MUNICIPAL DRINKING WATER SUPPLIES

ANNUAL REPORT

NOTE : ANNUAL REPORT MUST BE SUBMITTED ON OR BEFORE APRIL 1.

YEAR_2022_____

MUNICIPALITY OF Annapolis

WATER UTILITY NAME : Annapolis County Water

FACILITY NAME : Cornwallis

APPROVAL TO OPERATE NO.: 2009-065804-02

WATER WITHDRAWAL APPROVAL NO: 2014-090991

I certify that information provided in this report is a complete and accurate representation of Water System operation.

Offences under the Environment Act:

158 A person who

(a) knowingly provides false or misleading information pursuant to a requirement under this Act to provide information;
(b) provides false or misleading information pursuant to a requirement under this Act to provide information;
(c) does not provide information as required pursuant to this Act;
(d) hinders or obstructs an inspector or administrator who is exercising powers or carrying out duties, or attempting to do so, pursuant to this Act;
(e) knowingly contravenes a term or condition of an approval, an environmental assessment approval, a temporary approval, a certificate of variance or a certificate of qualification;

Name of the person in overall direct responsible charge

[Print Name] JAMES JENNER.....

Signature .....

Manager responsible for water system [Print Name

Signature .....

PART 1 - STANDARD SUBMISSIONS.

Has the Utility submitted following updates for the next year:

Required Submission	**Yes**	**No**	**N/A** **Last year submission remains unchanged**
Contingency Plan			X
Notification Procedure			X
Monitoring Program (including sampling points location)			X
QA/QC			X
Source Water Protection Plan		X	
Source Water Implementation Schedule		X	
Lab Information			X
Operations Manual			X
Staff List and certification			X

PART 2 - WATER TREATMENT PLANT MONITORING

A. WATER TREATMENT

Table 1- Raw water flow

Month	Raw water flow (m^3) Source..... Lake cady	
	Total Monthly Volume (m^3)	**Max Daily Volume (m^3/d)**
January	15428	785
February	13950	822
March	15082	707
April	13753	704
May	15532	737
Jun	12286	731
July	17582	744
August	20562	1190
September	19295	757
October	17771	744
November	17096	789
December	18475	748
Total for the year.....	196812	
Maximum month	Aug	
Average	16401	
Water withdraw Approval No.. 2014-090991	Withdraw limit: ..1440...m3/day.....	
Approval to Operate No:.... 2009-065804-02	Rated design capacity:.2000..cu3/day...	

Table 2 - Filtered water turbidity

Month	Filter 1			Filter 2			Filter #3	
	Turbidity		Filter to waste	Turbidity		Filter to waste		
	How many times exceed Approval	**max NTU**	max (upon return to production)	**How many times exceed Approval**	**max NTU**	max	**How many times exceed Approval**	max
January	0	.178		0	.190		0	.194
February	0	.190		0	.129		0	.051
March	0	.196		0	.116		0	.098
April	0	.196		0	.174		0	.191
May	0	.198		0	.180		0	.060
Jun	0	.171		0	.168		0	.130
July	0	.196		0	.160		0	.173
August	0	.178		0	.176		0	.189
September	0	.193		0	.190		0	.186
October	1	1.7		1	1.9		1	1.76
November	0	.195		0	.165		0	.160
December	0	.141		0	.125		0	.192

If Approval Limits for Filtration were exceeded provide date when Department was notified:

Action taken:
High turbiditys were reported to Environment

Table 2 - Well water turbidity

Month	Well 1		Well 2		Comments
	Turbidity		Turbidity		
	How many times exceed Approval	**maximum NTU**	**How many times exceed Approval**	**maximum NTU**	
January	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
Jun	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		

If exceeded provide dates of occurrence and date when Department was notified.

