

January 25, 2025

Water System Operators

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

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 or 1-866-749-7900.

Sincerely,

Alex Kwan
Acting Manager, Drinking Water Program
Fraser Health Authority
HPLand@fraserhealth.ca

Reporting Period: January 1 st to December 31 st , 2024 Water System Boston Bar Water System Water System Owner Fraser Valley Regional District Primary Contact Name (Operator or Manager) Bave Roblin Phone Number (Operator or Manager) 604 702 5027 E-mail (Operator or Manager) 604 702 5027 E-mail (Operator or Manager) droblin@Furd.ca Describe YOUR Water Supply System	DRINKING WATER SYST	EM ANNUAL REPORT			
Water System Owner Fraser Valley Regional District Primary Contact Name (Operator or Manager) Dave Roblin Phone Number (Operator or Manager) 504 702 5027 E-mail (Operator or Manager) droblin@fvrd.ca Describe Your Water Supply System	Reporting Period:		January 1 st to Decer	nber 31 st , 2024	
Primary Contact Name (Operator or Manager) Dave Roblin Phone Number (Operator or Manager) 604 702 5027 E-mail (Operator or Manager) droblin@fvrd.ca Describe Your Water Supply System	Water System	Boston Bar Water Sys	stem		
Phone Number (Operator or Manager) 604 702 5027 E-mail (Operator or Manager) droblin@fvrd.ca Describe Your Water Supply System	Water System Owne	er Fraser Valley Region	nal District		
E-mail (Operator or Manager) droblin@Kvrd.ca DESCRIBE YOUR WATER SUPPLY SYSTEM	Primary Contact Na	me (Operator or Manager) Dav	ve Roblin		
DESCRIBE YOUR WATER SUPPLY SYSTEM	Phone Number (Oper	ator or Manager) 604 702 5027			
What is the Source(s) of Raw Water? Deep Well	E-mail (Operator or Mana	ager) droblin@fvrd.ca			
What is the Source(s) of Raw Water? Deep Well					
Deep Well	DESCRIBE YOUR WATER	SUPPLY SYSTEM			
If other, specify details: Does the Drinking Water System have Primary Disinfection? Yes No	What is the Source(s	s) of Raw Water?			
Does the Drinking Water System have Primary Disinfection? □ Chlorination □ ☑ Ultraviolet Light □ Ozone □ Other If other, specify details: SAND AND FILTER CARTRIDGE Does the Drinking Water System have Secondary Disinfection? □ Chlorination □ Other If other, specify details: Does the Drinking Water System have Filtration? □ 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 □ Other (specify details) Drinking Water System Annual Report How do you Inform the System Users of the Annual Report? □ Hand Delivered □ Bulletin Board □ Newspaper □ Utility Bill Insert □ Website	☐Deep Well	☐ Shallow Well	Surface Water ■	☐ Other	
Chlorination ☑ Ultraviolet Light Ozone ☑ Other	If other, specify deta	nils:			
If other, specify details: SAND AND FILTER CARTRIDGE Does the Drinking Water System have Secondary Disinfection? X Yes	Does the Drinking W	/ater System have Prim	nary Disinfection?	☐ Yes	□No
Does the Drinking Water System have Secondary Disinfection? ☐ Chlorination ☐ Other ☐ 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 ☐ 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 ☐ Other (specify details) Drinking Water System Annual Report How do you Inform the System Users of the Annual Report? ☐ Hand Delivered ☐ Bulletin Board ☐ Newspaper ☐ Utility Bill Insert ☐ Website	☐ Chlorination	☑ Ultraviolet Light	□Ozone	☑ Other	
Chlorination Other If other, specify details: Does the Drinking Water System have Filtration?	If other, specify deta	ils: SAND AND FILTER (CARTRIDGE		
If other, specify details: Does the Drinking Water System have Filtration?	Does the Drinking W	later System have Seco	ndary Disinfection?	X Yes	□No
Does the Drinking Water System have Filtration?	□ Chlorination	□Other			
Check all boxes that apply X Cartridge Filter(s) Carbon Filter X Sand Filtration Reverse Osmosis Other	If other, specify deta	nils:			
Cartridge Filter(s) Carbon Filter X Sand Filtration Reverse Osmosis Other	_	-	ation?	X Yes	☐ No
PUBLIC REPORTING			_	_	_
PUBLIC REPORTING Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date?	_ • • • • • • • • • • • • • • • • • • •	_	Sand Filtration	Reverse Osmosis	Other
Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date?	If other, specify deta	ills:			
Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date?					
Is your ERCP up to Date? X Yes	PUBLIC REPORTING				
How do you Inform the System Users of the ERCP? Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website Other (specify details) Drinking Water System Annual Report How do you Inform the System Users of the Annual Report? Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website	Emergency Respons	e & Contingency Plan (I	ERCP)		
☐ Hand Delivered ☐ Bulletin Board ☐ Newspaper ☐ Utility Bill Insert ☐ Website ☐ Other (specify details) Drinking Water System Annual Report How do you Inform the System Users of the Annual Report? ☐ Hand Delivered ☐ Bulletin Board ☐ Newspaper ☐ Utility Bill Insert ☐ Website	•			□No	
☐ Other (specify details) Drinking Water System Annual Report How do you Inform the System Users of the Annual Report? ☐ Hand Delivered ☐ Bulletin Board ☐ Newspaper ☐ Utility Bill Insert ☒ Website					
Drinking Water System Annual Report How do you Inform the System Users of the Annual Report? Hand Delivered Bulletin Board Newspaper Utility Bill Insert X Website	_	_	□ Newspaper	Utility Bill Insert	x Website
How do you Inform the System Users of the Annual Report? ☐ Hand Delivered ☐ Bulletin Board ☐ Newspaper ☐ Utility Bill Insert ☒ Website		<u> </u>			
☐ Hand Delivered ☐ Bulletin Board ☐ Newspaper ☐ Utility Bill Insert ☒ Website	-	-			
			•	—	
IXI Other call in		☐ Bulletin Board		Utility Bill Insert	x Website
<u></u> •	○ Other call in				

