



Taiga Environmental Laboratory
4601-52nd Ave., Box 1320, Yellowknife, NT. X1A 2L9
Tel: (867)-767-9235 Fax: (867)-920-8740

Taiga Batch No.:
200510

- FINAL REPORT -

Prepared For: Community Government of Wekweeti

Address: P.O. Box 69
Wekweeti, NT
X1A 1W0

Attn: SAO

Facsimile: (867) 713-2030

Final report has been reviewed and approved by:

Glen Hudy
Quality Assurance Officer

NOTES:

- Test methods and data are validated by the laboratory's Quality Assurance Program. Taiga Environmental Laboratory is accredited by the Canadian Association for Laboratory Accreditation Inc. (CALA) to ISO/IEC 17025 as a testing laboratory for specific tests registered with CALA.
- Routine methods are based on recognized procedures from sources such as
 - Standard Methods for the Examination of Water and Wastewater APHA AWWA WEF;
 - Environment Canada
 - USEPA
- Samples shall be kept for thirty (30) days after the final report is issued. All microbiological samples shall be disposed of immediately upon completion of analysis to minimize biohazardous risks to laboratory personnel. Please contact the laboratory if you have any special requirements.
- Final results are based on the specific tests at the time of analysis and do not represent the conditions during sampling.

ReportDate: Friday, August 14, 2020

Print Date: *Friday, August 14, 2020*

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Tel: (867)-767-9235 Fax: (867)-920-8740

Taiga Batch No.:
200510

- CERTIFICATE OF ANALYSIS -

Client Sample ID: **001-2**

Taiga Sample ID: **001**

Client Project: W2007L3-0001

Sample Type: Sewage effluent

Received Date: 31-Jul-20

Sampling Date: 31-Jul-20

Sampling Time: 11:00

Location: Wekweeti

Report Status: **Final**

Test Parameter	Result	Detection Limit	Units	Analysis Date	Analytical Method *	Qualifier
<u>Inorganics - Nutrients</u>						
Ammonia as Nitrogen	< 0.005	0.005	mg/L	06-Aug-20	SM4500-NH3:G	
Biochemical Oxygen Demand	< 2	2	mg/L	31-Jul-20	SM5210:B	
<u>Inorganics - Physicals</u>						
pH	6.83		pH units	31-Jul-20	SM4500-H:B	
Solids, Total Suspended	< 3	3	mg/L	07-Aug-20	SM2540:D	
<u>Microbiology</u>						
Coliforms, Fecal	2	1	CFU/100mL	31-Jul-20	SM9222:D	
<u>Subcontracted Organics</u>						
Hexane Extractable Material	< 1.0	1	mg/L	12-Aug-20	APHA 5520B	
<u>Trace Metals, Total</u>						
Mercury	0.01	0.01	µg/L	12-Aug-20	EPA200.8	

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Tel: (867)-767-9235 Fax: (867)-920-8740

Taiga Batch No.:
200510

- CERTIFICATE OF ANALYSIS -

Client Sample ID: **001-3**

Taiga Sample ID: **002**

Client Project: W2007L3-0001

Sample Type: Water

Received Date: 31-Jul-20

Sampling Date: 31-Jul-20

Sampling Time: 11:00

Location: Wekweeti

Report Status: Final

Test Parameter	Result	Detection Limit	Units	Analysis Date	Analytical Method *	Qualifier
<u>Inorganics - Nutrients</u>						
Ammonia as Nitrogen	10.1	0.005	mg/L	06-Aug-20	SM4500-NH3:G	
Biochemical Oxygen Demand	54	2	mg/L	31-Jul-20	SM5210:B	
<u>Inorganics - Physicals</u>						
pH	8.64		pH units	31-Jul-20	SM4500-H:B	
Solids, Total Suspended	100	3	mg/L	07-Aug-20	SM2540:D	
<u>Microbiology</u>						
Coliforms, Fecal	35000	1000	CFU/100mL	31-Jul-20	SM9222:D	
<u>Subcontracted Organics</u>						
Hexane Extractable Material	< 1.0	1	mg/L	12-Aug-20	APHA 5520B	
<u>Trace Metals, Total</u>						
Mercury	0.02	0.01	µg/L	12-Aug-20	EPA200.8	