Action taken:

Table 3 - Disinfection (leaving treatment plant or well)

Month	Disinfectant residual (mg/l)			CT value
	Minimum this month	**How many times below Approval limit**	**Maximum this month**	**How many times $CT_{achieved}$ was less than $CT_{required}$**
January	1.19	0	4.01	
February	1.65	0	2.10	0
March	1.3	0	2.32	0
April	1.51	0	2.56	0
May	1.50	0	2.42	0
Jun	1.35	0	3.09	0
July	1.24	0	2.65	0
August	1.47	0	2.52	0
September	.95	0	2.43	0
October	1.28	0	2.46	0
November	1.40	0	2.63	0
December	1.55	0	2.61	0

If Approval Limits were exceeded provide date of occurrence and date when Department was notified:

If CT requirements were not met provide date of occurrence and date when Department was notified:

Action Taken:

NOTE: CT values must be calculated daily, or minimum operational conditions must be monitored daily and records kept by Approval Holder

MINIMUM OPERATIONAL PARAMETERS TO PROVIDE REQUIRED CT
(CT calculations for "worst case scenario" must be provided to Department) See attached

Peak Daily Flow	1227
Temperature at CT control Point	11.6
Minimum residual at CT control Point	.91
pH at CT control Point	7.5
Water level in the tank during peak hourly flow	75%

Total chlorine use this year:...kg	**Target organism: Giardia..... Or Viruses.....**

Table 4 - Bacteriological quality (leaving treatment plant or GUDI well)

Month	Total number of samples taken	*E.coli*	Total Coliform	Giardia		Cryptosporidium	
				if tested N/A		if tested N/A	
		No. of Present this month	No. of Present this month	No. of Present this month	Total	No. of Present this month	Total
January	5	0	0	0	0	0	0
February	4	0	0	0	0	0	0
March	4	0	0	0	0	0	0
April	4	0	0	0	0	0	0
May	5	0	0	0	0	0	0
Jun	4	0	0	0	0	0	0
July	4	0	0	0	0	0	0
August	5	0	0	0	0	0	0
September	4	0	0	0	0	0	0
October	5	0	0	0	0	0	0
November	4	0	0	0	0	0	0
December	3	0	0	0	0	0	0

If *E.coli* Present provide date of occurrence and date when Department was notified:

If Total Coliforms Present provide date of occurrence and date when Department was notified

Action taken:

Certified Lab: Valley Regional Hospital

Table 5 - Fluoride (if fluoridating)

Month	**Min this month (mg/l)**	**Max this month (mg/l)**
January	N/A	
February		
March		
April		
May		
Jun		
July		
August		
September		
October		
November		
December		
If exceeded Approval limits provide date of occurrence and date when Department was notified:		
Action taken:		

Table 6 - Aluminum (for facilities using aluminum-based coagulants)

	At Treatment Facility		Distribution System*	
Month	**Min this month (mg/l)**	**Max this month (mg/l)**	**Min this month (mg/l)**	**Max this month (mg/l)**
January				
February				
March				
April				
May				
Jun				
July				
August				
September				
October				
November				
December				.
If Aluminum exceeded Approval limits provide date of occurrence and date when Department was notified				
Action taken:				

Table 7- pH

Month	Raw water inlet		CT Control Point	
	Minimum this month	**Maximum this month**	**Minimum this month**	**Maximum this month**
January	6.59	7.13	6.57	8.27
February	6.47	6.99	7.14	8.26
March	6.47	7.03	6.66	8.20
April	6.57	6.91	6.79	8.34
May	6.47	6.75	6.76	8.40
Jun	6.49	6.76	6.97	8.37
July	5.61	6.90	6.69	7.96
August	5.80	7.04	7.01	8.38
September	5.84	6.72	7.01	8.21
October	5.60	6.82	6.41	8.40
November	5.62	6.41	7.13	8.40
December	5.89	6.37	6.91	8.27

Comments:

Table 8 - Guidelines for Monitoring Public Drinking Water Supplies (Section 33 of Regulations)

Parameter	**Health based guideline (mg/l)**	**AO [or OG] (mg/l)**	**Raw mg/l** (maximum this year)	**Treated mg/l** (maximum this year)	**Date**	**Location**
Alkalinity	-	-	6	55	July 19	CWTP
Aluminum	0.1/0.2		.211	.070		
Ammonia	-	-	<.00003	<.00003		
Antimony	0.006	-	<.002	<.002		
Arsenic	0.010	-	<.002	<.002		
Barium	1	-	<.005	<.005		
Boron	5	-	<.005	.006		
Cadmium	0.005	-	<.00009	<.00009		
Calcium	-	-	.0014	.0016		
Chloride	-	≤250	.006	.010		
Chromium	0.05	-	<.001	<.001		
Colour	-	≤15	<5	<5		
Conductivity	-	-	36	207		
Copper	-	≤1.0	.650	<.050		
Fluoride	1.5	-	.00014	<.00012		
Hardness	-	-	3.5	4		
Iron	-	≤0.3	<.005	.650		
Lead	0.010	-	.0008	<.0005		
Magnesium	-	-	<.0008	<.0008		
Manganese	-	≤0.05	.087	.133		
Nitrate - nitrogen	10	-	<.00005	.00008		
pH	-	6.5-8.5	6.41	7.96		
Potassium	-	-	.0004	.0004		
Selenium	0.01	-	<.001	<.001		