Revised June 2014

List the cond	ditions of your	Operating Peri	mit (Contact the DWO	for a copy if ne	eded):	
Are vou in c	ompliance wit	h your Operatii	na Permit?	∡ Yes		□No
Are you me	omphanee wit	n your operation	ng r crime.	<u> </u>		
BACTERIOLOG	CICAL TESTING AN	ID DRINKING WAT	TER PROTECTION REGULAT	ION WATER QUAL	ITY STANDARD	S
How many l	bacteriologica	l samples were	collected during this r	eporting period	?	103
What is the	minimum requ	uired sampling	frequency for this syst	tem? (#samples,	/month)	8/ mnth
Additional s	ampling details	s:				
Was the mi	nimum require	ed sampling free	quency achieved?			□ No
Comments:						
Bacteriolog	ical summary o	attached to this	s report?			□ No
If no how d	la tha ucarc of					
, 110, 110 W W	o the users of	the system viev	w the results?			
		for Potable Wa				
Water Qual Parameter:	ITY STANDARDS I		TER	Dic	d this system	meet standard?
WATER QUAL Parameter: Escherichia	ITY STANDARDS I	FOR POTABLE WA	TER	_	d this system Yes	meet standard?
WATER QUAL Parameter: Escherichia (for all samples Total Colifor (if only 1 samp	ITY STANDARDS I	FOR POTABLE WA Standard No detecta	ITER	ml x		_
WATER QUAL Parameter: Escherichia ((for all samples) Total Colifor (if only 1 samp day period) Total Colifor (if more than 1	coli s) rm Bacteria le collected in a 30 rm Bacteria	FOR POTABLE WA Standard No detecta No more the in a coliform ba	TER !: ble <i>Escherichia coli</i> per 100	ml x per 100ml x	Yes	□ No
WATER QUAL Parameter: Escherichia ((for all samples) Total Colifor (if only 1 samp day period) Total Colifor (if more than 1	coli s) rm Bacteria le collected in a 30 rm Bacteria	FOR POTABLE WA Standard No detecta No more the in a coliform ba	TER !: ble Escherichia coli per 100 ble total coliform bacteria per 10% of samples contain acteria, and No sample has r	ml x per 100ml x total more than	Yes	□ No
WATER QUAL Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 and any period)	coli s) rm Bacteria de collected in a 30 rm Bacteria	Standard No detecta No detecta No more the coliform bath of total coliform bath of the col	ter ble Escherichia coli per 1000 ble total coliform bacteria per 100 of samples contain acteria, and No sample has reliform bacteria per 100 ml	oer 100ml total more than yes	Yes	□ No
WATER QUAL Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system	coli s) rm Bacteria le collected in a 3 rm Bacteria sample collected	Standard No detecta No detecta No more the coliform bath of total coliform bath of the col	ter ble Escherichia coli per 100 ble total coliform bacteria per 10% of samples contain acteria, and No sample has reliform bacteria per 100 ml Drinking Water Protect	oer 100ml total more than yes	Yes	□ No
WATER QUAL Parameter: Escherichia (for all samples Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system the table be	coli s) rm Bacteria le collected in a 3 rm Bacteria sample collected	Standard No detecta No more the coliform bath of total columns and of above Letters.	ter ble Escherichia coli per 100 ble total coliform bacteria per 10% of samples contain acteria, and No sample has reliform bacteria per 100 ml Drinking Water Protect	oer 100ml total more than yes	Yes Yes standards, r	□ No
