



**CLIENT NAME: ALLSWELL PUMPS DIRECT
21 OLD COBEQUID RD
WAVERLY, NS B2R1P4
(902) 860-2202**

ATTENTION TO: PETER VERGE

PROJECT: Green Side

AGAT WORK ORDER: 21X737402

MICROBIOLOGY ANALYSIS REVIEWED BY: Marta Manka, Data Reporter

DATE REPORTED: Apr 27, 2021

PAGES (INCLUDING COVER): 4

VERSION*: 1

Should you require any information regarding this analysis please contact your client services representative at (902) 468-8718

***Notes**

Disclaimer:

- All work conducted herein has been done using accepted standard protocols, and generally accepted practices and methods. AGAT test methods may incorporate modifications from the specified reference methods to improve performance.
- All samples will be disposed of within 30 days after receipt unless a Long Term Storage Agreement is signed and returned. Some specialty analysis may be exempt, please contact your Client Project Manager for details.
- AGAT's liability in connection with any delay, performance or non-performance of these services is only to the Client and does not extend to any other third party. Unless expressly agreed otherwise in writing, AGAT's liability is limited to the actual cost of the specific analysis or analyses included in the services.
- This Certificate shall not be reproduced except in full, without the written approval of the laboratory.
- The test results reported herewith relate only to the samples as received by the laboratory.
- Application of guidelines is provided "as is" without warranty of any kind, either expressed or implied, including, but not limited to, warranties of merchantability, fitness for a particular purpose, or non-infringement. AGAT assumes no responsibility for any errors or omissions in the guidelines contained in this document.
- All reportable information as specified by ISO/IEC 17025:2017 is available from AGAT Laboratories upon request.



Certificate of Analysis

CLIENT NAME: ALLSWELL PUMPS DIRECT
PROJECT: Green Side
SAMPLING SITE:

AGAT WORK ORDER: 21X737402
ATTENTION TO: PETER VERGE
SAMPLED BY:

Total Coliforms and E.coli - Presence/Absence by MF							
SAMPLE TYPE: Water		SAMPLE ID: 2377999		DATE RECEIVED: Apr 23, 2021			
DATE SAMPLED: Apr 23, 2021		DATE REPORTED: Apr 27, 2021					
SAMPLE DESCRIPTION: Green Side							
PARAMETER	UNIT	RESULT	G / S	RDL	DATE ANALYZED	INITIAL	DATE PREPARED
Total Coliforms (P/A)	(P/A)	ABSENT	ABSENT		Apr 24, 2021	KD	Apr 23, 2021
Escherichia coli (P/A)	(P/A)	ABSENT	ABSENT		Apr 24, 2021	KD	Apr 23, 2021

COMMENTS:

RDL - Reported Detection Limit; G / S - Guideline / Standard: Refers to Canadian Drinking Water Quality - updated 2021-03
Guideline values are for general reference only. The guidelines provided may or may not be relevant for the intended use. Refer directly to the applicable standard for regulatory interpretation.

Certified By:

Marla Manka



Method Summary

CLIENT NAME: ALLSWELL PUMPS DIRECT

PROJECT: Green Side

SAMPLING SITE:

AGAT WORK ORDER: 21X737402

ATTENTION TO: PETER VERGE

SAMPLED BY:

PARAMETER	AGAT S.O.P	LITERATURE REFERENCE	ANALYTICAL TECHNIQUE
Microbiology Analysis			
Total Coliforms (P/A)	MIC-121-7007	SM 9222 K	Incubator/UV light
Escherichia coli (P/A)	MIC-121-7007	SM 9222 K	Incubator/UV Light



AGAT

Laboratories

Unit 122 - 11 Morris Drive
Dartmouth, NS
B3B 1M2

webearth.agatlabs.com • www.agatlabs.com
P: 902.468.8718 • F: 902.468.8924

Chain of Custody Record

Report Information

Company: AUSWELL Jumps
Contact: _____
Address: _____
Phone: 902 820-2222
Client Project #: _____
AGAT Quotation: _____
Please Note: If quotation number is not provided client will be billed full price for analysis.