Parameter	**Health based guideline (mg/l)**	**AO [or OG] (mg/l)**	**Raw mg/l** (maximum this year)	**Treated mg/l** (maximum this year)	**Date**	**Location**
Sodium	-	≤200	4	43	July 19	CWTP
Sulphate	-	≤500	<.002	.039		
Total Dissolved Solids	-	≤500	16	128		
Total Organic Carbon	-	-	9	1.9		
Turbidity	**See Approval**	-	4.2	2.3		
Uranium	0.02	-	<.0002	<.0002		
Zinc	-	≤5.0	<.005	.083		
OTHER PARAMETERS SAMPLED						
Has any of the parameter exceeded Guidelines Yes..... No...X.						
If Yes provide date of occurrence and date when Department was notified:						
Action taken:						
Certified Lab:AGAT						

Table 9 - Raw Water turbidity

Month	Minimum NTU	Maximum NTU
January	.609	1.26
February	.592	.879
March	.578	.872
April	.655	1.26
May	.537	.971
Jun	.526	1.19
July	.802	3.17
August	.929	5.37
September	.786	2.38
October	.601	2.54
November	.511	1.57
December	.495	1.41

B. WASTE TREATMENT

Table 10 - Waste water discharge

Month	Suspended Solids Limit:.....		Aluminum Limit:.....		Chlorine Limit:.....		pH Limit:		Fish toxicity	
	average mg/l	Max mg/l	average mg/l	Max mg/l	average mg/l	Max mg/l	average mg/l	Max mg/l		
January										
February										
March										
April										
May										
Jun										
July										
August										
September										
October										
November										
December										

Has any of the parameter exceeded Limits Yes..... No.....

If Yes provide date of occurrence and date when Department was notified:

PART 3 - WATER DISTRIBUTION SYSTEM MONITORING

Table 11 - Distribution System Bacteriology and Disinfection Residual

Site : A	**Location: ZURI**										
Month	***E.coli***				**Total Coliforms**				**Free chlorine residual**		
	Present	Absent	Total number of samples	% Absent	Present	Absent	Total number of samples	% Absent	Min mg/l	Max mg/l	No. below Approval Limits
January	0	5	5	100	0	5	5	100	**.37 Mall**	**1.09 Mall**	0
February	0	4	4	100	0	4	4	100	**.37 Mall**	**.61 Mall**	0
March	0	4	4	100	0	4	4	100	.26	1.22	0
April	0	4	4	100	0	4	4	100	1.25	1.66	0
May	0	5	5	100	0	5	5	100	.97	1.75	0
Jun	0	4	4	100	0	4	4	100	.28	1.13	0
July	0	4	4	100	0	4	4	100	.45	1.05	00
August	0	5	5	100	0	5	5	100	.27	1.03	0
September	0	4	4	100	0	4	4	100	.27	1.31	0
October	0	5	5	100	0	5	5	100	.25	1.00	0
November	0	4	4	100	0	4	4	100	.24	.36	0
December	0	3	3	100	0	3	3	100	.44	.99	0

If Approval limits exceeded, provide date of occurrence and date when Department was notified:

Action taken: In March we switched to new sites as we didn't own the mall. A new business started up and we re-started tested on Burns Hill Rd

Table 11 - Distribution System Bacteriology and Disinfection Residual (continued)