WATER QUAL Parameter: Escherichia (for all samples) Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system the table be	coli s) rm Bacteria le collected in a 30 rm Bacteria sample collected m did not meet	No detecta No more the coliform bath 10 total colidational sheets	ble Escherichia coli per 1000 ble total coliform bacteria panan 10% of samples contain acteria, and No sample has reliform bacteria per 100 ml	oer 100ml total more than yes tion Regulation	Yes Yes standards, r	□ No
WATER QUAL Parameter: Escherichia (for all samples) Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system the table be table to take the table tabl	coli s) rm Bacteria le collected in a 30 rm Bacteria sample collected m did not meet elow; attach ac	No detecta No more the coliform bath 10 total colidational sheets	ble Escherichia coli per 1000 ble total coliform bacteria panan 10% of samples contain acteria, and No sample has reliform bacteria per 100 ml	ml x per 100ml x total more than yes tion Regulation Corrective	Yes Yes standards, r	□ No
WATER QUAL Parameter: Escherichia (for all samples) Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system	coli s) rm Bacteria le collected in a 3 rm Bacteria sample collected m did not meet elow; attach ac TC/100ml QRWRT	No detecta No more the coliform bath 10 total colidational sheets	ble Escherichia coli per 1000 ble total coliform bacteria panan 10% of samples contain acteria, and No sample has reliform bacteria per 100 ml	total more than yes tion Regulation Corrective Re sample	Yes Yes standards, r	□ No
WATER QUAL Parameter: Escherichia (for all samples) Total Colifor (if only 1 samp day period) Total Colifor (if more than 1 30 day period) If the system the table be table to take the table t	coli s) rm Bacteria le collected in a 3 rm Bacteria sample collected m did not meet elow; attach ac TC/100ml QRWRT	No detecta No more the coliform bath 10 total colidational sheets	ble Escherichia coli per 1000 ble total coliform bacteria panan 10% of samples contain acteria, and No sample has reliform bacteria per 100 ml	total more than yes tion Regulation Corrective Re sample	Yes Yes standards, r	□ No

CHEMICAL SAME	PLING COMPLETED [OURING THIS REPOR	TING PER	IOD		
Was any chem	nical sampling co	nducted during r	eporting	g period?	∡ Yes	□No
		nical samples con	ducted		-	les meet the Guidelines for
for this systen		ow —Nover			Drinking Water	
(date)	□Don't Kn	ow Never		∑ Yes		□No
	•	neet the Guidelind Onal sheets if nec	•	anadian Drin	king Water Qu	ality, record the results in
Parameter	Result	Corrective Action	on / Tre	atment / Co	mments	
_						
ADDITIONAL TE	STING					
Does the syst	em have analyze	ers for continuous	monito	oring?	🔀 Yes	☐ No
If yes, check o	all boxes that ap	oly:				
☑ Chlorine	☐X Turk	oidity	Other	(details)		
Are the result	ts available on re	equest?				
If any additio sheets if nece	_	mpling was cond	ucted, re	ecord results	in the table be	elow; attach additional
Additional Te	sting & Reason fo	or Sampling	Correcti	ve Action Ta	ken	
WATER QUALIT	Y COMPLAINTS					
Were there a	ny water quality	complaints in thi	is report	ting	Πνος	∇ No
period? (e.g. taste, odour, colour etc.)						
If yes, complete the table below; attach additional sheets if necessary.						
Date	Water Quality	Complaint	Corr	rective Actio	n / Treatment	

