

Gull Lake Basin Management Board ATTN: DAVID CAIRNS / JEFF SUGGETT Box 31, Grp 327, RR3 Beausejour MB ROE OCO

Date Received: 15-JUN-20 Report Date: 17-JUN-20 07:11 (MT) Version: FINAL

Client Phone: 204-799-1554

# Certificate of Analysis

Lab Work Order #: L2460576 Project P.O. #: Job Reference: C of C Numbers: Legal Site Desc:

NOT SUBMITTED GULL LAKE, MB

Hua Wo Chemistry Laboratory Manager

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ADDRESS: 1329 Niakwa Road East, Unit 12, Winnipeg, MB R2J 3T4 Canada | Phone: +1 204 255 9720 | Fax: +1 204 255 9721 ALS CANADA LTD Part of the ALS Group An ALS Limited Company

Environmental 🔊

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### ALS ENVIRONMENTAL ANALYTICAL REPORT

Sample Details/Parameters	Result	Qualifier*	D.L.	Units	Extracted	Analyzed	Batch
L2460576-1 GLBMB Sampled By: DC on 15-JUN-20 @ 07:30 Matrix:							
Total Coliform and E.coli by MPN QT97 Total Coliforms	18			MPN/100mL		15-JUN-20	R5119756
Escherichia Coli	<1		1	MPN/100mL		15-JUN-20	R5119756

\* Refer to Referenced Information for Qualifiers (if any) and Methodology.

### **Reference Information**

#### Test Method References:

ALS Test Code	Matrix	Test Description	Method Reference**				
TC,EC-QT97-WP	Water	Total Coliform and E.coli by MPN QT97	APHA 9223B QT97				
This analysis is carried out using procedures adapted from APHA Method 9223B "Enzyme Substrate Coliform Test". E. coli and Total Coliform are determined simultaneously. The sample is mixed with a mixture of hydrolyzable substrates and then sealed in a 97-well packet. The packet is incubated at 35.0 +/- 0.5 degrees C for 18 or 24 hours and then the number of wells exhibiting positive responses are counted. The final results are obtained by comparing the number of positive responses to a probability table.							
** ALS test methods may incorporate modifications from specified reference methods to improve performance.							

The last two letters of the above test code(s) indicate the laboratory that performed analytical analysis for that test. Refer to the list below:

Laboratory Definition Code	Laboratory Location
WP	ALS ENVIRONMENTAL - WINNIPEG, MANITOBA, CANADA

#### Chain of Custody Numbers:

#### **GLOSSARY OF REPORT TERMS**

Surrogates are compounds that are similar in behaviour to target analyte(s), but that do not normally occur in environmental samples. For applicable tests, surrogates are added to samples prior to analysis as a check on recovery. In reports that display the D.L. column, laboratory objectives for surrogates are listed there.

mg/kg - milligrams per kilogram based on dry weight of sample

mg/kg wwt - milligrams per kilogram based on wet weight of sample

mg/kg lwt - milligrams per kilogram based on lipid-adjusted weight

mg/L - unit of concentration based on volume, parts per million.

< - Less than.

D.L. - The reporting limit.

N/A - Result not available. Refer to qualifier code and definition for explanation.

Test results reported relate only to the samples as received by the laboratory.

UNLESS OTHERWISE STATED, ALL SAMPLES WERE RECEIVED IN ACCEPTABLE CONDITION.

Analytical results in unsigned test reports with the DRAFT watermark are subject to change, pending final QC review.



## **Quality Control Report**

			Workorder:	L246057	<b>'</b> 6	Report Date: 17	7-JUN-20	P	age 1 of 2
Client:	Gull Lak	e Basin Manag	gement Board						
	Box 31,	Grp 327, RR3							
	Beausej	our MB R0E (	000						
Contact:	DAVID C	CAIRNS / JEFF	SUGGETT						
Test		Matrix	Reference	Result	Qualifier	Units	RPD	Limit	Analyzed
TC,EC-QT97-\	WP	Water							
Batch	R5119756	;							
WG334236	3-1 MB								
Total Colif	orms			<1		MPN/100mL		1	15-JUN-20
Escherichi	a Coli			<1		MPN/100mL		1	15-JUN-20

