

**DRINKING WATER SYSTEM ANNUAL REPORT****Reporting Period:** January 1<sup>st</sup> to December 31<sup>st</sup>, 2018 (year)**Water System** Cumberland Lake Park Well**Water System Owner** Village of Cumberland**Primary Contact Name (Operator or Manager)** Dave Wing**Phone Number (Operator or Manager)** 250-650-6293**E-mail (Operator or Manager)** dwing@cumberland.ca**DESCRIBE YOUR WATER SUPPLY SYSTEM****What is the Source(s) of Raw Water?**☒ Deep Well ☐ Shallow Well ☐ Surface Water ☐ Other

If other, specify details: 2008 documentation from McGill's Well Service states it is 65' deep.

**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 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☐ Other (specify details)



## COMPLIANCE WITH OPERATING PERMIT

**List the conditions of your Operating Permit (Contact the DWO for a copy if needed):**

Operating permit to be updated. All actions identified in the 2018 inspection report have been completed - provide copy of annual report to environmental health and put copy in the office headquarters water binder; and, sample UVT.

**Are you in compliance with your Operating Permit?**

☒ Yes☐ No

## BACTERIOLOGICAL TESTING AND DRINKING WATER PROTECTION REGULATION WATER QUALITY STANDARDS

**How many bacteriological samples were collected during this reporting period?** 10

**What is the minimum required sampling frequency for this system? (#samples/month)** 1

Additional sampling details:

**Was the minimum required sampling frequency achieved?**

☒ Yes☐ No

Comments:

**Bacteriological summary attached to this report?**

☒ Yes☐ No

**If no, how do the users of the system view the results?**

## WATER QUALITY STANDARDS FOR POTABLE WATER

Parameter:	Standard:	Did this system meet standard?	
Escherichia coli (for all samples)	No detectable <i>Escherichia coli</i> per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if only 1 sample collected in a 30 day period)	No detectable total coliform bacteria per 100ml	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Total Coliform Bacteria (if more than 1 sample collected in a 30 day period)	No more than 10% of samples contain total coliform bacteria, <b>and</b> No sample has more than 10 total coliform bacteria per 100ml	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**If the system did not meet any of above Drinking Water Protection Regulation standards, record the results in the table below; attach additional sheets if necessary.**

Date	TC/100ml	E.coli/100ml	Reason	Corrective Action
Only 1 potable water sample collected per month in 2018				

**CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD**

**Was any chemical sampling conducted during reporting period?** ☒ Yes ☐ No

**If no, when were the last chemical samples conducted for this system? (date)** ☐ Don't know

**If yes, attach a list of the chemical results** Attached to this report.

**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 full chemical test (date)** June/July 2021

Parameter	Result	Corrective Action / Treatment / Comments

**ADDITIONAL TESTING**

**Does the system have analyzers for continuous monitoring?** ☐ Yes ☒ No

**If yes, check all boxes that apply:**

☐ Chlorine ☐ Turbidity ☐ Other (details)

**Are the results available on request?**

**If any additional testing or sampling was conducted, record results in the table below; attach additional sheets if necessary.**

Additional Testing & Reason for Sampling	Corrective Action Taken
UVT   Requested by DWO	

**WATER QUALITY COMPLAINTS**

**Were there any water quality complaints in this reporting period? (e.g. taste, odour, colour etc.)** ☐ Yes ☒ No

**If yes, complete the table below; attach additional sheets if necessary.**

Date	Water Quality Complaint	Corrective Action / Treatment

**OPERATIONAL PROBLEMS**

*Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of disinfection equipment, line breaks, elevated turbidity etc.).*

☐ Yes☒ No

*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/repairs or any major costs incurred during this reporting period?*

☐ Yes☒ No

*If yes, complete the table below; attach additional sheets if necessary.*

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?*

☐ Yes☒ No

*If yes, complete the table below; attach additional sheets if necessary.*

Future Upgrades or Improvements	Estimated Date of Completion

Click here to enter a date.

