

Reporting Period: January 1st to December 31st, (year) Water System Water System Owner Primary Contact Name (operator or Manager) Phone Number (Operator or Manager) E-mail (operator or Manager) DESCRIBE YOUR WATER SUPPLY SYSTEM What is the Source(s) of Raw Water? Deep Well Shallow Well Surface Water Other If other, specify details: Does the Drinking Water System have Primary Disinfection? Yes No Chlorination Ultraviolet Light Ozone Other If other, specify details: Does the Drinking Water System have Secondary Disinfection? Yes No Chlorination Other If other, specify details: Does the Drinking Water System have Filtration? Yes No Check all boses that apply Cartidge 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 Drinking Water System Annual Report? Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website Other (specify details)	DRINKING WATER SYSTEM ANNUAL REPORT			
Water System Owner Primary Contact Name (Operator or Manager) Phone Number (Operator or Manager) E-mail (Operator or Manager) E-mail (Operator or Manager) DESCRIBE YOUR WATER SUPPLY SYSTEM	Reporting Period:	January 1 st to Decem	nber 31 st , (year)	
Primary Contact Name (operator or Manager) Phone Number (operator or Manager) E-mail (operator or Manager) E-mail (operator or Manager) E-mail (operator or Manager) Describe Your Water Supply System	Water System			
Phone Number (Operator or Manager) E-mail (Operator or Manager) E-mail (Operator or Manager) What is the Source(s) of Raw Water? Deep Well	Water System Owner			
E-mail (Operator or Manager) Describe YOUR WATER SUPPLY SYSTEM	Primary Contact Name (Operator or Manager)			
DESCRIBE YOUR WATER SUPPLY SYSTEM What is the Source(s) of Raw Water? Deep Well	Phone Number (Operator or Manager)			
What is the Source(s) of Raw Water? Deep Well	E-mail (Operator or Manager)			
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	What is the Source(s) of Raw Water?			
Does the Drinking Water System have Primary Disinfection? Yes	Deep Well Shallow Well	Surface Water	Other	
Chlorination	If other, specify details:			
If other, specify details: Does the Drinking Water System have Secondary Disinfection? Yes	Does the Drinking Water System have Prime	ary Disinfection?	Yes	No
Does the Drinking Water System have Secondary Disinfection?	Chlorination Ultraviolet Light	Ozone	Other	
Chlorination	If other, specify details:			
If other, specify details: Does the Drinking Water System have Filtration?	Does the Drinking Water System have Secon	ndary Disinfection?	Yes	□No
Does the Drinking Water System have Filtration?	Chlorination Other			
Check all boxes that apply Cartridge Filter(s)	If other, specify details:			
Cartridge Filter(s)	Does the Drinking Water System have Filtra	ition?	Yes	□No
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 details:			
Emergency Response & Contingency Plan (ERCP) Is your ERCP up to Date?				
Is your ERCP up to Date?	PUBLIC REPORTING			
How do you Inform the System Users of the ERCP? Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website Other (specify details) Radio, Social Media 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	Emergency Response & Contingency Plan (E	ERCP)		
Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website Other (specify details) Radio, Social Media 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	Is your ERCP up to Date?	Yes	No	
Other (specify details) Radio, Social Media 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 Website	_		Utility Bill Insert	Website
How do you Inform the System Users of the Annual Report? Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website		edia		
Hand Delivered Bulletin Board Newspaper Utility Bill Insert Website				
		_		
Uther (specify details)		Newspaper	Utility Bill Insert	∐Website
	JOther (specify details)			