OPERATIONAL PR	OBLEMS					
period? (e.g. in	Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of					
If yes, complete the table below; attach additional sheets if necessary.						
Incident Date	Type of Operational	Problem (Corrective Acti	on Taken		
Major Upgrad	ES/REPAIRS & EXPENSES					
Were there any major upgrades/repairs or any major costs incurred during this reporting period?						
If yes, comple	te the table below; at	tach additional	sheets if nece	ssary.		
Major Upgrade	es/Expenses	Details				
Improvements	required by DWO					
Additions/char	nges to system					
Purchase or in	stall new equipment					
Equipment rep	air or replacement					
Annual mainte	nance of system	Flushed systen	n and annual v	alve and hydrant	maintenance intake cleaning	
Specialist repo	rt					
Other						
FUTURE IMPROV	YEMENTS					
Are there any	plans for future impro	ovements?		☐ Yes	☑ No	
If yes, comple	te the table below; at	tach additional	sheets if nece	ssary.		
Future Upgrades or Improvements Estimated Date of Completion						
Leak Detection and System Repairs				On goin	g	
					1	
DATE COMPLETED: July 08 2025 COMPLETED BY: Dave Roblin						

Sample Range Report

Fraser Health Authority

Facility Name: Date Range: Boston Bar Community WS Jan 1 2024 to Dec 31 2024

Operator

Dave Roblin 45950 Cheam Ave Chilliwack, BC V2P 1N6

Sampling Site	Date Collected	Total Coliform	E. Coli	Fecal Coliform
Sample Site 1 Cottonwood Rd				
<u>Oottonwood Har</u>	1-9-2024 3:30:00 PM	QRWRT	QRWRT	
	2-6-2024 9:50:00	LT1	LT1	
	AM 2-20-2024 11:45:00	LT1	LT1	
	AM 3-5-2024 10:05:00	LT1	LT1	
	AM 3-19-2024 9:45:00	LT1	LT1	
	AM 4-16-2024 10:00:00	LT1 °	LT1	
	AM 4-30-2024 10:00:00	LT1	LT1	
	AM 5-28-2024 10:00:00	LT1	LT1	
	AM 6-25-2024 11:30:00	LT1	LT1	
	AM 7-9-2024 9:30:00	LT1	LT1	
	AM		LT1	
	7-23-2024 11:45:00 AM	LT1	_,,	
	8-6-2024 9:40:00 AM	LT1	LT1	
	9-3-2024 9:45:00 AM	LT1	LT1	
	9-17-2024 9:15:00 AM	LT1	LT1	
	10-1-2024 9:30:00 AM	LT1	LT1	
	10-15-2024 9:15:00 AM	LT1	LT1	
	10-29-2024 9:30:00	LT1	LT1	
	AM 11-12-2024 9:10:00	LT1	LT1	
	AM 11-26-2024 9:00:00	LT1	LT1	
	AM 12-10-2024 9:15:00	LT1	<u>LT1</u>	
	AM			

Total Positive:	0	0	0
_ 1	. – .		
1-2-2024 9:50:00 AM	LT1	LT1	
1-16-2024 10:00:00 AM	QRWRT	QRWRT	
1-30-2024 9:15:00 AM	LT1	LT1	
2-13-2024 10:05:00 AM	LT1	LT1	
2-27-2024 9:45:00 AM	LT1	LT1	
3-12-2024 10:20:00 AM	LT1	LT1	
3-26-2024 9:00:00 AM	LT1	LT1	
4-9-2024 11:00:00 AM	LT1	LT1	
4-23-2024 10:00:00 AM	LT1	LT1	
5-21-2024 10:05:00 AM	LT1	LT1	
6-4-2024 10:30:00 AM	LT1	LT1	
6-18-2024 10:05:00 AM	LT1	LT1	
7-2-2024 9:40:00 AM	LT1	LT1	
7-30-2024 11:30:00 AM	LT1	LT1	
8-13-2024 9:10:00 AM	LT1	LT1	
8-27-2024 9:15:00 AM	LT1 ⋅	LT1	
9-10-2024 8:31:00 AM	LT1	LT1	

Sample Site 2 Hwy 1, North end of town

AM
12-3-2024 9:10:00 LT1 LT1
AM
12-17-2024 10:00:00 LT1 LT1
AM
Total Positive: 0 0