June 17, 2109

**DATE COMPLETED:**

Gavin Murgatroyd

**COMPLETED BY:**

# DRINKING WATER SYSTEM INSPECTION REPORT

## Health Protection

SYSTEM NAME		Cumberland Lake Park Well		E.H.C. NAME		David Cherry	
ADDRESS				POSTAL CODE		SYSTEM NUMBER	
1100 Camox Lake Rd						14312	
OPERATOR				INSPECTION DATE (DMY)		TIME SPENT (Hrs. - nearest 1/4)	
Village of Cumberland				16 05 18		1.0	
SYSTEM TYPE (CHECK ONE)						TYPE OF INSPECTION	
<input type="checkbox"/> > 20,000 (DWP)		<input type="checkbox"/> 10,001 - 20,000 (DWM)		<input type="checkbox"/> 301 - 10,000 (DWT)		<input type="checkbox"/> 15 - 300 (DWC)	
<input type="checkbox"/> 1 - SERVES PUBLIC (DWQ)		<input type="checkbox"/> 1 HAULER (DWH)		<input checked="" type="checkbox"/> 2 - 14 (DWS)		<input type="checkbox"/> INITIAL	
						<input type="checkbox"/> COMPLAINT	
						<input checked="" type="checkbox"/> ROUTINE	
						<input type="checkbox"/> FOLLOW-UP	

## CRITICAL HAZARD

These items relate to Public Health Safety & **MUST RECEIVE IMMEDIATE ATTENTION**

### Microbiological Contamination of Raw Water Supply Due to:

- ☐ 301 Flood
- ☐ 302 Sewage
- ☐ 303 Industrial
- ☐ 304 Agriculture
- ☐ 305 Other (Specify) \_\_\_\_\_
- 
- ☐ 306 Chemical Contamination of Raw Water Supply
- ☐ 307 Contamination of Finished Water - Reservoir
- ☐ 308 Contamination of Finished Water - Mains
- ☐ 309 Cross-Connection
- ☐ 310 Use of Unapproved Source
- ☐ 311 Interruption of Treatment
- ☐ 312 Inadequate Treatment
- ☐ 313 Other (Specify) \_\_\_\_\_

## SANITATION & MAINTENANCE

These items must be corrected within a designated time period

- ☐ 314 Improper Maintenance of Distribution System
- ☐ 315 Improper or No Disinfection of New or Repaired Main
- ☐ 316 Source Unprotected and Subject to Contamination
- ☐ 317 Inadequate or Improper Construction of Water Works
- ☐ 318 Inadequate Microbiological Analysis Data
- ☒ 319 Inadequate Chemical Analysis Data
- ☐ 320 Interruption of Treatment
- ☐ 321 Inadequate Treatment
- ☐ 322 Emergency Response Plan
- ☒ 323 Other (Specify) Additional Report

CODE	FINDINGS AND ACTIONS REQUIRED
	<ul style="list-style-type: none"> <li>- log book maintained with Chlorine residual</li> <li>- Emergency response plan onsite</li> </ul>
323	Provide copy of Annual report to environmental Health and put copy in office Headquarters water binder
319	Sample UVT monthly during operation

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At the time of inspection this system has a hazard rating of ☐ HIGH ☐ MODERATE ☒ LOW ☐ Issue Permit ☐ Conditions of Permit

FOLLOW UP / ☐ VISIT ☒ PHONE Date

RECEIVED BY

PRINT NAME \_\_\_\_\_

E.H.O.



## CUMBERLAND LAKE PARK WELL

### Facility Location

1100 Comox Lake Road  
Cumberland

### Facility Information

Facility Type

2-14 (DWS)

## Facility Sampling History

Location	Date	Total Coliform	E. Coli
Comox Lake Concession, Cumberland Lake Park	11-Jun-2019	L1	L1
Site B, Comox Lake	5-Jun-2019	L1	L1
Site B, Comox Lake	1-May-2019	L1	L1
Site B, Comox Lake	11-Apr-2019	L1	L1
Site B, Comox Lake	5-Sep-2018	L1	L1
Site B, Comox Lake	21-Aug-2018	L1	L1
Site B, Comox Lake	25-Jul-2018	L1	L1
Site B, Comox Lake	13-Jun-2018	L1	L1
Site B, Comox Lake	9-May-2018	L1	L1
Site B, Comox Lake	26-Apr-2018	L1	L1