	RMIT		
List the conditions of your Ope	erating Permit (Contact the DWO for a cop	y if needed):	
Are you in compliance with yo	ur Oneratina Permit?	es	□No
Are you in compliance with yo	ur operating remite.		
BACTERIOLOGICAL TESTING AND DR	RINKING WATER PROTECTION REGULATION WATER	R QUALITY STAN	IDARDS
How many bacteriological san	nples were collected during this reporting	period?	
What is the minimum required	d sampling frequency for this system? (#sa	mples/month)
Additional sampling details:			
Was the minimum required sa	mpling frequency achieved?	es	No
Comments:			
Bacteriological summary attac	ched to this report?	es	□No
If no, how do the users of the	system view the results?		
Water Quality Standards for F	POTABLE WATER		
WATER QUALITY STANDARDS FOR F	POTABLE WATER Standard:	Did this sy	stem meet standard?
		Did this sy	stem meet standard?
Parameter: Escherichia coli	Standard:		
Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria	Standard: No detectable Escherichia coli per 100ml No detectable total coliform bacteria per 100ml No more than 10% of samples contain total	□Yes	□No □No
Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	Standard: No detectable Escherichia coli per 100ml No detectable total coliform bacteria per 100ml	Yes	□No
Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	Standard: No detectable Escherichia coli per 100ml No detectable total coliform bacteria per 100ml No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml	☐Yes ☐Yes ☐Yes	□No □No □No
Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	Standard: No detectable Escherichia coli per 100ml No detectable total coliform bacteria per 100ml No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml Tof above Drinking Water Protection Regularity	☐Yes ☐Yes ☐Yes	□No □No □No
Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a 30 day period) If the system did not meet any the table below; attach additional sample collected in a 30 day period)	Standard: No detectable Escherichia coli per 100ml No detectable total coliform bacteria per 100ml No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml Tof above Drinking Water Protection Regulational sheets if necessary.	☐Yes ☐Yes ☐Yes	□No □No □No
Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a 30 day period) If the system did not meet any the table below; attach addition	Standard: No detectable Escherichia coli per 100ml No detectable total coliform bacteria per 100ml No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml Tof above Drinking Water Protection Regularity	☐Yes ☐Yes ☐Yes	□No □No □No rds, record the results
Parameter: Escherichia coli (for all samples) Total Coliform Bacteria (if only 1 sample collected in a 30 day period) Total Coliform Bacteria (if more than 1 sample collected in a 30 day period) If the system did not meet any the table below; attach additional sample collected in a 30 day period)	Standard: No detectable Escherichia coli per 100ml No detectable total coliform bacteria per 100ml No more than 10% of samples contain total coliform bacteria, and No sample has more than 10 total coliform bacteria per 100ml Tof above Drinking Water Protection Regulational sheets if necessary.	☐Yes ☐Yes ☐Yes	□No □No □No rds, record the results
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CHEMICAL SAMP	LING COMPLETED D	URING THIS REPO	RTING PERIOD				
Was any chem	ical sampling co	nducted during	g reporting period	?	Yes [No	
If no, when we	ere the last chem	nical samples co	onducted for this s	ystem? (date)	[Don't know	
If yes, attach a	list of the chem	nical results			<u>'</u>		
	If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.						
Next scheduled	d full chemical to	est (date)					
Parameter	Result	Corrective Ac	tion / Treatment	/ Comments			
Additional Tes	TING						
Does the syste	m have analyze	rs for continuo	us monitoring?	Yes	□No)	
If yes, check al	l boxes that app	oly:					
Chlorine	Turb	idity	Other (details)				
Are the results	available on re	quest?					
If any addition sheets if neces	_	npling was con	ducted, record res	ults in the table b	elow; attach ad	lditional	
Additional Tes	ting & Reason fo	or Sampling	Corrective Actio	n Taken			
WATER QUALITY COMPLAINTS							
Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.)							
If yes, complete the table below; attach additional sheets if necessary.							
Date	Water Quality	Complaint	Corrective A	ction / Treatment			



OPERATIONAL PROBLEMS						
Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of Yes No disinfection equipment, line breaks, elevated turbidity etc.).						
If yes, complete the table below; attach additional sheets if necessary.						
Incident Date Type of Operational Problem Corrective Action Taken						
MAJOR UPGRADES/REPAIRS & EXPENSES						
Were there any major upgrades/repincurred during this reporting period		or costs	☐Yes	□No		
If yes, complete the table below; at	tach additional s	sheets if nece	ssary.			
Major Upgrades/Expenses	Details					
Improvements required by DWO						
Additions/changes to system						
Purchase or install new equipment						
Equipment repair or replacement						
Annual maintenance of system						
Specialist report						
Other						
FUTURE IMPROVEMENTS						
Are there any plans for future improvements?						
If yes, complete the table below; attach additional sheets if necessary.						
Future Upgrades or Improvements Estimated Date of Completion				ted Date of Completion		
Click here to enter a date.						
DATE COMPLETED:		COMPLET	red By:			

