Water Quality Reports

2003

Moose Creek

Includes
Annual Chemicals
Quarterly Chemicals
Weekly bactis
Chemical Aquisitions
Annual Report
Summary Reports
Performance Assessment Report
Meter Calibrations
Annual Rate of Water Taking
Adverse Water Reports

Drinking-Water Systems Regulation O. Reg. 170/03

Part III Form 2
Section 11. ANNUAL REPORT.

Drinking-Water System Number:	**220008033**
Drinking-Water System Name:	Moose Creek
Drinking-Water System Owner:	Township of North Stormont
Drinking-Water System Category:	Large Municipal Residential
Period being reported:	January 1 to December 31, 2003

Complete if your Category is Large Municipal Residential or Small Municipal Residential

Does your Drinking-Water System serve more than 10,000 people? Yes [ ] **No** [x]

Is your annual report available to the public at no charge on a web site on the Internet?
Yes [x] **No** [ ]

Location where Report required under O. Reg. 170/03 Schedule 22 will be available for inspection.

Available at the Township of North Stormont Office, 2 Victoria Street, Berwick, Ontario and on their website **www.townshipofnorthstormont.on.ca**

Complete for all other Categories.

Number of Designated Facilities served:

Did you provide a copy of your annual report to all Designated Facilities you serve?
Yes [ ] **No** [ ]

Number of Interested Authorities you report to:

Did you provide a copy of your annual report to all Interested Authorities you report to for each Designated Facility?
Yes [ ] **No** [ ]

List Drinking-Water Systems, which receive all of their drinking water from your system:

None

Did you provide a copy of your annual report to all Drinking-Water System owners that are connected to you and to whom you provide all of its drinking water?
Yes [ ] **No** [ ] **N/A**[x]

Indicate how you notified system users that your annual report is available, and is free of charge.
[x] Public access/notice via the web
[x] Public access/notice via Government Office
[ ] Public access/notice via a newspaper

[ ] **Public access/notice via Public Request**
[ ] **Public access/notice via a Public Library**
[ ] **Public access/notice via other method** _____

Describe your Drinking-Water System

Groundwater is pumped from three source wells to a contact tank where Sodium Hypochlorite is added and allowed sufficient time for Hydrogen Sulphide removal and disinfection . As water is used throughout the distribution system, the level of the water tower falls to a preset limit and a pump in the plant starts. This pump draws water from the contact tank and pumps it out to refill the water tower.

List all water treatment chemicals used over this reporting period

Sodium Hypochlorite was used at an average dosage rate of 8.3 mg/L.

Were any significant expenses incurred to?

[x] Install required equipment
[ ] Repair required equipment
[x] Replace required equipment

Describe

Installed automatic Chlorine based tank switch over. Installed Chlorine Analyzer in the water distribution system. Installed flowmeter data recorder. Installed chemical storage tank with spill containment.

Provide details on the incidents submitted in accordance with subsection 18(1) of the Safe Drinking-Water Act or section 16-4 of Schedule 16 of O.Reg.170/03 and reported to Spills Action Centre?

Incident Date	Parameter	Result	Unit of Measure	Corrective Action	Corrective Action Date
Sept 2/03	HPC	>500	Cts/1ml	Resample	Sept 5/03

Microbiological testing done under section 8 (2) during this reporting period

	Number of Samples	Range of E.coli or Fecal results (#-#)	Range of Total Coliform Results (#-#)	Number of HPC Samples	Range of HPC Results (#-#)
Raw	208	0-1	0-12	0	0-0
Treated	156	0-0	0-0	53	0-82
Distribution	208	0-0	0-0	54	0 to >500

Operational testing done under **Schedule 7, 8 or 9 during the period covered by this Annual Report.**

	Number of Grab Samples	Range of Results (#-#)
Turbidity Treated Jan/03-Jun./03	[illegible]	0.17-0.98
Turbidity Raw Jun./03-Dec./03	14	0.11-0.61
Chlorine	8783	0.25-3.53

NOTE: For continuous monitors use 8760 as the number of samples.

NOTE: Record the unit of measure if it is ***not*** *milligrams per litre.*

Summary of additional testing and sampling carried out in accordance with the requirement of an approval or order.

Date of order or C of A	Parameter	Date Sampled	Result	Unit of Measure
N/A				

Summary of Inorganic parameters tested during this reporting period or most recent

Parameter	Minimum Sample Date	Maximum Sample Date	Minimum Value	Maximum Value	Parameter	Exceedance
Antimony	12/9/03	12/9/03	<0.6	<0.6	ug/L	No
Arsenic	01/20/03	01/20/03	<0.001	<0.001	mg/L	No
Barium	01/20/03	01/20/03	0.6	0.6	mg/L	No
Boron	01/20/03	01/20/03	0.2	0.2	mg/L	No
Cadmium	01/20/03	01/20/03	<0.0001	<0.0001	mg/L	No
Chromium	01/20/03	01/20/03	0.002	0.002	mg/L	No
Copper	01/20/03	01/20/03	0.007	0.007	mg/L	No
Iron	01/20/03	01/20/03	0.72	0.72	mg/L	No
Lead	01/20/03	01/20/03	<0.001	<0.001	mg/L	No
Mercury	01/20/03	01/20/03	<0.0001	<0.0001	mg/L	No
Selenium	01/20/03	01/20/03	<0.001	<0.001	mg/L	No
Uranium	01/20/03	01/20/03	<0.001	<0.001	mg/L	No
Fluoride	01/20/03	01/20/03	0.23	0.23	mg/L	No
Nitrite	12/09/03	01/20/03	<0.10	<0.011	mg/L	No
Nitrate	12/09/03	01/20/03	<0.10	<0.021	mg/L	No

Summary of Organic parameters sampled during this reporting period or most recent

Parameter	Number of Samples	Maximum Sample Date	Minimum Value	Maximum Value	Unit of Measure	Exceedance
Alachlor	[illegible]	04/24/03	<0.5	<0.5	ug / L	No
Aldicarb	[illegible]	04/24/03	<0.3	<9	ug / L	No
Aldrin + Dieldrin	[illegible]	04/24/03	<0.012	<0.012	ug / L	No
Atrazine + N-dealkylated metobolites	[illegible]	04/24/03	<0.5	<0.5	ug / L	No
Azinphos-methyl	[illegible]	04/24/03	<2	<2	ug / L	No
Bendiocarb	[illegible]	04/24/03	<2	<2	ug / L	No

Benzene	04/24/03	<0.5	<0.5	ug / L	No
Benzo(a)pyrene	12/9/03	<0.6	<0.6	ug / L	No
Bromoxynil	04/24/03	<0.5	<0.5	ug / L	No
Carbaryl	04/24/03	<5	<5	ug / L	No
Carbofuran	04/24/03	<5	<5	ug / L	No
Carbon Tetrachloride	04/24/03	<0.9	<0.9	ug / L	No
Chlordane (Total)	04/24/03	<0.012	<0.015	ug / L	No
Chlorpyrifos	04/24/03	<1	<1	ug / L	No
Cyanazine	04/24/03	<1	<1	ug / L	No
Diazinon	04/24/03	<1	<1	ug / L	No
Dicamba	04/24/03	<1	<1	ug / L	No
1,2-Dichlorobenzene	04/24/03	<0.4	<0.4	ug / L	No
1,4-Dichlorobenzene	04/24/03	<0.4	<0.4	ug / L	No
Dichlorodiphenyltrichloroethane (DDT) + metabolites	04/24/03	<0.024	<0.024	ug / L	No
1,2-Dichloroethane	04/24/03	<0.7	<0.7	ug / L	No
1,1-Dichloroethylene (vinylidene chloride)	04/24/03	<0.5	<0.5	ug / L	No
Dichloromethane	04/24/03	<4	<4	ug / L	No
2-4 Dichlorophenol	04/24/03	<0.5	<0.5	ug / L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	04/24/03	<1	<1	ug / L	No
Diclofop-methyl	04/24/03	<0.9	<0.9	ug / L	No
Dimethoate	04/24/03	<2.5	<2.5	ug / L	No
Dinoseb	04/24/03	<1	<1	ug / L	No
Diquat	04/24/03	<7	<7	ug / L	No
Diuron	04/24/03	<10	<10	ug / L	No
Glyphosate	04/24/03	<10	<10	ug / L	No
Heptachlor + Heptachlor Epoxide	04/24/03	<0.012	<0.012	ug / L	No
Linadane (Total)	04/24/03	<0.006	<0.006	ug / L	No
Malathion	04/24/03	<5	<5	ug / L	No
Methoxychlor	04/24/03	<0.024	<0.024	ug / L	No
Metolachlor	04/24/03	<0.5	<0.5	ug / L	No
Metribuzin	04/24/03	<5	<5	ug / L	No
Monochlorobenzene	04/24/03	<0.2	<0.2	ug / L	No
Paraquat	04/24/03	<1	<1	ug / L	No
Parathion	04/24/03	<1	<1	ug / L	No
Pentachlorophenol	04/24/03	<0.5	<0.5	ug / L	No
Phorate	04/24/03	<0.5	<0.5	ug / L	No
Picloram	04/24/03	<5	<5	ug / L	No
Polychlorinated Biphenyls(PCB)	04/24/03	<0.05	<0.1	ug / L	No
Promethyne	04/24/03	<0.25	<0.25	ug / L	No
Simazine	04/24/03	<1	<1	ug / L	No
THM (NOTE: show latest quarterly average)	12/9/03	58	58	ug / L	No
Temephos	04/24/03	<10	<10	ug / L	No
Terbufos	04/24/03	<0.12	<0.7	ug / L	No
Tetrachloroethylene	04/24/03	<0.3	<0.3	ug / L	No
2,3,4,6-Tetrachlorophenol	04/24/03	<0.5	<0.5	ug / L	No
Triallate	04/24/03	<1	<1	ug / L	No
Trichloroethylene	04/24/03	<0.3	<0.3	ug / L	No

2,4,6-Trichlorophenol	[illegible]	04/24/03	<0.5	<0.5	ug / L	No
2,4,5-Trichlorophenoxy acetic acid (2,4,5-T)	[illegible]	04/24/03	<1	<1	ug / L	No
Trifluralin	[illegible]	04/24/03	<1	<1	ug / L	No
Vinyl Chloride	[illegible]	04/24/03	<0.5	<0.5	ug / L	No

List any Inorganic or Organic parameter(s) that exceeded half the standard prescribed in Schedule 2 of Ontario Drinking Water Quality Standards.

Parameter	Result Value	Unit of Measure	Date of Sample
N/A			

(Only if category is large municipal residential, small municipal residential, large municipal non residential, small municipal non residential)

SUMMARY REPORTS FOR MUNICIPALITIES

Report

This report is a summary of water quality information for the Moose Creek WTF, published in accordance with Schedule 22 of Ontario's Drinking-Water Systems Regulation for the reporting period of January 1, 2003 to December 31, 2003. The Moose Creek WTF is categorized as a Large Municipal Residential Drinking Water System.

This report was prepared by The Ontario Clean Water Agency on behalf of The Township of North Stormont.

Who gets a copy of the Report:

- in the case of a drinking-water system owned by a municipality, the members of the municipal council;
- in the case of a drinking-water system owned by a municipal service board established under section 195 of the *Municipal Act, 2001*, the members of the municipal service board; or
- in the case of a drinking-water system owned by a corporation, the board of directors of the corporation.

What must the Report contain?

The report must,

(a) list the requirements of the Act, the regulations, the system's approval and any order that the system **failed to meet** at any time during the period covered by the report and specify the duration of the failure; and

(b) for each failure referred to in clause (a), describe the measures that were taken to correct the failure.

The following table lists the requirements that the system failed to meet and the measures taken to correct the failure:

Drinking Water Legislation	List the requirement(s) the system failed to meet	Specify the duration of the failure (i.e. date(s))	Describe the measures taken to correct the failure	Status (complete or outstanding)
Safe Drinking Water Act	NA			
Ontario Regulations (eg. O.Reg 170/03, O.Reg 435/93, O.Reg 903)	NA			
System Certificate of Approval #9727-5DMJAA	Monitoring and recording 2.1 (c) and (d) Recording of the total daily flow and daily peak flow as well as the date, time and duration of any flow exceedance.	January 1, 2003 to August 5, 2003	A data logger was installed to record the total daily flow and daily peak flow as well as the date, time and duration of any flow exceedance.	Complete
System Certificate of Approval #9727-5DMJAA	Upgrade Requirements 5.1 (a) (i) Installation of standby hypochlorite solution tank with automatic switchover.	July 1, 2003 to December 31, 2003	Necessary equipment was purchased and installed.	Complete

System Certificate of Approval #9727-5DMJAA	Upgrade Requirements 5.1 (b) (i) Implement wellhead protection program.	July 1, 2003 to December 31, 2003	Waiting for the completion of the Regional Wellhead Delineation Plan.	Outstanding
System Certificate of Approval #9727-5DMJAA	Upgrade Requirements 5.1 (b) (iii) Conduct well capacity testing and if warranted apply to amend the Certificate of Aproval And the Permit to Take Water	July 1, 2003 to December 31, 2003	Well capacity testing is complete and a new well is to be developed. Amendments to the Certificate of Approval and the Permit to Take Water will be applied for when well development is complete.	
Provincial Officer's Order No.	NA			

What else must the Report contain?

The report must also include the following information for the purpose of enabling the owner of the system to assess the capability of the system to meet existing and planned uses of the system:

1. A summary of the quantities and flow rates of the water supplied during the period covered by the report, including monthly average and maximum daily flows and daily instantaneous peak flow rates.

2. A comparison of the summary referred to in paragraph 1 to the rated capacity and flow rates approved in the system's approval.

Attached please find a copy of the 2003 Performance Assessment Report and 2003 Annual Record of Water Taking for the Moose Creek WTF which contains all required flow information.

When Does the Report Get Submitted?

If a report is prepared for a system that supplies water to a municipality under the terms of a contract, the owner of the system shall give a copy of the report to the municipality by March 31.

MUNICIPALITY: MOOSE CREEK
PROJECT: MOOSE CREEK WTP
PROJECT NUM.: 7-0828
WORKS NUM.: 220008033
DESCRIPTION: 3 WELL PUMPING SYSTEM C/W ELEVATED STORAGE
DISINFECTION IS WITH SODIUM HYPOCHLORITE

YEAR: 2003
WATER SOURCE: GROUNDWATER
DESIGN CAP.: 0.896 X 1000 M3/d

MONTH	FLOWS (TREATED)			TREATED		DISTRIBUTION		BACTI (INDICATE NO. OF SAMPLES)				RAW WATER	
	TOTAL FLOW 1000 m3	AVG DAY FLOW 1000 m3	MAX DAY FLOW 1000 m3	MIN FREE CL2 RESID (mg/l)	MAX FREE CL2 RESID (mg/l)	MIN FREE CL2 RESID (mg/l)	MAX FREE CL2 RESID DIST.(mg/l)	E.C. /T.C. Not Detected HPC < 500 TREAT	E.C. /T.C. Not Detected HPC < 500 DIST	E.C. / T.C. Detected HPC >500 TREAT	E.C. / T.C. Detected HPC >500 DIST	E.COLI. TAKEN	E.COLI. DETECTED
JAN	4.795	0.155	0.170	1.40	2.20	0.85	1.43	12	20	0	0	8	0
FEB	4.353	0.155	0.171	1.40	2.80	0.91	1.22	12	20	0	0	8	0
MAR	4.719	0.152	0.166	1.30	2.04	0.72	1.23	15	25	0	0	10	0
APR	4.641	0.155	0.155	0.99	2.10	0.25	0.14	12	20	0	0	8	0
MAY	6.204	0.200	0.298	1.02	2.10	1.00	1.60	12	21	0	0	8	0
JUN	5.887	0.196	0.275	0.30	3.40	0.54	1.43	15	25	0	0	10	0
JUL	6.132	0.198	0.282	0.70	2.80	0.51	1.33	12	20	0	0	8	0
AUG	5.569	0.180	0.321	0.60	2.80	0.42	1.76	12	20	0	0	8	1
SEP	5.810	0.194	0.448	1.37	2.92	0.38	1.66	15	30	0	1	10	0
OCT	5.731	0.185	0.434	1.39	2.81	0.48	1.28	12	20	0	0	8	0
NOV	4.661	0.155	0.249	1.34	2.60	0.69	1.96	12	20	0	0	8	0
DEC	5.000	0.161	0.275	1.40	2.70	0.65	1.14	15	25	0	0	10	0
TOTAL	63.502							156	266	0	1	104	0
AVG		0.174											
MAX			0.448	0.30									
CRITERIA		**0.326**	**0.896**	**0.20**		**0.05**	**4.00**						

COMMENTS: Well # 1 off line May 2002 (low prodution)

Ministry Of The Environment
Ministére de l'Environnement

Annual Record Of Ground Water Taking
Registre annuel de prélèvement d'eau souterraine

Personal information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form is to record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional Office in your area.

Les renseignements personnes qui figurent dans le présent formulaire sont resueillis en vertu de l'article 20 de la Loi sur les ressources en eau de l'Ontario. La présente sert à consigner aux dossiers les détails et les renseignements concernant la prise d'eau annuelle. Priére d'adresser toute Question au bureau régional du *ministére de l'Environnement le Plus proche.*

Year(Année): 2003 Permit No.(N° de permis): 93-P-4064

Location: RW2 - MOOSE CREEK WELL NO 2

Source: Groundwater

Name of Permittee: TWP. OF ROXBOROUGH (MOOSE CREEK)
Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE
Adresse postale

Location Of Taking: *Lieu de la prise d'eau*	Twp. or Municipality: *Canton ou municipalité*	Concession:	Lot:
16950 MCNEIL RD.	TOWNSHIP OF NORTH STORMONT	CON 6	LOT 19

Date Of Taking *Date de la prise d'eau*	Total Hours Of Taking (Hour) *Heure*	Avg. Daily Rate Of Taking (L/sec) *Débit de prise d'eau*	Total Amount Of Taking (m^3) *Volume des prises*	Peak Daily Flow (m^3/day) *Prélèvement maximum journalier*	<------- Max. Daily Rate of Taking (L/sec) *Debit de pointe journalier*	-------> (L/min)
JAN	205.40	2.98	2,200	77		
FEB	187.70	2.96	2,001	80		
MAR	198.90	3.06	2,192	80		
APR	202.10	2.97	2,160	83		
MAY	270.00	3.03	2,945	143		
JUN	209.50	2.83	2,367	108		
[illegible]	311.90	3.08	3,357	214		
[illegible]G	263.90	3.06	2,902	166	3	
SEP	286.08	2.79	2,878	224	3	
OCT	266.00	3.03	2,885	228	3	
NOV	223.50	3.03	2,418	133	3	
DEC	235.90	2.95	2,490	154	3	
Total:			30,795			
Criteria:		3.40		230	3	

I certify that the above information is true, complete and accurate. Signature Date
J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

Ministry Of The Environment
Ministére de l'Environnement

Annual Record Of Ground Water Taking
Registre annuel de prélèvement d'eau souterraine

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[illegible]es renseignements personnes qui figurent dans le présent formulaire sont resueillis en vertu de l'article 20 de la Loi sur les ressources en eau de l'Ontario. La présente sert à consigner aux dossiers les détails et les renseignements concernant la prise d'eau annuelle. Priére d'adresser toute Question au bureau régional du ministére de l'Environnement le Plus proche.

Year(Année): 2003 Permit No.(N° de permis): 93-P-4064

Location: RW3 - MOOSE CREEK WELL NO 3

Source: Groundwater

Name of Permittee: TWP. OF ROXBOROUGH (MOOSE CREEK)
Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE
Adresse postale

Location Of Taking: *Lieu de la prise d'eau*	Twp. or Municipality: *Canton ou municipalité*	Concession:	Lot:
16950 MCNEIL RD.	TOWNSHIP OF NORTH STORMONT	CON 6	LOT 19

Date Of Taking *Date de la prise d'eau*	Total Hours Of Taking (Hour) *Heure*	Avg. Daily Rate Of Taking (L/sec) *Débit de prise d'eau*	Total Amount Of Taking (m^3) *Volume des prises*	Peak Daily Flow (m^3/day) *Prélèvement maximum journalier*	<------- Max. Daily Rate of Taking (L/sec) *Debit de pointe journalier*	(L/min) ------>
JAN	205.30	3.31	2,444	87		
FEB	189.40	3.29	2,245	91		
MAR	202.50	3.29	2,400	83		
APR	204.10	3.31	2,432	91		
MAY	271.60	3.32	3,249	157		
JUN	293.10	3.34	3,518	277		
[illegible]L	236.90	3.01	2,570	120		
[illegible]G	263.00	3.10	2,906	163	3	
SEP	298.00	2.76	2,981	235	3	
OCT	266.39	3.11	2,911	217	3	
NOV	223.50	2.87	2,282	133	3	
DEC	236.10	3.02	2,551	161	3	
Total:			32,488			
Criteria:		3.40		230	3	

I certify that the above information is true, complete and accurate. Signature Date
J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

SGS Lakefield Research Limited
P.O. Box 4300 - 185 Concession St.
Lakefield - Ontario - KOL 2HO
Phone: 705-652-2038 FAX: 705-652-6441

Works #: 220008033
Project : P.O. No. 008503

OCWA-Chesterville (Moose Creek WTP)
Attn : Dave Markell kbaker@ocwa.com; bhenderson@ocwa.com; dmarkell@ocwa.com

5 Industrial Drive, P.O. Box 460
Chesterville, ON, K0C 1H0

Phone: 613-448-3098
Fax:pdf

Tuesday, December 23, 2003

Date Rec. : 10 December 2003
LR Report: **CA6484-DEC03**

Copy: #1

CERTIFICATE OF ANALYSIS
Final Report

Analysis	1: *Approved Date	2: *Approved Time	3: MAC	4: Half MAC	5: AO/OG	6: RDL	7: MDL	8: TDW Moose Creek Treated	9: TDW Moose Creek System SPS
Sample Date & Time								08-Dec-03 10:10	09-Dec-03 10:00
Temperature [°C]	--	--	--	--	---	--	--	6.5	6.5
Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	1.0	0.5	---	0.1	0.011	0.011 <MDL	---
Nitrate (as nitrogen) [mg/L]	15-Dec-03	13:50	10.0	5	---	1	0.021	0.021 <MDL	---
Nitrate + Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	10	5	---	1	0.021	0.021 <MDL	---
Antimony [ug/L]	18-Dec-03	08:20	6	3	---	---	0.6	0.6 <MDL	---
[illegible]alomethanes (total) [ug/L]	23-Dec-03	07:25	100	50	---	10	0.63	---	74
[illegible]romoform [ug/L]	23-Dec-03	07:25	---	---	---	---	0.56	---	0.56 <MDL
Bromodichloromethane [ug/L]	23-Dec-03	07:25	---	---	---	---	0.63	---	17
Chloroform [ug/L]	23-Dec-03	07:25	---	---	---	---	0.60	---	52
Dibromochloromethane [ug/L]	23-Dec-03	07:25	---	---	---	---	0.37	---	4.7
Benzo(a)pyrene [ug/L]	22-Dec-03	14:33	0.01	0.005	---	0.01	0.004	0.004 <MDL	---
Aldicarb [ug/L]	22-Dec-03	13:24	9	4.5	---	9	0.30	0.30 <MDL	---
Terbufos [ug/L]	22-Dec-03	13:24	1	0.5	---	1	0.12	0.12 <MDL	---

SDWA - Safe Drinking Water Act
MAC - Maximum Acceptable Concentration (SDWA)
Half MAC - Half of the Maximum Acceptable Concentration (SDWA)
AO/OG - Aesthetic Objective / Operational Guideline (SDWA)
RDL - MOE Required Reporting Detection Limit
MDL - SGS Method Detection Limit

Carrie Greenlaw
Project Coordinator
Environmental Services, Analytical

OnLine LIMS

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: MOOSE CREEK WELL SUPPLY

ATT: Mr. Blair Henderson

Report Number: 2300808
Date: 2003-01-30
Date Submitted: 2003-01-21

Project: Moose Creek Wells Quarterly Chemicals

P.O. Number:

Matrix: Supply Water

			LAB ID:	229201	229202			
			Sample Date:	2003-01-20	2003-01-20			
			Sample ID:	MCW-01	MCW-02-System			
PARAMETER	**UNITS**	**MDL**						
BTEX / 624 / PURGEABLE HYDROCARBONS								
Benzene	ug/L	0.5		<0.5				
Toluene	ug/L	0.5		<0.5				
Ethylbenzene	ug/L	0.5		<0.5				
m/p-xylene	ug/L	1.0		<1.0				
o-xylene	ug/L	0.5		<0.5				
Bromodichloromethane	ug/L	0.3		15.9	13.1			
Bromoform	ug/L	0.4		<0.4	<0.4			
Carbon Tetrachloride	ug/L	0.9		<0.9				
[illegible]chlorobenzene	ug/L	0.2		<0.2				
Chloroform	ug/L	0.5		33.8	29.5			
Dibromochloromethane	ug/L	0.3		5.2	4.3			
1,2-dichlorobenzene	ug/L	0.4		<0.4				
1,4-dichlorobenzene	ug/L	0.4		<0.4				
1,2-dichloroethane	ug/L	0.7		<0.7				
1,1-dichloroethylene	ug/L	0.5		<0.5				
Dichloromethane	ug/L	4.0		<4.0				
Tetrachloroethylene	ug/L	0.3		<0.3				
Trichloroethylene	ug/L	0.3		<0.3				
Vinyl Chloride	ug/L	0.5		<0.5				
TOTALS								
Trihalomethanes (total)	ug/L	2.0		54.9	46.9			
Xylene; total	ug/L	2.0		<2.0				
BTEX / 624 Surrogate Recoveries								
Toluene-d8	%			97	97			
1,2-dichloroethane-d4	%			99				
4-bromofluorobenzene	%			102				

MDL = Method Detection Limit INC = Incomplete Method References available upon request.