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Taiga Batch No.:
200510

- CERTIFICATE OF ANALYSIS -

Client Sample ID: **001.4**

Taiga Sample ID: **003**

Client Project: W2007L3-0001

Sample Type: Wastewater

Received Date: 31-Jul-20

Sampling Date: 31-Jul-20

Sampling Time: 11:00

Location: Wekweeti

Report Status: Final

Test Parameter	Result	Detection Limit	Units	Analysis Date	Analytical Method *	Qualifer
<u>Inorganics - Physicals</u>						
pH	7.49		pH units	31-Jul-20	SM4500-H:B	
Solids, Total Suspended	< 3	3	mg/L	07-Aug-20	SM2540:D	
<u>Trace Metals, Total</u>						
Aluminum	19.4	5	µg/L	12-Aug-20	EPA200.8	
Antimony	< 0.1	0.1	µg/L	12-Aug-20	EPA200.8	
Arsenic	0.3	0.2	µg/L	12-Aug-20	EPA200.8	
Barium	16.4	0.1	µg/L	12-Aug-20	EPA200.8	
Beryllium	< 0.1	0.1	µg/L	12-Aug-20	EPA200.8	
Cadmium	< 0.1	0.1	µg/L	12-Aug-20	EPA200.8	
Cesium	< 0.1	0.1	µg/L	12-Aug-20	EPA200.8	
Chromium	0.2	0.1	µg/L	12-Aug-20	EPA200.8	
Cobalt	0.1	0.1	µg/L	12-Aug-20	EPA200.8	
Copper	0.6	0.2	µg/L	12-Aug-20	EPA200.8	
Iron	218	5	µg/L	12-Aug-20	EPA200.8	
Lead	< 0.1	0.1	µg/L	12-Aug-20	EPA200.8	
Lithium	0.5	0.2	µg/L	12-Aug-20	EPA200.8	

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Taiga Batch No.:
200510

- CERTIFICATE OF ANALYSIS -

Client Sample ID: **001.4**

Taiga Sample ID: **003**

Manganese	37.0	0.1	µg/L	12-Aug-20	EPA200.8
Mercury	< 0.01	0.01	µg/L	12-Aug-20	EPA200.8
Molybdenum	0.2	0.1	µg/L	12-Aug-20	EPA200.8
Nickel	0.7	0.1	µg/L	12-Aug-20	EPA200.8
Rubidium	3.7	0.1	µg/L	12-Aug-20	EPA200.8
Selenium	< 0.5	0.5	µg/L	12-Aug-20	EPA200.8
Silver	< 0.1	0.1	µg/L	12-Aug-20	EPA200.8
Strontium	58.6	0.1	µg/L	12-Aug-20	EPA200.8
Thallium	< 0.1	0.1	µg/L	12-Aug-20	EPA200.8
Titanium	0.4	0.1	µg/L	12-Aug-20	EPA200.8
Uranium	0.3	0.1	µg/L	12-Aug-20	EPA200.8
Vanadium	0.2	0.1	µg/L	12-Aug-20	EPA200.8
Zinc	< 5.0	5	µg/L	12-Aug-20	EPA200.8

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200510

- CERTIFICATE OF ANALYSIS -

Client Sample ID: 001.4

Taiga Sample ID: 003

*** Taiga analytical methods are based on the following standard analytical methods**

SM - Standard Methods for the Examination of Water and Wastewater

EPA - United States Environmental Protection Agency

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TAIGA ENVIRONMENTAL LABORATORY – FIELD SHEET

4601 – 52 Avenue, Yellowknife, NT, X1A 2L9 • Tel: (867) 767-9235 • Fax: (867) 920-8740 • email: taiga@gov.nt.ca

Laboratory Use Only
Batch No.:

Send Results and Invoice to:
(Please notify if results or invoice are to be sent to different locations)

Company/Agency: **Community Government of Wekweeti**

Address: **PO Box 69**

City/Town: **Wekweeti**

Province/Territory: **NT** Postal Code: **XOE 1W0**

Phone: **(867) 713 - 2010** Fax:

E-mail: **finance.wekweti@netkaster.ca** **Send results also to:**

Signature: **jpacunayen@wlbw.ca; heather_beck@gov.nt.ca**

Client Project No.: **W2017L3-0001**

Date Collected: Time Collected:

Sampler: Location:

Rush Required: Yes No

Note: *Analysis may be subcontracted without prior notice. See reverse for how to complete form and sampling protocols.*

Laboratory Use Only

Date Received: Received By:

Comments:

WATER SAMPLES

Sample Type (freshwater, sewage, wastewater, potable, groundwater, salt water, etc.)	SEWAGE	OUTFLOW	RUNOFF
Client Sample ID (as it should appear on final report)	SNP 001-2	SNP 001-3	SNP 001-4
Taiga Sample ID (Laboratory Use Only)			

Bottle Type and Parameter	[V] PLEASE CHECK PARAMETERS REQUESTED BELOW:																		
	SEWAGE			OUTFLOW			RUNOFF												
Routine	pH, Conductivity, Alkalinity	<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Cond	<input type="checkbox"/> Alk	<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Cond	<input type="checkbox"/> Alk	<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Cond	<input type="checkbox"/> Alk	<input type="checkbox"/> Cl	<input type="checkbox"/> SO ₄	<input type="checkbox"/> F	<input type="checkbox"/> NO ₂ -N	<input type="checkbox"/> NO ₃ -N				
	Individual Anions Suite <input type="checkbox"/>	<input type="checkbox"/> Cl	<input type="checkbox"/> SO ₄	<input type="checkbox"/> F	<input type="checkbox"/> NO ₂ -N	<input type="checkbox"/> NO ₃ -N	<input type="checkbox"/> Cl	<input type="checkbox"/> SO ₄	<input type="checkbox"/> F	<input type="checkbox"/> NO ₂ -N	<input type="checkbox"/> NO ₃ -N	<input type="checkbox"/> Cl	<input type="checkbox"/> SO ₄	<input type="checkbox"/> F	<input type="checkbox"/> NO ₂ -N	<input type="checkbox"/> NO ₃ -N			
	Total Nitrite (NO ₂) + Nitrate (NO ₃)	<input type="checkbox"/> NO ₂ -N + NO ₃ -N			<input type="checkbox"/> NO ₂ -N + NO ₃ -N			<input type="checkbox"/> NO ₂ -N + NO ₃ -N											
	Individual Cations Suite <input type="checkbox"/>	<input type="checkbox"/> Ca	<input type="checkbox"/> Mg	<input type="checkbox"/> Na	<input type="checkbox"/> K	<input type="checkbox"/> Ca	<input type="checkbox"/> Mg	<input type="checkbox"/> Na	<input type="checkbox"/> K	<input type="checkbox"/> Ca	<input type="checkbox"/> Mg	<input type="checkbox"/> Na	<input type="checkbox"/> K	<input type="checkbox"/> Ca	<input type="checkbox"/> Mg	<input type="checkbox"/> Na	<input type="checkbox"/> K		
	Hardness (Calculated)	<input type="checkbox"/> Hardness			<input type="checkbox"/> Hardness			<input type="checkbox"/> Hardness											
	Reactive Silica	<input type="checkbox"/> SiO ₂			<input type="checkbox"/> SiO ₂			<input type="checkbox"/> SiO ₂											
	Colour	<input type="checkbox"/> Apparent	<input type="checkbox"/> True		<input type="checkbox"/> Apparent	<input type="checkbox"/> True		<input type="checkbox"/> Apparent	<input type="checkbox"/> True		<input type="checkbox"/> Apparent	<input type="checkbox"/> True		<input type="checkbox"/> Apparent	<input type="checkbox"/> True		<input type="checkbox"/> Apparent	<input type="checkbox"/> True	
	Laboratory Use Only	Received: <input type="checkbox"/> Y <input type="checkbox"/> N			Received: <input type="checkbox"/> Y <input type="checkbox"/> N			Received: <input type="checkbox"/> Y <input type="checkbox"/> N											
Nutrients	Chlorine: Total, Residual	<input type="checkbox"/> T. Cl	<input type="checkbox"/> R. Cl		<input type="checkbox"/> T. Cl	<input type="checkbox"/> R. Cl		<input type="checkbox"/> T. Cl	<input type="checkbox"/> R. Cl		<input type="checkbox"/> T. Cl	<input type="checkbox"/> R. Cl		<input type="checkbox"/> T. Cl	<input type="checkbox"/> R. Cl		<input type="checkbox"/> T. Cl	<input type="checkbox"/> R. Cl	
	Chemical Oxygen Demand	<input type="checkbox"/> COD			<input type="checkbox"/> COD			<input type="checkbox"/> COD											
	Turbidity	<input type="checkbox"/> Turbidity			<input type="checkbox"/> Turbidity			<input type="checkbox"/> Turbidity											
	Total Suspended Solids, Dissolved Solids	<input checked="" type="checkbox"/> TSS	<input type="checkbox"/> TDS		<input checked="" type="checkbox"/> TSS	<input type="checkbox"/> TDS		<input checked="" type="checkbox"/> TSS	<input type="checkbox"/> TDS		<input type="checkbox"/> TSS	<input type="checkbox"/> TDS		<input type="checkbox"/> TSS	<input type="checkbox"/> TDS		<input type="checkbox"/> TSS	<input type="checkbox"/> TDS	