**LAKELAND 2018  
ANNUAL TOTAL  
CHEMICAL ANALYSIS  
SITE B TREATED**

**Attention: MARK SPRINGFORD**

VILLAGE OF CUMBERLAND  
PO BOX 340  
CUMBERLAND, BC  
CANADA V0R 1S0

Your P.O. #: 17-15  
Your Project #: DRINKING WATER  
Site Location: SITE B  
Your C.O.C. #: W113709

**Report Date: 2018/06/05**  
Report #: R2563736  
Version: 1 - Final

**CERTIFICATE OF ANALYSIS**

**MAXXAM JOB #: B841603**

**Received: 2018/05/30, 12:30**

Sample Matrix: DRINKING WATER  
# Samples Received: 1

Analyses	Quantity	Date Extracted	Date Analyzed	Laboratory Method	Analytical Method
Alkalinity - Water (1)	1	N/A	2018/06/01	BBY6SOP-00026	SM 22 2320 B m
Chloride by Automated Colourimetry (1)	1	N/A	2018/05/31	BBY6SOP-00011	SM 22 4500-Cl- E m
Colour (True) by Kone Lab (1)	1	N/A	2018/06/01	BBY6SOP-00057	SM 22 2120 C m
Coliforms & E.coli by Quantitray (MPN)	1	N/A	2018/05/30	CTYSOP-00002	Based on SM-9223
Conductance - water (1)	1	N/A	2018/06/01	BBY6SOP-00026	SM 22 2510 B m
Fluoride (1)	1	N/A	2018/06/01	BBY6SOP-00048	SM 22 4500-F C m
Hardness Total (calculated as CaCO3) (1, 2)	1	N/A	2018/06/04	BBY WI-00033	Auto Calc
Mercury (Total) by CVAF (1)	1	2018/06/01	2018/06/01	BBY7SOP-00015	BCMOE BCLM Oct2013 m
Na, K, Ca, Mg, S by CRC ICPMS (total) (1)	1	N/A	2018/06/04	BBY WI-00033	Auto Calc
Elements by CRC ICPMS (total) (1)	1	N/A	2018/06/04	BBY7SOP-00003,	EPA 6020b R2 m
Nitrate + Nitrite (N) (1)	1	N/A	2018/05/31	BBY6SOP-00010	SM 23 4500-NO3- I m
Nitrite (N) by CFA (1)	1	N/A	2018/05/31	BBY6SOP-00010	SM 22 4500-NO3- I m
Nitrogen - Nitrate (as N) (1)	1	N/A	2018/06/01	BBY WI-00033	Auto Calc
pH Water (1, 3)	1	N/A	2018/06/01	BBY6SOP-00026	SM 22 4500-H+ B m
Sulphate by Automated Colourimetry (1)	1	N/A	2018/05/31	BBY6SOP-00017	SM 22 4500-SO42- E m
Total Dissolved Solids (Filt. Residue) (1)	1	2018/06/01	2018/06/04	BBY6SOP-00033	SM 22 2540 C m
Total Trihalomethanes Calculation (1)	1	N/A	2018/06/01	BBY WI-00033	Auto Calc
Turbidity (1)	1	N/A	2018/05/31	BBY6SOP-00027	SM 22 2130 B m
Field Residual Chlorine (1)	1	N/A	2018/05/30		
VOCs, VH, F1, LH in Water by HS GC/MS (1)	1	N/A	2018/06/01	BBY8SOP-00009/11/12	BCMOE BCLM Jul 2017

**Remarks:**

Maxxam Analytics' laboratories are accredited to ISO/IEC 17025:2005 for specific parameters on scopes of accreditation. Unless otherwise noted, procedures used by Maxxam are based upon recognized Provincial, Federal or US method compendia such as CCME, MDDELCC, EPA, APHA.