APPENDIX A

WATER SYSTEM OPERATING CONDITIONS FOR

MESACHIE LAKE WATER SYSTEM 1310820 175 Ingram Street Duncan, BC V9L 1N8

The permit holder is advised of the following Terms and Conditions are in addition to other legislated responsibilities and obligations such as: The Drinking Water Protection Act, [SBC 2001] Chapter 9 and The Drinking Water Protection Regulation (B.C. Reg. 200/2003 O.C.508/2003)

Performance Standards

- 1.1 Maintain a minimum detectable chlorine residual throughout the distribution system of 0.2 mg/L in accordance with Section 3.2.4. of 11B.C.Guidelines (Microbiological) on Maintaining Water Quality in Distribution Systems".
- 1.2 Mesachie Lake Well #f (ID 13212) was assessed in accordance with the British Columbia Ministry of Health 11Guidance Document for Determining Ground Water at Risk of Containing Pathogens (GARP), Version 3, September 2017" and determined to be 11at risk" of containing pathogens (GARP).

Water from this source must be treated in accordance with the Drinking Water Treatment Objectives (Microbiological) for Ground Water Supplies (GWTO) in British Columbia Version 1, November 2015 (or most recent version) for a GARP source. The water system operator shall ensure the treatment and disinfection systems are in good working order to achieve the following:

- 41og (99.99%) removal/inactivation of viruses
 Target virus for UV disinfection is adenovirus
- 3 log (99.9%) removal/inactivation of giardia cysts
- 3 log (99.9%) removal/inactivation cryptosporidium oocysts
- Less than or equal to (s) one nephelometric turbidity unit (NTU) of turbidity.
- No detectable E. Coli, fecal coliform and total coliform.

Implementation Process for GWTO Compliance

2.1 A Construction Permit Waiver Application for the proposed water treatment works was submitted to this office for review on March 4,2024. Once the construction waiver is issued, new treatment equipment must be installed in accordance with the Construction Permit Waiver conditions. Compliance date for installation: November 4, 2024.

Date: May 6, 2024

Issued By: How Control Health Officer

APPENDIX A

WATER SYSTEM OPERATING CONDITIONS FOR

MESACHIE LAKE WATER SYSTEM 1310820 175 Ingram Street Duncan, BC V9L 1N8

Water Quality Monitoring

The water system operator shall adhere to a monitoring program as approved by the Drinking Water Officer (DWO) and maintain detailed and accurate records of all monitoring performed. The monitoring program must include but is not limited to the following:

- 3.1 Continuous chlorine monitoring where water exits the reservoir.
- 3.2 Weekly chlorine monitoring at the end of distribution.
- 3.3 Submission of two microbiological samples to this office twice a month in accordance with Schedule B of the Drinking Water Protection Regulation. The samples shall be taken from the following sites on a rotating basis:
- S1 9490 South Shore Road, Mesachie Lake
- S2 Pump House, Mesachie Lake
- S3 6829 Forestry Road, Mesachie Lake
- 3.4 Quarterly testing of disinfection by-products trihalomethane (THM) and haloacetic acid (HAA) from the end of distribution.
- 3.5 At minimum every 3 years, the results of a full spectrum chemical analysis of the treated water must be submitted to this office. Parameters tested must be in accordance with Island Health's Policy 3.1Appendix A: Minimum Sampling Parameters for Groundwater Sources.
- 3.6 Once primary disinfection through chlorination is established, the CT value must be calculated on a weekly basis. Once a week at maximum hourly flow, the water supply system operator must monitor the temperature, the residual disinfectant concentration and the pH of the disinfected water. The sampling point must be located before the first consumer. The contact time must be based on the retention time in the reservoir and the travel time within the pipelines.

Viral log reduction credits will be based on the CT tables listed in the Health Canada document "Guidelines

Date: May 6, 2024 Issued By: Environmental Health Officer

APPENDIX A

WATER SYSTEM OPERATING CONDITIONS FOR

MESACHIE LAKE WATER SYSTEM 1310820 175 Ingram Street Duncan, BC V9L 1N8

for Canadian Drinking Water Quality: Guideline Technical Document- Enteric Viruses" (2019).

