg/L | 43 | 0.01 | | |
| Iron | Extractable | mg/L | < 0.004 | 0.004 | 0.3 | Below AO |
| Magnesium | Extractable | mg/L | 3.9 | 0.02 | | |
| Manganese | Extractable | mg/L | <0.001 | 0.001 | 0.02 AO; 0.12 MAC | Below AO |
| Potassium | Extractable | mg/L | 2.5 | 0.04 | | |
| Silicon | Extractable | mg/L | 6.2 | 0.005 | | |
| Sodium | Extractable | mg/L | 3.4 | 0.1 | 200 | Below AO |
| Hardness | as CaCO3 (extractable) | mg/L | 120 | 1 | | |