All work recorded herein has been done in accordance with procedures and practices ordinarily exercised by professionals in Maxxam's profession using accepted testing methodologies, quality assurance and quality control procedures (except where otherwise agreed by the client and Maxxam in writing). All data is in statistical control and has met quality control and method performance criteria unless otherwise noted. All method blanks are reported; unless indicated otherwise, associated sample data are not blank corrected.

Maxxam Analytics' liability is limited to the actual cost of the requested analyses, unless otherwise agreed in writing. There is no other warranty expressed or implied. Maxxam has been retained to provide analysis of samples provided by the Client using the testing methodology referenced in this report.

Your P.O. #: 17-15  
Your Project #: DRINKING WATER  
Site Location: SITE B  
Your C.O.C. #: WI13709

**Attention: MARK SPRINGFORD**

VILLAGE OF CUMBERLAND  
PO BOX 340  
CUMBERLAND, BC  
CANADA V0R 1S0

**Report Date: 2018/06/05**  
Report #: R2563736  
Version: 1 - Final

**CERTIFICATE OF ANALYSIS**

**MAXXAM JOB #: B841603**

**Received: 2018/05/30, 12:30**

Interpretation and use of test results are the sole responsibility of the Client and are not within the scope of services provided by Maxxam, unless otherwise agreed in writing.

Solid sample results, except biota, are based on dry weight unless otherwise indicated. Organic analyses are not recovery corrected except for isotope dilution methods.

Results relate to samples tested.

This Certificate shall not be reproduced except in full, without the written approval of the laboratory.

Reference Method suffix "m" indicates test methods incorporate validated modifications from specific reference methods to improve performance.

\* RPDs calculated using raw data. The rounding of final results may result in the apparent difference.

- 1) This test was performed by Maxxam Vancouver
- 2) "Total Hardness" was calculated from Total Ca and Mg concentrations and may be biased high (Hardness, or Dissolved Hardness, calculated from Dissolved Ca and Mg, should be used for compliance if available).
- 3) The BC-MOE and APHA Standard Method require pH to be analysed within 15 minutes of sampling and therefore field analysis is required for compliance. All Laboratory pH analyses in this report are reported past the BC-MOE/APHA Standard Method holding time.

Encryption Key



Maxxam  
05 Jun 2018 11:28:32

Please direct all questions regarding this Certificate of Analysis to your Project Manager.  
Melissa McIntosh, Project Manager  
Email: MMcIntosh@maxxam.ca  
Phone# (250) 338 7786

cosign

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This report has been generated and distributed using a secure automated process.

Maxxam has procedures in place to guard against improper use of the electronic signature and have the required "signatories", as per section 5.10.2 of ISO/IEC 17025:2005(E), signing the reports. For Service Group specific validation please refer to the Validation Signature Page.



Maxxam Job #: B841603  
Report Date: 2018/06/05

VILLAGE OF CUMBERLAND  
Client Project #: DRINKING WATER  
Site Location: SITE B  
Your P.O. #: 17-15

### RESULTS OF CHEMICAL ANALYSES OF DRINKING WATER

Maxxam ID					TN5079	
Sampling Date					2018/05/30 12:00	
COC Number					WI13709	
	UNITS	MAC	AO	OG	LAKE PARK WELL (TREATED WATER) - SITE B	RDL
ANIONS						
Nitrite (N)	mg/L	1	-	-	<0.0050	0.0050
Calculated Parameters						
Nitrate (N)	mg/L	10	-	-	0.299	0.020
Field Parameters						
Field Residual Chlorine	mg/L	-	-	-	0.45	N/A
Misc. Inorganics						
Fluoride (F)	mg/L	1.5	-	-	0.024	0.020
Alkalinity (Total as CaCO3)	mg/L	-	-	-	21.1	1.0
Alkalinity (PP as CaCO3)	mg/L	-	-	-	<1.0	1.0
Bicarbonate (HCO3)	mg/L	-	-	-	25.7	1.0
Carbonate (CO3)	mg/L	-	-	-	<1.0	1.0
Hydroxide (OH)	mg/L	-	-	-	<1.0	1.0
Anions						
Dissolved Sulphate (SO4)	mg/L	-	500	-	1.3	1.0
Dissolved Chloride (Cl)	mg/L	-	250	-	1.4	1.0
MISCELLANEOUS						
True Colour	Col. Unit	-	15	-	<5.0	5.0
Nutrients						
Nitrate plus Nitrite (N)	mg/L	-	-	-	0.299	0.020
Physical Properties						
Conductivity	uS/cm	-	-	-	51.2	2.0
pH	pH	-	-	7.0:10.5	7.31	
Physical Properties						
Total Dissolved Solids	mg/L	-	500	-	32	10
Turbidity	NTU	see remark	see remark	see remark	0.18	0.10
No Fill	No Exceedance					
Grey	Exceeds 1 criteria policy/level					
Black	Exceeds both criteria/levels					
RDL = Reportable Detection Limit						
N/A = Not Applicable						