Site : B	**Location: Annapolis basin Maintence**										
Month	***E.coli***				**Total Coliforms**				**Free chlorine residual**		
	Present	Absent	Total number of samples	% Absent	Present	Absent	Total number of samples	% Absent	Min mg/l	Max mg/l	No. below 0.2 mg/l
January	0	5	5	100	0	5	5	100			0
February	0	4	4	100	0	4	4	100			0
March	0	4	4	100	0	4	4	100	.22	.41	0
April	0	4	4	100	0	4	4	100	.26	.49	0
May	0	5	5	100	0	5	5	100	.27	.47	0
Jun	0	4	4	100	0	4	4	100	.47	1.20	0
July	0	4	4	100	0	4	4	100	.31	1.15	0
August	0	5	5	100	0	5	5	100	.26	1.10	0
September	0	4	4	100	0	4	4	100	.30	1.06	0
October	0	5	5	100	0	5	5	100	.24	.78	0
November	0	4	4	100	0	4	4	100	.21	1.00	0
December	0	3	3	100	0	3	3	100	.25	.37	0
Was E.Coli or Total Coliform present in any sample this year **Yes..... No.....**											
If Yes provide date of occurrence and date when Department was notified:											
Action taken: In March we switched to new sites as we didn't own the mall. A new business started up and we re-started tested on Burns Hill Rd											

Table 12a - Distribution System THM's

Month	Site A Location: ABM	Site B Location CWWTP	Site C Location: CWTP
	THM total mg/l	THM total mg/l	THM total mg/l
January			
February	.043	.032	.022
March **1st Qt**			
April			
May	.082	.061	.037
Jun **2nd Qt**			
July	.154	.153	.110
August			
September **3rd Qt**			
October			
November			
December **4th Qt**	.043	.043	.052
Annual Average	.080	.072	.055
Limits	.100 mg/l THM's - Locational running annual average based on a minimum of four quarterly samples.		
Action taken:			

Table 12b - Distribution System HAA's

Month	Site A Location: ABM	Site B Location: CWWTP	Site C Location: CWTP
	HAA (5) mg/l	HAA (5) mg/l	HAA (5) mg/l
January			
February	.033	.036	.029
March **1st Qt**			
April			
May	.041	.050	.041
Jun **2nd Qt**			
July	.058	.067	.0085
August			
September **3rd Qt**			
October			
November			
December **4th Qt**	.051	.081	.075
Annual Average	.046	.058	.057
Limits	0.080 mg/l HAA's - Locational running annual average based on a minimum of four quarterly samples.		
Action taken:			

Table 13 - Distribution System Turbidity

Month	Site A Location: Zuri		Site B Location: Annapolis Basin		Site C Location: Mall	
	min NTU	max NTU	min NTU	max NTU	min NTU	max NTU
January					.262	.520
February					.148	.301
March	.182	.677	.371	1.02		
April	.428	.592	.457	.698		
May	.206	.481	.427	.626		
Jun	.379	.978	.426	.719		
July	.641	1.03	.423	.686		
August	.391	1.86	.271	.570		
September	.256	.861	.303	.537		
October	.364	.888	.361	.559		
November	.243	.570	.291	.584		
December	.327	.524	.397	.621		

If Approval limits were exceeded provide date of occurrence and date when Department was notified:

Action taken: Jan and Feb readings are from the mall. The county sold the mall and we were no longer allowed to collect samples from there. In March we switched sites.

Table 14 - Distribution System Lead

Month* (specify date sampled)	Site A Location: 90 Hillside dr		Site B Location: 406 Dingle		Site C Location: 149 Topsail	
	min mg/l	max mg/l	min mg/l	max mg/l	min mg/l	max mg/l
May						
Jun	<.0005		<.0005		<.0005	
July						
August						
September						
October						

If Approval limits were exceeded provide date of occurrence and date when Department was notified:

* To be sampled during warmest months

Table 15 - Distribution System Corrosion Control Program

Month	Site A Location: 90 Hillside		Site B Location: 406 The Dingle		Site C Location: 149 Topsail	
	Parameter 1 .....LEAD..	**Parameter 2** .....Copper..	**Parameter 1** .....LEAD.....	**Parameter 2** ..... Copper	**Parameter 1** .....LEAD.....	**Parameter 2** ..... Copper.
January						
February						
March						
April						
May						
Jun	<.0005	.009	<.0005	.005	<.0005	.019
July						
August						
September						
October						
November						
December						
Comments:						