Comment:

APPROVAL: MW

Mina Nasirai, B.Sc., C.Chem.
Organic Lab Supervisor

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608 Norris Court, Kingston, ON, K7P 2R9

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: MOOSE CREEK WELL SUPPLY

ATT: Mr. Blair Henderson

Report Number: 2300808
Date: 2003-02-07
Date Submitted: 2003-01-21

Project: Moose Creek Wells

P.O. Number:
Matrix: Supply Water

	LAB ID:	229201	229202			
	Sample Date:	2003-01-20	2003-01-20			
	Sample ID:	MCW-01	MCW-02-System			
PARAMETER	**UNITS**	**MDL**	TREATEDWATER	DISTRIBUTION		
As	mg/L	0.001	<0.001			
B	mg/L	0.05	0.06			
Ba	mg/L	0.01	0.20			
Cd	mg/L	0.0001	<0.0001			
Cr	mg/L	0.001	0.002			
Cu	mg/L	0.001	0.007			
F	mg/L	0.10	0.23			
Fe	mg/L	0.01	0.72			
Pb	mg/L	0.001	<0.001	<0.001		
Mn	mg/L	0.005	0.050			
[illegible]	mg/L	0.0001	<0.0001			
N-NO2	mg/L	0.10	<0.10			
N-NO3	mg/L	0.10	<0.10			
Se	mg/L	0.001	<0.001			
U	mg/L	0.001	<0.001			

MDL = Method Detection Limit INC = Incomplete Method references available upon request.
Comment:

APPROVAL: _____
Ewan McRobbie
Inorganic Lab Supervisor

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: MOOSE CREEK WELL SUPPLY

ATT: Mr. Blair Henderson

Report Number: 2300808
Date: 2003-02-12
Date Submitted: 2003-01-21

Project: Moose Creek Wells

Sample Matrix: Supply Water

		LAB ID:	229201				
		Sample Date:	2003-01-20				
		Sample ID:	MCW-01				
PARAMETER	**UNITS**	**MDL**					
PESTICIDES & PCB's							
Alachlor	ug/L	0.5	<0.5				
Aldicarb	ug/L	5	<5				
Aldrin	ug/L	0.006	<0.006				
Aldrin + Dieldrin	ug/L	0.012	<0.012				
Atrazine	ug/L	0.5	<0.5				
Desethyl-atrazine	ug/L	0.5	<0.5				
Atrazine+Desethyl-atrazine	ug/L	1	<1				
Azinphos-methyl	ug/L	2	<2				
Bendiocarb	ug/L	2	<2				
Bromoxynil	ug/L	0.5	<0.5				
Carbaryl	ug/L	5	<5				
Carbofuran	ug/L	5	<5				
Chlordane (Total)	ug/L	0.012	<0.012				
a-Chlorodane	ug/L	0.006	<0.006				
g-Chlorodane	ug/L	0.006	<0.006				
Oxychlorodane	ug/L	0.006	<0.006				
Chloropyrifos	ug/L	1	<1				
Cyanazine	ug/L	1	<1				
Diazinon	ug/L	1	<1				
Dicamba	ug/L	1	<1				
Dieldrin	ug/L	0.006	<0.006				
Diquat	ug/L	7	<7				
2,4-Dichlorophenol	ug/L	0.5	<0.5				
DDT + Metabolites	ug/L	0.024	<0.024				
o,p'-DDT	ug/L	0.006	<0.006				
p,p'-DDT	ug/L	0.006	<0.006				
2,4-D	ug/L	1	<1				
p,p'-DDE	ug/L	0.006	<0.006				

NOTE: mg/L (ppm)=1000xug/L (ppb)
MDL = Method Detection Limit
Comment:

Method References available upon request.
INC = Incomplete

APPROVAL:

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Organic Lab Supervisor

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Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

[redacted]tario Clean Water Agency
[redacted]ndustrial Dr.
Chesterville, ON
K0C 1H0

Attention: **Dave Markell**

Report: **230000137**
Project: Moose Creek WTP
Date Sampled: January 6, 2003
Date Received: January 7, 2003
Date Printed: January 09, 2003
Matrix: Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05
Sample ID						
Well #2 Raw	absent	absent			absent	
Well #3 Raw	absent	absent			absent	
Treated Water		absent	1.89	absent	absent	2.30
Dist. Elevated Tank		absent	1.09	absent	absent	1.36
Dist. S.P.S.		absent	0.96		absent	1.17

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Krystyna Pipin, Laboratory Supervisor

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Certificate of Analysis

Client:

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Chesterville, ON
K0C 1H0

Attention: **Dave Markell**

Report: **230000450**
Project: Moose Creek WTP
Date Sampled: January 13, 2003
Date Received: January 14, 2003
Date Printed: January 16, 2003
Matrix: Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05
Sample ID						
Well # 2 Raw	absent	absent			absent	
Well # 3 Raw	absent	absent			absent	
Treated Water		absent	1.71	absent	absent	2.12
Dist. Post Office		absent	1.42	6	absent	1.76
Dist. Mall Moose Creek		absent	1.10		absent	1.42

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Client:
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K0C 1H0

Attention: **Dave Markell**

Report: **230000765**
Project: Moose Creek WTP
Date Sampled: January 20, 2003
Date Received: January 21, 2003
Date Printed: January 23, 2003
Matrix: Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05
Sample ID						
Well #2 Raw	absent	absent			absent	
Well #3 Raw	absent	absent			absent	
Treated Water		absent	1.67	absent	absent	2.01
Dist.S.P.S		absent	1.13	absent	absent	1.33
Dist. Valley St. (End)		absent	0.85		absent	0.96

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Attention: **Dave Markell**

Report: **230001076**
Project: Moose Creek WTP
Date Sampled: January 27, 2003
Date Received: January 28, 2003
Date Printed: January 30, 2003
Matrix: Drinking Water

Parameter	Background	E. coli	Free Cl2	HPC	TC	Total Cl2
Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
MDL	1	1	0.05	2	1	0.05
Sample ID						
Well # 2 Raw	1	absent			absent	
Well # 3 Raw	absent	absent			absent	
Treated Water		absent	1.85	absent	absent	2.30
Dist M.C. Mall		absent	1.43	24	absent	1.67
Dist. Tower		absent	1.19		absent	1.43

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Attention: **Dave Markell**

Report: **230001374**
Project: Moose Creek WTP
Date Sampled: February 3, 2003
Date Received: February 4, 2003
Date Printed: February 06, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. Tower	Dist. 2041 Valley
Total Chlorine	mg/L	0.05			2.20	1.47	1.15
Free Chlorine	mg/L	0.05			1.74	1.15	0.91
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	absent	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Client:

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Attention: **Dave Markell**

Report: **230001690**
Project: Moose Creek WTP
Date Sampled: February 10, 2003
Date Received: February 11, 2003
Date Printed: February 13, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. SPS	Dist. Post Office
Total Chlorine	mg/L	0.05			2.16	1.40	1.21
Free Chlorine	mg/L	0.05			1.72	1.12	1.04
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	4	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Attention: **Dave Markell**

Report: **230002040**
Project: Moose Creek WTP
Date Sampled: February 17, 2003
Date Received: February 18, 2003
Date Printed: February 20, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Well #2 Raw	Well #3 Raw	Treated Water	Dist. Elevated Tank Tower	Dist. MC Mall
Total Chlorine	mg/L	0.05			2.35	1.30	1.48
Free Chlorine	mg/L	0.05			1.86	1.07	1.20
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	2	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Attention: **Dave Markell**

Report: 230002329
Project: Moose Creek WTP
Date Sampled: February 24, 2003
Date Received: February 25, 2003
Date Printed: February 27, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Well #2 Raw	Well #3 Raw	Treated Water	Dist. Moose Creek Mall	Dist. Post Office
Total Chlorine	mg/L	0.05			1.95	1.55	1.55
Free Chlorine	mg/L	0.05			1.63	1.21	1.22
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	absent	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Attention: **Dave Markell**

Report: **230002639**
Project: Moose Creek WTP
Date Sampled: March 3, 2003
Date Received: March 4, 2003
Date Printed: March 12, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. Elevated Tank	Dist. Mall
Total Chlorine	mg/L	0.05			1.75	1.43	1.56
Free Chlorine	mg/L	0.05			1.36	1.07	1.23
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	absent	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Attention: **Dave Markell**

Report: 230002989
Project: Moose Creek WTP
Date Sampled: March 10, 2003
Date Received: March 11, 2003
Date Printed: March 13, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. Post Office	Dist. SPS
Total Chlorine	mg/L	0.05			2.15	1.32	1.00
Free Chlorine	mg/L	0.05			1.62	1.10	0.80
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			2	absent	
Background bacteria	/100mL	1	absent	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Certificate of Analysis

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[redacted]esterville, ON
K0C 1H0

Attention: **Dave Markell**

Report: **230002993**
Project: Moose Creek WTP
Date Sampled: March 10, 2003
Date Received: March 11, 2003
Date Printed: March 18, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification			
			Mc/W-02 - Well #2 Unfiltered	Mc/W-02F - Well #2 Filtered	Mc/W-03 - Well #3 Unfiltered	Mc/W-03F - Well #3 Filtered
Iron	mg/L	0.02	1.02	0.90	0.87	0.87

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Certificate of Analysis

Client:
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Attention: **Dave Markell**

Report: 230003267
Project: Moose Creek WTP
Date Sampled: March 17, 2003
Date Received: March 18, 2003
Date Printed: March 20, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. SPS	Dist. 2041 Valley St.
Total Chlorine	mg/L	0.05			2.18	0.92	0.99
Free Chlorine	mg/L	0.05			1.70	0.72	0.80
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	absent	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Certificate of Analysis

Client:

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Chesterville, ON
K0C 1H0

Attention: **Dave Markell**

Report: **230003596**
Project: Moose Creek WTP
Date Sampled: March 24, 2003
Date Received: March 25, 2003
Date Printed: March 31, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water 16950 McNeil Rd	Dist. Elevated Tank Tower	Dist. Moose Creek Mall
Total Chlorine	mg/L	0.05			2.14	1.04	1.53
Free Chlorine	mg/L	0.05			1.78	0.80	1.25
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	absent	>200			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Krystyna Pipin, Laboratory Supervisor

Caduceon Environmental Laboratories

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Certificate of Analysis

Client:

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Chesterville, ON
K0C 1H0

Attention: **Dave Markell**

Report:	**230003991**
Project:	Moose Creek WTP
Date Sampled:	March 31, 2003
Date Received:	April 1, 2003
Date Printed:	April 03, 2003
Matrix:	Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 - Raw	Well #3 - Raw	Treated Water	Dist. Tower - Elevated Tank	Dist. Post Office
Total Chlorine	mg/L	0.05			2.02	1.27	1.84
Free Chlorine	mg/L	0.05			1.59	1.07	1.50
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	82	
Background bacteria	/100mL	1	1	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Krystyna Pipin, Laboratory Supervisor

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Client:
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Chesterville, ON
K0C 1H0

Attention: **Dave Markell**

Report:	**230004341**
Project:	Moose Creek WTP
Date Sampled:	April 7, 2003
Date Received:	April 8, 2003
Date Printed:	April 10, 2003
Matrix:	Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water - 16950 McNeal Rd,	Dist. SPS	Dist. M.C. Mall
Total Chlorine	mg/L	0.05			2.18	1.21	1.48
Free Chlorine	mg/L	0.05			1.86	0.98	0.25
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	5	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Krystyna Pipin, Laboratory Supervisor

Caduceon Environmental Laboratories
Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:
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Chesterville, ON
K0C 1H0

Attention: **Dave Markell**

Report: 230004785
Project: Moose Creek WTP
Date Sampled: April 14, 2003
Date Received: April 15, 2003
Date Printed: April 17, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. Tower	Dist. Post Office
Total Chlorine	mg/L	0.05			1.71	1.08	1.56
Free Chlorine	mg/L	0.05			1.47	0.88	1.25
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			2	absent	
Background bacteria	/100mL	1	3	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Attention: **Dave Markell**

Report:	**230005151**
Project:	Moose Creek WTP
Date Sampled:	April 22, 2003
Date Received:	April 23, 2003
Date Printed:	April 25, 2003
Matrix:	Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. SPS	Dist. Paul Adams
Total Chlorine	mg/L	0.05			1.99	1.27	1.70
Free Chlorine	mg/L	0.05			1.67	1.05	1.36
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	2	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Krystyna Pipin, Laboratory Supervisor

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency
5 Industrial Dr.
Chesterville, ON
K0C 1H0

Attention: **Dave Markell**

Report: **230005373**
Project: Moose Creek WTP
Date Sampled: April 28, 2003
Date Received: April 28, 2003
Date Printed: April 30, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. Mall	Dist. Valley St.
Total Chlorine	mg/L	0.05			2.08	1.47	1.20
Free Chlorine	mg/L	0.05			1.65	1.16	1.03
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			absent	absent	
Background bacteria	/100mL	1	absent	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Caduceon Environmental Laboratories
2378 Holly Lane, Ottawa, Ontario, K1V 7P1, Canada
Tel: (613)526-0123, Fax: (613)526-1244

Krystyna Pipin, Laboratory Supervisor

ACCUTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client: **MOOSE CREEK WELL SUPPLY**
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: **Mr. Blair Henderson**

Report Number: 2305692
Date: 2003-05-22
Date Submitted: 2003-04-25

Project:

P.O. Number:
Matrix: Supply Water

			LAB ID:	244353					**GUIDELINE**
			Sample Date:	2003-04-24					MOE REG 459/00
			Sample ID:	MCW-01					
PARAMETER	**UNITS**	**MDL**		TREATED					**TYPE**	**LIMIT**	**UNITS**
N-NO2 (Nitrite)	mg/L	0.10		<0.10					MAC	1.0	mg/L
N-NO3 (Nitrate)	mg/L	0.10		<0.10					MAC	10.0	mg/L

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration

Comment:

APPROVAL: _____
Ewan McRobbie
Inorganic Lab Supervisor

Client: **MOOSE CREEK WELL SUPPLY**
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: **Mr. Blair Henderson**

Report Number: 2305692
Date: 2003-05-22
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Project:

P.O. Number:
Matrix: Supply Water

	LAB ID:	244353					**GUIDELINE**		
	Sample Date:	2003-04-24					MOE REG 459/00		
	Sample ID:	MCW-01							
PARAMETER	**UNITS**	**MDL**	TREATED				**TYPE**	**LIMIT**	**UNITS**
Organochlorine Pesticides (OCPs) & PCBs									
Aldrin	ug/L	0.006	<0.006						
Dieldrin	ug/L	0.006	<0.006						
Aldrin + Dieldrin	ug/L	0.012	<0.012				MAC	0.7	ug/L
a-chlordane	ug/L	0.006	<0.006						
g-chlordane	ug/L	0.006	<0.006						
Oxychlordane	ug/L	0.006	<0.006						
Chlordane (Total)	ug/L	0.015	<0.015				MAC	7	ug/L
op-DDT	ug/L	0.006	<0.006						
pp-DDD	ug/L	0.006	<0.006						
pp-DDE	ug/L	0.006	<0.006						
pp-DDT	ug/L	0.006	<0.006						
(DDT) + Metabolites	ug/L	0.024	<0.024				MAC	30	ug/L
Heptachlor	ug/L	0.006	<0.006						
Heptachlor epoxide	ug/L	0.006	<0.006						
Heptachlor + Heptachlor Epoxide	ug/L	0.012	<0.012				MAC	3	ug/L
Lindane	ug/L	0.006	<0.006				MAC	4	ug/L
Methoxychlor	ug/L	0.024	<0.024				MAC	900	ug/L
Trifluralin	ug/L	1	<1				MAC	45	ug/L
Polychlorinated Biphenyls (PCBs)	ug/L	0.1	<0.1				IMAC	3	ug/L
CHLOROPHENOLS									
2,3,4,6-tetrachlorophenol	ug/L	0.5	<0.5				MAC	100	ug/L
2,4,6-trichlorophenol	ug/L	0.5	<0.5				MAC	5	ug/L
2,4-dichlorophenol	ug/L	0.5	<0.5				MAC	900	ug/L
Pentachlorophenol	ug/L	0.5	<0.5				MAC	60	ug/L
PHENOXYACID HERBICIDES									
2,4,5-trichlorophenoxyacetic acid (2,4,5-T)	ug/L	1	<1				MAC	280	ug/L
2,4-dichlorophenoxyacetic acid (2,4-D)	ug/L	1	<1				IMAC	100	ug/L
Bromoxynil	ug/L	0.5	<0.5				IMAC	5	ug/L
Dicamba	ug/L	1	<1				MAC	120	ug/L

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration

Comment:

APPROVAL:
Mina Nasirai
Organic Lab Supervisor

Client: **MOOSE CREEK WELL SUPPLY**
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: **Mr. Blair Henderson**

Report Number: 2305692
Date: 2003-05-22
Date Submitted: 2003-04-25

Project:

P.O. Number:
Matrix: Supply Water

			LAB ID:	244353					**GUIDELINE**	
			Sample Date:	2003-04-24						
			Sample ID:	MCW-01					MOE REG 459/00	
PARAMETER	**UNITS**	**MDL**	TREATED					**TYPE**	**LIMIT**	**UNITS**
Diclofop-methyl	ug/L	0.9	<0.9					MAC	9	ug/L
Dinoseb	ug/L	1	<1					MAC	10	ug/L
Picloram	ug/L	5	<5					IMAC	190	ug/L
CARBAMATES										
Aldicarb	ug/L	9	<9					MAC	9	ug/L
Bendiocarb	ug/L	2	<2					MAC	40	ug/L
Carbaryl	ug/L	5	<5					MAC	90	ug/L
Carbofuran	ug/L	5	<5					MAC	90	ug/L
Triallate	ug/L	1	<1					MAC	230	ug/L
TRIAZINE & RELATED HERBICIDES										
Alachlor	ug/L	0.5	<0.5					IMAC	5	ug/L
Atrazine	ug/L	0.5	<0.5							
De-ethylated atrazine	ug/L	0.5	<0.5							
Atrazine + N-dealkylated metabolites	ug/L	1.0	<1.0					IMAC	5	ug/L
Cyanazine	ug/L	1	<1					IMAC	10	ug/L
Metolachlor	ug/L	0.5	<0.5					IMAC	50	ug/L
Metribuzin	ug/L	5	<5					MAC	80	ug/L
Prometryne	ug/L	0.25	<0.25					IMAC	1	ug/L
Simazine	ug/L	1	<1					IMAC	10	ug/L
ORGANOPHOSPHOROUS PESTICIDES										
Azinphos-methyl	ug/L	2	<2					MAC	20	ug/L
Chlorpyrifos	ug/L	1	<1					MAC	90	ug/L
Diazinon	ug/L	1	<1					MAC	20	ug/L
Dimethoate	ug/L	2.5	<2.5					IMAC	20	ug/L
Malathion	ug/L	5	<5					MAC	190	ug/L
Parathion	ug/L	1	<1					MAC	50	ug/L
Phorate	ug/L	0.5	<0.5					IMAC	2	ug/L
Temephos	ug/L	10	<10					IMAC	280	ug/L
Terbufos	ug/L	0.7	<0.7					IMAC	1	ug/L

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration
Comment:

APPROVAL:
Mina Nasirai
Organic Lab Supervisor

Client: **MOOSE CREEK WELL SUPPLY**
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: **Mr. Blair Henderson**

Report Number: 2305692
Date: 2003-05-22
Date Submitted: 2003-04-25

Project:

P.O. Number:
Matrix: Supply Water

			LAB ID:	244353					**GUIDELINE**	
			Sample Date:	2003-04-24					MOE REG 459/00	
			Sample ID:	MCW-01						
PARAMETER	**UNITS**	**MDL**	TREATED					**TYPE**	**LIMIT**	**UNITS**
DIURON & GLYPHOSATE										
Diuron	ug/L	10	<10					MAC	150	ug/L
Glyphosate	ug/L	10	<10					IMAC	280	ug/L
DIQUAT & PARAQUAT										
Diquat	ug/L	7	<7					MAC	70	ug/L
Paraquat	ug/L	1	<1					IMAC	10	ug/L

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Comment:

APPROVAL:
Mina Nasirai
Organic Lab Supervisor

ACCUTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client: **MOOSE CREEK WELL SUPPLY**
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: **Mr. Blair Henderson**

Report Number: 2305692
Date: 2003-05-22
Date Submitted: 2003-04-25
Project:
P.O. Number:
Matrix: Supply Water

			LAB ID:	244353	244354				GUIDELINE		
			Sample Date:	2003-04-24	2003-04-24				MOE REG 459/00		
			Sample ID:	MCW-01	MCW-SYSTEM						
PARAMETER	**UNITS**	**MDL**		TREATED	DISTRIBUTION				**TYPE**	**LIMIT**	**UNITS**
TABLE B COMPOUNDS (VOCs)											
1,1-dichloroethylene	ug/L	0.5		<0.5					MAC	14	ug/L
1,2-dichlorobenzene	ug/L	0.4		<0.4					MAC	200	ug/L
1,2-dichloroethane	ug/L	0.7		<0.7					IMAC	5	ug/L
1,4-dichlorobenzene	ug/L	0.4		<0.4					MAC	5	ug/L
Benzene	ug/L	0.5		<0.5					MAC	5	ug/L
Carbon Tetrachloride	ug/L	0.9		<0.9					MAC	5	ug/L
Dichloromethane	ug/L	4.0		<4.0					MAC	50	ug/L
Ethylbenzene	ug/L	0.5		<0.5					AO	2.4	ug/L
Monochlorobenzene	ug/L	0.2		<0.2					MAC	80	ug/L
Tetrachloroethylene	ug/L	0.3		<0.3					MAC	30	ug/L
Toluene	ug/L	0.5		<0.5					AO	24	ug/L
Trichloroethylene	ug/L	0.3		<0.3					MAC	50	ug/L
Vinyl Chloride	ug/L	0.5		<0.5					MAC	2	ug/L
Bromodichloromethane	ug/L	0.3		12.7	9.1						
Bromoform	ug/L	0.4		<0.4	<0.4						
Chloroform	ug/L	0.5		37.2	27.4						
Dibromochloromethane	ug/L	0.3		4.2	3.4						
Trihalomethanes (total)	ug/L	2.0		54.1	39.9				MAC	100	ug/L
m/p-xylene	ug/L	1.0		<1.0							
o-xylene	ug/L	0.5		<0.5							
Xylene; total	ug/L	2.0		<2.0					AO	300	mg/L
TABLE B SURROGATES											
Toluene-d8	%			102	101						
4-bromofluorobenzene	%			85							
1,2-dichloroethane-d4	%			101							

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Comment:

APPROVAL:
Mina Nasirai
Organic Lab Supervisor

Caduceon Environmental Laboratories

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

Ontario Clean Water Agency
5 Industrial Dr.
Chesterville, ON
K0C 1H0

Attention: **Dave Markell**

Report: 230005775
Project: Moose Creek WTP
Date Sampled: May 5, 2003
Date Received: May 5, 2003
Date Printed: May 07, 2003
Matrix: Drinking Water

Parameter	Unit	MDL	Sample Identification				
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. Tower Elevated Tank	Dist. Post Office
Total Chlorine	mg/L	0.05			2.02	1.22	2.00
Free Chlorine	mg/L	0.05			1.47	1.00	1.43
E. coli	/100mL	1	absent	absent	absent	absent	absent
HPC	/mL	2			14	absent	
Background bacteria	/100mL	1	absent	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

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Krystyna Pipin, Laboratory Supervisor

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-3283 3

Report To:
Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 13-May-03
DATE REPORTED: 16-May-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

			Client ID:		Well #2 Raw	Well #3 Raw	Treated Water WTP-16950 McNeil Rd Moose Creek	SPS
			Sample ID:		B03-3283-1	B03-3283-2	B03-3283-3	B03-3283-4
			Date Collected:		12-May-03	12-May-03	12-May-03	12-May-03
Parameter	**Units**	**M.D.L.**	**Reference Method**	**Date Analyzed**				
Free Chlorine	ppm			16-May-03	--	--	1.9	1.2
Total Chlorine	ppm			16-May-03	--	--	2.3	1.4
Total Coliform	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	13-May-03	> 200	< 1	--	--
E coli	cts/100mL	1	MOE E3371	13-May-03	< 1	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	13-May-03	--	--	< 2	< 2

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-3283 3

Report To:
Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 13-May-03
DATE REPORTED: 16-May-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

			Client ID:		Mall			
			Sample ID:		B03-3283-5			
			Date Collected:		12-May-03			
Parameter	**Units**	**M.D.L.**	**Reference Method**	**Date Analyzed**				
Free Chlorine	ppm			16-May-03	1.6			
Total Chlorine	ppm			16-May-03	2.0			
Total Coliform	cts/100mL	1	MOE E3371	13-May-03	< 1			
Background	cts/100mL	1	MOE E3371	13-May-03	--			
E coli	cts/100mL	1	MOE E3371	13-May-03	< 1			
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	13-May-03	--			