Maxxam Job #: B841603  
Report Date: 2018/06/05

VILLAGE OF CUMBERLAND  
Client Project #: DRINKING WATER  
Site Location: SITE B  
Your P.O. #: 17-15

**VOLATILE ORGANICS BY GC-MS (DRINKING WATER)**

Maxxam ID			TN5079	
Sampling Date			2018/05/30 12:00	
COC Number			W113709	
	UNITS	MAC	LAKE PARK WELL (TREATED WATER) - SITE B	RDL
Volatiles				
Total Trihalomethanes	ug/L	100	<1.0	1.0
No Fill	No Exceedance			
Grey	Exceeds 1 criteria policy/level			
Black	Exceeds both criteria/levels			
RDL = Reportable Detection Limit				

Maxxam Job #: B841603  
Report Date: 2018/06/05

VILLAGE OF CUMBERLAND  
Client Project #: DRINKING WATER  
Site Location: SITE B  
Your P.O. #: 17-15

**MICROBIOLOGY (DRINKING WATER)**

Maxxam ID			TN5079
Sampling Date			2018/05/30 12:00
COC Number			WI13709
	UNITS	MAC	LAKE PARK WELL (TREATED WATER) - SITE B
<b>Microbiological Param.</b>			
Total Coliforms (QT)	MPN/100mL	0	0
E. coli (QT)	MPN/100mL	0	0
No Fill	No Exceedance		
Grey	Exceeds 1 criteria policy/level		
Black	Exceeds both criteria/levels		

Maxxam Job #: B841603  
Report Date: 2018/06/05

VILLAGE OF CUMBERLAND  
Client Project #: DRINKING WATER  
Site Location: SITE B  
Your P.O. #: 17-15

**TOT. METALS W/ CV HG FOR DRINKING WATER (DRINKING WATER)**

Maxxam ID					TN5079	
Sampling Date					2018/05/30 12:00	
COC Number					W113709	
	UNITS	MAC	AO	OG	LAKE PARK WELL (TREATED WATER) - SITE B	RDL
Calculated Parameters						
Total Hardness (CaCO3)	mg/L	-	-	-	20.4	0.50
Elements						
Total Mercury (Hg)	ug/L	1	-	-	<0.0020	0.0020
Total Metals by ICPMS						
Total Aluminum (Al)	ug/L	-	-	100	<3.0	3.0
Total Antimony (Sb)	ug/L	6	-	-	<0.50	0.50
Total Arsenic (As)	ug/L	10	-	-	<0.10	0.10
Total Barium (Ba)	ug/L	1000	-	-	<1.0	1.0
Total Beryllium (Be)	ug/L	-	-	-	<0.10	0.10
Total Bismuth (Bi)	ug/L	-	-	-	<1.0	1.0
Total Boron (B)	ug/L	5000	-	-	<50	50
Total Cadmium (Cd)	ug/L	5	-	-	<0.010	0.010
Total Chromium (Cr)	ug/L	50	-	-	<1.0	1.0
Total Cobalt (Co)	ug/L	-	-	-	<0.20	0.20
Total Copper (Cu)	ug/L	-	1000	-	2.88	0.20
Total Iron (Fe)	ug/L	-	300	-	7.1	5.0
Total Lead (Pb)	ug/L	10	-	-	0.35	0.20
Total Manganese (Mn)	ug/L	-	50	-	<1.0	1.0
Total Molybdenum (Mo)	ug/L	-	-	-	<1.0	1.0
Total Nickel (Ni)	ug/L	-	-	-	<1.0	1.0
Total Selenium (Se)	ug/L	50	-	-	<0.10	0.10
Total Silicon (Si)	ug/L	-	-	-	6070	100
Total Silver (Ag)	ug/L	-	-	-	<0.020	0.020
Total Strontium (Sr)	ug/L	-	-	-	8.2	1.0
Total Thallium (Tl)	ug/L	-	-	-	<0.010	0.010
Total Tin (Sn)	ug/L	-	-	-	<5.0	5.0
Total Titanium (Ti)	ug/L	-	-	-	<5.0	5.0
Total Uranium (U)	ug/L	20	-	-	<0.10	0.10
Total Vanadium (V)	ug/L	-	-	-	<5.0	5.0
No Fill	No Exceedance					
Grey	Exceeds 1 criteria policy/level					
Black	Exceeds both criteria/levels					
RDL = Reportable Detection Limit						