Table 16 - Storage tank chlorine residual

Month	Storage Tank Location...490 S Broadway			Storage Tank Location.....			
	Min mg/l	**Max mg/l**	**Number of times residual was less than 0.2 mg/l**	**Min mg/l**	**Max mg/l**	**Number of times residual was less than 0.2 mg/l**	
January	1.19	4.01	0	na		0	
February	1.65	2.10	0			0	
March	1.30	2.32	0			0	
April	1.51	2.56	0			0	
May	1.50	2.42	0			0	
Jun	1.35	3.09	0			0	
July	1.24	2.65	0			0	
August	1.47	2.52	0			0	
September	.95	2.43	0			0	
October	1.28	2.46	0			0	
November	1.40	2.63	0			0	
December	1.55	2.61	0			0	
Action taken:							
Certified Lab:							

SOURCE WATER PROTECTION PLAN ANNUAL UPDATE CHECKLIST

Yearly review of the source water protection (SWP) plan is required. The review should consider questions including, but not limited, those listed below. Every five years, or whenever significant changes to the municipal water system or risks to its source occur, the municipal unit should consider revising the plan. Otherwise, updates may be added to the original source water protection plans in an appropriately identified appendix.

QUESTIONS TO CONSIDER IN ANNUAL UPDATE
How many source water committee meetings have been held in the past year? Have there been any changes to committee membership? None
Have there been any changes made to the committee terms of reference? No
Have changes to the system infrastructure been made (e.g. wells constructed or decommissioned)NO
Have any new risks to the watershed or aquifer area been identified? For example: · have new land uses which could impact the source water commenced (or existing uses changed or ceased) within the watershed or aquifer area? · have recreational uses of concern continued, declined or increased with the past year within the watershed or aquifer area? NONE
If new risks have been identified, what risk reduction strategies will be employed? N/A
Have any accidents/emergencies not considered in the contingency plan occurred within the watershed or aquifer area within the past year? NO
Has source water monitoring (differs from regulatory compliance monitoring) been undertaken? Please describe the results. NONE
Has your contingency plan been reviewed and contact information updated? YES
Have any accidents/emergencies not considered in the contingency plan occurred within the watershed or aquifer area within the past year? NO
Provide an updated schedule for the implementation of the SWP plan, including items completed within the last year, items ongoing, or items yet to be completed. Based on consideration of all the above questions, identify if any items need to be added to the implementation plan.

DESCRIPTION OF ANY EMERGENCY AND UPSET CONDITIONS AND CORRECTIVE ACTION

Oct 3 The plant (CWTP) paged me out for Ph treat low at 1 am I responeded to alarm and found no issues. Upon next day inspections and discussing issues with you on the phone while you were away we identified that it was possiblity a Ph issue. I tried increasing Ph only to find it was not working, then went in reverse (drop ph) and finally found the sweet spot. We also identified that the Ph probe and controller we not functioning correctly which caused our inital problem from the beginning. The filters were taken off line and backwashed until we reached our proper dosage to achive floc. A notice was also sent out to the residents of possible discolouration in the treated water as a percaution.

The duration of this event was from start to finish was approx 48 hrs until we gained control, filter run times were limited to 6-8 hrs out side our permits and were backwashed continiously to ensure we were trying to get compliant, our distrubition NTU never went over 0.542 and Cl2 was never below 1.00mg/l. We never stopped working on trying to gain control and safty was paramount at this time.
Reported to Environment on Oct 7 2022

MODIFICATION TO CONTINGENCY PLAN, EMERGENCY NOTIFICATION OR PROCEDURE OR LABORATORY CHANGE:

NONE

RECORD OF ANY VIOLATIONS OF APPROVAL AND CORRECTIVE ACTIONS TAKEN:

Oct 3 The plant (CWTP) paged me out for Ph treat low at 1 am I responded to alarm and found no issues. Upon next day inspections and discussing issues with you on the phone while you were away we identified that it was possiblity a Ph issue. I tried increasing Ph only to find it was not working, then went in reverse (drop ph) and finally found the sweet spot. We also identified that the Ph probe and controller we not functioning correctly which caused our inital problem from the beginning. The filters were taken off line and backwashed until we reached our proper dosage to achive floc. A notice was also sent out to the residents of possible discolouration in the treated water as a percaution.