Date: May 6, 2024 Issued By: Environmental Health Officer

Facility Information

Location 175 Ingram Street Duncan Type 15 - 300 Connections

Facility Sampling History

leaster -	O. y	Total California	E Cali/Entaragge
Location S3 Forestry Road	Date 17-Dec-2024	Total Coliform	E. Coli/Enterococci
S1 9490 South Shore Road	10-Dec-2024	LT1	LT1
S2 Pump House	02-Dec-2024	LT1	LT1
S1 9490 South Shore Road	27-Nov-2024	LT1	LT1
S3 Forestry Road	18-Nov-2024	LT1	LT1
S1 9490 South Shore Road	13-Nov-2024	LT1	LT1
S2 Pump House	04-Nov-2024	LT1	LT1
S1 9490 South Shore Road	29-Oct-2024	LT1	LT1
S3 Forestry Road	23-Oct-2024	LT1	LT1
S1 9490 South Shore Road	15-Oct-2024	LT1	LT1
S2 Pump House	07-Oct-2024	LT1	LT1
S1 9490 South Shore Road	01-Oct-2024	LT1	LT1
S3 Forestry Road	24-Sep-2024	LT1	LT1
S1 9490 South Shore Road	16-Sep-2024	LT1	LT1
S2 Pump House	10-Sep-2024	LT1	LT1
S1 9490 South Shore Road	04-Sep-2024	LT1	LT1
S3 Forestry Road	27-Aug-2024	LT1	LT1
S1 9490 South Shore Road	20-Aug-2024	LT1	LT1
S2 Pump House	12-Aug-2024	LT1	LT1
S1 9490 South Shore Road	06-Aug-2024	LT1	LT1
S3 Forestry Road	29-Jul-2024	LT1	LT1
S1 9490 South Shore Road	22-Jul-2024	LT1	LT1
S2 Pump House	16-Jul-2024	LT1	LT1
S1 9490 South Shore Road	09-Jul-2024	LT1	LT1
S3 Forestry Road	02-Jul-2024	LT1	LT1
S1 9490 South Shore Road	25-Jun-2024	LT1	LT1
S2 Pump House	18-Jun-2024	LT1	LT1
S1 9490 South Shore Road	10-Jun-2024	LT1	LT1
S3 Forestry Road	04-Jun-2024	LT1	LT1
S1 9490 South Shore Road	28-May-2024	LT1	LT1
S2 Pump House	21-May-2024	LT1	LT1
S1 9490 South Shore Road	14-May-2024	LT1	LT1
S3 Forestry Road	07-May-2024	LT1	LT1
S1 9490 South Shore Road	29-Apr-2024	LT1	LT1
S2 Pump House	23-Apr-2024	LT1	LT1
S1 9490 South Shore Road	15-Apr-2024	LT1	LT1
S3 Forestry Road	09-Apr-2024	LT1	LT1
S1 9490 South Shore Road	02-Apr-2024	LT1	LT1
S2 Pump House	26-Mar-2024	LT1	LT1
S1 9490 South Shore Road	19-Mar-2024	LT1	LT1
S1 9490 South Shore Road	12-Mar-2024	LT1	LT1
S2 Pump House	27-Feb-2024	LT1	LT1
S1 9490 South Shore Road	20-Feb-2024	LT1	LT1
S3 Forestry Road	12-Feb-2024	LT1	LT1

Facility Information

Location 175 Ingram Street Duncan Type 15 - 300 Connections

Facility Sampling History

Location	Date	Total Coliform	E. Coli/Enterococci
S1 9490 South Shore Road	06-Feb-2024	LT1	LT1
S2 Pump House	29-Jan-2024	LT1	LT1
S3 Forestry Road	22-Jan-2024	LT1	LT1
S1 9490 South Shore Road	09-Jan-2024	LT1	LT1
S1 9490 South Shore Road	02-Jan-2024	LT1	LT1