Krystyna Pipin, M. Sc.
Lab Supervisor

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Environmental Laboratories
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CERTIFICATE OF ANALYSIS
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REPORT No. B03-3552
Rev. 1

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 21-May-03
DATE REPORTED: 23-May-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

			Client ID:		Well #2 Raw	Well #3 Raw	Treated Water	Paul Adams
			Sample ID:		B03-3552-1	B03-3552-2	B03-3552-3	B03-3552-4
			Date Collected:		20-May-03	20-May-03	20-May-03	20-May-03
Parameter	**Units**	**M.D.L.**	**Reference Method**	**Date Analyzed**				
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	21-May-03	> 200	< 1	--	--
E coli	cts/100mL	1	MOE E3371	21-May-03	< 1	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	21-May-03	--	--	< 2	10
Total Chlorine	mg/L			21-May-03	--	--	2.1	1.7
Free Chlorine	mg/L			21-May-03	--	--	1.7	1.3

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Lab Supervisor

MDL = Method Detection Limit

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5 Industrial Dr.
Chesterville ON K0C 1H0
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2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 21-May-03
DATE REPORTED: 23-May-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

			Client ID:		2041 Valley Street			
			Sample ID:		B03-3552-5			
			Date Collected:		20-May-03			
Parameter	**Units**	**M.D.L.**	**Reference Method**	**Date Analyzed**				
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	< 1			
Background	cts/100mL	1	MOE E3371	21-May-03	--			
E coli	cts/100mL	1	MOE E3371	21-May-03	< 1			
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	21-May-03	--			
Total Chlorine	mg/L			21-May-03	1.7			
Free Chlorine	mg/L			21-May-03	1.4			

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 21-May-03
DATE REPORTED: 23-May-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

			Client ID:		Well #2 Raw	Well #3 Raw	Treated Water	Paul Adams
			Sample ID:		B03-3552-1	B03-3552-2	B03-3552-3	B03-3552-4
			Date Collected:		20-May-03	20-May-03	20-May-03	20-May-03
Parameter	**Units**	**M.D.L.**	**Reference Method**	**Date Analyzed**				
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	21-May-03	> 200	< 1	--	--
E coli	cts/100mL	1	MOE E3371	21-May-03	< 1	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	21-May-03	--	--	< 2	10
Total Chlorine	mg/L			21-May-03	--	--	2.1	1.7
Free Chlorine	mg/L			21-May-03	--	--	1.7	1.3

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 21-May-03
DATE REPORTED: 23-May-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

			Client ID:		2041 Valley Street			
			Sample ID:		B03-3552-5			
			Date Collected:		20-May-03			
Parameter	**Units**	**M.D.L.**	**Reference Method**	**Date Analyzed**				
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	< 1			
Background	cts/100mL	1	MOE E3371	21-May-03	--			
E coli	cts/100mL	1	MOE E3371	21-May-03	< 1			
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	21-May-03	--			
Total Chlorine	mg/L			21-May-03	1.7			
Free Chlorine	mg/L			21-May-03	1.4			

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-3688

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 27-May-03
DATE REPORTED: 29-May-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Client ID:	Well #2 Raw	Well #3 Raw	Treated Water WTP-16950 McNeil Road, Moose Creek	Tower-Elevated Tank
	Sample ID:	B03-3688-1	B03-3688-2	B03-3688-3	B03-3688-4
	Date Collected:	26-May-03	26-May-03	26-May-03	26-May-03

Parameter	Units	M.D.L.	Reference Method	Date Analyzed				
Total Coliform	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	< 1	< 1
Background	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	--	--
E coli	cts/100mL	1	MOE E3371	27-May-03	< 1	< 1	< 1	< 1
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	27-May-03	--	--	< 2	< 2
Total Chlorine	mg/L			27-May-03	--	--	1.9	1.3
Free Chlorine	mg/L			27-May-03	--	--	1.5	1.1

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-3688

Report To:
Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 27-May-03
DATE REPORTED: 29-May-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

			Client ID:		S.P.S.			
			Sample ID:		B03-3688-5			
			Date Collected:		26-May-03			
Parameter	**Units**	**M.D.L.**	**Reference Method**	**Date Analyzed**				
Total Coliform	cts/100mL	1	MOE E3371	27-May-03	< 1			
Background	cts/100mL	1	MOE E3371	27-May-03	--			
E coli	cts/100mL	1	MOE E3371	27-May-03	< 1			
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	27-May-03	< 2			
Total Chlorine	mg/L			27-May-03	1.2			
Free Chlorine	mg/L			27-May-03	1.0			

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-3885
Rev. 3

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 03-Jun-03
DATE REPORTED: 06-Jun-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	
	Date Analyzed:		03-Jun-03	03-Jun-03	03-Jun-03	03-Jun-03	03-Jun-03
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-3885-1	02-Jun-03	< 1	77	< 1	--	--
Well #3 raw	B03-3885-2	02-Jun-03	< 1	< 1	< 1	--	--
Treated Water	B03-3885-3	02-Jun-03	< 1	--	< 1	6	1.4
Dist. Tower Elevated Tank	B03-3885-4	02-Jun-03	< 1	--	< 1	4	0.9
Dist. 2041 Valley St	B03-3885-5	02-Jun-03	< 1	--	< 1	--	0.7

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

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Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 03-Jun-03
DATE REPORTED: 06-Jun-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

	Parameter:		Total Chlorine				
	Units:		mg/L				
	MDL:						
	Reference Method:						
	Date Analyzed:		03-Jun-03				
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-3885-1	02-Jun-03	--				
Well #3 raw	B03-3885-2	02-Jun-03	--				
Treated Water	B03-3885-3	02-Jun-03	1.9				
Dist. Tower Elevated Tank	B03-3885-4	02-Jun-03	1.1				
Dist. 2041 Valley St	B03-3885-5	02-Jun-03	1.0				

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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Environmental Laboratories
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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-4125
Rev. 4

Report To:
Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 10-Jun-03
DATE REPORTED: 13-Jun-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		10-Jun-03	10-Jun-03	10-Jun-03	10-Jun-03	10-Jun-03
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-4125-1	09-Jun-03	< 1	< 1	< 1	--	--
Well #3 raw	B03-4125-2	09-Jun-03	< 1	< 1	< 1	--	--
Treated Water	B03-4125-3	09-Jun-03	< 1	--	< 1	< 2	1.5
Dist. Paul Adams	B03-4125-4	09-Jun-03	< 1	--	< 1	< 2	0.9
Dist.Post Office	B03-4125-5	09-Jun-03	< 1	--	< 1	--	1.1

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-4125
Rev. 4

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 10-Jun-03
DATE REPORTED: 13-Jun-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO.: 220008033

	Parameter:		Total Chlorine				
	Units:		mg/L				
	MDL:						
	Reference Method:		n/a				
	Date Analyzed:		10-Jun-03				
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-4125-1	09-Jun-03	--				
Well #3 raw	B03-4125-2	09-Jun-03	--				
Treated Water	B03-4125-3	09-Jun-03	2.0				
Dist. Paul Adams	B03-4125-4	09-Jun-03	1.1				
Dist.Post Office	B03-4125-5	09-Jun-03	1.3				

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-4329

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 17-Jun-03
DATE REPORTED: 19-Jun-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		17-Jun-03	17-Jun-03	17-Jun-03	17-Jun-03	17-Jun-03
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-4329-1	16-Jun-03	< 1	14	< 1	--	--
Well #3 raw	B03-4329-2	16-Jun-03	< 1	< 1	< 1	--	--
Treated Water	B03-4329-3	16-Jun-03	< 1	--	< 1	< 2	1.3
Dist. M.C. Mall	B03-4329-4	16-Jun-03	< 1	--	< 1	< 2	1.0
Dist. S.P.S	B03-4329-5	16-Jun-03	< 1	--	< 1	--	0.6

Krystyna Pipin, M.Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-4329

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 17-Jun-03
DATE REPORTED: 19-Jun-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Chlorine				
	Units:		mg/L				
	MDL:						
	Reference Method:		n/a				
	Date Analyzed:		17-Jun-03				
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-4329-1	16-Jun-03	--				
Well #3 raw	B03-4329-2	16-Jun-03	--				
Treated Water	B03-4329-3	16-Jun-03	--				
Dist. M.C. Mall	B03-4329-4	16-Jun-03	--				
Dist. S.P.S	B03-4329-5	16-Jun-03	--				

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-4512
Rev. 2

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 24-Jun-03
DATE REPORTED: 07-Jul-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		24-Jun-03	24-Jun-03	24-Jun-03	24-Jun-03	23-Jun-03
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 Raw	B03-4512-1	23-Jun-03	< 1	4	< 1	--	--
Well #3 Raw	B03-4512-2	23-Jun-03	< 1	< 1	< 1	--	--
Treated Water WTP - 16950 McNeil Road	B03-4512-3	23-Jun-03	< 1	--	< 1	< 2	1.72
Post Office	B03-4512-4	23-Jun-03	< 1	--	< 1	2	1.30
2041 Valley North	B03-4512-5	23-Jun-03	< 1	--	< 1	--	0.54

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-4512

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 24-Jun-03
DATE REPORTED: 26-Jun-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	
	Date Analyzed:		24-Jun-03	24-Jun-03	24-Jun-03	24-Jun-03	
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 Raw	B03-4512-1	23-Jun-03	< 1	4	< 1	--	
Well #3 Raw	B03-4512-2	23-Jun-03	< 1	< 1	< 1	--	
Treated Water WTP - 16950 McNeil Road	B03-4512-3	23-Jun-03	< 1	--	< 1	< 2	
Post Office	B03-4512-4	23-Jun-03	< 1	--	< 1	2	
2041 Valley North	B03-4512-5	23-Jun-03	< 1	--	< 1	--	

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-4835

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 30-Jun-03
DATE REPORTED: 02-Jul-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	E coli	Background	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		01-Jul-03	01-Jul-03	01-Jul-03	01-Jul-03	01-Jul-03
Client I.D.	Sample I.D.	Date Collected					
Well #2 Raw	B03-4835-1	30-Jun-03	< 1	< 1	11	--	--
Well #3 Raw	B03-4835-2	30-Jun-03	< 1	< 1	< 1	--	--
Treated Water WTP - 16950 McNeil Rd, Moose Creek	B03-4835-3	30-Jun-03	< 1	< 1	--	2	1.70
Post Office	B03-4835-4	30-Jun-03	< 1	< 1	--	18	1.30
M.C. Mall	B03-4835-5	30-Jun-03	< 1	< 1	--	--	1.43

K P.

Krystyna Pipin, M.Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-5169

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 08-Jul-03
DATE REPORTED: 10-Jul-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		08-Jul-03	08-Jul-03	08-Jul-03	08-Jul-03	08-Jul-03
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 Raw	B03-5169-1	07-Jul-03	< 1	53	< 1	--	--
Well #3 Raw	B03-5169-2	07-Jul-03	< 1	3	< 1	--	--
Treated Water WTP- 16950 McNeil Rd	B03-5169-3	07-Jul-03	< 1	--	< 1	< 2	2.01
Moose Creek Mall	B03-5169-4	07-Jul-03	< 1	--	< 1	< 2	1.47
SPS Simear Lane	B03-5169-5	07-Jul-03	< 1	--	< 1	--	0.51

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-5483

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 14-Jul-03
DATE REPORTED: 16-Jul-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		14-Jul-03	14-Jul-03	14-Jul-03	14-Jul-03	14-Jul-03
Client I.D.	Sample I.D.	Date Collected					
Well #2 Raw	B03-5483-1	14-Jul-03	< 1	11	< 1	--	--
Well #3 Raw	B03-5483-2	14-Jul-03	< 1	1	< 1	--	--
Treated Water WTP	B03-5483-3	14-Jul-03	< 1	--	< 1	2	1.25
Paul Adams	B03-5483-4	14-Jul-03	< 1	--	< 1	< 2	0.68
Mc Mall	B03-5483-5	14-Jul-03	< 1	--	< 1	--	0.65

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-5483

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 14-Jul-03
DATE REPORTED: 16-Jul-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Chlorine				
	Units:		mg/L				
	MDL:						
	Reference Method:		n/a				
	Date Analyzed:		14-Jul-03				
Client I.D.	Sample I.D.	Date Collected					
Well #2 Raw	B03-5483-1	14-Jul-03	--				
Well #3 Raw	B03-5483-2	14-Jul-03	--				
Treated Water WTP	B03-5483-3	14-Jul-03	--				
Paul Adams	B03-5483-4	14-Jul-03	--				
Mc Mall	B03-5483-5	14-Jul-03	--				

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-5843

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 22-Jul-03
DATE REPORTED: 24-Jul-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		22-Jul-03	22-Jul-03	22-Jul-03	22-Jul-03	22-Jul-03
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 Raw	B03-5843-1	21-Jul-03	< 1	12	< 1	--	--
Well #3 Raw	B03-5843-2	21-Jul-03	< 1	1	< 1	--	--
Treated Water WTP	B03-5843-3	21-Jul-03	< 1	--	< 1	< 2	1.55
Elevated Tank Tower	B03-5843-4	21-Jul-03	< 1	--	< 1	< 2	1.13
2041 Valley St N	B03-5843-5	21-Jul-03	< 1	--	< 1	--	0.48

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

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CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-6195

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 29-Jul-03
DATE REPORTED: 31-Jul-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
	Units:		cts/100mL	cts/100mL	cts/1mL	mg/L	
	MDL:		1	1	2		
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	n/a	
	Date Analyzed:		30-Jul-03	30-Jul-03	30-Jul-03	30-Jul-03	
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-6195-1	28-Jul-03	1	< 1	--	--	
Well #3 raw	B03-6195-2	28-Jul-03	12	< 1	--	--	
Treated Water- 16950 McNeil Rd	B03-6195-3	28-Jul-03	< 1	< 1	2	1.46	
Dist. Post Office	B03-6195-4	28-Jul-03	< 1	< 1	< 2	1.13	
Dist. SPS	B03-6195-5	28-Jul-03	< 1	< 1	--	0.58	

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-6483

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 06-Aug-03
DATE REPORTED: 08-Aug-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03	06-Aug-03
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-6483-1	05-Aug-03	< 1	> 200	< 1	--	--
Well #3 raw	B03-6483-2	05-Aug-03	3	84	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-6483-3	05-Aug-03	< 1	--	< 1	< 2	1.56
Dist. Post Office	B03-6483-4	05-Aug-03	< 1	--	< 1	2	1.24
Dist. SPS	B03-6483-5	05-Aug-03	< 1	--	< 1	--	0.68

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

C.O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-6843

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 12-Aug-03
DATE REPORTED: 18-Aug-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		12-Aug-2003	12-Aug-2003	12-Aug-2003	12-Aug-2003	12-Aug-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-6843-1	11-Aug-03	1	> 200	1	--	--
Well #3 raw	B03-6843-2	11-Aug-03	1	> 200	< 1	--	--
Treated Water WTP - 16950 McNeil Rd	B03-6843-3	11-Aug-03	< 1	--	< 1	< 2	1.55
Dist.Elevated Tank (Tower)	B03-6843-4	11-Aug-03	< 1	--	< 1	6	0.79
Dist. 2041 Valley Street (N)	B03-6843-5	11-Aug-03	< 1	--	< 1	--	0.58

Greg Clarkin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

[redacted].O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-7175

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 19-Aug-03
DATE REPORTED: 21-Aug-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		19-Aug-2003	19-Aug-2003	19-Aug-2003	19-Aug-2003	19-Aug-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 Raw	B03-7175-1	18-Aug-03	< 1	19	< 1	--	--
Well #3 Raw	B03-7175-2	18-Aug-03	< 1	2	< 1	--	--
Treated Water WTP- 16950 McNeil Rd	B03-7175-3	18-Aug-03	< 1	--	< 1	< 2	1.28
Paul Adams	B03-7175-4	18-Aug-03	< 1	--	< 1	< 2	0.55
Mall	B03-7175-5	18-Aug-03	< 1	--	< 1	--	0.79

Greg Clarkin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

[redacted]O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-7527

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 26-Aug-03
DATE REPORTED: 28-Aug-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		26-Aug-2003	26-Aug-2003	26-Aug-2003	26-Aug-2003	26-Aug-2003
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-7527-1	25-Aug-03	< 1	> 200	< 1	--	--
Well #3 raw	B03-7527-2	25-Aug-03	< 1	> 200	< 1	--	--
[redacted]Treated Water- 16950 McNeil Rd	B03-7527-3	25-Aug-03	< 1	--	< 1	< 2	1.61
Dist. Post Office	B03-7527-4	25-Aug-03	< 1	--	< 1	< 2	1.26
Dist. MC Mall	B03-7527-5	25-Aug-03	< 1	--	< 1	--	1.33

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To MOE / MOH

Company

Fax Number 268-6061 933-7530

From Dave

Date Sept. 5/03

Number of Pages 5 **(including this page)**

Subject Adverse water

AWQI 15837
Moore Creek
Works 220008033
Resampling is done & sent to lab.

Ontario

Ministry of the Environment / Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality	**Phys/Chem**	☐ **Exceeds MAC** ☐ **Exceeds IMAC**	**Radiological** ☐ **Exceeds IMAC** **CofA/Order** ☐ **Exceeds Limit**

☐ **Indicator of Adverse Water Quality** (operational / on-site observations or test result; no associated lab notification)	Details:

Oral Notification to SPILLS ACTION CENTRE

Date Sept. 5/03	Time 1:28	AWQI Notification No (s) 15887
Person Contacted Mary Imm		**DWS EMERGENCY CONTACT**
DWS Name Moose Creek WTP		Name Dave Markell
DWS (Waterworks) # 220008033		Position Process Tech
DWS Person Providing Oral Notification Lisa Bortolussi		Phone # 613-448-3098 Fax # 448-1611

Oral Notification to MEDICAL OFFICER OF HEALTH		**CORRECTIVE ACTION(S) TAKEN BY OWNER:**	
Date Sept 5/03	Time 1:18	Resample/Re-test	☒ Yes ☐ No
Person Contacted Irene Marchand		Disinfectant Restored/ Increased	☐ Yes ☐ No
		Flushing Mains/Pipes	☐ Yes ☐ No
Position Admin Ass.		Users Advised to Boil/Seek Alternate	☐ Yes ☐ No
Phone # 1-800-267-7120	Fax # 933-7930	OTHER - Describe:	
DWS Person Providing Oral Notification Lisa Bortolussi		Other information attached ☐	
Initial DWS Notification Prepared by: Dave Markell			
Signature Dave Markell		Date Sept. 5/03	

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	**Date Resolution Notice Provided:**	
Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)		
Prepared By:	**Signature:**	**Date:**
For Ministry Use Only:	**IDS Reference No.**	

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems

Ontario

Ministry of the Environment / Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 1 – WRITTEN NOTICE BY LABORATORY

Indicators of Adverse Water Quality	Micro ☑ Exceeds Standard	Phys/Chem ☐ Exceeds Standard; Radiological ☐ Exceeds Standard; CofA/Order ☐ Exceeds Limit
Oral Notification to SPILLS ACTION CENTRE		
Person Contacted: Valerie Bouvrette	Date: 05/09/03	Time: 1:05pm
Person Notifying: Andrea Schneider	AWQI Notification No (s)	15887
Laboratory Name: Caduceon Environmental Laboratory	Laboratory Emergency Contact Name	Krystyna Pipin
Address 2378 Holly Lane Ottawa	Position	Laboratory Supervisor
Telephone # of Lab (613) 526-0123	Phone # (613) 526-0123	Fax # (613) 526-1244
Drinking-Water System (DWS) Name Moose Creek WTP	**DWS Emergency Contact** Ontario Clean Water Agency	
DWS (Waterworks) # 220008033	Name	Dave Markell
Location	Position	
Telephone # of Waterworks (613) 448-3098	Phone # (613) 448-3098	Fax # (613) 448-1616
Oral Notification to Drinking-Water System Owner	**Oral Notification to Local Medical Officer of Health**	
Person Contacted Lisa Bortolussi	Person Contacted	Lucy
Position Operator In Training	Position	Receptionist
Date 05/09/03 Time 12:50pm	Date 05/09/03	Time 12:55pm
Laboratory Written Notification Prepared by: (Lab Results must be attached using Section 3 of this form)	Andrea Schneider	
Signature Andrea Schneider	Date 05/09/03	
For Ministry Use Only:	**Report No.**	

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

C.O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-7941

Report To:
Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 03-Sep-03
DATE REPORTED: 05-Sep-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-7941-1	02-Sep-03	< 1	> 200	< 1	--	--
Well #3 raw	B03-7941-2	02-Sep-03	< 1	38	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-7941-3	02-Sep-03	< 1	--	< 1	82	2.18
Tower - Elevated Tank	B03-7941-4	02-Sep-03	< 1	--	< 1	> 500	0.99
Dist. SPS	B03-7941-5	02-Sep-03	< 1	--	< 1	--	1.35

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Ontario

Ministry of the Environment / Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 3:

ADVERSE ANALYTICAL RESULTS

For Indicators Listed in -- Drinking-Water Systems Regulation

Microbiological Testing

AWQI Notification Record No.	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Time Sample Collected (M/D/Y)	DWIS Sample Type/ Location Identifier	Membrane Filtration Count/100 mL			P-A / 100mL Confirmed	HPC / 1mL	Date - Plates Prepared (M/D/Y)	Date - Plates Read (M/D/Y)	Date - Data Approved (M/D/Y)
					Total Coliforms	TC Background	E. coli ☑ Fecal C. ☐					
15887	B03-7941-4		02/09/03	Tower	0	-	0	-	>500	03/09/03	05/09/03	05/09/03

For Parameters Listed in Drinking-Water Systems Regulation or cited in MOE CofA or Order

Physical/Chemical/Radiological Testing

AWQI Notification Record No.	DWIS Lab Sample ID No.	DWIS Sample Field ID No.	Date/Time Sample Collected (M/D/Y)	DWIS Sample Type / Location Identifier	Parameter	Result	Unit of Measure	Standard	Date - Analysis Completed (M/D/Y)	Date - Data Approved (M/D/Y)

Results Authorized By: Andrea schneider Authorization Date: 05/09/03

For Ministry Use Only: Report No.:

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Sep 05 2003 4:30pm

Last Transaction

Date	Time	Type	Identification	Duration	Pages	Result
Sep 5	4:29pm	Fax Sent	16139337930	1:53	5	OK

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Sep 05 2003 4:26pm

Last Transaction

Date	Time	Type	Identification	Duration	Pages	Result
Sep 5	4:25pm	Fax Sent	18002686061	1:25	5	OK

Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To MOE / MOH

Company

Fax Number 800-268-6061 / 933-7930

From Lisa Bortolussi

Date Sept 09 / 03

Number of Pages 3 **(including this page)**

Subject Notice of Resolution

- Adverse Notification Sept. 05/03
- Works # 220008033
- Notice of Resolution as per Schedule 16-9
- Find attached lab report with the re-sample and completed Section 2 (b) Notice of Resolution

Lisa Bortolussi

Ontario

Ministry of the Environment / Ministère de l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 2 (a) – WRITTEN NOTICE BY DRINKING-WATER SYSTEM (DWS) OWNER

Indicators of Adverse Water Quality	**Phys/Chem**	☐ **Exceeds MAC** ☐ **Exceeds IMAC**	**Radiological** ☐ **Exceeds IMAC** **CofA/Order** ☐ **Exceeds Limit**

☐ **Indicator of Adverse Water Quality** (operational / on-site observations or test result; no associated lab notification)	Details:

Oral Notification to SPILLS ACTION CENTRE			
Date Sept. 5/03	Time 1:28	AWQI Notification No (s) 15887	
Person Contacted Mary Imm.		**DWS EMERGENCY CONTACT**	
DWS Name Moose Creek WTP		Name Dave Markell	
DWS (Waterworks) # 220008033		Position Process Tech	
DWS Person Providing Oral Notification Lisa Bortolussi		Phone # 613-448-3098	Fax # 448-1616

Oral Notification to MEDICAL OFFICER OF HEALTH		**CORRECTIVE ACTION(S) TAKEN BY OWNER:**	
Date Sept 6/03	Time 1:18	Resample/Re-test	☒ Yes ☐ No
Person Contacted Irene Marchand		Disinfectant Restored/ Increased	☐ Yes ☐ No
		Flushing Mains/Pipes	☐ Yes ☐ No
Position Admin Ass.		Users Advised to Boil/Seek Alternate	☐ Yes ☐ No
Phone # 1-800-267-7120	Fax # 933-7930	OTHER - Describe:	
DWS Person Providing Oral Notification Lisa Bortolussi		Other information attached ☐	
Initial DWS Notification Prepared by: Dave Markell			
Signature Dave Markell		Date Sept. 5/03	

SECTION 2 (b) – NOTICE OF ISSUE RESOLUTION – Sect. 16-9 O Reg. 170/03

Date Resolved:	**Date Resolution Notice Provided:**

Summary of Action Taken and Results Achieved (include test results showing water quality is no longer adverse)

Tap disinfected and re-sampled Sept. 05/03.