	Ammonia	<input checked="" type="checkbox"/> NH ₃ -N			<input checked="" type="checkbox"/> NH ₃ -N			<input checked="" type="checkbox"/> NH ₃ -N											
	Phosphorus: Total, Dissolved, Ortho	<input checked="" type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP	<input checked="" type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP	<input checked="" type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP	<input type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP	<input type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP	<input type="checkbox"/> TP	<input type="checkbox"/> DP	<input type="checkbox"/> OP
	Carbon: Total, Dissolved	<input type="checkbox"/> TOC	<input type="checkbox"/> DOC		<input type="checkbox"/> TOC	<input type="checkbox"/> DOC		<input type="checkbox"/> TOC	<input type="checkbox"/> DOC		<input type="checkbox"/> TOC	<input type="checkbox"/> DOC		<input type="checkbox"/> TOC	<input type="checkbox"/> DOC		<input type="checkbox"/> TOC	<input type="checkbox"/> DOC	
	Nitrogen: Total, Dissolved	<input type="checkbox"/> TN	<input type="checkbox"/> DN		<input type="checkbox"/> TN	<input type="checkbox"/> DN		<input type="checkbox"/> TN	<input type="checkbox"/> DN		<input type="checkbox"/> TN	<input type="checkbox"/> DN		<input type="checkbox"/> TN	<input type="checkbox"/> DN		<input type="checkbox"/> TN	<input type="checkbox"/> DN	
	Visible Oil and Grease	<input type="checkbox"/> Visible			<input type="checkbox"/> Visible			<input type="checkbox"/> Visible											
	Laboratory Use Only	Received: <input type="checkbox"/> Y <input type="checkbox"/> N			Received: <input type="checkbox"/> Y <input type="checkbox"/> N			Received: <input type="checkbox"/> Y <input type="checkbox"/> N											
Sterile	Fecal Coliforms (FC)	<input checked="" type="checkbox"/> FC			<input checked="" type="checkbox"/> FC			<input checked="" type="checkbox"/> FC											
	Total Coliforms (TC), E. Coli (EC)	<input type="checkbox"/> TC	<input type="checkbox"/> EC		<input type="checkbox"/> TC	<input type="checkbox"/> EC		<input type="checkbox"/> TC	<input type="checkbox"/> EC		<input type="checkbox"/> TC	<input type="checkbox"/> EC		<input type="checkbox"/> TC	<input type="checkbox"/> EC		<input type="checkbox"/> TC	<input type="checkbox"/> EC	
	Enterococci (EN)	<input type="checkbox"/> EN			<input type="checkbox"/> EN			<input type="checkbox"/> EN											
	Laboratory Use Only	Received: <input type="checkbox"/> Y <input type="checkbox"/> N °C Sterile Container: <input type="checkbox"/> Y <input type="checkbox"/> N			Received: <input type="checkbox"/> Y <input type="checkbox"/> N °C Sterile Container: <input type="checkbox"/> Y <input type="checkbox"/> N			Received: <input type="checkbox"/> Y <input type="checkbox"/> N °C Sterile Container: <input type="checkbox"/> Y <input type="checkbox"/> N											
Metals	Biochemical Oxygen Demand	<input type="checkbox"/> BOD			<input type="checkbox"/> BOD			<input type="checkbox"/> BOD											
	Carbonaceous BOD	<input checked="" type="checkbox"/> CBOD			<input checked="" type="checkbox"/> CBOD			<input checked="" type="checkbox"/> CBOD											
	Laboratory Use Only	Received: <input type="checkbox"/> Y <input type="checkbox"/> N °C			Received: <input type="checkbox"/> Y <input type="checkbox"/> N °C			Received: <input type="checkbox"/> Y <input type="checkbox"/> N °C											
	Please indicate if sample is preserved and/or filtered	<input type="checkbox"/> Pres	<input type="checkbox"/> Filt	<input type="checkbox"/> Pres	<input type="checkbox"/> Pres	<input type="checkbox"/> Filt	<input type="checkbox"/> Pres	<input type="checkbox"/> Pres	<input type="checkbox"/> Filt	<input type="checkbox"/> Pres	<input type="checkbox"/> Pres	<input type="checkbox"/> Filt	<input type="checkbox"/> Pres	<input type="checkbox"/> Pres	<input type="checkbox"/> Filt	<input type="checkbox"/> Pres	<input type="checkbox"/> Pres	<input type="checkbox"/> Filt	<input type="checkbox"/> Pres