DISTRIBUTION

				S2-WELL-TAP
		Communic 1D	INSIDE	
			Sample ID	PUMPHOUSE
				(WTX 27C3B)
			Sampling Date	06/26/24
			Sampling Time	12:25 PM
Parameter Name	MAC	AO	Units	Result
Nitrite (N)	1		mg/L	<0.0050
Nitrate (N)	10		mg/L	0.096
Conductivity			uS/cm	82
рН			рН	6.54
Total Dissolved Solids		500	mg/L	44
Alkalinity (PP as CaCO3)			mg/L	<1.0
Alkalinity (Total as CaCO3)			mg/L	36
Bicarbonate (HCO3)			mg/L	44
Carbonate (CO3)			mg/L	<1.0
Hydroxide (OH)			mg/L	<1.0
Chloride (CI)		250	mg/L	2.6
Sulphate (SO4)		500	mg/L	1.2
True Colour		15	Col. Unit	<2.0
Nitrate plus Nitrite (N)			mg/L	0.096
Langelier Index (@ 20C)			N/A	-2.17
Langelier Index (@ 4C)			N/A	-2.43
Saturation pH (@ 20C)			N/A	8.72
Saturation pH (@ 4C)			N/A	8.97
Dissolved Fluoride (F)	1.5		mg/L	<0.050
Tannins and Lignins			mg/L	<0.2
Turbidity	see remark	see remark	NTU	0.13
Total Hardness (CaCO3)			mg/L	33.9
Total Aluminum (Al)	2900		ug/L	<3.0
Total Antimony (Sb)	6		ug/L	<0.50
Total Arsenic (As)	10		ug/L	<0.10
Total Barium (Ba)	2000		ug/L	1.7
Total Beryllium (Be)			ug/L	<0.10
Total Bismuth (Bi)			ug/L	<1.0
Total Boron (B)	5000		ug/L	<50
Total Cadmium (Cd)	7		ug/L	< 0.010
Total Chromium (Cr)	50		ug/L	<1.0
Total Cobalt (Co)			ug/L	<0.20
Total Copper (Cu)	2000	1000	ug/L	5.14
Total Iron (Fe)		300	ug/L	8.3
Total Lead (Pb)	5		ug/L	<0.20
Total Manganese (Mn)	120	20	ug/L	<1.0

DISTRIBUTION

				S2-WELL-TAP
		Samuelo ID	INSIDE	
			Sample ID	PUMPHOUSE
				(WTX 27C3B)
			Sampling Date	06/26/24
			Sampling Time	12:25 PM
Parameter Name	MAC	AO	Units	Result
Total Molybdenum (Mo)			ug/L	<1.0
Total Nickel (Ni)			ug/L	<1.0
Total Selenium (Se)	50		ug/L	<0.10
Total Silicon (Si)			ug/L	5200
Total Silver (Ag)			ug/L	<0.020
Total Strontium (Sr)	7000		ug/L	23.1
Total Thallium (TI)			ug/L	<0.010
Total Tin (Sn)			ug/L	<5.0
Total Titanium (Ti)			ug/L	<5.0
Total Uranium (U)	20		ug/L	<0.10
Total Vanadium (V)			ug/L	<5.0
Total Zinc (Zn)		5000	ug/L	<5.0
Total Zirconium (Zr)			ug/L	<0.10
Total Calcium (Ca)			mg/L	10.7
Total Magnesium (Mg)			mg/L	1.73
Total Potassium (K)			mg/L	0.154
Total Sodium (Na)		200	mg/L	2.88
Total Sulphur (S)			mg/L	<3.0
Total Mercury (Hg)	1		ug/L	<0.0019
Total Total Kjeldahl Nitrogen (Calc)			mg/L	0.041
Total Organic Carbon (C)			mg/L	<0.50
Total Nitrogen (N)			mg/L	0.136
Total Ammonia (N)			mg/L	0.019
Sulphide (as H2S)		0.05	mg/L	<0.0020
Total Sulphide		0.05	mg/L	<0.0018
Total Coliforms	0		CFU/100mL	0
E. coli	0		CFU/100mL	0
Heterotrophic Plate Count			CFU/mL	<1
Fecal Coliforms			CFU/100mL	<1
Non-Coliform (Background)			CFU/100mL	<1
Iron Bacteria			CFU/mL	<25
Sulphate reducing bacteria			CFU/mL	<75