Prepared By: Lisa Bortolussi	**Signature:**	**Date:** Sept. 09/03

For Ministry Use Only: **IDS Reference No.**

Notice of Adverse Test Results and Other Problems
Notice of Issue Resolution at Drinking Water Systems

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

C.O.C.: —

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-8175

Report To:
Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 05-Sep-03
DATE REPORTED: 08-Sep-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220006033

Parameter Name:			Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
Units:			cts/100mL	cts/100mL	cts/1mL	mg/L	
M.D.L.:			1	1	2		
Reference Method:			MOE E3371	MOE E3371	MOE E3371	n/a	
Date Analyzed:			05-Sep-2003	05-Sep-2003	05-Sep-2003	05-Sep-2003	
Client I.D.	Sample I.D.	Date Collected					
Treated Water - 16950 McNeil Road	B03-8175-1	05-Sep-03	< 1	< 1	< 2	2.03	
Elevated Tank	B03-8175-2	05-Sep-03	< 1	< 1	< 2	1.70	
SPS	B03-8175-3	05-Sep-03	< 1	< 1	< 2	1.24	

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Sep 09 2003 2:34pm

Last Transaction

Date	Time	Type	Identification	Duration	Pages	Result
Sep 9	2:33pm	Fax Sent	16139337930	1:14	3	OK

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
613 448-1616
Sep 09 2003 2:30pm

Last Transaction

Date	Time	Type	Identification	Duration	Pages	Result
Sep 9	2:29pm	Fax Sent	18002686061	0:51	3	OK

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-7941

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 03-Sep-03
DATE REPORTED: 05-Sep-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-7941-1	02-Sep-03	< 1	> 200	< 1	--	--
Well #3 raw	B03-7941-2	02-Sep-03	< 1	38	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-7941-3	02-Sep-03	< 1	--	< 1	82	2.18
Tower - Elevated Tank	B03-7941-4	02-Sep-03	< 1	--	< 1	> 500	0.99
Dist. SPS	B03-7941-5	02-Sep-03	< 1	--	< 1	--	1.35

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-8175

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 05-Sep-03
DATE REPORTED: 08-Sep-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	E coli	Heterotrophic Plate Count	Free Chlorine	
	Units:		cts/100mL	cts/100mL	cts/1mL	mg/L	
	M.D.L.:		1	1	2		
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	n/a	
	Date Analyzed:		05-Sep-2003	05-Sep-2003	05-Sep-2003	05-Sep-2003	
Client I.D.	**Sample I.D.**	**Date Collected**					
Treated Water - 16950 McNeil Road	B03-8175-1	05-Sep-03	< 1	< 1	< 2	2.03	
Elevated Tank	B03-8175-2	05-Sep-03	< 1	< 1	< 2	1.70	
SPS	B03-8175-3	05-Sep-03	< 1	< 1	< 2	1.24	

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

C.O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-8321

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 09-Sep-03
DATE REPORTED: 11-Sep-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		09-Sep-2003	09-Sep-2003	09-Sep-2003	09-Sep-2003	09-Sep-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-8321-1	08-Sep-03	< 1	> 200	< 1	--	--
Well #3 raw	B03-8321-2	08-Sep-03	< 1	> 200	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-8321-3	08-Sep-03	< 1	--	< 1	< 2	1.90
Dist. MC Mall	B03-8321-4	08-Sep-03	< 1	--	< 1	8	1.26
Dist. 2041 Valley St N	B03-8321-5	08-Sep-03	< 1	--	< 1	--	1.05

Krystyna Pipin, M.Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-8723

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 16-Sep-03
DATE REPORTED: 18-Sep-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		16-Sep-2003	16-Sep-2003	16-Sep-2003	16-Sep-2003	16-Sep-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-8723-1	15-Sep-03	< 1	> 200	< 1	--	--
Well #3 raw	B03-8723-2	15-Sep-03	< 1	130	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-8723-3	15-Sep-03	< 1	--	< 1	< 2	1.43
Dist. Paul Adams	B03-8723-4	15-Sep-03	< 1	--	< 1	< 2	1.00
Dist. Post Office	B03-8723-5	15-Sep-03	< 1	--	< 1	--	1.19

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

.O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-9094

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 23-Sep-03
DATE REPORTED: 25-Sep-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Parameter Symbol:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	Scheme Code:		1	1	1	2	
	Units:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	M.D.L.:		25-Sep-2003	25-Sep-2003	25-Sep-2003	25-Sep-2003	25-Sep-2003
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-9094-1	22-Sep-03	< 1	> 200	< 1	--	--
Well #3 raw	B03-9094-2	22-Sep-03	< 1	> 200	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-9094-3	22-Sep-03	< 1	--	< 1	< 2	1.32
Dist.SPS	B03-9094-4	22-Sep-03	< 1	--	< 1	< 2	0.52
Dist MC-Mall	B03-9094-5	22-Sep-03	< 1	--	< 1	--	0.96

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

.O.C.: 42445

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-9531

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 30-Sep-03
DATE REPORTED: 02-Oct-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		30-Sep-2003	30-Sep-2003	30-Sep-2003	30-Sep-2003	30-Sep-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-9531-1	29-Sep-03	< 1	38	< 1	--	--
Well #3 raw	B03-9531-2	29-Sep-03	< 1	26	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-9531-3	29-Sep-03	< 1	--	< 1	< 2	1.44
Dist. P. O.	B03-9531-4	29-Sep-03	< 1	--	< 1	< 2	1.07
Dist. SPS	B03-9531-5	29-Sep-03	< 1	--	< 1	--	0.65

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

ACCUTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client: **MOOSE CREEK WELL SUPPLY**
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: **Mr. Blair Henderson**

Report Number: 2313864
Date: 2003-09-11
Date Submitted: 2003-09-04

Project:

P.O. Number:
Matrix: Supply Water

			LAB ID:	269946					**GUIDELINE**	
			Sample Date:	2003-09-02					MOE REG 170/03	
			Sample ID:	MC-02-DISTRI						
PARAMETER	**UNITS**	**MDL**	DISTRIBUTION					**TYPE**	**LIMIT**	**UNITS**
VOLATILE ORGANIC COMPOUNDS - VOCs										
Bromodichloromethane	ug/L	0.3	18.3							
Bromoform	ug/L	0.4	<0.4							
Chloroform	ug/L	0.5	54.4							
Dibromochloromethane	ug/L	0.3	5.6							
Trihalomethanes (total)	ug/L	2.0	78.3					MAC	100	ug/L
VOC SURROGATES										
Toluene-d8	%		99							

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration

Comment:

APPROVAL:
Mina Nasirai
Organic Lab Supervisor

ACCUTEST LABORATORIES LTD

REPORT OF ANALYSIS

Client: **MOOSE CREEK WELL SUPPLY**
5 Industrial Drive
Chesterville, ON
K0C 1H0
Attention: **Mr. Blair Henderson**

Report Number: 2313864
Date: 2003-09-11
Date Submitted: 2003-09-04

Project:

P.O. Number:
Matrix: Supply Water

		LAB ID:	269945					**GUIDELINE**		
		Sample Date:	2003-09-02					MOE REG 170/03		
		Sample ID:	MC-01-TREAT							
PARAMETER	**UNITS**	**MDL**	TREATED					**TYPE**	**LIMIT**	**UNITS**
N-NO2 (Nitrite)	mg/L	0.10	<0.10					MAC	1.0	mg/L
N-NO3 (Nitrate)	mg/L	0.10	<0.10					MAC	10.0	mg/L

MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration

Comment:

APPROVAL:
Ewan McRobbie
Inorganic Lab Supervisor

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: 42462

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-9989

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 07-Oct-03
DATE REPORTED: 09-Oct-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		07-Oct-2003	07-Oct-2003	07-Oct-2003	07-Oct-2003	07-Oct-2003
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-9989-1	06-Oct-03	< 1	> 200	< 1	--	--
Well #3 raw	B03-9989-2	06-Oct-03	< 1	120	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-9989-3	06-Oct-03	< 1	--	< 1	< 2	2.07
Dist.Tower	B03-9989-4	06-Oct-03	< 1	--	< 1	< 2	0.84
Dist. SPS	B03-9989-5	06-Oct-03	< 1	--	< 1	--	0.67

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: 42485

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-10463

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 15-Oct-03
DATE REPORTED: 17-Oct-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		15-Oct-2003	15-Oct-2003	15-Oct-2003	15-Oct-2003	16-Oct-2003
Client I.D.	Sample I.D.	Date Collected					
MC-02 Raw Well 2	B03-10463-1	14-Oct-03	< 1	< 1	< 1	--	--
MC-03 Raw Well 3	B03-10463-2	14-Oct-03	< 1	11	< 1	--	--
MC-04 WTP	B03-10463-3	14-Oct-03	< 1	--	< 1	< 2	1.74
MC-05 MC Mall	B03-10463-4	14-Oct-03	< 1	--	< 1	20	1.13
MC-06 Paull Adams	B03-10463-5	14-Oct-03	< 1	--	< 1	--	1.22

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

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Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: 42645

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-10709

Report To:
Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 21-Oct-03
DATE REPORTED: 23-Oct-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		21-Oct-2003	21-Oct-2003	21-Oct-2003	21-Oct-2003	21-Oct-2003
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-10709-1	20-Oct-03	< 1	48	< 1	--	--
Well #3 raw	B03-10709-2	20-Oct-03	< 1	< 1	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-10709-3	20-Oct-03	< 1	--	< 1	< 2	2.09
Dist.2041 Valley	B03-10709-4	20-Oct-03	< 1	--	< 1	< 2	0.67
Dist. Post Office	B03-10709-5	20-Oct-03	< 1	--	< 1	--	1.66

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

[redacted].O.C.: ---

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-11162

Report To:
Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 28-Oct-03
DATE REPORTED: 30-Oct-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		28-Oct-2003	28-Oct-2003	28-Oct-2003	28-Oct-2003	28-Oct-2003
Client I.D.	Sample I.D.	Date Collected					
Moose Creek Well No.2 - Raw	B03-11162-1	27-Oct-03	< 1	< 1	< 1	--	--
Moose Creek Well No.3 - [redacted]aw	B03-11162-2	27-Oct-03	< 1	94	< 1	--	--
Moose Creek WTP - Treated	B03-11162-3	27-Oct-03	< 1	--	< 1	12	2.25
Moose Creek Treated - MC-05 Tower	B03-11162-4	27-Oct-03	< 1	--	< 1	34	1.26
Moose Creek Treated - MC-06-SPS	B03-11162-5	28-Oct-03	< 1	--	< 1	--	1.06

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

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Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

C.O.C.: C-00029

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-11609

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
40 Camelot Drive
Ottawa Ontario K2G 5X8
Tel: 228-1145
Fax 228-1148

DATE SUBMITTED: 04-Nov-03
DATE REPORTED: 06-Nov-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		04-Nov-2003	04-Nov-2003	04-Nov-2003	04-Nov-2003	04-Nov-2003
Client I.D.	Sample I.D.	Date Collected					
Moose Creek Well # 1 - Raw	B03-11609-1	03-Nov-03	< 1	4	< 1	--	--
Moose Creek Well # 3 - Raw	B03-11609-2	03-Nov-03	< 1	< 1	< 1	--	--
Moose Creek WTP - Treated	B03-11609-3	03-Nov-03	< 1	--	< 1	< 2	1.92
MC-05-Tower	B03-11609-4	03-Nov-03	< 1	--	< 1	2	1.28
MC-06-SPS	B03-11609-5	03-Nov-03	< 1	--	< 1	--	0.90

Greg Clarkin, BSc, C.Chem
Lab Manager - Ottawa District

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

.O.C.: C-00030

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-11945

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 11-Nov-03
DATE REPORTED: 13-Nov-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		11-Nov-2003	11-Nov-2003	11-Nov-2003	11-Nov-2003	11-Nov-2003
Client I.D.	**Sample I.D.**	**Date Collected**					
Well #2 raw	B03-11945-1	10-Nov-03	< 1	1	< 1	--	--
Well #3 raw	B03-11945-2	10-Nov-03	< 1	< 1	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-11945-3	10-Nov-03	< 1	--	< 1	< 2	2.16
Dist. MC Mall	B03-11945-4	10-Nov-03	< 1	--	< 1	6	1.44
Dist. Paul Adams	B03-11945-5	10-Nov-03	< 1	--	< 1	--	1.30

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: C-00031

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-12391

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 18-Nov-03
DATE REPORTED: 20-Nov-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		18-Nov-2003	18-Nov-2003	18-Nov-2003	18-Nov-2003	18-Nov-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-12391-1	17-Nov-03	< 1	< 1	< 1	--	--
Well #3 raw	B03-12391-2	17-Nov-03	< 1	< 1	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-12391-3	17-Nov-03	< 1	--	< 1	< 2	2.25
Dist. Post Office	B03-12391-4	17-Nov-03	< 1	--	< 1	< 2	1.96
Dist. 2041 Valley (N)	B03-12391-5	17-Nov-03	< 1	--	< 1	--	0.70

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

MDL = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: C-00032

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-12757

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 25-Nov-03
DATE REPORTED: 27-Nov-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		25-Nov-2003	25-Nov-2003	25-Nov-2003	25-Nov-2003	25-Nov-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-12757-1	24-Nov-03	< 1	4	< 1	--	--
Well #3 raw	B03-12757-2	24-Nov-03	< 1	< 1	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-12757-3	24-Nov-03	< 1	--	< 1	< 2	1.90
Dist. Tower	B03-12757-4	24-Nov-03	< 1	--	< 1	< 2	1.22
Dist. SPS	B03-12757-5	24-Nov-03	< 1	--	< 1	--	0.99

K. Pipin

Krystyna Pipin, M. Sc.
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: C-00033

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-13126

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 02-Dec-03
DATE REPORTED: 04-Dec-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		02-Dec-2003	02-Dec-2003	02-Dec-2003	02-Dec-2003	02-Dec-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-13126-1	01-Dec-03	1	4	< 1	--	--
Well #3 raw	B03-13126-2	01-Dec-03	< 1	< 1	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-13126-3	01-Dec-03	< 1	--	< 1	4	2.04
Dist. 35 Simeon Lane	B03-13126-4	01-Dec-03	< 1	--	< 1	< 2	1.14
Dist. Post Office	B03-13126-5	01-Dec-03	< 1	--	< 1	--	1.40

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: C-00034

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-13539

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 09-Dec-03
DATE REPORTED: 11-Dec-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		09-Dec-2003	09-Dec-2003	09-Dec-2003	09-Dec-2003	09-Dec-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-13539-1	08-Dec-03	< 1	< 1	< 1	--	--
Well #3 raw	B03-13539-2	08-Dec-03	< 1	< 1	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-13539-3	08-Dec-03	< 1	--	< 1	< 2	1.55
ist. SPS	B03-13539-4	08-Dec-03	< 1	--	< 1	< 2	1.01
Dist. 2041 Valley (N)	B03-13539-5	08-Dec-03	< 1	--	< 1	--	1.04

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: C-00035

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-13917

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 16-Dec-03
DATE REPORTED: 18-Dec-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		16-Dec-2003	16-Dec-2003	16-Dec-2003	16-Dec-2003	16-Dec-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-13917-1	15-Dec-03	< 1	1	< 1	--	--
Well #3 raw	B03-13917-2	15-Dec-03	< 1	5	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-13917-3	15-Dec-03	< 1	--	< 1	< 2	1.87
Dist. Tower	B03-13917-4	15-Dec-03	< 1	--	< 1	< 2	1.29
Dist. Mall	B03-13917-5	15-Dec-03	< 1	--	< 1	--	1.23

Greg Clarkin
Lab Manager - Ottawa District

M.D.L. = Method Detection Limit

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

O.C.: C-00036

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-14194

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 22-Dec-03
DATE REPORTED: 24-Dec-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		22-Dec-2003	22-Dec-2003	22-Dec-2003	22-Dec-2003	22-Dec-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-14194-1	22-Dec-03	< 1	< 1	< 1	--	--
Well #3 raw	B03-14194-2	22-Dec-03	< 1	< 1	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-14194-3	22-Dec-03	< 1	--	< 1	< 2	1.93
Dist. Paul Adams	B03-14194-4	22-Dec-03	< 1	--	< 1	< 2	1.43
Dist. Post Office	B03-14194-5	22-Dec-03	< 1	--	< 1	--	1.11

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

CADUCEON

Environmental Laboratories
(Division of Caduceon Enterprises Inc.)

C.O.C.: C-00037

CERTIFICATE OF ANALYSIS
Final Report

REPORT No. B03-14416

Report To:

Ontario Clean Water Agency - Moose Creek
5 Industrial Dr.
Chesterville ON K0C 1H0
Attention: Dave Markell

Caduceon Environmental Laboratories
2378 Holly Lane
Ottawa Ontario K1V 7P1
Tel: 526-0123
Fax 526-1244

DATE SUBMITTED: 29-Dec-03
DATE REPORTED: 31-Dec-03
SAMPLE MATRIX: Drinking Water

JOB/PROJECT NO.:
P.O. NUMBER: Moose Creek WTP
WATERWORKS NO. 220008033

	Parameter Name:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		1	1	1	2	
	Reference Method:		MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		29-Dec-2003	29-Dec-2003	29-Dec-2003	29-Dec-2003	29-Dec-2003
Client I.D.	Sample I.D.	Date Collected					
Well #2 raw	B03-14416-1	29-Dec-03	< 1	3	< 1	--	--
Well #3 raw	B03-14416-2	29-Dec-03	< 1	18	< 1	--	--
Treated Water- 16950 McNeil Rd	B03-14416-3	29-Dec-03	< 1	--	< 1	< 2	1.72
Dist. Tower	B03-14416-4	29-Dec-03	< 1	--	< 1	< 2	1.15
Dist.SPS	B03-14416-5	29-Dec-03	< 1	--	< 1	--	0.92

K. Pipin

Krystyna Pipin
Lab Supervisor

M.D.L. = Method Detection Limit

Accredited by the Standards Council of Canada and CAEAL for specific tests.

B03-7527

Caduceon Laboratories

Bacterialological Sample Submission Form

Municipality	Moose Creek	Works #	220008033	Report To	Ontario Clean Water Agency
Source	Wells			Address	5 Industrial Drive
Sample Type	Bacti				P.O. Box 460
Date Sampled	25/08/03	Sampler	BILL MICHELS		Chesterville, Ontario

Telephone: (613) 448-3098
Fax: (613) 448-1616
Postal Code K0C 1H0

Sample ID	Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
[redacted]									
MC-02	Well # 2 Raw	10 10	—	—	X	X	X		
MC-03	Well # 3 Raw	10 15	—	—	X	X	X		
MC-04	Treated Water WTP - 16950 McNeil Road, Moose Creek	10 25	1.41	—	X	X		X	X
MC-05	POST Office	9 45	1.26	—	X	X		X	X
MC-06	MC MALL	9 55	1.33	—	X	X			X

c.c. Township of North Stormont, Fax: (613) 984-2908

CHAIN OF CUSTODY RECORD

LAB USE ONLY
Report Number: 2313864

ACCUTEST LABORATORIES LTD.
☐ 146 Colonnade Rd., Unit 8
Ottawa, ON K2E 7Y1
Ph: (613) 727-5692 Fax: (613) 727-5222

☐ 608 Norris Court
Kingston, ON K7P 2R9
Ph: (613) 634-9307 Fax: (613) 634-9308

Company Name: OCWA	Address: 5 INDUSTRIAL DR.	☑ Fax Results to: 448-3616
Report Attention: DANE MARKELL	City/Prov: CHESTERVILLE Postal Code: K0C-1H0	☐ E-mail Results to:
Phone: 448-3098 Waterworks #: 220008033	Project # * Quotation #	☐ Copy of Results to:

Invoice to:
(if different from above)

SAMPLE ANALYSIS REQUIRED

⇦ Indicate: F=Filtered or P=Preserved

Sample ID	Date/Time Collected	Sample Matrix	C=Comp. G=Grab	Number of Containers	Service Required ** R=Rush S=Standard	NO_2 & NO_3	THM							Laboratory Identification	CRITERIA REQUIRED * (i.e. MOE GUCSO, CCME, PWQO, ODWS, Québec) MOE Reg. #: Other: MOE Reportable ?
MC-01-TREAT	02/09/03 915	DW	G	1	S	✓						FCl_2 - 2.18 mg/L		269945	Yes ☑ No ☐
MC-02-DISTRI	02/09/03 955	DW	G	2	S		✓					FCl_2 - 1.35 mg/L		946	Yes ☑ No ☐
															Yes ☐ No ☐
															Yes ☐ No ☐
															Yes ☐ No ☐
															Yes ☐ No ☐
															Yes ☐ No ☐
															Yes ☐ No ☐
															Yes ☐ No ☐
															Yes ☐ No ☐
															Yes ☐ No ☐

Comments

Sampled By: BILL MICHELS	Date/Time: 02/09/03	Shipped Via:	Waybill #:
Relinquished By:	Date/Time:	Received By:	Date/Time:
Relinquished By:	Date/Time:	Received By Lab: Y. Macnaughton	Date/Time: Sept 4/03 11AM

[redacted] required field. If not complete, analysis will proceed only on verification of missing information. ** There may be a surcharge applied to "Rush" service. Please check with lab.

Copies: White – Sampler, Yellow – Laboratory, Pink – With Report

Cadu[redacted] Laboratories

B03 7941

Bacterialogical Sample Sub[redacted] Form

Municipality	Moose Creek	Works #	220008033	Report To	Ontario Clean Water Agency
Source	Wells			Address	5 Industrial Drive
Sample Type	Bacti				P.O. Box 460
Date Sampled	02/09/03	Sampler	BILL MICHELS		Chesterville, Ontario

Telephone: (613) 448-3098
Fax: (613) 448-1616
Postal Code K0C 1H0

Sample ID	Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
[redacted]					X	X	X		
MC-02	Well # 2 Raw	925	—	—	X	X	X		
MC-03	Well # 3 Raw	930	—	—	X	X	X		
MC-04	Treated Water WTP - 16950 McNeil Road, Moose Creek	920	2.18	—	X	X		X	X
MC-05	TOWER - ELEVATED TANK	945	.99	—	X	X		X	X
MC-06	S.P.S.	1000	1.35	—	X	X			X

c.c. Township of North Stormont, Fax: (613) 984-2908

Cadu[redacted] Laboratories B03 7941 **Bacterialogical Sample Sub[redacted] Form**

Municipality	Moose Creek	Works #	220008033	Report To	Ontario Clean Water Agency
Source	Wells			Address	5 Industrial Drive
Sample Type	Bacti				P.O. Box 460
Date Sampled	02/09/03	Sampler	BILL MICHELS		Chesterville, Ontario

Telephone: (613) 448-3098
Fax: (613) 448-1616
Postal Code K0C 1H0

Sample ID	Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
[redacted]					X	X	X		
MC-02	Well # 2 Raw	925	—	—	X	X	X		
MC-03	Well # 3 Raw	930	—	—	X	X	X		
MC-04	Treated Water WTP - 16950 McNeil Road, Moose Creek	920	2.18	—	X	X		X	X
MC-05	TOWER - ELEVATED TANK	945	.99	—	X	X		X	X
MC-06	S.P.S.	1000	1.35	—	X	X			X

c.c. Township of North Stormont, Fax: (613) 984-2908

Cadu[redacted] Laboratories

B03-8175[redacted]

Bacterialogical Sample Submission Form

Municipality	Moose Creek	Works #	220008033	Report To	Ontario Clean Water Agency
Source	Wells			Address	5 Industrial Drive
Sample Type	Bacti				P.O. Box 460
Date Sampled	05/09/03	Sampler	Bill Micheels		Chesterville, Ontario

Telephone: (613) 448-3098
Fax: (613) 448-1616
Postal Code K0C 1H0

Sample ID	Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
[redacted]									
MC-04	Treated Water WTP - 16950 McNeil Road, Moose Creek	1330	2.03	–	X	X		X	X
MC-05	ELEVATED TANK (TOWER)	1400	1.70	–	X	X		X	X
MC-06	SPS.	1350	1.24	–	X	X		X	X

RE SAMPLE

c.c. Township of North Stormont, Fax: (613) 984-2908

Cadu Laboratories

B03- 8321

Bacterialological Sample Subm Form

Municipality	Moose Creek	Works #	220008033	Report To	Ontario Clean Water Agency
Source	Wells			Address	5 Industrial Drive
Sample Type	Bacti				P.O. Box 460
Date Sampled	08/09/03.	Sampler	BILL MICHELS		Chesterville, Ontario

Telephone: (613) 448-3098
Fax: (613) 448-1616
Postal Code K0C 1H0

Sample ID	Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
[redacted]									
MC-02	Well # 2 Raw	940	—	—	X	X	X		
MC-03	Well # 3 Raw	945	—	—	X	X	X		
MC-04	Treated Water WTP - 16950 McNeil Road, Moose Creek	950	1.9	—	X	X		X	X
MC-05	MC MALL	1005	1.26	—	X	X		X	X
MC-06	2041 VALLEY ST N.	1025	1.05	—	X	X			X

c.c. Township of North Stormont, Fax: (613) 984-2908

Cad[redacted]n Laboratories

B03-8723

Bacterialogical Sample Sub[redacted]n Form

Municipality	Moose Creek	Works #	220008033	Report To	Ontario Clean Water Agency
Source	Wells			Address	5 Industrial Drive
Sample Type	Bacti				P.O. Box 460
Date Sampled	15/04/03	Sampler	BILL MICHELS		Chesterville, Ontario