	ICP-MS(1): Cd, Cr, Cu, Co, Mn, Ni, Pb, Zn, Fe	<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved	
	ICP-MS(2): 25 element scan includes As (not included: B, Bi, Hg, Sn)	<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input type="checkbox"/> Total	<input type="checkbox"/> Dissolved	
	Individual Metals by ICP-MS (please circle each metal): Ag, Al, As, B, Ba, Be, Bi, Cd, Co, Cr, Cs, Cu, Fe, Hg, Li, Mn, Mo, Ni, Pb, Rb, Sb, Se, Sn, Sr, Ti, Tl, U, V, Zn	Hg Only <input checked="" type="checkbox"/> Total	<input type="checkbox"/> Dissolved		Hg Only <input checked="" type="checkbox"/> Total	<input type="checkbox"/> Dissolved		Hg Only <input checked="" type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input checked="" type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input checked="" type="checkbox"/> Total	<input type="checkbox"/> Dissolved		<input checked="" type="checkbox"/> Total	<input type="checkbox"/> Dissolved	
	Laboratory Use Only	TM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	DM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		TM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	DM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		TM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	DM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		TM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	DM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		TM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	DM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		TM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	DM Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	
Other	Hexane Extractable Material (O&G)	<input checked="" type="checkbox"/> HEM			<input checked="" type="checkbox"/> HEM			<input checked="" type="checkbox"/> HEM											
	Laboratory Use Only	Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Pres: <input type="checkbox"/> Y <input type="checkbox"/> N		Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Pres: <input type="checkbox"/> Y <input type="checkbox"/> N		Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Pres: <input type="checkbox"/> Y <input type="checkbox"/> N		Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Pres: <input type="checkbox"/> Y <input type="checkbox"/> N		Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Pres: <input type="checkbox"/> Y <input type="checkbox"/> N		Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Pres: <input type="checkbox"/> Y <input type="checkbox"/> N	
	BTEX, Purgeable HC (40mL x 2 vials)	<input type="checkbox"/> BTEX	<input type="checkbox"/> Purg HC		<input type="checkbox"/> BTEX	<input type="checkbox"/> Purg HC		<input type="checkbox"/> BTEX	<input type="checkbox"/> Purg HC		<input type="checkbox"/> BTEX	<input type="checkbox"/> Purg HC		<input type="checkbox"/> BTEX	<input type="checkbox"/> Purg HC		<input type="checkbox"/> BTEX	<input type="checkbox"/> Purg HC	
	Extractable HC (1L amber glass bottle)	<input type="checkbox"/> Ext HC			<input type="checkbox"/> Ext HC			<input type="checkbox"/> Ext HC											
	Trihalomethanes (40 mL x 2 vials)	<input type="checkbox"/> THM			<input type="checkbox"/> THM			<input type="checkbox"/> THM											
	Laboratory Use Only	Vial Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Ext Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		Vial Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Ext Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		Vial Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Ext Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		Vial Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Ext Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		Vial Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Ext Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N		Vial Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	Ext Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Other: See special request form																		