Workorder: L2460576

Report Date: 17-JUN-20

#### Legend:

Limit	ALS Control Limit (Data Quality Objectives)
DUP	Duplicate
RPD	Relative Percent Difference
N/A	Not Available
LCS	Laboratory Control Sample
SRM	Standard Reference Material
MS	Matrix Spike
MSD	Matrix Spike Duplicate
ADE	Average Desorption Efficiency
MB	Method Blank
IRM	Internal Reference Material
CRM	Certified Reference Material
CCV	Continuing Calibration Verification
CVS	Calibration Verification Standard
LCSD	Laboratory Control Sample Duplicate

#### Hold Time Exceedances:

All test results reported with this submission were conducted within ALS recommended hold times.

ALS recommended hold times may vary by province. They are assigned to meet known provincial and/or federal government requirements. In the absence of regulatory hold times, ALS establishes recommendations based on guidelines published by the US EPA, APHA Standard Methods, or Environment Canada (where available). For more information, please contact ALS.

The ALS Quality Control Report is provided to ALS clients upon request. ALS includes comprehensive QC checks with every analysis to ensure our high standards of quality are met. Each QC result has a known or expected target value, which is compared against predetermined data quality objectives to provide confidence in the accuracy of associated test results.

Please note that this report may contain QC results from anonymous Sample Duplicates and Matrix Spikes that do not originate from this Work Order.

Winnipe Tel: (20) Fax: (20) Toll Fre		460576-COFC ORDE	Iy / Analytical Request Form
	RY USE ONLY (SHADED &	B NO	
-	Jpon Receipt ACCEPTABLE NO		ECEIVED: 1015 ECEIVED: 1015 An TEMP: 23.9
	15 20 Time: 07: 30 A.M. D P.M.	Date Required:	
	lake Mb		sul Caurns
Community Code Number		Rural Municipality/LGC/UVD:	
SAMPLE TYPE DRINKING WATER Untreated Well Treated Well Treated Municipal Non-Treated Municipal Water-Surface-Raw Water-Surface-Treated PURPOSE OF TEST Private Real Esta	PLEASE PRII NON-DRINKING WATER Sewage/Waste Water Lake/River. Swimming Pool Whirl Pool Other: SER	3. ALS's liability limited to cost of VICE REQUESTED REGULAR PRIORITY PRO	portions of this form may delay analysis.
		ALS CUSTOMER #:	QUOTE #:
LAB NUMBER	SAMPLE IDENTIFICATION		BE SENT TO
	Pleuse Retest for Coliforms from L2455323 GLBMB	NAME:       Daw ILL       Can         COMPANY: $GLBMB$ ADDRESS: $Bac 31 9FP$ CITY/TOWN: $Bac 3e 31 9FP$ POSTAL CODE: $ROF OC$ PHONE: $204 - 7229$ BY:       MAIL $FAX$ E-MAIL $GIBm 5166$ CC       NAME:         ADDRESS:       CITY/TOWN:         POSTAL CODE:       PHONE:         BY:       MAIL $FAX$ POSTAL CODE:       PHONE:         BY:       MAIL $FAX$	. / PROV.: <u>M</u> - 3798 , (FAX NUMBER)
· · · · · ·		E-MAIL 🗌	(EMAIL ADDRESS)
Analyses required	ient 500mm poutine the	BILLING ADDRESS NAME: COMPANY: ADDRESS: CITY/TOWN:	SAME AS REPORT TO
AL 12 - 1329 Niakwa Phone: +1 204 255 97	TRUCTIONS ON REVERSE SIDE S ENVIRONMENTAL Rd. E., Winnipeg, MB Canada R2J 3T4 20 Fax: +1 204 255 9721 www.alsglobal.com apbell Brothers Limited Company	POSTAL CODE: PAYMENT PARTICULARS (C. INVOICE NEEDED / CLIENT'S P.C. INTERAC CHEQUE VISA MASTERCARD	ASH NOT ACCEPTED) D. NO Subtotal \$ G.S.T. \$ Total \$
S	UBMITTER COPY	• OUR POLICY IS NOT TO ACCEPT SAMPLES FROM 1 ENTERED IN LIMS BY:	HE PRIVATE GITZEN WITHOUT PREPAYMENT