Telephone: (613) 448-3098
Fax: (613) 448-1616
Postal Code K0C 1H0

Sample ID	Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
[redacted]									
MC-02	Well # 2 Raw	9 45	—	—	X	X	X		
MC-03	Well # 3 Raw	9 50	—	—	X	X	X		
MC-04	Treated Water WTP - 16950 McNeil Road, Moose Creek	9 55	1.43	-	X	X		X	X
MC-05	PAUL ADAMS	10 15	1.00	—	X	X		X	X
MC-06	POST OFFICE	10 25	1.19	—	X	X			X

c.c. Township of North Stormont, Fax: (613) 984-2908

Caduceon Laboratories

B03-9094

Bacterialogical Sample Submission Form

Municipality	Moose Creek	Works #	220008033	Report To	Ontario Clean Water Agency	Telephone:	(613) 448-3098
Source	Wells			Address	5 Industrial Drive	Fax:	(613) 448-1616
Sample Type	Bacti				P.O. Box 460	Postal Code	K0C 1H0
Date Sampled	22/09/03	Sampler	BILL MICHELS		Chesterville, Ontario		

Sample ID	Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
[redacted]									
MC-02	Well # 2 Raw	10 10	—	—	X	X	X		
MC-03	Well # 3 Raw	10 15	—	—	X	X	X		
MC-04	Treated Water WTP - 16950 McNeil Road, Moose Creek	10 00	1.32	—	X	X		X	X
MC-05	SPS	10 30	.52	—	X	X		X	X
MC-06	MC - MALL	10 35	.96	—	X	X			X

c.c. Township of North Stormont, Fax: (613) 984-2908

CADUCEON Environmental Laboratories (Division of Caduceon Enterprises) 42445

☐ ODWS Drinking Water Samples (459___ 505___) ☐ ODWS (Non Regulatory) ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Provincial Water Quality Objectives ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: OCWA	Address: 5 INDUSTRIAL DR CHESTERVILLE ONT K0C-1H0	ANALYSES REQUESTED (Print Test In Boxes)
Contact: BLAIR HENDERSON.		
Tel: 613-448-3098		
Fax: 613-448-1616	Waterwork's/ Project#: 22000803 3	Project Name: MOOSE CREEK
Email:	Quote No.:	P.O. No.:

REPORT #: B03-9531

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Regulatory (Y/N)	Indicate Test For Each Sample By Using A Check Mark In The Box Provided: E.coli	Total Coliforms	HPC	Background	Chlorine: Free	Chlorine: Total	# Bottles/ Sample	Field Filtered (Y/N)
	MC-02 RAW.	DW	29-09-03	10 30	N	✓	✓		✓	—		1	
	MC-03 RAW	DW	"	10 55	N	✓	✓		✓	—		1	
	MC-04 WTP TREATED.	DW	"	10 40	Y	✓	✓	✓		1.44		1	
	MC-05 P.O. TREATED	DW	"	10 15	Y	✓	✓	✓		1.07		1	
	MC-06 S.P.S. TREATED.	DW	29-09/03	11 00	Y	✓	✓	●		.65		1	

Sample Submission Information
Sampled By (print): BILL MICHELS
Submitted By (print): BILL MICHELS
Signature: [signature]
Date(dd-mm-yy): 29/09/03 Time:

Turnaround Time Requested
24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format
Fax Results ☑
Email ☐
No. of Containers Shipped

LABORATORY USE ONLY
Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☐ YES ☐ NO
Page ___ of ___

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses
Kingston Lab - 285 Dalton Ave., Kingston, ON K7M 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc.) 42462

☐ ODWS Drinking Water Samples (459___ 505___) ☐ ODWS (Non Regulatory) ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Provincial Water Quality Objectives ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: OCWA.	Address: 5 INDUSTRIAL DR. P.O. BOX 460 CHESTERVILLE ONT K0C-1H0	
Contact: BLAIR HENDERSON.		
Tel: 613-448-3098		
Fax: 613-448-1616	Waterwork's/ Project#: 22000803 3	Project Name: MOOSE CREEK.
Email:	Quote No.:	P.O. No.:

ANALYSES REQUESTED (Print Test in Boxes)

ECOLI / TOTAL COLIFORM / HPC / BACKGROUND.

BOD-9989

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Regulatory (Y/N)	Indicate Test For Each Sample By Using A Check Mark In The Box Provided												Chlorine Free	Chlorine Total	# Bottles / Sample	Field Filtered (Y/N)
	MC-02 WELL 2 RAW	DW	06-10-03	10 25	N	✓	✓		✓									—	—	1	
	MC-03 WELL 3 RAW	DW	"	10 30	N	✓	✓		✓									—	—	1	
	MC-04 WTP TREATED.	DW	"	10 20	Y	✓	✓	✓										2.07 / 1.20	—	1	
	MC-05 TOWER TREATED.	DW	"	10 00	Y	✓	✓	✓										.84	—	1	
	MC-06 SPS TREATED	DW	06/10-03	10 10	Y	✓	✓											.67	—	1	

Sample Submission Information

Sampled By (print): BILL MICHELS
Submitted By (print): BILL MICHELS
Signature: Bill Michels
Date(dd-mm-yy): 06/10/03 Time:

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format

Fax Results ☑
Email ☐
No. of Containers Shipped

LABORATORY USE ONLY

Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☐ YES ☐ NO

Page ___ of ___

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7M 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON Environmental Laboratories (Division of Caduceon Enterprises 42485

OCT. 15

- [ ] ODWS Drinking Water Samples (459___ 505___)
- [ ] Provincial Water Quality Objectives
- [ ] ODWS (Non Regulatory)
- [ ] Provincial Sediment Quality Guideline
- [ ] MISA Guidelines
- [ ] Landfill Analysis
- [ ] Clean Up Criteria (A___ B___ C___ D___ E___ F___)
- [ ] Other: ____________

Client: OCWA.	Address: 5 Industrial Dr. Box 46 Chesterville Ont. K0C-1H0
Contact: BLAIR HENDERSON.	
Tel: 613-448-3098	
Fax: 613-448-1616	Waterwork's/ Project#: 220008033 — Project Name: MOOSECREEK
Email:	Quote No.: — P.O. No.:

ANALYSES REQUESTED (Print Test in Boxes)

B03-10463

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Regulatory (Y/N)	E coli	Total Coliform	HPC	Background	Chlorine Free	Chlorine Total	# Bottles/ Sample	Field Filtered (Y/N)
1	MC-02 RAW WELL 2	DW	14/10/03	1050	N	✓	✓		✓	–	–	1	N
2	MC-03 RAW WELL 3	DW	"	1055	N	✓	✓		✓	–	–	1	N
3	MC-04 WTP	DW	"	1045	Y	✓	✓	✓		1.74	–	1	N
4	MC-05 M.C. MALL	DW	"	1020	Y	✓	✓	✓		1.13	–	1	N
5	MC-06 PAUL ADAMS	DW	14/10/03	1030	Y	✓	✓			1.22	–	1	N

Sample Submission Information

Sampled By (print): BILL MICHELS

Submitted By (print): BILL MICHELS

Signature: W Michels

Date(dd-mm-yy): 14/10/03 Time: 1415

Turnaround Time Requested

24 Hrs [ ] 48 Hrs [ ]

72 Hrs [ ] 5-7 Day [ ]

Specific Date: ________

Method of Shipment:

Reporting Format

Fax Results [ ]

Email [ ]

No. of Containers Shipped

LABORATORY USE ONLY

Received By (print): Signature:

Date(dd-mm-yy) Received: Time Received:

Comments: Laboratory Prepared Bottles: [ ] YES [ ] NO

Page ___ of ___

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7M 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com

Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)

Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)

Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@cadueonlabs.com

CADUCEON *Environmental Laboratories* (Division of Caduceon Enterprises Inc.) 42645

☐ ODWS Drinking Water Samples (459___ 505___) ☐ ODWS (Non Regulatory) ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Provincial Water Quality Objectives ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client:	Address:	ANALYSES REQUESTED (Print Test in Boxes)
OCWA.	5 INDUSTRIAL DR. BOX-460 CHESTERVILLE ONT. K0C-1H0	E. coli, T. Coliform, HPC, Background.
Contact: DAVE MARKELL		
Tel: 1-613-448-3098.		
Fax: 1-613-448-1616	Waterwork's/ Project#: 220008033	Project Name: MOOSE CREEK
Email:	Quote No.:	P.O. No.:

REPORT B03-10101

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Regulatory (Y/N)	Indicate Test For Each Sample By Using A Check Mark In The Box Provided	Chlorine Free	Chlorine Total	# Bottles/ Sample	Field - Filtered (Y/N)
	MOOSE CREEK.									
	MC-02 RAW WELL 2	DW	20/10/03	10 40	N	✓ ✓ ✓	-	-	1	N
	MC-03 RAW WELL 3	DW	"	10 45	N	✓ ✓ ✓	-	-	1	N
	MC-04 TREAT WTP.	DW	"	10 35	Y	✓ ✓ ✓	2.09	-	1	N
	MC-05 TREAT 2041 VALLEY	DW	"	10 00	Y	✓ ✓ ✓	.67	-	1	N
	MC-06 TREAT POST OFFICE	DW	20/10/03	10 15	Y	✓ ✓	1.66	-	1	N

Sample Submission Information	Turnaround Time Requested	Reporting Format
Sampled By (print): BILL MICHELS	24 Hrs ☐ 48 Hrs ☐	Fax Results ☑
Submitted By (print): BILL MICHELS	72 Hrs ☐ 5-7 Day ☐	Email ☐
Signature: [signature]	Specific Date:	No. of Containers Shipped
Date(dd-mm-yy): 20/10/03 Time: 1415	Method of Shipment:	

LABORATORY USE ONLY
Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☑ YES ☐ NO

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses
Kingston Lab - 285 Dalton Ave., Kingston, ON K7M 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc.)

B03-1462 00028

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency

Address: 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0

Contact: Dave Markell

Tel: (613) 448-3098

Fax: (613) 448-1616

Email: dmarkell@ocwa.com

Waterwork's/ Project#: 220008033

Project Name: Moose Creek

Quote No.:

P.O. No.:

ANALYSES REQUESTED (Print Test in Boxes)

REPORT NUMBER

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles/ Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW	DW	27/10/03	11 20	N	X	X	X		—	—	1	N
	MOOSE CREEK WELL NO.3 - RAW	DW	"	11 30	N	X	X	X		—	—	1	N
	MOOSE CREEK WTP - TREATED	DW	"	11 35	Y	X	X		X	2.25	—	1	N
	MOOSE CREEK TREATED MC-05 - TOWER	DW	"	11 10	Y	X	X		X	1.26	—	1	N
	MOOSE CREEK TREATED MC-06 - SPS	DW	27/10/03	12 05	Y	X	X			1.06	—	1	N

Sample Submission Information

Sampled By (print): BILL MICHAELS

Submitted By (print): BILL MICHAELS

Signature:

Date(dd-mm-yy): 27/10/03 Time: 1420

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐

72 Hrs ☐ 5-7 Day ☐

Specific Date:

Method of Shipment:

Reporting Format

Fax Results ☑

Email ☐

No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): Signature:

Date(dd-mm-yy) Received: Time Received:

Comments: Laboratory Prepared Bottles: ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) 0029

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency	**Address:** 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0	
Contact: Dave Markell		
Tel: (613) 448-3098		
Fax: (613) 448-1616	**Waterwork's/ Project#:** 220008033	**Project Name:** Moose Creek
Email: dmarkell@ocwa.com	**Quote No.:**	**P.O. No.:**

NOT B03-11609

ANALYSES REQUESTED (Print Test in Boxes)

REPORT NUMBER:

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Replicates / Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW	DW	03/11/03	10 05	N	X	X	X		—	—	1	N
	MOOSE CREEK WELL NO.3 - RAW	DW	"	10 10	N	X	X	X		—	—	1	N
	MOOSE CREEK WTP - TREATED	DW	"	10 00	Y	X	X		X	1.92	—	1	N
	mc-05 - Tower	DW	"	10 25	Y	X	X		X	1.28	—	1	N
	mc-06 - SPS	DW	03/11/03	10 35	Y	X	X			.90	—	1	N

Sample Submission Information

Sampled By (print): Bill MICHELS
Submitted By (print): Bill MICHELS
Signature: [signature]
Date(dd-mm-yy): 03/11/03 Time: 1335

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format

Fax Results ☑
Email ☐
No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) 00030

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency	**Address:** 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0	
Contact: Dave Markell		
Tel: (613) 448-3098		
Fax: (613) 448-1616	**Waterwork's/ Project#:** 220008033	**Project Name:** Moose Creek
Email: dmarkell@ocwa.com	**Quote No.:**	**P.O. No.:**

B03119495

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	Indicate Test For Each Sample By Using A Check Mark In The Box Provided: E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles/ Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW	DW	10/11/03	10:00	N	X	X	X		—	—	1	N
	MOOSE CREEK WELL NO.3 - RAW	DW	"	10:05	N	X	X	X		—	—	1	N
	MOOSE CREEK WTP - TREATED	DW	"	10:10	Y	X	X		X	2.16	—	1	N
	MC MALL MC-05	DW	"	10:50	Y	X	X		X	1.44	—	1	N
	PAUL ADAMS MC-06	DW	10/11/03	11:00	Y	X	X			1.30	—	1	N

Sample Submission Information
Sampled By (print): BILL MICHELS
Submitted By (print): BILL MICHELS
Signature: [signature]
Date(dd-mm-yy): 10/11/03 Time: 1330

Turnaround Time Requested
24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format
Fax Results ☑
Email ☐
No. of Containers Shipped: 5

LABORATORY USE ONLY
Received By(print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses
Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) 00031

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency	**Address:** 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0	**ANALYSES REQUESTED (Print Test in Boxes)**
Contact: Dave Markell		
Tel: (613) 448-3098		
Fax: (613) 448-1616	**Waterwork's/ Project#:** 220008033	**Project Name:** Moose Creek
Email: dmarkell@ocwa.com	**Quote No.:**	**P.O. No.:**

REPORT TO BE

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	Indicate Test For Each Sample By Using A Check Mark In The Box Provided: E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles / Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW	DW	17/11/03	10 40	N	X	X	X		—	—	1	N
	MOOSE CREEK WELL NO.3 - RAW	DW	"	10 45	N	X	X	X		—	—	1	N
	MOOSE CREEK WTP - TREATED	DW	"	10 50	Y	X	X		X	2.25	—	1	N
	MC-05 POST OFFICE	DW	"	11 15	Y	X	X		X	1.96	—	1	N
	MC-06 2041 VALLEY (N)	DW	17/11/03	11 25	Y	X	X			.70	—	1	N

Sample Submission Information

Sampled By (print): BILL MICHELS
Submitted By (print): BILL MICHELS
Signature: [signature]
Date(dd-mm-yy): 17/11/03 Time: 1440

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format

Fax Results ☑
Email ☐
No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☑ Yes ☐ No

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

Environmental Laboratories (Division of Caduceon Enterprises Inc)

C- 00032

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency	**Address:** 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0	**ANALYSES REQUESTED (Print Test in Boxes)**
Contact: Dave Markell		
Tel: (613) 448-3098		
Fax: (613) 448-1616	**Waterwork's/ Project#:** 220008033	**Project Name:** Moose Creek
Email: dmarkell@ocwa.com	**Quote No.:**	**P.O. No.:**

REPORT NUMBER:

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles/ Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW mc-02	DW	24/11/03	10 30	N	X	X	X		–	–	1	N
	MOOSE CREEK WELL NO.3 - RAW mc-03	DW	"	10 35	N	X	X	X		–	–	1	N
	MOOSE CREEK WTP - TREATED mc-17	DW	"	10 25	Y	X	X		X	1.90	–	1	N
	TOWER mc-05	DW	"	10 05	Y	X	X		X	1.22	–	1	N
	SPS. mc-06	DW	24/11/03	10 15	Y	X	X			.99	–	1	N

Indicate Test For Each Sample By Using A Check Mark In The Box Provided

Sample Submission Information

Sampled By (print): Bill Michaels
Submitted By (print): Bill Michaels
Signature:
Date(dd-mm-yy): 24/11/03 Time: 1340

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format

Fax Results ☑
Email ☐

No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☑ YES ☐ NO
Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-11[illegible] (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-[illegible]472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) C- 00032

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency

Contact: Dave Markell

Tel: (613) 448-3098

Fax: (613) 448-1616

Email: dmarkell@ocwa.com

Address: 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0

Waterwork's/ Project#: 220008033

Project Name: Moose Creek

Quote No.:

P.O. No.:

ANALYSES REQUESTED (Print Test in Boxes)

B03-PT5T

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Online: Free	Online: Total	# Bottles/ Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW (mc-02)	DW	24/11/03	10 30	N	X	X	X		–	–	1	N
	MOOSE CREEK WELL NO.3 - RAW (mc-03)	DW	"	10 35	N	X	X	X		–	–	1	N
	MOOSE CREEK WTP - TREATED (mc-04)	DW	"	10 25	Y	X	X		X	1.90	–	1	N
	TOWER (mc-05)	DW	"	10 05	Y	X	X		X	1.22	–	1	N
	SPS. (mc-06)	DW	24/11/03	10 15	Y	X	X			.99	–	1	N

Indicate Test For Each Sample By Using A Check Mark In The Box Provided

Sample Submission Information

Sampled By (print): BILL MICHELS

Submitted By (print): BILL MICHELS

Signature: [signature]

Date(dd-mm-yy): 24/11/03 Time: 1340

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐

72 Hrs ☐ 5-7 Day ☐

Specific Date: _____

Method of Shipment:

Reporting Format

Fax Results ☑

Email ☐

No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): _____ Signature: _____

Date (dd-mm-yy) Received: _____ Time Received: _____

Comments: _____ Laboratory Prepared Bottles: ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com

Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)

Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1[redacted] Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)

Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) [redacted]472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

SGS Lakefield Research Limited
Environmental Services

Request for Laboratory Services and Chain of Custody Form

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0. Phone (705) 652-2038. Fax (705) 652-6441

1[illegible]

Report results to:
Name: Dave Markell
Company: OCWA
Address: 5 Industrial Drive
City: Chesterville
Province, Postal Code: ON K0C 1H0
Telephone Number: (613) 448-3098 Fax: 448-1616

Send Invoice to:
Name:
Company:
Address:
City
Province, Postal Code
Telephone Number: Fax:

Chain of Custody
Sampled by: Bill Michels
Packed and Shipped by: Dave Markell Date /Time: 09/12/03
Shipment Method and WB#: Date /Time: 9:00

Please specify any guideline or regulations that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).
Guideline: _____ Regulation: _____ Initial: _____

LRL LIMS No.:
Received by (Date & Time):
Logged in by (Date):
Lab Batch ID:
Project No.:
Plant No.:
Quote No.:
Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab
Standard ☐ RUSH ☐ Specify Date: _____ Time: _____

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Sample condition upon receipt:

Temperature upon receipt: _____ °C

Special Instructions:

Analysis Requested (X) as Required
(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Antimony	Aircard	Benzo (a) Pyrene	Tenbutes	NO_2	NO_3	THM
1	TDW	Moose Creek Treated	7	08/12/03	10:10	X	X	X	X	X	X	
2	TDW	Moose Creek System SPS	1	09/12/03	10:00							X
3												
4												
5												
6												
7												
8												
9												
10												

* **Matrix Codes:** **GW**-ground water, **SW**-surface water, **RES**-Residential Water, **EFF**-Effluent, **PROC**-Process Water, **SOIL**-Soil, **SED**-Sediment, **SWAB**-Swabs, **FILT**-Filters

* **Regulated Water Codes:** **GRW**-ground raw water, **SRW**-surface raw water, **TDW**-Treated Drinking Water, **DDW**-Distribution Drinking Water

Work Authorized by(Client or representative signature must accompany request): Dave Markell **Date:** Dec 5/03

Note: Please read reverse page for terms and conditions. Priority service of 24 to 48 hours may be available at twice the quoted price. Please confirm with the laboratory prior to shipping priority samples.

Chain of Custody Distribution: White copy retained by sampler. Yellow & Pink copies accompany samples. Pink retained by laboratory. Yellow copy returned with certificate of analysis.

Part No. CofC-2

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) C- 00033

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency
Contact: Dave Markell
Tel: (613) 448-3098
Fax: (613) 448-1616
Email: dmarkell@ocwa.com

Address: 5 Industrial Drive, P.O. Box 460, Chesterville, ON, K0C 1H0

Waterwork's/ Project#: 220008033
Project Name: Moose Creek
Quote No.:
P.O. No.:

ANALYSES REQUESTED (Print Test in Boxes)

BOS-1836

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles/ Sample	Field Filtered (Y/N)
01	MOOSE CREEK WELL NO.2 - RAW	DW	01/12/03	10:30	N	X	X	X		-	-	1	N
02	MOOSE CREEK WELL NO.3 - RAW	DW	01/12/03	10:30	N	X	X	X		-	-	1	N
03	MOOSE CREEK WTP - TREATED	DW	01/12/03	10:40	Y	X	X		X	2.04	-	1	N
04	35 Simeon Lane	DW	01/12/03	10:00	Y	X	X		X	1.14	-	1	N
05	Post Office	DW	01/12/03	10:19	Y	X	X			1.40	-	1	N

Sample Submission Information:
Sampled By (print): Dave Markell
Submitted By (print): Angela Carley
Signature: Angela M. Carley
Date(dd-mm-yy): 01/12/03 Time: 16:18

Turnaround Time Requested: 24 Hrs ☐ 48 Hrs ☐ 72 Hrs ☐ 5-7 Day ☐ Specific Date: _____ Method of Shipment:

Reporting Format: Fax Results ☐ Email ☑ No. of Containers Shipped

LABORATORY USE ONLY
Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☐ YES ☐ NO
Page ___ of ___

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses
Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) [redacted]72 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) 00034

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency	**Address:** 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0	
Contact: Dave Markell		
Tel: (613) 448-3098		
Fax: (613) 448-1616	**Waterwork's/ Project#:** 220008033	**Project Name:** Moose Creek
Email: dmarkell@ocwa.com	**Quote No.:**	**P.O. No.:**

B03-15339

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Preservative (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Res.	Chlorine Total	# Bottles / Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW MC-02	DW	08/12/03	10 15	N	X	X	X		—	—	1	N
	MOOSE CREEK WELL NO.3 - RAW MC-03	DW	"	10 20	N	X	X	X		—	—	1	N
	MOOSE CREEK WTP - TREATED MC-04	DW	"	10 10	Y	X	X		X	1.55	—	1	N
	SPS MC-05	DW	"	11 00	Y	X	X		X	1.01	—	1	N
	2041 VALLEY ST(N) MC-06	DW	"	11 10	Y	X	X			1.04	—	1	N

Sample Submission Information

Sampled By (print): BILL MICHELS
Submitted By (print): BILL MICHELS
Signature: Bill Michels
Date(dd-mm-yy): 08/12/03 Time: 1355

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format

Fax Results ☑
Email ☐
No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com
Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) C-00035

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency

Contact: Dave Markell

Tel: (613) 448-3098

Fax: (613) 448-1616

Email: dmarkell@ocwa.com

Address: 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0

Waterwork's/ Project#: 220008033

Project Name: Moose Creek

Quote No.:

P.O. No.:

ANALYSES REQUESTED (Print Test in Boxes)

B03-13917

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles/ Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW mc-02	DW	15/12/03	10 40	N	X	X	X		—	—	1	N
	MOOSE CREEK WELL NO.3 - RAW mc-03	DW	"	10 45	N	X	X	X		—	—	1	N
	MOOSE CREEK WTP - TREATED mc-04	DW	"	10 30	Y	X	X		X	1.87	—	1	N
	TOWER mc-05	DW	"	10 15	Y	X	X		X	1.29	—	1	N
	MALL mc-06	DW	"	11 10	Y	X	X			1.23	—	1	N

Sample Submission Information

Sampled By (print): BILL MICHELS

Submitted By (print): BILL MICHELS

Signature: [signature]

Date(dd-mm-yy): 15/12/03 Time: 1340

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐

72 Hrs ☒ 5-7 Day ☐

Specific Date: _____

Method of Shipment:

Reporting Format

Fax Results ☑

Email ☑

No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): Signature:

Date(dd-mm-yy) Received: Time Received:

Comments: Laboratory Prepared Bottles: ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston@caduceonlabs.com

Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)

Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-11[illegible] Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)

Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506)[illegible]72 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc)

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency

Contact: Dave Markell

Tel: (613) 448-3098

Fax: (613) 448-1616

Email: dmarkell@ocwa.com

Address: 5 Industrial Drive, P.O. Box 460, Chesterville, ON, K0C 1H0

Waterwork's/ Project#: 220008033

Project Name: Moose Creek

Quote No.:

P.O. No.:

ANALYSES REQUESTED (Print Test in Boxes)

BOD-TKN-P4

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles / Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW MC-02	DW	22/12/03	910	N	X	X	X		—	—	1	N
	MOOSE CREEK WELL NO.3 - RAW MC-03	DW	"	915	N	X	X	X		—	—	1	N
	MOOSE CREEK WTP - TREATED MC-04	DW	"	9:08	Y	X	X		X	1.93	—	1	N
	PAUL ADAMS MC-05	DW	"	9 35	Y	X	X		X	1.43	—	1	N
	Post Office MC-06	DW	22/12/03	940	Y	X	X			1.11	—	1	N