For safety purposes, please disclose any contaminants (e.g. heavy metals, cyanide, etc.) that may be present at high levels and pose a risk to human health:

HOW TO FILL OUT THIS FORM

Company/Agency	The full, legal company name.
Address	Full street address, including suite or unit number, if applicable. Final reports will be sent to this address.
City/Town	City or Town
Province/Territory	Province or Territory
Postal Code	Postal Code
Phone	Full telephone number, including area code and extension, if applicable.
Fax	Facsimile number.
E-mail	E-mail address, if available.
Signature	Signature of the individual filling out the form.
Client Project No.	This information will appear on the final analytical report.
Date Collected	Enter the date(s) that the samples were collected.
Time Collected	Enter the time(s) the sample(s) were collected in military time or note if it is a.m or p.m.
Sampler	The name of the individual who collected the sample.
Location	The general location of where the samples were collected.
Rush Required	Indicate if regular or Rush turnaround time is required. Check yes only if Rush is required, no if not.
Sample Type	Identify the sample matrix (freshwater, drinking water, soil, etc.).
Client Sample ID	Identify each submitted sample. This identification will appear on the analytical report.
Test Column	Check off the tests you require for each sample submitted.

IMPORTANT INFORMATION

<p>Turnaround Time Standard turnaround time is 10 business days. Please note that turnaround time delays may occur if the <i>Field Sheet</i> is incomplete or incorrectly filled out.</p> <p>RUSH Analysis Rush turnaround time is 5 business days. All samples received at the lab are analyzed on a 'first come, first serve' basis unless otherwise specified as Rush. Rush samples will be placed in the front of the line and analyzed prior to routine samples. A premium charge of 100% shall be charged for the analysis. Rush services depend on staff availability, analysis required and capabilities of the lab. Please contact the lab prior to requesting this service.</p> <p>Sample Receipt, Custody and Storage All submitted samples remain the sole property of the client and may be returned to the client for appropriate storage or disposal at the discretion of Taiga Environmental Laboratory.</p> <p>All submitted samples will be stored for 30 days from the date the final report is printed. Arrangements can be made to hold the samples for an extended time at a nominal fee.</p> <p>Sampling Supplies Sample bottles, preservatives, labels and forms are available at no cost when requesting services. To place a bottle order, please submit a <i>Bottle &/or Preservative Order Form</i> a minimum of 48 hours in advance. Please note the shipment of Dangerous Goods may be delayed due to availability of qualified airline agents to process the paperwork.</p> <p>Shipping Charges All shipping costs are the responsibility of the client.</p> <p>Confidentiality All data and reports are considered confidential and the property of the client. No information shall be released to others without documented approval from the client.</p> <p>Limit of Liability Although every care and precaution is taken in the performance of our services, our liability for loss or damage in all circumstances is limited to re-analysis of the sample(s) at our expense or the cancellation of charges.</p> <p>Taiga Environmental Laboratory reserves the right to refuse to proceed with an analysis if the lab does not have the capability and/or resources to meet analysis requirements, including facilities and equipment, scientific expertise, analytical capabilities, staff scheduling, Quality Assurance/Quality Control specifications and report.</p>