The duration of this event was from start to finish was approx 48 hrs until we gained control, filter run times were limited to 6-8 hrs out side our permits and were backwashed continiously to ensure we were trying to get compliant, our distrubition NTU never went over 0.542 and Cl2 was never below 1.00mg/l. We never stopped working on trying to gain control and safty was paramount at this time.
Reported to Environment on Oct 7 2022

SUMMARY OF COMPLAINTS RECEIVED AND CORRECTIVE ACTIONS:

Jan. low pressure compliant. Told people to call a plumber, turns out they had a dirty filter on their system

REVIEW OF QA/QC PROGRAM TO VALIDATE PLANT INSTRUMENT AND FACILITY LAB:

Here at the county we use all the same on line monitors.

For on line chlorine we use models CL 17. These units are cleaned once a month to insure true readings. We double check all readings 4 – 5 times week depending on holidays. We check the readings using DR2000 spectrophotometers or DR 2800 spectrophotometers.

Turbidity we use Hach 1720c and 1720e model on line turbidity meters. The units are cleaned once a month. All units are double checked at least 4-5 times a week depending on holidays. The units we use to double check the readings are bench model 2100n turbidity meters. All sites have calibration tubes to calibrate the 2100n.

Ph probes are used.

Operators are required to submit their chlorine counts to the ODRC at least once a week to insure no low chlorine residuals are found.

All month end reports are sent to the ODRC.

Month end reports are then sent to the Municipal operations supervisor.

APPENDIX A: Health-related Guidelines for Canadian Drinking Water Quality (Section 35 of Regulations)

Parameter	**Health based guideline (mg/l)**	**Raw mg/l** (maximum this year)	**Treated mg/l** (maximum this year)	**Date**	**Location**
aldicarb	0.009				
aldrin + dieldrin	0.0007				
aluminum	0.1 or 0.2				
antimony	0.006				
arsenic	0.010				
atrazine + metabolites	0.005				
azinphos-methyl	0.02				
barium	1				
bendiocarb	0.04				
benzene	0.005				
benzo[a]pyrene	0.00001				
boron	5				
bromate	0.01				
bromoxynil	0.005				
cadmium	0.005				
carbaryl	0.09				
carbofuran	0.09				
carbon tetrachloride	0.005				
chloramines (total)	3.0				
chlorate	1.0				
chlorite	1.0				
chlorpyrifos	0.09				
chromium	0.05				
cyanazine	0.01				
cyanide	0.2				
cyanobacterial toxins (as microcystin-LR) - surface water only	0.0015				

Parameter	Health based guideline (mg/l)	Raw mg/l (maximum this year)	Treated mg/l (maximum this year)	Date	Location
diazinon	0.02				
dicamba	0.12				
1,2-dichlorobenzene	0.2				
1,4-dichlorobenzene	0.005				
1,2-dichloroethane	0.005				
1,1-dichloroethylene	0.014				
dichloromethane	0.05				
2,4-dichlorophenol	0.9				
dichlorophenoxyacetic acid,(2,4-D)	0.1				
diclofop-methyl	0.009				
dimethoate	0.02				
dinoseb	0.01				
diquat	0.07				
diuron	0.15				
fluoride	1.5				
glyphosate	0.28				
Haloacetic Acids (HAAs)	0.080				
lead	0.01				
malathion	0.19				
mercury	0.001				
methoxychlor	0.9				
metolachlor	0.05				
metribuzin	0.08				
monochlorobenzene	0.08				
nitrate - nitrogen	10				
nitrilotriacetic acid (NTA)	0.4				
paraquat (as dichloride)	0.01				
parathion	0.05				
pentachlorophenol	0.06				

Parameter	Health based guideline (mg/l)	Raw mg/l (maximum this year)	Treated mg/l (maximum this year)	Date	Location
phorate	0.002				
picloram	0.19				
selenium	0.01				
simazine	0.01				
terbufos	0.001				
tetrachloroethylene	0.03				
2,3,4,6-tetrachlorophenol	0.1				
trichloroethylene	0.005				
2,4,6-trichlorophenol	0.005				
trifluralin	0.045				
trihalomethanes (THM's)	0.100				
turbidity	See Approval				
uranium	0.02				
vinyl chloride	0.002				
Gross alpha	0.5 Bq/L				
Gross beta	1 Bq/L				
Lead 210	0.2 Bq/L				

Has any of the parameter exceeded Guidelines Yes..... No.....

If Yes provide date of occurrence and date when Department was notified:

Action taken:

Certified Lab: AGAT