Sample Submission Information

Sampled By (print): BILL MICHELS

Submitted By (print): BILL MICHELS

Signature: [signature]

Date(dd-mm-yy): 22/12/03 Time: 10 35

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐

72 Hrs ☐ 5-7 Day ☐

Specific Date: _____

Method of Shipment: _____

Reporting Format

Fax Results ☐

Email ☑

No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): _____ Signature: _____

Date (dd-mm-yy) Received: _____ Time Received: _____

Comments: _____ Laboratory Prepared Bottles: ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

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Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)

Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) [redacted]72 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) 00037

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency	**Address:** 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0	**ANALYSES REQUESTED (Print Test in Boxes)**
Contact: Dave Markell		
Tel: (613) 448-3098		
Fax: (613) 448-1616	**Waterwork's/ Project#:** 220008033	**Project Name:** Moose Creek
Email: dmarkell@ocwa.com	**Quote No.:**	**P.O. No.:**

REPORT NUMBER:

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles/ Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW mc-02	DW	29/12/03	0850	N	X	X	X		--	—	1	N
	MOOSE CREEK WELL NO.3 - RAW mc-03	DW	"	0855	N	X	X	X		—	—	1	N
	MOOSE CREEK WTP - TREATED mc-04	DW	"	0900	Y	X	X		X	1.72	—	1	N
	TOWER mc-05	DW	"	0840	Y	X	X		X	1.15	—	1	N
	SPS mc-06	DW	29/12/03	0930	Y	X	X			.92	—	1	N

Sample Submission Information

Sampled By (print): BILL MICHELS
Submitted By (print): BILL MICHELS
Signature: [signature]
Date(dd-mm-yy): 29/12/03 Time: 1105

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format

Fax Results ☐
Email ☑

No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles: ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

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Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

CADUCEON **Environmental Laboratories** (Division of Caduceon Enterprises Inc) C0037

☐ ODWS Drinking Water Samples (459___ 505___) ☐ Provincial Water Quality Objectives ☐ MISA Guidelines ☐ Clean Up Criteria (A___ B___ C___ D___ E___ F___)
☐ Non Regulated - Drinking Water ☐ Provincial Sediment Quality Guideline ☐ Landfill Analysis ☐ Other: _____

Client: Ontario Clean Water Agency	**Address:** 5 Industrial Drive, P.O. Box 460, Chesterville, ON K0C 1H0	
Contact: Dave Markell		
Tel: (613) 448-3098		
Fax: (613) 448-1616	**Waterwork's/ Project#:** 220008033	**Project Name:** Moose Creek
Email: dmarkell@ocwa.com	**Quote No.:**	**P.O. No.:**

ANALYSES REQUESTED (Print Test in Boxes)

B03-HHB

Lab No.	Sample Identification	Sample Matrix	Date Collected (dd-mm-yy)	Time Collected	Reportable (Y/N)	E. Coli	Total Coliform	Background	H.P.C.	Chlorine Free	Chlorine Total	# Bottles / Sample	Field Filtered (Y/N)
	MOOSE CREEK WELL NO.2 - RAW (mc-02)	DW	29/12/03	0850	N	X	X	X		–	–	1	N
	MOOSE CREEK WELL NO.3 - RAW (mc-03)	DW	"	0855	N	X	X	X		–	–	1	N
	MOOSE CREEK WTP - TREATED (mc-04)	DW	"	0900	Y	X	X		X	1.72	–	1	N
	Tower mc-05	DW	"	0840	Y	X	X		X	1.15	–	1	N
	SPS mc-06	DW	29/12/03	0930	Y	X	X			.92	–	1	N

Sample Submission Information

Sampled By (print): Bill Michels
Submitted By (print): Bill Michels
Signature: Bill Michels
Date(dd-mm-yy): 29/12/03 Time: 1105

Turnaround Time Requested

24 Hrs ☐ 48 Hrs ☐
72 Hrs ☐ 5-7 Day ☐
Specific Date: _____
Method of Shipment:

Reporting Format

Fax Results ☐
Email ☑
No. of Containers Shipped: 5

LABORATORY USE ONLY

Received By (print): Signature:
Date(dd-mm-yy) Received: Time Received:
Comments: Laboratory Prepared Bottles? ☑ YES ☐ NO

Page 1 of 1

Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter

Laboratory Locations/ Shipping Addresses

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Ottawa East Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel (613) 526-0123 Fax: (613) 526-1244, Email: contactottawae@caduceonlabs.com (Shipping & Supplies)
Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1145 Fax: (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@caduceonlabs.com

Moose Creek Water

#	ISSUE	ACTION REQUIRED	RESPONSIBILITY	COMPLIANCE DATE	RESOLVED
1	Installation of Standby Sodium Hypochlorite tank with auto switch over and spill containment and associated controls.	Engineer to purchase equipment & provide drwgs.	Engineer/OCWA	July 1, 2003	
2	Conduct well capacity testing &re-develop Well#1..	Engineer/WESA.	Engineer/WESA	July 1, 2003	
3	Upgrade Well vents.	Engineer to purchase equipment & provide drwgs.	Engineer/OCWA	July 1, 2003	
4	Well head protection & delineation plan.	Complete site specific plan when Area Study complete	Municipality/Engineer		
5	As constructed drawings and Process Instrumentation diagrams.	Engineer to provide	Engineer/OCWA	1 year from construction.	
6	Engineers Report (2nd)		Engineer	September 30, 2004	
7	Automatic switch over system and associated controls.	Engineer to purchase equipment & provide drwgs.	Engineer	July 1, 2003	
8	Flow data recorded and associated software upgrades.	Engineer to provide	Engineer	July 1, 2003	
9	Explore the causes of Iron exceedances.	Determine if alterations to water plant are require	OCWA/Municipality	Immediate	

Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

Region/Hub	Name	Date	Course	Offered By	Status	Total Hours	Days *
Eastern Region							
<Chesterville Hub>							
Legislated							
	Barrie, Andrew					**51.00**	
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	0.44
		17-Feb-03	Water Treatment 3 Exam Prep.	BEC Technologies	Completed	22.00	3.26
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	0.44
		7-Apr-03	Water Quality Analyst	BEC Technologies	Completed	14.00	2.07
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	0.44
		16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed	6.00	0.89
	Bortolussi, Lisa					**23.00**	
		7-May-03	Environmental Compliance	OCWA	Passed	13.50	2.00
		5-Jun-03	Cross Connection	BEC Technologies	Completed	6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	0.44
	Huskinson, Brian					**42.25**	
		5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed	3.00	0.44
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	0.44
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	0.44
		24-Mar-03	Endress + Hauser Equipment Operations & Maintenanc	Endress + Hauser	Completed	3.50	0.52
		1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed	20.25	3.00
		5-Jun-03	Cross Connection	BEC Technologies	Completed	6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	0.44

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
	Lauzon, Mark					**60.25**		
		5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed		3.00	0.44
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		24-Mar-03	Endress + Hauser Equipment Operations & Maintenanc	Endress & Hauser	Completed		3.50	0.52
		27-Mar-03	Filter Operation & Maintenance	OWWA	Completed		8.00	1.19
		1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed		20.25	3.00
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
		16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed		6.00	0.89
		30-Jul-03	Operation of Flow Control Valves	Controlex	Completed		4.00	0.59
	Michels, William					**38.75**		
		5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed		3.00	0.44
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed		20.25	3.00
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
	Roach, Jim					**26.00**		
		27-Mar-03	Filter Operation and Maintenance	AWWA	Completed		8.00	1.19
		24-Apr-03	Consolidated C of A's	OCWA, Tony Puim	Completed		0.50	0.07
		28-Apr-03	Consolidated C of A's	OCWA, Tony Puim	Completed		0.50	0.07
		29-Apr-03	CP-C2 Chlorine Gas Leak	OCWA, Tony Puim	Completed		0.50	0.07
		21-May-03	Confined Space Entry Training	Hetek Solutions Inc.	Completed		8.00	1.19
		2-Jun-03	Bill 170/03	OCWA, Tony Puim, Dave McCully	Completed		0.50	0.07
		17-Jun-03	Traffic Control	EUSA, Bill Hunt	Did Not Complete		1.00	0.15
		10-Jul-03	Lifting and Hoisting Training	Acu-Tec	Completed		7.00	1.04

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
	Veilleux, Jean					**24.50**		
		21-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		14-May-03	Managing Multiple Priorities	Algonquin College	Completed		6.00	0.89
		5-Jun-03	Cross Connection	BEC Technologies	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg.170	OCWA	Completed		3.00	0.44
		16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed		6.00	0.89
Non-Legislated								
	Baker, Kimberley					**17.00**		
		6-Feb-03	CPR Refresher	Ortho Clinique	Completed		3.00	0.44
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		16-Apr-03	How to use the Training Summary Database and eRepo	OCWA	Completed		1.50	0.22
		5-May-03	WIN AC/C	SSB	Completed		6.50	0.96
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44
	Henderson, Blair					**39.50**		
		17-Feb-03	Water Treatment 3 Exam Prep.	BEC Technologies	Completed		22.00	3.26
		28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed		3.00	0.44
		6-Mar-03	State and Future Directions of Groundwater Initiat	Golder Associates	Completed		8.00	1.19
		27-May-03	Ontario Disabilities Act Training	OCWA	Completed		1.50	0.22
		27-May-03	Drinking Water Systems Regulation, Safe Drinking W	MoE	Completed		2.00	0.30
		11-Jun-03	Introduction to Reg. 170	OCWA	Completed		3.00	0.44

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2003 to Aug 31, 2003

Region/Hub Name	Date	Course	Offered By	Status	Total Hours	Days *
Eastern Region						
<Chesterville Hub>						
Non-Legislated						
Kelly, Tony					**27.00**	
	5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed	3.00	0.44
	6-Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	0.44
	21-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	0.44
	27-Mar-03	Filter Operation & Maintenance	OWWA	Completed	8.00	1.19
	11-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	0.44
	16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed	3.00	0.44
	30-Jul-03	Operation of Flow Control Valves	Controlex	Completed	4.00	0.59
Markell, Dave					**59.50**	
	21-Jan-03	PCT Training Part 2	OCWA	Completed	14.00	2.07
	6-Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	0.44
	17-Feb-03	Water Treatment 3 Exam Prep.	BEC Technologies	Completed	22.00	3.26
	21-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	0.44
	6-Mar-03	State and Future Directions of Groundwater Initiat	Golder Associates	Completed	8.00	1.19
	4-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	0.44
	5-Jun-03	Cross Connection	BEC Technologies	Completed	6.50	0.96

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Legislated								
	Barrie, Andrew					**93.94**		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed		24.00	3.56
		23-Feb-02	Internet Searching and File Management	Community Access Program	Completed		3.00	0.44
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed		1.00	0.15
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed		2.50	0.37
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed		1.00	0.15
		5-Jul-02	Limitorque Valve Actuator	Vannes Famco	Completed		1.00	0.15
		11-Sep-02	Prepatory Chemistry	St. Lawrence College	Completed		45.00	6.67
		12-Sep-02	Contractor Safety Program	OCWA	Completed		5.06	0.75
		24-Sep-02	Operation and Trouble Shooting SCADA System	Bristol Babcock	Completed		5.00	0.74
		11-Dec-02	WHMIS Refresher/TDG Handling - Facilitated	OCWA	Passed		3.38	0.50
	Huskinson, Brian					**81.38**		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed		24.00	3.56
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed		2.50	0.37
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed		1.00	0.15
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed		1.00	0.15
		5-Apr-02	2002 Electrical Code Seminar	Electrical Safety Authority	Completed		3.50	0.52
		17-Jun-02	Instrumentation in Water/Wastewater Plants	St. Lawrence College	Completed		35.00	5.19
		24-Sep-02	Operations & Troubleshooting SCADA System	Bristol Babcock	Completed		3.00	0.44
		28-Nov-02	Safe Use of Elevated Water Storage Facilities	Landmark Tank & Tower Services and Levitt-Safety	Completed		5.00	0.74
		11-Dec-02	WHMIS Refresher/TDG Handling - Facilitated	OCWA	Passed		3.38	0.50

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub	Name	Date	Course	Offered By	Status	Total Hours	Days *
Eastern Region							
<Chesterville Hub>							
Legislated							
	Lauzon, Mark					**53.75**	
		10-Sep-02	Environmental Compliance	OCWA	Completed	13.50	2.00
		17-Sep-02	Water Quality Analyst	OCWA	Completed	20.25	3.00
		24-Sep-02	Operations & Troubleshooting SCADA System	Bristol Babcock	Completed	3.00	0.44
		29-Oct-02	Working with Confined Spaces	OCWA	Passed	13.50	2.00
		30-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	0.52
	Michels, William					**58.25**	
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed	3.00	0.44
		15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed	24.00	3.56
		5-Feb-02	Water Quality Analyst	OCWA	Completed	20.25	3.00
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed	1.00	0.15
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed	2.50	0.37
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed	1.00	0.15
		24-Sep-02	Operations & Trouble Shooting SCADA System	Bristol Babcock	Completed	3.00	0.44
		30-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	0.52

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub Name	Date	Course	Offered By	Status	Total Hours	Days *
Eastern Region						
<Chesterville Hub>						
Legislated						
Veilleux, Jean					**72.69**	
	9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed	3.00	0.44
	15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed	24.00	3.56
	26-Feb-02	Train the Trainer	OCWA	Completed	13.50	2.00
	28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed	1.00	0.15
	28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed	2.50	0.37
	28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed	1.00	0.15
	5-Jul-02	Limitorque Valve Actuator	Vannes Famco	Completed	1.00	0.15
	12-Sep-02	Contractor Safety Program	OCWA	Completed	5.06	0.75
	24-Sep-02	Operations & Troubleshooting SCADA System	Bristol Babcock	Completed	3.00	0.44
	9-Oct-02	Trenching	EUSA	Completed	6.75	1.00
	28-Nov-02	Safe Use of Elevated Water Storage Facilities	Landmark Tank & Tower Services and Levitt-Safety	Completed	5.00	0.74
	12-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	0.52
	31-Dec-02	WHMIS Refresher/TDG Handling Training - Self Study	OCWA	Passed	3.38	0.50
Non-Legislated						
Baker, Kimberley					**29.32**	
	21-Feb-02	Client Connection & Client Manager	OCWA	Completed	4.00	0.59
	12-Sep-02	Contractor Safety Program	OCWA	Completed	5.06	0.75
	20-Nov-02	Administrative Assistant Conference	OCWA	Completed	16.88	2.50
	11-Dec-02	WHMIS Refresher/TDG Handling - Facilitated	OCWA	Passed	3.38	0.50

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub	Name	Date	Course	Offered By	Status	Total	Hours	Days *
Eastern Region								
<Chesterville Hub>								
Non-Legislated								
	Henderson, Blair					**52.38**		
		21-Feb-02	Client Connection & Client Manager	OCWA	Completed		4.00	0.59
		23-Feb-02	Internet Searching and File Management	Community Access Program	Completed		3.00	0.44
		30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed		14.50	2.15
		11-Jun-02	Training on Collective Agreement	OCWA	Completed		3.00	0.44
		20-Sep-02	Climate Change Affects Groundwater and Surface Wat	University of Ottawa	Completed		1.00	0.15
		24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed		5.00	0.74
		10-Oct-02	Wetwell Safety and Pump Efficiency	ITT Flygt	Completed		3.00	0.44
		11-Dec-02	PCT Training Part 1	OCWA	Completed		12.00	1.78
		19-Dec-02	WHMIS Refresher	OCWA	Passed		3.50	0.52
		31-Dec-02	WHMIS Refresher/TDG Handling Training - Self Study	OCWA	Passed		3.38	0.50
	Kelly, Tony					**63.00**		
		9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed		3.00	0.44
		20-Feb-02	DSC 3000 Operations & Maintenance	Falcon Security	Completed		8.00	1.19
		28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed		1.00	0.15
		28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed		2.50	0.37
		28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed		1.00	0.15
		6-Mar-02	DSC 4010, 5010 Software Operations & Maintenance	Falcon Security	Completed		7.00	1.04
		30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed		14.50	2.15
		5-Jul-02	Limitorque Valve Actuator	Vannes Famco	Completed		1.00	0.15
		24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed		8.00	1.19
		1-Oct-02	Introduction to Operations Management	OCWA	Passed		13.50	2.00
		16-Dec-02	WHMIS Refresher	OCWA	Passed		3.50	0.52

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

Detailed Training Report

Date from Jan 01, 2002 to Dec 31, 2002

Region/Hub Name	Date	Course	Offered By	Status	Total Hours	Days *
Eastern Region						
<Chesterville Hub>						
Non-Legislated						
Markell, Dave					**77.94**	
	9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed	3.00	0.44
	20-Feb-02	DSC 3000 Operations & Maintenance	Falcon Security	Completed	8.00	1.19
	6-Mar-02	DSC 4010, 5010 Software Operations & Maintenance	Falcon Security	Completed	7.00	1.04
	30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed	14.50	2.15
	12-Sep-02	Contractor Safety Program	OCWA	Completed	5.06	0.75
	24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed	5.00	0.74
	1-Oct-02	Introduction to Operations Management	OCWA	Passed	13.50	2.00
	10-Oct-02	Wetwell Safety and Pump Efficiency	ITT Flygt	Completed	3.00	0.44
	11-Dec-02	PCT Training Part 1	OCWA	Completed	12.00	1.78
	30-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	0.52
	31-Dec-02	WHMIS Refresher/TDG Handling Training - Self Study	OCWA	Passed	3.38	0.50

Note: The training information contained in this report is current as at September 7, 2003

* 1 training day is equal to 6.75 hours

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL BILL OF LADING, OR, RECEIVED, SUBJECT TO THE RULES FOR THE CARRIAGE OF EXPRESS AND NON-CARLOAD FREIGHT AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNAISSEMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNAISSEMENT), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS ÉTANT INCONNUS), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE / DESTINATAIRE: OCWA MOOSE CREEK WTP	SHIPPER / EXPÉDITEUR: Lachine Warehouse Brenntag Canada Inc.
STREET ADDRESS / ADRESSE (N° RUE): 16950 MCNEIL ROAD	STREET ADDRESS / ADRESSE (N° RUE): 3000 Jean Baptiste Deschamps
DESTINATION: MOOSE CREEK, ON	DESTINATION: Lachine, PQ
PROVINCE OR STATE / PROVINCE OU ÉTAT: KOC 1WO Canada	PROVINCE OR STATE / PROVINCE OU ÉTAT: H8T 1E2 Canada

POINT OF ORIGIN / POINT D'EXPÉDITION	CUSTOMER ORDER NO. / N° DE COMMANDE DU CLIENT	ORDER NO. / N° DE COMMANDE	B/L NUMBER / N° DE CONN.
Lachine PQ	VERBAL	1386393	2627[illegible]495

CARRIER NAME / NOM DU TRANSPORTEUR	REQUIRED / DEMANDÉE	DATE SHIPPED / EXPÉDIÉ LE	CONSOLIDATED B/L NO. / CONNAISSEMENT CONS.
LE GROUPE GUILBAULT LTD.		15.12.2003	

TRANSPORTATION MODE / MODE DE TRANSPORT	INVOICE TO/BUYER-FACTURE À / ACHETEUR	VEHICLE T/C NO. / MARQUE DU WAGON
Less Than Truck Load	OCWA	

ROUTING / ITINÉRAIRE		PAGE NO. / N° DE PAGE
	45328092	1

NO. AND DESCRIPTION OF PACKS / NBRE ET DESCRIPTION DE COLIS	D.G.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS / DESCRIPTION DES ARTICLES ET INDICATIONS SPECIALES	ACTUAL WEIGHT / POIDS REEL
1.00 each		PALLET WOODEN RETURNABLE	[illegible]0 KILOGRAMS
32.00 DELCAN	X	HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF	773 KILOGRAMS
		TOTAL WEIGHT	773 KILOGRAMS
>>>>>>>>>>>		4 *CLASS 8 CORROSIVE* PLACARDS REQUIRED	<<<<<<<<<<<

****
* ** TRES IMPORTANT **** CAMION TAIL GATE REQUIS/ TRUCK WITH HYDRAULIC *
* TAIL GATE REQUIRED APPELER AVANT LA LIVRAISON AU 1-613-448-3098 *
****

Moose Creek

4 carboys to crysler

ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211

GROSS / BRUT	TOTAL NO. OF PIECES/PKGS. / NBRE TOTAL DE COLIS	THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992.
TARE	IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" / INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYE"	
NET	PREPAID	LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).

DECLARED VALUE OF SHIPMENT / VALEUR DÉCLARÉE $

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO: / SUIVRE FACTURE POUR EXPÉDITION PORT PAYÉ EN RÉFÉRANT À NOTRE NUMÉRO DE CONN. À:

BRENNTAG CANADA INC.
2900 JEAN BAPTISTE DESCHAMPS
LACHINE, PQ H8T 1C8

MAXIMUM LIABILITY FOR LOSS OR DAMAGE: $2.00 PER POUND OR $4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE.

RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE: 2 $ LA LIVRE OU 4,41 $ LE KILO, SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE.

REV. (07/00)

SHIPPER / EXPÉDITEUR	AGENT	DESTINATAIRE/CONSIGNÉE
Brenntag Canada Inc.		
PER / PAR	PER / PAR	PER / PAR

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL BILL OF LADING, OR, RECEIVED, SUBJECT TO THE RULES FOR THE CARRIAGE OF EXPRESS AND NON-CARLOAD FREIGHT TRAFFIC AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNAISSEMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNAISSEMENT), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS ÉTANT INCONNUS), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE / DESTINATAIRE: OCWA MOOSE CREEK WTP	SHIPPER / EXPÉDITEUR: Lachine Warehouse Brenntag Canada Inc.
STREET ADDRESS / ADRESSE (N° RUE): 16950 MCNEIL ROAD	STREET ADDRESS / ADRESSE (N° RUE): 3000 Jean Baptiste Deschamps
DESTINATION: MOOSE CREEK, ON	DESTINATION: Lachine, PQ
PROVINCE OR STATE / PROVINCE OU ÉTAT: K0C 1W0 Canada	PROVINCE OR STATE / PROVINCE OU ÉTAT: H8T 1E2 Canada

POINT OF ORIGIN / POINT D'EXPÉDITION	CUSTOMER ORDER NO. / N° DE COMMANDE DU CLIENT	ORDER NO. / N° DE COMMANDE	B/L NUMBER / N° DE CONN.
Lachine PQ	verbal	1375965	26259622

CARRIER NAME / NOM DU TRANSPORTEUR	REQUIRED / DEMANDÉE	DATE SHIPPED / EXPÉDIÉ LE	CONSOLIDATED B/L NO. / CONNAISSEMENT CONS.
LE GROUPE GUILBAULT LTD.		12.11.2003	

TRANSPORTATION MODE / MODE DE TRANSPORT	INVOICE TO/BUYER-FACTURE À / ACHETEUR	VEHICLE T/C NO. / MARQUE DU WAGON
Less Than Truck Load	OCWA	

ROUTING / ITINÉRAIRE: 45328092 — PAGE NO. / N° DE PAGE: 1

NO. AND DESCRIPTION OF PACKS / NBRE ET DESCRIPTION DE COLIS	D.G.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS / DESCRIPTION DES ARTICLES ET INDICATIONS SPECIALES	ACTUAL WEIGHT / POIDS REEL
	X	HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III	
32.00 DELCAN		SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF	773 KILOGRAMS
		TOTAL WEIGHT	773 KILOGRAMS
>>>>>>>>>>>		4 *CORROSIVE* PLACARDS REQUIRED.	<<<<<<<<<<<

****

** TRES IMPORTANT **** CAMION TAIL GATE REQUIS/ TRUCK WITH HYDRAULIC *
* TAIL GATE REQUIRED APPELER AVANT LA LIVRAISON AU 1-613-448-3098 *

****

B-Aba
Nov. 13

ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211

GROSS / BRUT

TARE

NET

TOTAL NO. OF PIECES/PKGS. / NBRE TOTAL DE COLIS

IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" / INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYE"

PREPAID

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992.

LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).

DECLARED VALUE OF SHIPMENT / VALEUR DÉCLARÉE

$

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO:
F... SUIVRE FACTURE POUR EXPÉDITION PORT ... ÉFÉRANT À NOTRE NUMÉRO DE C...

BRENNTAG CANADA INC.
2900 JEAN BAPTISTE DESCHAMPS
LACHINE, PQ H8T 1C8

MAXIMUM LIABILITY FOR LOSS OR DAMAGE: $2.00 PER POUND OR $4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE.

RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE: 2 $ LA LIVRE OU 4,41 $ LE KILO, SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE..