LT1

LT1

LT1

LT1

LT1

9-24-2024 9:00:00 AM

10-8-2024 9:10:00

AM

10-22-2024 9:10:00

AM

11-5-2024 9:10:00

AM

11-19-2024 9:10:00

LT1

LT1

LT1

LT1

LT1

0

Sample Site 3 Hwy 1, South end of town

1-2-2024 10:08:00	LT1	LT1
AM 1-16-2024 10:10:00	QRWRT	QRWRT
AM 1-30-2024 9:30:00	LT1	LT1
AM 2-13-2024 10:30:00	LT1	LT1
AM		LT1
3-12-2024 10:00:00 AM	LT1	
3-26-2024 9:00:00 AM	LT1	LT1
4-9-2024 10:25:00 AM	LT1	LT1
4-23-2024 9:45:00 AM	LT1	LT1
5-7-2024 9:45:00	LT1	LT1
AM 5-21-2024 9:43:00	LT1 °	LT1
AM 6-4-2024 9:20:00	LT1	LT1
AM 6-18-2024 9:50:00	LT1	LT1
AM 7-2-2024 9:30:00	LT1	LT1
AM 7-16-2024 9:45:00	LT1	LT1
AM 7-30-2024 9:00:00	LT1	LT1
AM	LT1	LT1
8-13-2024 9:00:00 AM		
8-27-2024 9:00:00 AM	LT1	LT1
9-10-2024 8:50:00 AM	LT1	LT1
9-24-2024 9:30:00 AM	LT1	LT1
10-8-2024 9:30:00 AM	LT1	LT1
10-22-2024 9:30:00	LT1	LT1
AM 11-5-2024 9:30:00	LT1	LT1
AM 11-19-2024 9:30:00	LT1	LT1
AM 12-3-2024 9:30:00 AM	LT1	LT1
12-17-2024 9:45:00 AM	LT1	<u>LT1</u>
Total Positive:	0	0

0

Adamanski Rd,				
	1-9-2024 10:00:00 AM	QRWRT	QRWRT	
	1-23-2024 9:30:00 AM	LT1	LT1	
	2-6-2024 9:30:00 AM	LT1	LT1	
	2-20-2024 9:10:00 AM	LT1	LT1	
	3-5-2024 9:45:00 AM	LT1	LT1	
	3-19-2024 9:30:00 AM	LT1	LT1	
	4-2-2024 10:00:00 AM	LT1	LT1	
	4-16-2024 9:40:00 AM	LT1	LT1	
	4-30-2024 9:30:00 AM	LT1	LT1	
	5-28-2024 9:40:00 AM	LT1	LT1	
	6-11-2024 9:40:00 AM	LT1	LT1	
	6-25-2024 8:45:00 AM	LT1	LT1	
	7-9-2024 9:05:00 AM	LT1	LT1	
	7-23-2024 9:15:00 AM	LT1	LT1	
	8-20-2024 9:15:00 AM	LT1	LT1	
	9-3-2024 9:25:00 AM	LT1	LT1	
	9-17-2024 8:00:00 AM	LT1	LT1	
	10-1-2024 9:15:00 AM	LT1	LT1	
	10-15-2024 9:00:00 AM	LT1	LT1	
	10-29-2024 9:00:00 AM	LT1	LT1	
	11-12-2024 8:50:00 AM	LT1	LT1	
	11-26-2024 8:45:00 AM	LT1	LT1	
	12-10-2024 9:00:00 AM	<u>LT1</u>	<u>LT1</u>	
	Total Positive:	0	0	0
Treatment Plant,				
	1-23-2024 11:50:00 AM	LT1	LT1	
	2-27-2024 10:40:00 AM	LT1 °	LT1	
	4-2-2024 10:30:00	LT1	LT1	

AM			
5-7-2024 10:40:00	LT1	LT1	
AM			
6-11-2024 10:30:00	LT1	LT1	
AM			
7-16-2024 10:20:00	LT1	LT1	
AM			
8-6-2024 11:15:00	LT1	LT1	
AM			
8-20-2024 10:45:00	LT1	LT1	
AM			
10-29-2024 11:30:00	LT1	LT1	
AM			
12-3-2024 11:30:00	LT1 °	LT 1	
AM			
12-17-2024 11:30:00	<u>LT1</u>	<u>LT1</u>	
AM	·		
Total Positive:	0	0	0