Parameter Group	Marking	Preservative	Instructions
 Routine	GREEN	Keep Cool at 4°C	<ol style="list-style-type: none"> 1. Rinse bottle three (3) times with sample. 2. Fill to top and cap bottle.
 Nutrients	BLACK	Keep Cool at 4°C	
 Biochemical Oxygen Demand (BOD)/Carbonaceous BOD (CBOD)	PURPLE	Keep Cool at 4°C	<ol style="list-style-type: none"> 1. Rinse bottle three (3) times with sample. 2. Fill to top and cap bottle. 3. Sample must be sent to the lab within 24 hours of collection.
 Microbiological	STERILE	Sodium Thiosulphate Keep Cool at 4°C	<ol style="list-style-type: none"> 1. DO NOT RINSE BOTTLE. 2. Fill to top and cap. 3. Sample must be sent to the lab within 24 hours of collection.
 Total Metals	RED	5 mL of 1:3 nitric acid in Red-dot vial	<ol style="list-style-type: none"> 1. Rinse bottle three (3) times with sample. 2. Fill to near the top. 3. Add contents of preservative vial. 4. Cap bottle and mix.
 Dissolved Metals	RED	5 mL of 1:3 nitric acid in Red-dot vial	<ol style="list-style-type: none"> 1. Filter sample with 0.45 um Cellulose Acetate filter. 2. Rinse bottle three (3) times with filtrate. 3. Fill to near the top. 4. Add contents of preservative vial. 5. Cap bottle and mix.
 Hexane Extractable Material (HEM)	YELLOW	4 mL of 1:3 sulphuric acid in Yellow-dot vial	<ol style="list-style-type: none"> 1. DO NOT RINSE BOTTLE. 2. Fill to shoulder of bottle. 3. Add contents of preservative vial. 4. Cap bottle and mix.
 BTEX, THM and Purgeable Hydrocarbons	40 mL CLEAR GLASS W/ WHITE LID	Keep Cool at 4°C	<ol style="list-style-type: none"> 1. DO NOT RINSE BOTTLE. 2. Fill vials completely leaving NO air bubbles.
 Extractable Hydrocarbons	1 L AMBER GLASS WITH WHITE LID	Keep Cool at 4°C	<ol style="list-style-type: none"> 1. DO NOT RINSE BOTTLE. 2. Fill to top and cap.
 Cyanide, Total and WAD	BLUE	1 mL of 6N sodium hydroxide solution	<ol style="list-style-type: none"> 1. Rinse bottle three (3) times with sample. 2. Fill to near the top of container. 3. Add contents of preservative vial. 4. Cap bottle and mix.
 Thiocyanate	ORANGE	2 mL 25% sulphuric acid; or keep cool at 4°C	
 Phenol	YELLOW with P	2 mL of 20% sulphuric acid	

Municipal Water Licence Annual Report

Community Government of Wekweeti

Licence #: W2017L3-0001

Reporting year:

Expires: September 21, 2027

= please fill out

The Licensee shall file an Annual Report with the Board not later than March 31st of the year following the calendar year reported which shall contain the following information:

1. Water Usage (Schedule 1, Condition a) (Licensed Water Volume Withdrawal: 10,000 m³)

Total volume withdrawn for reporting year (m³):

Table 1: Monthly & Annual withdrawal volumes pumped (SNP 002-01)

Month	Volume from main source (m ³)	Volume from any other source (m ³)	TOTAL Volume (m ³)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTALS			
% Increase/decrease from previous year			

Reasons for increase/decrease:

Reasons for exceeding licensed withdrawal volumes (if applicable):

General information (e.g. information regarding any modifications to the water withdrawal procedure or facilities should be included here. If necessary, please attach any relevant reports to the end of this document):

2. Solid Waste Disposal (Schedule 1, Condition k)

Approximate total yearly volume of solid waste deposited: _____ m³

Table 2: Monthly solid waste disposal volumes

Month	Volume of solid waste deposited (m ³)
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
TOTALS	
% Increase/decrease from previous year	

GNWT – MACA has provided a standard formula for estimating the amount of solid waste deposited into a Solid Waste Facility in the absence of a metered Garbage Truck. The following can be used: Volume per person per day X number of days X population

e.g. 0.015 m³ X 30 days X 860 people = 387 m³ of domestic trash deposited into the Solid Waste Facility in a 30 day month

Reasons for increase/decrease (e.g. an industrial project close to Wekweeti or a large influx of people into town):

General information (e.g. information regarding any agreements with outside organizations to be a waste receiving facility should be outlined here along with an estimate of the amount and type of waste to be received):

3. Sewage Deposited to Primary Sewage Cells (Schedule 1, Condition b)

Table 3: Monthly sewage waste volumes deposited

Month	Volume of sewage waste deposited (m ³)		
	Pumper Truck	Utilidor	TOTAL
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTALS			
Is this an estimated volume?		YES	NO
% Increase/decrease from previous year			

To calculate monthly sewage waste deposited to the Primary Lagoon, please provide the above information if metered information is available. If metered information is not available, please fill in the table using the corresponding TOTAL water volumes from Table 1. This provides estimation only and equals water in/sewage out.