SHIPPER / EXPÉDITEUR	AGENT	DESTINATAIRE/CONSIGNÉE
Brenntag Canada Inc.		
PER / PAR	PER / PAR	PER / PAR

4 **MEMORANDUM**
MÉMORANDUM

THESE PRODUCTS ARE SOLD AND SHIPPED IN ACCORDANCE WITH THE CONDITIONS ON THE

CES PRODUITS SONT VENDUS ET EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNAISSEMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNAISSEMENT), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS ÉTANT INCONNUS), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE / DESTINATAIRE: OCWA MOOSE CREEK WTP	SHIPPER / EXPÉDITEUR: Lachine Warehouse Brenntag Canada Inc
STREET ADDRESS / ADRESSE (Nº RUE): 16950 MCNEIL ROAD DESTINATION: MOOSE CREEK, ON PROVINCE OR STATE / PROVINCE OU ÉTAT: K0C 1W0 Canada	STREET ADDRESS / ADRESSE (Nº RUE): 3000 Jean Baptiste Deschamps DESTINATION: Lachine, PQ PROVINCE OR STATE / PROVINCE OU ÉTAT: H8T 1E2 Canada

POINT OF ORIGIN / POINT D'EXPÉDITION	CUSTOMER ORDER NO. / Nº DE COMMANDE DU CLIENT	ORDER NO. / Nº DE COMMANDE	B/L NUMBER / Nº DE CONN.
Lachine PQ	011136	1362482	26244432

CARRIER NAME / NOM DU TRANSPORTEUR	REQUIRED / DEMANDÉE	DATE SHIPPED / EXPÉDIÉ LE	CONSOLIDATED B/L NO. / CONNAISSEMENT CONS.
LE GROUPE GUILBAULT LTD.		22.09.2003	

TRANSPORTATION MODE / MODE DE TRANSPORT	INVOICE TO/BUYER-FACTURE À / ACHETEUR	VEHICLE T/C NO. / MARQUE DU WAGON
Less Than Truck Load	OCWA	

ROUTING / ITINÉRAIRE	PAGE NO. / Nº DE PAGE
45328092	1

NO. AND DESCRIPTION OF PACKS / NBRE ET DESCRIPTION DE COLIS	D.G.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS / DESCRIPTION DES ARTICLES ET INDICATIONS SPECIALES	ACTUAL WEIGHT / POIDS REEL
1.00 each		PALLET WOODEN RETURNABLE	0 KILOGRAMS
32.00 DELCAN	X	HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF	773 KILOGRAMS
		TOTAL WEIGHT	773 KILOGRAMS
>>>>>>>>		4 *CORROSIVE* PLACARDS REQUIRED	<<<<<<<<<<<

****

** TRES IMPORTANT **** CAMION TAIL GATE REQUIS TRUCK WITH HYDRAULIC TAIL GATE REQUIRED APPELER AVANT LA LIVRAISON AU 1-613-448-3098

****

ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211

GROSS / BRUT	TOTAL NO. OF PIECES/PKGS. / NBRE TOTAL DE COLIS	THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992.
TARE	IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" / INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYE"	LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).
NET	PREPAID	DECLARED VALUE OF SHIPMENT / VALEUR DÉCLARÉE $

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO:
FAIRE SUIVRE FACTURE POUR EXPÉDITION PORT PAYÉ EN RÉFÉRANT À NOTRE NUMÉRO DE CONNAISSEMENT À:

BRENNTAG CANADA INC.
2900 JEAN BAPTISTE DESCHAMPS
LACHINE, PQ H8T 1C8

MAXIMUM LIABILITY FOR LOSS OR DAMAGE: $2.00 PER POUND OR $4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE.

RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE: 2 $ LA LIVRE OU 4,41 $ LE KILO, SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE.

SHIPPER / EXPÉDITEUR	AGENT	DESTINATAIRE/CONSIGNÉE
Brenntag Canada Inc.		
PER / PAR	PER / PAR	PER / PAR

4 MEMORANDUM MÉMORANDUM

THESE PRODUCTS ARE SOLD AND SHIPPED IN ACCORDANCE WITH THE CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CES PRODUITS SONT VENDUS ET EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS APPARAISSANT AU VERSO DE LA PRÉSENTE.

1096326

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL BILL OF LADING, [illegible] RECEIVED, SUBJECT TO THE RULES FOR THE CARRIAGE OF EXPRESS AND NON-CARLOAD FREIGHT TRAFFIC AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT [illegible]OOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNAISSEMENT ORIGINAL, [illegible]SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNAISSEMENT), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS ÉTANT INCONNUS), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPO[illegible]ER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE / DESTINATAIRE	OCWA MOOSE CREEK WTP
STREET ADDRESS / ADRESSE (N° RUE) DESTINATION PROVINCE OR STATE / PROVINCE OU ÉTAT	16950 MCNEIL ROAD MOOSE CREEK, ON K0C 1W0 Canada
SHIPPER / EXPÉDITEUR	Lachine Warehouse Brenntag Canada Inc.
STREET ADDRESS / ADRESSE (N° RUE) DESTINATION PROVINCE OR STATE / PROVINCE OU ÉTAT	3000 Jean Baptiste Deschamps Lachine, PQ H8T 1E2 Canada

POINT OF ORIGIN / POINT D'EXPÉDITION	CUSTOMER ORDER NO. / N° DE COMMANDE DU CLIENT	ORDER NO. / N° DE COMMANDE	B/L NUMBER / N° DE CONN.
Lachine PQ	011136	1352526	26233318

CARRIER NAME / NOM DU TRANSPORTEUR	REQUIRED / DEMANDÉE	DATE SHIPPED / EXPÉDIÉ LE	CONSOLIDATED B/L NO. / CONNAISSEMENT CONS.
LE GROUPE GUILBAULT LTD.		18.08.2003	

TRANSPORTATION MODE / MODE DE TRANSPORT	INVOICE TO/BUYER-FACTURE À / ACHETEUR	VEHICLE T/C NO. / MARQUE DU WAGON
Less Than Truck Load	OCWA	

ROUTING / ITINÉRAIRE

45328092 — PAGE NO. / N° DE PAGE: 1

NO. AND DESCRIPTION OF PACKS / NBRE ET DESCRIPTION DE COLIS	D.G.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS / DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES	ACTUAL WEIGHT / POIDS RÉEL
1.00 each		PALLET WOODEN RETURNABLE	0 KILOGRAMS
32.00 DELCAN	X	HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF	773 KILOGRAMS
		TOTAL WEIGHT	773 KILOGRAMS
>>>>>>>>>>		4 *CORROSIVE* PLACARDS REQUIRED.	<<<<<<<<<<

****
* ** TRES IMPORTANT **** CAMION TAIL GATE REQUIS/ TRUCK WITH HYDRAULIC *
* TAIL GATE REQUIRED APPELER AVANT LA LIVRAISON AU 1-613-448-3098 *
****

2 CRW

ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211

GROSS / BRUT	TOTAL NO. OF PIECES/PKGS. / NBRE TOTAL DE COLIS	THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992.
TARE	IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" / INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYÉ"	
NET	PREPAID	LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).

DECLARED VALUE OF SHIPMENT / VALEUR DÉCLARÉE
$ _____

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO:
FAIRE SUIVRE FACTURE POUR EXPÉDITION PORT PAYÉ EN RÉFÉRANT À NOTRE NUMÉRO DE CONN À:

BRENNTAG CANADA INC.
2900 JEAN BAPTISTE DESCHAMPS
LACHINE, PQ H8T 1C8

MAXIMUM LIABILITY FOR LOSS OR DAMAGE:
$2.00 PER POUND OR $4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE.

RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE:
2 $ LA LIVRE OU 4,41 $ LE KILO, SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE..

REV. (07/00)

SHIPPER / EXPÉDITEUR: Brenntag Canada Inc.
AGENT
DESTINATAIRE/CONSIGNÉE

PER / PAR
PER / PAR
PER / PAR

4 MEMORANDUM / MÉMORANDUM

THESE PRODUCTS ARE SOLD AND SHIPPED IN ACCORDANCE WITH THE CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CES PRODUITS SONT VENDUS ET EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS APPARAISSANT AU VERSO DE LA PRÉSENTE.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL BILL OF LADING, OR, RECEIVED, SUBJECT TO THE RULES FOR THE CARRIAGE OF EXPRESS AND NON-CARLOAD FREIGHT TRAFFIC AND TARIFFS IN EFFECT ON THE DATE OF ISSUE OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF CONTENTS OF PACKAGES UNKNOWN), MARKED, CONSIGNED AND DESTINED AS INDICATED BELOW, WHICH SAID COMPANY AGREES TO CARRY TO ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROAD, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION.

REÇU SOUS RÉSERVE DES CLASSIFICATIONS ET TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONNAISSEMENT ORIGINAL, OU SOUS RÉSERVE DES RÈGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHANDISES DE DÉTAIL ET DES TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONNAISSEMENT), LES MARCHANDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COLIS ÉTANT INCONNUS), MARQUÉES ET CONSIGNÉES TEL QU'INDIQUÉ CI-DESSOUS, ET QUE LA COMPAGNIE S'ENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURVU QUE TELLE DESTINATION SOIT SUR SON PARCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION.

CONSIGNEE / DESTINATAIRE	OCWA MOOSE CREEK WTP
STREET ADDRESS / ADRESSE (N° RUE)	16950 MCNEIL ROAD
DESTINATION	MOOSE CREEK, ON
PROVINCE OR STATE / PROVINCE OU ÉTAT	K0C 1W0 Canada
SHIPPER / EXPÉDITEUR	Lachine Warehouse Brenntag Canada Inc.
STREET ADDRESS / ADRESSE (N° RUE)	3000 Jean Baptiste Deschamps
DESTINATION	Lachine, PQ
PROVINCE OR STATE / PROVINCE OU ÉTAT	H8T 1E2 Canada

POINT OF ORIGIN / POINT D'EXPÉDITION	CUSTOMER ORDER NO. / N° DE COMMANDE DU CLIENT	ORDER NO. / N° DE COMMANDE	B/L NUMBER / N° DE CONN.
Lachine PQ	VERBAL	1341455	26221006

CARRIER NAME / NOM DU TRANSPORTEUR	REQUIRED / DEMANDÉE	DATE SHIPPED / EXPÉDIÉ LE	CONSOLIDATED B/L NO. / CONNAISSEMENT CONS.
LE GROUPE GUILBAULT LTD.		04.07.2003	

TRANSPORTATION MODE / MODE DE TRANSPORT	INVOICE TO/BUYER-FACTURE À / ACHETEUR	VEHICLE T/C NO. / MARQUE DU WAGON
Less Than Truck Load	OCWA	

ROUTING / ITINÉRAIRE

PAGE NO. / N° DE PAGE: 1

45328092

NO. AND DESCRIPTION OF PACKS / NBRE ET DESCRIPTION DE COLIS	D.G.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS / DESCRIPTION DES ARTICLES ET INDICATIONS SPÉCIALES	ACTUAL WEIGHT / POIDS RÉEL
1.00 each		PALLET WOODEN RETURNABL	0 KILOGRAMS
	X	HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III	
32.00 DELCAN		SODIUM HYPO10.8%(12% TR CN RET18.9L NSF	773 KILOGRAMS
		TOTAL WEIGHT	773 KILOGRAMS
>>>>>>>>>>		4 *CORROSIVE* PLACARDS REQUIRED.	<<<<<<<<<<
		********** CAMION AVEC TAIL GATE REQUIS **********	
		2 to Chrysler	
		ERAP 2-0985 AND 24 HOUR NUMBER: 514-861-1211	

GROSS / BRUT

TARE

NET

TOTAL NO. OF PIECES/PKGS. / NBRE TOTAL DE COLIS

IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" / INDIQUER ICI SI L'ENVOI SE FAIT EN "PORT-PAYE"

PREPAID

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992.

LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA LOI SUR LE TRANSPORT DES MARCHANDISES DANGEREUSES (1992).

DECLARED VALUE OF SHIPMENT / VALEUR DÉCLARÉE

$ _____

FORWARD INVOICE FOR PREPAID FREIGHT QUOTING OUR B/L NO. TO: / ...RE SUIVRE FACTURE POUR EXPÉDITION PORT ...É EN RÉFÉRANT À NOTRE NUMÉRO DE ...N À:

BRENNTAG CANADA INC.
2900 JEAN BAPTISTE DESCHAMPS
LACHINE, PQ H8T ...8

MAXIMUM LIABILITY FOR LOSS OR DAMAGE: $2.00 PER POUND OR $4.41 PER KILOGRAM UNLESS DECLARED VALUE STATES OTHERWISE.

RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE: 2 $ LA LIVRE OU 4,41 $ LE KILO, SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE..

REV. (07/00)

SHIPPER / EXPÉDITEUR: Brenntag Canada Inc.

AGENT

DESTINATAIRE/CONSIGNÉE

PER / PAR

PER / PAR

PER / PAR

4 MEMORANDUM / MÉMORANDUM

THESE PRODUCTS ARE SOLD AND SHIPPED IN ACCORDANCE WITH THE CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CES PRODUITS SONT VENDUS ET EXPÉDIÉS CONFORMÉMENT AUX CONDITIONS APPARAISSANT AU VERSO DE LA PRÉSENTE.

STRAIGHT BILL OF LADING-EXPRESS SHIPPING CONTRACT ACCEPTED BY RAIL FREIGHT AND EXPRESS CARRIERS SUBJECT TO THE JURISDICTION OF THE CANADIAN TRANSPORT COMMISSION - CONDITIONS ON BACK
LETTRE DE TRANSPORT ET DU CONTRAT D'EXPÉDITION EXPRESS PAR RAIL ET PAR TRANSPORTEURS EXPRESS SUJET À LA LOI DE L'OFFICE NATIONAL DES TRANSPORTS DU CANADA - CONDITIONS AU VERSO

DU TRANSPORTEUR	ROUTE/ROUTE	DATE ORDER RECEIVED/DATE DE COMMANDE	POINT OF ORIGIN/POINT D'EXPÉDITION	SHIPPER'S NO./N° DE L'EXPÉDITEUR
		04/24/03	MISSISSAUGA	108627 OCWMOO

SHIP TO/EXPÉDIER À

OCWA - ORG#6608
5 INDUSTRIAL DRIVE
CHESTERVILLE, ON K0C 1H0

SHIP TO/EXPÉDIER À

OCWA - ORG# 6608 ~~0100~~ OCWMOO
MOOSE CREEK WATER WELL
16350 MONETTE RD
MOOSE CREEK, ON K0C 1W0
KIM 613-448-3098

CLEARTECH.

CUST # 63060

CUSTOMER ORDER NO./N° DE COMMANDE DU CLIENT	CAR / TRAILER NO./N° DE WAGON/REMORQUE	F.O.B./F.A.B.	FREIGHT TERMS/MODALITÉS DE TRANSPORT
10775		PRESCOTT	X PREPAID/PORT PAYÉ ; COLLECT/PORT DÛ ; PPD & CHARGE/PORT PAYÉ ET FRAIS

PRODUCT CODE / CODE DE PRODUIT	QTY & TYPE / QTÉ ET GENRE	UNIT / UNITÉ	PRODUCT DESCRIPTION / DÉSIGNATION DU PRODUIT	CLASS / CLASSE	P.G.	I.D. NO. / N° D'IDENTIFICATION	P.G. / G.E.	GROSS WEIGHT / POIDS BRUT	TARE / TARE	NET WEIGHT / POIDS NET	CHARGES / FRAIS
SHYP13	30	X	HYPOCHLORITE SOLUTION SODIUM HYPOCHLORITE 12% 20 L PAIL	8	UN1791	III		30	0	702	7

CONTACT BILL / CELL 613-223-0333

PLACARDS REQUIRED / ÉTIQUETTES NÉCESSAIRES: 4 CLASS 8 PLACARDS	30 TOTAL PIECES / PART CLES TOTAL	702	732 TOTAL WEIGHT / POIDS TOTAL
SHIPPING DATE/DATE D'EXPÉDITION: 04/29/03 — PLACARDS RECEIVED / ÉTIQUETTES REÇUES X			

ERAP 2-0443 and 24-Hour Number: (306) 664-2522

PIU 2-0443 et numéro 24 Heures: (306) 664-2522

Alternate / Alternatif: CANUTEC (613) 996-6666 (24 HOURS)

VALUATION/VALEUR

MAXIMUM LIABILITY OF 2.50 PER POUND UNLESS DECLARED VALUATION STATES OTHERWISE/RESPONSABILITÉ MAXIMUM DE 2.50 PAR LIVRE À MOINS QUE LA VALEUR DÉCLARÉE N'INDIQUE AUTREMENT

VALUATION/VALEUR $ _____

CLEARTECH INDUSTRIES INC.
7480 BATH ROAD
MISSISSAUGA, ON L4T 1L2

SHIPPING DATE/DATE D'EXPÉDITION : apr 29/03 AGENT/AGENT _____

PER/PAR _____ PER/PAR C Berger

RECEIVED IN GOOD ORDER/REÇU EN BON ÉTAT

BY/PAR _____

NOT NEGOTIABLE - (THIS BILL OF LADING-EXPRESS SHIPPING CONTRACT IS TO BE SIGNED BY SHIPPER AND CARRIER)
NON NÉGOCIABLE - (CETTE LETTRE DE TRANSPORT - CONTRAT D'EXPÉDITION EXPRESS DOIT ÊTRE SIGNÉE PAR L'EXPÉDITEUR ET LE TRANSPORTEUR)

ORIGINAL OFFICE
ORIGINAL - BUREAU

[redacted] maintenance limited
P.O. BOX 3000-2060 FISHER DRIVE
PETERBOROUGH, ONT. K9J 8N4
TEL. (705) 745-5763 FAX (705) 745-0220

WHITBY	(905) 666-1224	KINGSTON	(613) 384-2410	OAKVILLE	(905) 829-9366
OTTAWA	(613) 247-9550	BARRIE	[redacted]) 721-4780	DARTMOUTH, N.S.	(902) 468-3756
TIMMINS	(705) 267-7701	LONDON	[redacted] 659-2101	BURLINGTON VT.	(802) 864-0585
SUDBURY	(705) 745-5763	WAWA	[redacted]) 856-2333	MARCY, NY	(315) 735-8354
WINNIPEG	(204) 786-8994				

E-MAIL ADDRESS: info@swish.ca WEB PAGE: www.swishclean.com

A/C
9.74
9.74

ISO 9002 Registered [redacted]

PACKING SLIP

SOLD TO: [redacted] CLEAN (CHESTERVILLE)
KIM BAKER
P.O. BOX 460
CHESTERVILLE
K0C 1H0

SHIP TO: MOOSE CREEK
16950 MCNEIL
MOOSECREEK

SPECIAL INSTRUCTIONS: MUST HAVE SEPARATE CREDIT FOR ALL CARBOYS RETURNED

CUSTOMER MESSAGE:
Visit our new full e-commerce website swishclean.c
We will gladly set up your e-account for you. Ple
contact us at 866-465-0433 or e-mail info@swish.c
49 DFR TDG reciprocal regulations
24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAGE
002586	hess	613-448-3098	613-448-1616	Mar04/03	hess		Mar 6/03			1

CUST. NO.	SWISH ORDER NO.	SALES-PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS	WHSE.
783098	K12616-01	76		R105105191	X			EXEMPT	NET 30 DAYS	03

LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST *	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES
02	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	EACH	25	✓	0				1	33		
01	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	PAIL	25	✓	0				23	572		

P/U 15 M/T
Entered Mar 20/03 #5160449 Mar 30/03
#5160444
KB
M.C. [illegible] 20
28 Delivered. [signature]

This is your packing slip
Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

*X=P.S.T. EXEMPT TOTAL 605

ORDER PICKED BY	CHECKED BY	DELIVERED BY	TRUCK#	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T./M.S.T.	PAYMENT DUE
[signature]		[signature]						

24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT"
613-996-6666

TOTAL DG. WEIGHT 605 kg

MONTHLY STATEMENTS ON REQUEST ONLY - 1½% INTEREST PER MONTH ON OVERDUE ACCOUNTS
PLEASE PUT CUSTOMER # ON REMITTANCE
ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
WRITTEN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

AUTH. SIGNATURE ____________

PRINT NAME ____________

NUMBER OF PIECES:

[redacted]sh maintenance limited
P.O. BOX 3000-2060 FISHER DRIVE
PETERBOROUGH, ONT. K9J 8N4
TEL. (705) 745-5763 FAX (705) 745-0220

WHITBY	(905) 666-1224	KINGSTON	(613) 384-2410	OAKVILLE	(905) 829-9366
OTTAWA	(613) 247-9550	BARRIE	(705) 721-4780	DARTMOUTH, N.S.	(902) 468-3756
TIMMINS	(705) 267-7701	[redacted]NDON	(519) 659-2101	BURLINGTON VT.	(802) 864-0585
SUDBURY	(705) 745-5763	[redacted]WA	(705) 856-2333	MARCY, NY	(315) 735-8354
WINNIPEG	(204) 786-8994				

E-MAIL ADDRESS: info@swish.ca WEB PAGE: www.swishclean.com

A/C
16.02
16.02

ISO 9[redacted]2 Registered

PAGE

SOLD TO:
..ARIO CLEAN (CHESTERVILLE)
ATTN: KIM BAKER
P.O. BOX 460
CHESTERVILLE
K0C 1H0

SHIP TO:
MOOSE CREEK
16950 MCNEIL
MOOSECREEK

SPECIAL INSTRUCTIONS:
MUST HAVE SEPARATE CREDIT FOR
ALL CARBOYS RETURNED

CUSTOMER MESSAGE:
Visit our new full e-commerce website ...
We will gladly set up your e-account for
contact us at 866-465-0433 or e-mail info
49 DFR TDG reciprocal regulations
24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.
002586	hess	613-448-3098	613-448-1616	Jan28/03	hess		Jan 30/03		

CUST. NO.	SWISH ORDER NO.	SALES-PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS
783098	K09965-01	76		R105105191	X			EXEMPT	NET 30 DAYS

LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST *	EXTENSION	UNIT WT.	TOTAL WT.	UN CU
002	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	EACH	~~20~~ 25	X	~~5~~ 0				1	~~20~~ 2	
001	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	PAIL	25	X	0				23	~~575~~ 57	

20 - Moose Creek
5 - Crysler

entered Dec. 26/03 #157324 KB
157313
P/U
18 MT 4600-5

This is your packing slip
Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

*X=P.S.T. EXEMPT **TOTAL** 599

ORDER PICKED BY	CHECKED BY	DELIVERED BY	TRUCK #	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T./M.S.T.	PAYMENT DUE
	EB	EB						

24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT"
613-996-6666

TOTAL DG. WEIGHT

- MONTHLY STATEMENTS ON REQUEST ONLY - 1½% INTEREST PER MONTH ON OVERDUE ACCOUNTS
- PLEASE PUT CUSTOMER # ON REMITTANCE
- ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
- WRITTEN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

AUTH. SIGNATURE ____________________

PRINT NAME ____________________

NUMBER OF PIECES:

Swish maintenance limited

HEAD OFFICE P.O. BOX 3000-2060 FISHER DRIVE
PETERBOROUGH, ONT. K9J 8N4
TEL. (705) 745-5763 FAX (705) 745-0220

WHITBY	(905) 666-1224	KINGSTON	(613) 384-2410	OAKVILLE	(905) 829-9366		
OTTAWA	(613) 247-9550	BARRIE	(705) 721-4780	DARTMOUTH, N.S.	(902) 468-3756		
TIMMINS	(705) 267-7701	LONDON	(519) 659-2101	BURLINGTON VT.	(802) 864-0585		
SUDBURY	(705) 523-7490	WAWA	(705) 856-2333	MARCY, NY	(315) 735-8354		

E-MAIL ADDRESS: info@swish.ca WEB PAGE: www.swish.ca

A/C
15.86
15.86

Regi

SOLD TO
ONTARIO CLEAN (CHESTERVILLE)
ATTN: KIM BAKER
P.O. BOX 460
CHESTERVILLE
K0C 1H0

SHIP TO
MOOSE CREEK
16950 MCNEIL

MOOSECREEK

SPEC. INSTRUCTIONS
MUST HAVE SEPARATE CREDIT FOR
ALL CARBOYS RETURNED

CUSTOMER MESSAGE
~~Visit our new full e-commerce~~
We will gladly set up your e-acco.
contact us at 866-465-0433 or e-mail
49 DFR TDG reciprocal regulations
24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAGE
002586	hess	613-448-3098	613-448-1616	Dec19/02	hess		Dec 27/02			1

CUST. NO.	SWISH ORDER NO.	SALES-PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS	WHSE
783098	K07646-01	76	TRUCK	R105105191	X			EXEMPT	NET 30 DAYS	03

LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST *	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBE
002	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER - RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION	EACH	25	✓	0				1	33	76	
					CLASS: 8 UN: 1791 PG: III			✓								
001	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION	PAIL	25	✓	0				23	572		
					CLASS: 8 UN: 1791 PG: III											

7 Chrysler M/T

PU 18 M/T

4600-5

5 Drums (CARBOYS) to CRYSLER.

with

This is your packing slip
Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

*X=P.S.T. EXEMPT

TOTAL 605

ORDER PICKED BY	CHECKED BY	DELIVERED BY	TRUCK #	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T.	PAYMENT DUE

24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT"
613-996-6666

TOTAL DG. WEIGHT 605 lbs

- MONTHLY STATEMENTS ON REQUEST ONLY - 1½% INTEREST PER MONTH ON OVERDUE ACCOUNTS
- PLEASE PUT CUSTOMER # ON REMITTANCE
- ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
- WRITTEN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

AUTH. SIGNATURE _____

NUMBER OF PIECES:

swish maintenance limited

HEAD OFFICE P.O. BOX 3000-2060 FISHER DRIVE
PETERBOROUGH, ONT. K9J 8N4
TEL. (705) 745-5763 FAX (705) 745-0220

WHITBY (905) 666-1224 | OTTAWA (613) 247-9550 | TIMMINS (705) 267-7701 | SUDBURY (705) 523-7490
KINGSTON (613) 384-2410 | BARRIE [illegible]) 721-4780 | LONDON [illegible]) 659-2101 | WAWA [illegible]) 856-2333
OAKVILLE (905) 829-9366 | DARTMOUTH, N.S. (902) 468-3756 | BURLINGTON VT. (802) 864-0585 | MARCY, NY (315) 735-8354

E-MAIL ADDRESS: info@swish.ca WEB PAGE: www.swish.ca

A/C
11.97
11.97

ISO 9002 Registered

PACKING SLIP

NTARIO-CLEAN (CHESTERVILLE)
TTN: KIM BAKER
.O. BOX 460
HESTERVILLE
OC 1H0

SHIP TO: MOOSE CREEK
16950 MCNEIL
MOOSECREEK

SPEC. INSTRUCTIONS: MUST HAVE SEPARATE CREDIT FOR ALL CARBOYS RETURNED

CUSTOMER MESSAGE:
Visit our new full e-commerce website swishclean.co
We will gladly set up your e-account for you. Plea
contact us at 866-465-0433 or e-mail info@swish.ca
49 DFR TDG reciprocal regulations
24 HOUR TRANSFORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAGE
02586	ackerman	613-448-3098	613-448-1616	Nov18/02	ackerman		Nov 21/02			1

CUST. NO.	SWISH ORDER NO.	SALES-PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS	WHSE.
83098	K05465-01	76	TRUCK	R105105191	X			EXEMPT	NET 30 DAYS	03

E	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST *	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES
2	###	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III PICK UP EMPTY CONTAINERS:	EACH	20	✓	0				1	26		
	###	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	EACH	1-						1	1		
	###	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	PAIL	20	✓	0				23	458		

Moose creek H2O

Ordered Dec 18/02 #146103

B/U 21 M/T 4600-5

This is your packing slip

*X=P.S.T. EXEMPT

TOTAL 483

Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

ORDER PICKED BY	CHECKED BY	DELIVERED BY	TRUCK #	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T.	PAYMENT DUE

24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT"
613-996-6666

TOTAL DG. WEIGHT 483 lbs.