Result Values:	E - estimated	L - less than	G - greater than	
Samples that contain	n total coliform: 0		0.00% of total	
Samples that contain	n e. coli: 0		0.00% of total	- 1
Samples that contain	n fecal coliform: 0		0.00% of total	
Number of consecut contain total coliform	·			
Number of samples coliform in last 30 da				
Total number of sam	ples: 103			

Comments:

Environmental Health Officer Jan 14 2025

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





T: +1 (604) 514-3322 E: info.vancouver@element.com W: www.element.com

element

Analytical Report

Bill To: Fraser Valley Regional District

1 - 45950 Cheam Ave. Chilliwack, BC, Canada

V2P 1N6

Attn: Accounts Payable

Sampled By: J. V. Company: FVRD Project ID: FVRD Chem/Phys

Chem/Phys

Project Location: Canyon

LSD: P.O.:

Proj. Acct. code:

Project Name:

Lot ID: 1818621

Control Number:

Date Received: Jun 3, 2025 Date Reported: Jun 6, 2025 Report Number: 3144197 Report Type: Final Report

Reference Number

1818621-5 Sample Date June 03, 2025

08:45

Sample Time **Sample Location**

Sample Description

Sample Matrix

Boston Bar / Adamanski/Gibson / 5.0 °C

Drinking Water

		Sample Matrix	Drinking Water			
					Guideline	Guideline
Analyte		Units	Result	Nominal DL	Limit	Comments
Metals Extractable						
Aluminum	Extractable	mg/L	0.001	0.001	0.1 OG, 2.9 MAC	Below OG
Antimony	Extractable	mg/L	0.00041	0.00002	0.006	Below MAC
Arsenic	Extractable	mg/L	0.0005	0.0001	0.010	Below MAC
Barium	Extractable	mg/L	0.0091	0.0001	2.0	Below MAC
Boron	Extractable	mg/L	0.034	0.002	5	Below MAC
Cadmium	Extractable	mg/L	<0.00001	0.00001	0.007	Below MAC
Chromium	Extractable	mg/L	0.00007	0.00005	0.05	Below MAC
Copper	Extractable	mg/L	<0.0005	0.0005	1 AO, 2 MAC	Below AO
Lead	Extractable	mg/L	<0.0001	0.00001	0.005	Below MAC
Selenium	Extractable	mg/L	0.0010	0.0002	0.05	Below MAC
Strontium	Extractable	mg/L	0.66	0.0001	7.0	Below MAC
Uranium	Extractable	mg/L	0.00009	0.00001	0.02	Below MAC
Vanadium	Extractable	mg/L	0.00016	0.00005		
Zinc	Extractable	mg/L	< 0.0005	0.0005	5.0	Below AO
Physical and Aggrega	te Properties					
Colour	True	Colour units	<5	5		
Turbidity		NTU	0.23	0.1		
Routine Water						
рН			7.98	0.01	7.0-10.5	Within Range
pH - Holding Time			Exceeded			
Temp. of observed pH		°C	24.2			
Electrical Conductivity	at 25 °C	μS/cm	472	1		
Calcium	Extractable	mg/L	77	0.01		
Iron	Extractable	mg/L	< 0.004	0.004	0.1	Below AO
Magnesium	Extractable	mg/L	6.7	0.02		
Manganese	Extractable	mg/L	0.005	0.001	0.02 AO, 0.12 MAC	Below AO
Potassium	Extractable	mg/L	0.24	0.04		
Silicon	Extractable	mg/L	5.2	0.005		
Sodium	Extractable	mg/L	6.8	0.1	200	Below AO
T-Alkalinity	as CaCO3	mg/L	159	5		
Chloride	Dissolved	mg/L	0.47	0.05	250	Below AO
Fluoride	Dissolved	mg/L	0.06	0.01	1.5	Below MAC
Nitrate - N	Dissolved	mg/L	<0.01	0.01	10	Below MAC
Nitrite - N	Dissolved	mg/L	<0.01	0.01	1.0	Below MAC
Sulfate (SO4)	Dissolved	mg/L	78.3	0.1	500	Below AO
Hardness	as CaCO3 (extractable)	mg/L	220	1		_
Total Dissolved Solids	, ,	mg/L	279	1	500	Below AO