Maxxam Job #: B841603  
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VILLAGE OF CUMBERLAND  
Client Project #: DRINKING WATER  
Site Location: SITE B  
Your P.O. #: 17-15

**TOT. METALS W/ CV HG FOR DRINKING WATER (DRINKING WATER)**

Maxxam ID					TN5079	
Sampling Date					2018/05/30 12:00	
COC Number					W113709	
	UNITS	MAC	AO	OG	LAKE PARK WELL (TREATED WATER) - SITE B	RDL
Total Zinc (Zn)	ug/L	-	5000	-	<5.0	5.0
Total Zirconium (Zr)	ug/L	-	-	-	<0.10	0.10
Total Calcium (Ca)	mg/L	-	-	-	5.66	0.050
Total Magnesium (Mg)	mg/L	-	-	-	1.53	0.050
Total Potassium (K)	mg/L	-	-	-	0.062	0.050
Total Sodium (Na)	mg/L	-	200	-	1.56	0.050
Total Sulphur (S)	mg/L	-	-	-	<3.0	3.0
No Fill	No Exceedance					
Grey	Exceeds 1 criteria policy/level					
Black	Exceeds both criteria/levels					
RDL = Reportable Detection Limit						

Maxxam Job #: B841603  
Report Date: 2018/06/05

VILLAGE OF CUMBERLAND  
Client Project #: DRINKING WATER  
Site Location: SITE B  
Your P.O. #: 17-15

**TRIHALOMETHANES (THM) IN WATER**

Maxxam ID		TN5079	
Sampling Date		2018/05/30 12:00	
COC Number		WI13709	
	UNITS	LAKE PARK WELL (TREATED WATER) - SITE B	RDL
<b>Volatiles</b>			
Bromodichloromethane	ug/L	<1.0	1.0
Bromoform	ug/L	<1.0	1.0
Chlorodibromomethane	ug/L	<1.0	1.0
Chloroform	ug/L	<1.0	1.0
<b>Surrogate Recovery (%)</b>			
1,4-Difluorobenzene (sur.)	%	99	
4-Bromofluorobenzene (sur.)	%	86	
D4-1,2-Dichloroethane (sur.)	%	109	
RDL = Reportable Detection Limit			

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VILLAGE OF CUMBERLAND  
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#### GENERAL COMMENTS

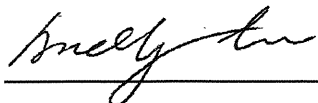
Results relate only to the items tested.

Maxxam Job #: B841603  
Report Date: 2018/06/05

VILLAGE OF CUMBERLAND  
Client Project #: DRINKING WATER  
Site Location: SITE B  
Your P.O. #: 17-15

### VALIDATION SIGNATURE PAGE

The analytical data and all QC contained in this report were reviewed and validated by the following individual(s).



Andy Lu, Ph.D., P.Chem., Scientific Specialist

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Maxxam has procedures in place to guard against improper use of the electronic signature and have the required "signatories", as per section 5.10.2 of ISO/IEC 17025:2005(E), signing the reports. For Service Group specific validation please refer to the Validation Signature Page.