Invoice To: _____
Same Yes / No
Company: _____
Contact: _____
Address: _____
Phone: _____ Fax: _____
PO/Credit Card#: _____

Report Information (Please print):

1. Name: _____
Email: _____
2. Name: _____
Email: _____

Regulatory Requirements (Check):

- List Guidelines on Report Do not list Guidelines on Report
- PIRI Tier 1 Rees Pot Coarse
 Gas Fuel Lube N/Pot Fine
- COME CDWQ NSEQS-Cont Sites
 Industrial Commercial HRM 101
 Res/Park Storm Water
 Agricultural Waste Water
 FWAL Sediment Other _____

Report Format

- Single Sample per page
 Multiple Samples per page
 Excel Format Included
 Export

Laboratory Use Only

Arrival Condition: Good Poor (see notes)
 Arrival Temperature: 9.1
 Hold Time: _____
 AGAT Job Number: 21X737402
 Notes: _____
 Turnaround Time Required (TAT)
 Regular TAT: 5 to 7 working days
 Rush TAT: Same day 1 day
 2 days 3 days
 Date Required: _____

Drinking Water Sample:

Reg. No.: _____
 Yes No Salt Water Sample Yes No

Sample Identification	Date/Time Sampled	Sample Matrix	# Containers	Comments - Site/Sample Info.	Field Filtered/Preserved	Standard Water Analysis	Metals: <input type="checkbox"/> Total <input type="checkbox"/> Diss <input type="checkbox"/> Available	Mercury	<input type="checkbox"/> BOD <input type="checkbox"/> CBOD	pH	<input type="checkbox"/> TSS <input type="checkbox"/> TDS <input type="checkbox"/> VSS	TKN	Total Phosphorus	Phenols	Tier 1: TPH/BTEX (PIRI) <input type="checkbox"/> low level	Tier 2: TPH/BTEX Fractionation	CCME-CWS TPH/BTEX	VOC	THM	HAA	PAH	PCB	TC + EC <input type="checkbox"/> P/A <input type="checkbox"/> MPN <input type="checkbox"/> MF	<input type="checkbox"/> HPC <input type="checkbox"/> Pseudomonas	Fecal Coliform <input type="checkbox"/> MPN <input type="checkbox"/> MF	Other:	Other:	Hazardous (Y/N)
<u>GREENSIDE</u>	<u>23/04/11</u>		<u>78</u>																									

Sample Identification	Date/Time Sampled	Sample Matrix	# Containers	Comments - Site/Sample Info.	Field Filtered/Preserved	Standard Water Analysis	Metals: <input type="checkbox"/> Total <input type="checkbox"/> Diss <input type="checkbox"/> Available	Mercury	<input type="checkbox"/> BOD <input type="checkbox"/> CBOD	pH	<input type="checkbox"/> TSS <input type="checkbox"/> TDS <input type="checkbox"/> VSS	TKN	Total Phosphorus	Phenols	Tier 1: TPH/BTEX (PIRI) <input type="checkbox"/> low level	Tier 2: TPH/BTEX Fractionation	CCME-CWS TPH/BTEX	VOC	THM	HAA	PAH	PCB	TC + EC <input type="checkbox"/> P/A <input type="checkbox"/> MPN <input type="checkbox"/> MF	<input type="checkbox"/> HPC <input type="checkbox"/> Pseudomonas	Fecal Coliform <input type="checkbox"/> MPN <input type="checkbox"/> MF	Other:	Other:	Hazardous (Y/N)

Samples Requisitioned By (Print Name): _____
 Samples Requisitioned By (Sign): _____
 Date/Time: _____
 Samples Received By (Print Name): _____
 Samples Received By (Sign): _____
 Date/Time: _____

Pink Copy - Client
 Yellow Copy - AGAT
 White Copy - AGAT
 Page 69091 of _____
 N°: _____
 Date revised: May 19, 2016