Reasons for increase/decrease (e.g. an industrial project close to Wekweeti or a large influx of people into town):

Approximate volume of sludge in the Primary Sewage Cells/Detention Ponds for reporting year m³:
(Schedule-1, Condition c)

Has any sludge been removed from the sewage lagoon or from Snare Lake during this reporting year? If so, what volume of sludge was removed? What testing was completed on the sludge and where it was disposed of? Please provide documentation for testing and GNWT Water Licence Inspector approval of placement. (Schedule 1, Condition g)

Was there any decanting this reporting year? Please provide dates. What was the decant duration and the approximate volume decanted? As this is a Surveillance Network Program (SNP) site, the resulting testing is to be presented as part of the tabular SNP data to be provided as per the Water Licence.

4. Problems, modifications or repairs completed during the year on water supply and waste disposal facilities (Schedule 1, Condition d)

Include any work done to infrastructure for all facilities completed during the year in this section. This includes any changes, repairs and Modifications (as per Part F of the Licence). If any problems occurred during the year, please note them here. If there are no changes, make note of that. If required, please attach any as-built drawings or reports as appendices to this report.

5. Surveillance Network Program Data (Schedule 1, Condition e)

Surveillance Network Program (SNP) information is to be submitted in a tabular format and shall indicate date of testing, parameters tested for and any other information requested by the GNWT Water Licence Inspector or the WLWB. [Laboratory results should be summarized. A results table has been provided below for your convenience. Note: it is possible to copy/paste from Excel into Word provided the same number of cells are selected in each table].

Surveillance Network Program Lab Results Summary

	Sewage Effluent					Snare Lake					Runoff from Waste Disposal Facility				
	SNP 001-2					SNP 001-3					SNP 001-4				
	June	July	Aug	Sept	Oct	June	July	Aug	Sept	Oct	June	July	Aug	Sept	Oct
Ammonia-Nitrogen											Not required for SNP 001-4				
CBOD															
pH															
Total Suspended Solids											Not required for SNP 001-4				
Total Phosphorous															
Faecal Coliforms															
Oil and Grease*															
Total Mercury															
Aluminum															
Arsenic															
Barium															
Boron															
Cadmium															
Chromium															
Copper															
Iron	Not required for SNP 001-2 and 001-3														
Lead															
Manganese															
Molybdenum															
Nickel															
Selenium															
Strontium															
Uranium															
Zinc															

*Hexane Extractable Material

6. Unauthorized discharges (Schedule 1, Condition f)		
List any unauthorized discharges here including any spills, how and when they were reported, and how they were cleaned up. Please attach copies of spill reports, correspondence with the GNWT Water Licence Inspector or any other pertinent documentation as appendices to this report.		
7. Spill Training and Communications Exercises (Schedule 1, Condition h)		
List any spill training and communications exercises that have been carried out including courses on spills prevention, waste management, SNP sampling, etc.		
8. Closure and Reclamation (Schedule 1, Condition i)		
Include any closure and reclamation details here including any work anticipated to be completed during the next year. If required, please attach any as-built drawings or reports as appendices to this report.		
9. Studies requested by the Board (Schedule 1, Condition j)		
If the Board has requested that specific studies be completed, include details of the plan in this section with a summary of the outcome. Include any attachments with the submission of the Annual Report.		
10. Updates or revisions to approved plans (Schedule 1, Condition l)		
Details on any changes to approved plans such as the O&M Plan, the Closure and Reclamation Plan, the Spill Contingency Plan, or any other that is specific to this Municipal Water Licence. Please attach documents as appendices to this report.		
11. Other Information (Schedule 1, Condition m)		
<ul style="list-style-type: none"> • Include any other information here that may be valuable to the WLWB or to GNWT. • Include details on upcoming studies that will be completed. • Please include any non-compliance items identified in the GNWT Water Licence Inspection report and detail how the Community Government of Wekweeti is addressing them. • If there are any contaminated soil piles currently in use (land farming), please list the details of containment, remediation and progress in this section. • Please identify any on-going compliance issues for the Community Government of Wekweeti. This can facilitate discussions to resolve the issues. 		
<i>An action plan template for each facility is provided below for the Community's convenience. Please feel free to add more rows as necessary.</i>		
Compliance issues/Future Studies/Upgrades/Work related to	Plan	Timeline
<i>Water Supply Facility</i>		
<i>Solid Waste Facility</i>		
<i>Sewage Disposal Facility</i>		
<i>Other (please specify):</i>		