NUMBER OF PIECES:

NTHLY STATEMENTS ON REQUEST ONLY - 1½% INTEREST PER MONTH ON OVERDUE ACCOUNTS
ASE PUT CUSTOMER # ON REMITTANCE
VE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
TTEN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

AUTH. SIGNATURE _____

[redacted]h maintenance limited

WHITBY	(905) 666-1224	KINGSTON	(613) 384-2410	OAKVILLE	(905) 829-9366
OTTAWA	(613) 247-9550	BARRIE[redacted]	(705) 721-4780	DARTMOUTH, N.S.	(902) 468-3756
TIMMINS	(705) 267-7701	LON[redacted]	(519) 659-2101	BURLINGTON VT.	(802) 864-0585
SUDBURY	(705) 523-7490	WAV[redacted]	(705) 856-2333	MARCY, NY	(315) 735-8354

A/C
14.43
14.43

ISO 90[redacted]
Registered

PACKING SLIP

...D OFFICE P.O. BOX 3000-2060 FISHER DRIVE
PETERBOROUGH, ONT. K9J 8N4
TEL. (705) 745-5763 FAX (705) 745-0220

E-MAIL ADDRESS: info@swish.ca WEB PAGE: www.swish.ca

C

SOLD TO: ONTARIO CLEAN (CHESTERVILLE)
ATTN: KIM BAKER
P.O. BOX 460
CHESTERVILLE
K0C 1H0

SHIP TO: MOOSE CREEK
16950 MCNEIL
MOOSECREEK

+ 8 m/T's

SPECIAL INSTRUCTIONS: MUST HAVE SEPARATE CREDIT FOR ALL CARBOYS RETURNED

= 25 Entered Oct 23/02
#139124

CUSTOMER MESSAGE:
Visit our new full e-commerce website swishclea...
We will gladly set up your e-account for you.
contact us at 866-465-0433 or e-mail info@swish...
49 DFR TDG reciprocal regulations
24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAG...
002586	hess	613-448-3098	613-448-1616	Oct11/02	hess	KB	Oct 17/02			1

CUST. NO.	SWISH ORDER NO.	SALES-PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS	WH...
783098	K02900-01	76	TRUCK	R105105191	X			EXEMPT	NET 30 DAYS	03

LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST *	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TO... CU...
002	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	EACH	25	✓	0				1	33		
003	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III EMPTIES TO PICK UP	EACH	1-		0				1	1		
001	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	PAIL	25	✓	0				23	572		

5 m/T's to Crysler
8 m/T's to Finch
P/U 40 M/T
4600-5
= 27 m/ts to M.C.

This is your packing slip
Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

*X=P.S.T. EXEMPT TOTAL 604

ORDER PICKED BY	CHECKED BY	DELIVERED BY	TRUCK #	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T.	PAYMENT DUE
SF		SB						

24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT"
613-996-6666

TOTAL DG. WEIGHT 604

NUMBER OF PIECES:

- MONTHLY STATEMENTS ON REQUEST ONLY - 1½% INTEREST PER MONTH ON OVERDUE ACCOUNTS
- PLEASE PUT CUSTOMER # ON REMITTANCE
- ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
- WRITTEN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

AUTH. SIGNATURE ____________

maintenance limited

P.O. BOX 3000-2060 FISHER DRIVE
PETERBOROUGH, ONT. K9J 8N4
TEL. (705) 745-5763 FAX (705) 745-0220

WHITBY	(905) 666-1224	KINGSTON	) 384-2410	OAKVILLE	(905) 829-9366
OTTAWA	(613) 247-9550	BARRIE	721-4780	DARTMOUTH, N.S.	(902) 468-3756
TIMMINS	(705) 267-7701	LONDON	) 659-2101	BURLINGTON VT.	(802) 864-0585
SUDBURY	(705) 523-7490	WAWA	(705) 856-2333	MARCY, NY	(315) 735-8354

E-MAIL ADDRESS: info@swish.ca WEB PAGE: www.swish.ca

A/C
15
15

ISO 9002 Registered

PACKING SLIP

C

...O CLEAN (CHESTERVILLE)
...N: KIM BAKER
P.O. BOX 460
CHESTERVILLE
K0C 1H0

SHIP TO: MOOSE CREEK
16950 MCNEIL
MOOSECREEK

SPEC. INSTRUCTIONS: MUST HAVE SEPARATE CREDIT FOR ALL CARBOYS RETURNED

CUSTOMER MESSAGE:
~~Visit our new full e-commerce website swishclean.com~~
We will gladly set up your e-account for you. Pleas
contact us at 866-465-0433 or e-mail info@swish.ca
49 DFR TDG reciprocal regulations
24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.	PAGE
002586	hess	613-448-3098	613-448-1616	Sep09/02	hess		Sept 10/02			1

CUST. NO.	SWISH ORDER NO.	SALES-PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS	WHSE.
783098	K00028-01	76	Swish TRUCK	R105105191	X			EXEMPT	NET 30 DAYS	03

LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST *	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES
02	***	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	EACH	25	✓	0				1	33		
01	***	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III	PAIL	25	✓	0				23	572		

Water
MC
WTP
P/U 28 M/T
4600-8
#1334 H2O
TKS

This is your packing slip
Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

*X=P.S.T. EXEMPT **TOTAL** 605

ORDER PICKED BY	CHECKED BY	DELIVERED BY	TRUCK#	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T.	PAYMENT DUE

24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT"
613-996-6666

TOTAL DG. WEIGHT ______

NUMBER OF PIECES:

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- PLEASE PUT CUSTOMER # ON REMITTANCE
- ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
- ... MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

AUTH. SIGNATURE ______

[redacted] maintenance limited

P.O. BOX 3000-2060 FISHER DRIVE
PETERBOROUGH, ONT. K9J 8N4
TEL. (705) 745-5763 FAX (705) 745-0220

WHITBY (905) 668-1224	KINGSTON [redacted]3) 384-2410	OAKVILLE (905) 829-9366	
OTTAWA (613) 247-9550	BARRIE [redacted]5) 721-4780	DARTMOUTH, N.S. (902) 468-3756	
TIMMINS (705) 267-7701	LONDON [redacted]19) 659-2101	BURLINGTON VT. (802) 864-0585	
SUDBURY (705) 523-7490	WAWA (705) 856-2333	MARCY, NY (315) 735-8354	

E-MAIL ADDRESS: info@swish.ca WEB PAGE: www.swish.ca

A/C
12.07
12.07

ISO 9002 Registered

PACKING SLIP

NTARIO CLEAN (CHESTERVILLE)
TTN: KIM BAKER
.O. BOX 460
ESTERVILLE
C 1H0

SHIP TO: MOOSE CREEK
16950 MCNEIL
MOOSECREEK

SPEC. INSTRUCTIONS: MUST HAVE SEPARATE CREDIT FOR ALL CARBOYS RETURNED

C

CUSTOMER MESSAGE:
~~Visit our new full e-commerce website swishclean.com~~
We will gladly set up your e-account for you. Pleas
contact us at 866-465-0433 or e-mail info@swish.ca
49 DFR TDG reciprocal regulations
24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

STOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED
2586	topping	613-448-3098	613-448-1616	Aug06/02	topping	

T. NO.	SWISH ORDER NO.	SALES-PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	DATE SHIPPED	TERMS	INVOICE DATE	C.O.D.	PAGE
098	K97034-01	76	Swish TRUCK	R105105191	X			EXEMPT	Aug 8/02	NET 30 DAYS			1

WHSE. 03

.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST *	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE	TOTAL CUBES
*	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8(9.2) UN: 1791 PG: III PICK UP EMPTIES PLEASE	EACH	25	X	0				3	73		
	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION CLASS: 8(9.2) UN: 1791 PG: III	PAIL	25	X	0				51	1263		

entered Aug 20/02
#130253
KB
0 19 M/T
4600-5.

Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

This is your packing slip

ED BY	CHECKED BY	DELIVERED BY	TRUCK #	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T.	PAYMENT DUE	*X=P.S.T. EXEMPT	TOTAL

MENTS ON REQUEST ONLY - 1½% INTEREST PER MONTH ON OVERDUE ACCOUNTS
TOMER # ON REMITTANCE
MAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
AL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT"
613-996-6666

TOTAL DG. WEIGHT 1335 lbs.

AUTH. SIGNATURE

NUMBER OF PIECES:

swish maintenance limited

WHITBY (905) 666-1224 | KINGSTON (613) 384-2410 | OAKVILLE (905) 829-9366
OTTAWA (613) 247-9550 | BARRIE (705) 721-4780 | DARTMOUTH, N.S. (902) 468-3756
TIMMINS (705) 267-7701 | LO[illegible] (519) 659-2101 | BURLINGTON VT. (802) 864-0585
SUDBURY (705) 523-7490 | W[illegible] (705) 856-2333 | MARCY, NY (315) 735-8354

ICE P.O. BOX 3000-2060 FISHER DRIVE
PETERBOROUGH, ONT. K9J 8N4
TEL. (705) 745-5763 FAX (705) 745-0220

E-MAIL ADDRESS: info@swish.ca WEB PAGE: www.swish.ca

A/C
12.07
12.07

ISO 90[illegible] Registered

PACKING SL

C

TO
ARIO CLEAN (CHESTERVILLE)
ATTN: KIM BAKER
P.O. BOX 460
CHESTERVILLE
K0C 1H0

SHIP TO
MOOSECREEK
16950 MCNEIL
MOOSECREEK

SPEC. INSTRUCTIONS
MUST HAVE SEPARATE CREDIT FOR ALL CARBOYS RETURNED

CUSTOMER MESSAGE
~~Visit our new full e-commerce website swishel~~
We will gladly set up your e-account for you.
contact us at 866-465-0433 or e-mail info@swi
49 DFR TDG reciprocal regulations
24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT" 613-996-6666

CUSTOMER P.O. NO.	ORDER PLACED BY	CUSTOMER TEL. NO.	CUSTOMER FAX NO.	ORDER DATE	TAKEN BY	DATE REQUIRED	DATE SHIPPED	INVOICE DATE	C.O.D.
002586	topping	613-448-3098	613-448-1616	Aug06/02	topping				

CUST. NO.	SWISH ORDER NO.	SALES-PERSON	SHIP VIA	G.S.T. NUMBER	PPD.	PPD/CHG	COLL.	PROV. TAX EXEMPT	TERMS
783098	K97037-01	76	Swish TRUCK	R105105191	X			EXEMPT	NET 30 DAYS

LINE NO.	D.G.	LOCATION	MANUFACTURERS IDENTIFICATION	SWISH CODE	DESCRIPTION	SELLING UNIT	QTY. SHIPPED	✓	TO FOLLOW	UNIT PRICE	PST *	EXTENSION	UNIT WT.	TOTAL WT.	UNIT CUBE
003	###	CHLOR/RM		4600-5	DEPOSIT ON EMPTY 20L CONTAINER RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION	EACH	6		0				3	17	
					CLASS: 8(9.2) UN: 1791 PG: III THESE ARE FOR CHRYSLER BUT TO BE SHIPPED HERE										
001	###	TANKS	CHLORINE	4600-K	SWISH BRITE 12% - KINGSTON ONLY HYPOCHLORITE SOLUTION	PAIL	6	X	0				51	303	
					CLASS: 8(9.2) UN: 1791 PG: III										
002				4600MS	MSDS BULK SWISH BRITE 12%	EA	1	X	0						

Entered Aug 22/02 #129750 KB

This is your packing slip
Some items may be shipped under CFR49 (U.S.) TDG equivalent regulation

*X=P.S.T. EXEMPT

TOTAL

ORDER PICKED BY	CHECKED BY	DELIVERED BY	TRUCK #	FREIGHT	SUB TOTAL	G.S.T./H.S.T.	P.S.T./Q.S.T.	PAYMENT DUE
VBT		SBP						

24 HOUR TRANSPORT "EMERGENCY"
CALL CANUTEC "COLLECT"
613-996-6666

TOTAL DG. WEIGHT 320

- MONTHLY STATEMENTS ON REQUEST ONLY - 1½% INTEREST PER MONTH ON OVERDUE ACCOUNTS
- PLEASE PUT CUSTOMER # ON REMITTANCE
- ABOVE GOODS REMAIN THE PROPERTY OF SWISH MAINTENANCE LIMITED UNTIL PAYMENT IS RECEIVED IN FULL.
- WRITTEN APPROVAL MUST ACCOMPANY RETURNED GOODS - 15% RESTOCKING CHARGE WILL APPLY.

AUTH. SIGNATURE _____

NUMBER OF PIECES:

NSF International

RECOGNIZES

JACOBI CARBONS, INC.
PHILADELPHIA, PA

AS COMPLYING WITH ANSI/NSF 61.
PRODUCTS APPEARING IN THE NSF OFFICIAL LISTING ARE
AUTHORIZED TO BEAR THE NSF MARK.

NSF

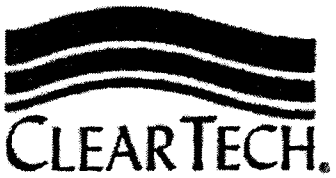
Certification Program Accredited by the American National Standards Institute

Certification Program Accredited by the Standards Council of Canada

This certificate is the property of NSF International and must be returned upon request. To verify certification, call 800 NSF-MARK or (1) 734 769-8010.

February 1, 2002
Certificate# 0B230 - 01

James R. Paschal, General Manager
Water Distribution Systems



Roger Luu
Ontario Clean Water Agency
Corporate Office
One Yonge Street Suite 1700
Toronto Ontario
M5E 1E5

Thursday May 22, 2003

At your request, please accept this letter as proof that the Sodium Hypochlorite 12%, AWWA Standard B300-99 and Powder Activated Carbon B600-96 that ClearTech supplies to Ontario Clean Water Agency meet the AWWA Standard, American National Standard Institute and NSF 60/61 requirements as requested by the Ministry of Environment.

At this time the AWWA do not have a standard on Sodium Silicate.

Also all products sold to drinking water treatment plants by ClearTech Industries Inc, meet or exceed AWWA ANSI standards.

Should you have any questions, please contact me.

Sincerely
ClearTech

Don Biggs.
Sales Manager
ClearTech Industries Inc.
7480 Bath Road
Mississauga, Ontario
L4T 1L2
905-612-0567
905-612-0575 Fax
dbiggs@cleartech.ca
www.cleartech.ca

CLEARTECH™

Post-it™ Fax Note 7671E	Date 03/25/03	# of pages ▸ 1
To Roger Low	From Don Bigos	
Co./Dept.	Co.	
Phone #	Phone #	
Fax # 416 314 5455	Fax #	

SODIUM HYPOCHLORITE (NaOCl) 12% SOLUTION SPECIFICATIONS

DESCRIPTION
Solutions are a clear light yellow liquid, also referred to as Bleach.

PHYSICAL PROPERTIES	
Available Chlorine	10.5 – 11.0% wt/wt
Specific Gravity @ 15°C	1.15 – 1.20
Crystallizing Point	-25°C

Sodium Hydroxide (NaOH)	0.5 – 0.9% wt/wt
Carbonate (Na_2CO_3)	1.48% max
Iron (Fe)	1.1 ppm max
Nickle (Ni)	.08 ppm max
Copper (Cu)	.08 ppm max
Cobalt (Co)	.08 ppm max
This product meets the following standards: • Canadian General Standards Board • American Water Works Assoc (AWWA) B-300-92	
This product is certified under NSF Standard 60 for potable water treatment	

CLEARTECH INDUSTRIES INC. 7480 BATH ROAD, MISSISSAUGA, ONTARIO, CANADA L4T 1L2 PHONE (905) 612-0566 FAX (905) 612-0575
TOLL FREE: 1-800-387-7503
www.cleartech.ca

NSF Product and Service Listings

These Listings were Last Updated on **Tuesday, November 26, 2002** at 4:15 AM Eastern Time. Please contact NSF International to confirm the status of any Listing, report errors, or make suggestions.

Warning: NSF is concerned about fraudulent downloading and manipulation of website text. If you have received this listing in hard copy, always confirm this certification/listing information by going directly to http://www.nsf.org/Certified/PwsChemicals/Listings.asp?Company=0S770&Standard=060& for the latest most accurate information.

ANSI/NSF STANDARD 60
Drinking Water Treatment Chemicals - Health Effects

KIK CORPORATION
33 MACINTOSH BOULEVARD
CONCORD, ONTARIO L4K 4L5
CANADA
905-319-7345

Plant at: CONCORD, ONTARIO, CANADA

Sodium Hypochlorite[CL]

Trade Designation	*Product Function*	*Max Use*
KIK Bulk Bleach 12% Trade	Disinfection & Oxidation	97mg/L
KIK Bulk Bleach 19% Trade	Disinfection & Oxidation	65mg/L

[CL] The residual levels of chlorine (hypochlorite ion and hypochlorous acid), chlorine dioxide, chlorate ion, chloramine and disinfection by-products should be monitored in the finished drinking water to ensure compliance to all applicable regulations.

Number of matching Manufacturers is 1
Number of matching Products is 2
Processing time was 0 seconds

Home | About NSF | Contact NSF | Site Map | Search | News | Marks

Post-it™ Fax Note 7671E	Date NOV 26	# of pages ▸ 1
To Roger Lu	From Don Erbe	
Co./Dept. DCWA Purchasing	Co. Cleartech	
Phone #	Phone #	
Fax #	Fax #	

Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To Robert Walker.

Company Accutest

Fax Number 727-5222.

From Dave

Date

Number of Pages 6. **(including this page)**

Subject LAB NOTIFICATIONS

As per your request.
None of these CofA's require any sampling other than tables A, B, C & D.

Dave

ACCUTEST LABORATORIES LTD.

Ottawa • Kingston

NOTIFICATION OF LABORATORY SERVICES

Ontario Regulation 459/00

Friday, February 21, 2003

Mr. Blair Henderson 220009033
MOOSE CREEK WELL SUPPLY
OCWA Chesterville
5 Industrial Drive
Chesterville,, ON K0C 1H0

Re: Clarification of Testing Requirements

Dear Mr. Henderson:

The MOE has brought an important matter to my attention. Due to upcoming changes in the DWIS, only routine tests required under the Regulation should be identified on the Notification forms and must match exactly the testing requirements for MOOSE CREEK WELL SUPPLY. Therefore, it is essential that you identify any additional tests (beyond Tables A, B, C, and D) that are required through a Ministry Control Document such as a Certificate of Approval or a Director's Order. It is up to the waterworks owner to ensure that all required tests are being performed and that tests not required are not included in the Notification form. Failure to do so could result in the waterworks being in a position of noncompliance.

It was suggested by the MOE that you complete the following checklist and highlight any parameter below that MOOSE CREEK WELL SUPPLY is obligated to have analyzed as specified in a Certificate of Approval or a Director's Order. Do not include those tests that you may be performing on-site or are doing for a study. Once I have received the information, I will forward it to Sonia Coelho-Murphy at the MOE, who will then adjust the notification information accordingly. Note that when there are any changes to your "C of A" you must update the Notification form and re-send it to the MOE and be sure to request the appropriate tests when submitting samples to the lab.

Sincerely,

Robert Walker
Accutest Laboratories Ltd.

Please fax this page back to Accutest at (613) 727-5222

Name of Waterworks: MOOSE CREEK WELL SUPPLY

Waterworks Number: 220008033

☐	Cyanide	☐	DOC
☐	Chloramines	☐	TOC
☐	Turbidity	☐	Zinc
☐	NTA	☐	Aluminum
☐	Colour	☐	NDMA
☐	pH	☐	Benzo(a)pyrene
☐	Conductivity	☐	Radionuclides
☐	Hardness	☐	Dioxins/Furans
☐	Alkalinity	☐	Faecal Coliforms

Other Required Tests: _____
(other than ODWS Tables A, B, C, or D)

HP OfficeJet K Series K80
Personal Printer/Fax/Copier/Scanner

Log for
OCWA
(613) 448-1616
Feb 21 2003 11:40am

Last Transaction

Date	Time	Type	Identification	Duration	Pages	Result
Feb 21	11:37am	Fax Sent	7275222	2:37	6	OK

Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive, P.O. Box 460
Chesterville, Ontario K0C 1H0
Tel: (613) 448-3098
Fax: (613) 448-1616
www.ocwa.com

Fax

To MOE

Company

Fax Number 416-235-5744

From Dave Markell

Date ~~Feb. 27/03~~ March 3/03

Number of Pages 16 **(including this page)**

Subject Lab Services Update

Moose Creek Water Works # 220009033

Ontario

Ministry of the Environment | Ministère de l'Environnement

2 of 16

~~Page 1 of 2~~

Revised -September 2002

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

Waterworks Owners are Responsible for Ensuring that the Following Information is Up-to-Date and Accurate

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. *(Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)*

DATE OF SUBMISSION (dd/mm/yy): March 3/03 | **DATE RECEIVED (dd/mm/yy):**

NEW SUBMISSION ☐ **UPDATED SUBMISSION** ☒

WATERWORKS INFORMATION

NAME OF WATERWORKS: Moose Creek **WATERWORKS #:** 220009033

LOCATION OF WATERWORKS:
16950 McNeil road (Street: # and Name) Moose Creek (Town/City) Ontario, K0C 1W0 (Postal Code)

CONTACT NAME: Dave Markell **POSITION / TITLE:** Process Tech.

PHONE: 613-448-3098 **FAX:** 613-448-1616 **E-Mail:** dmarkell@ocwa.com

ADDRESS: 5 Industrial Av. (Street # and Name) Chesterville (Town/City) Ontario, K0C 1H0 (Postal Code)

WATERWORKS OWNER: ☒ **MUNICIPAL, NAME** N. Stormont ☐ **PROVINCIAL, NAME** _____

☐ **FEDERAL, NAME** _____ ☐ **INDUSTRIAL, NAME** _____

☐ **PRIVATE, NAME** _____ ☐ **OTHER, NAME** _____

WATER SOURCE: ☐ **GROUND** ☐ **SURFACE, NAME OF WATER BODY** _____

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories For Analysis:

E. coli - Membrane Filtration	●
Fecal coliform - Membrane Filtration	☐
Total coliform - Membrane Filtration	●
Total coliform background - Membrane Filtration	●
HPC- Membrane Filtration	☐
E.coli - Presence/Absence	☐
Fecal coliform - Presence/Absence	☐
Total coliform - Presence/Absence	☐
E.coli - Most Probable Number	☐
Fecal Coliform - Most Probable Number	☐
Total Coliform - Most Probable Number	☐
Heterotrophic Plate Count - Spread Plate	●
Heterotrophic Plate Count - Pour Plate	☐

Other Microbiological Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Name of Accredited Laboratory:

Caduceon Environmental Laboratories (Holly Lane)
ADDRESS: 2378 Holly Lane
Ottawa, ON.
K1V 7P1

PHONE: (613) 526-0123 FAX: (613) 731-0851

E mail: mziebell@caduceonlabs.com

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DATE OF SUBMISSION (dd/mm/yy): | **DATE RECEIVED** (dd/mm/yy):

NEW SUBMISSION ☐ **UPDATED SUBMISSION** ☐

WATERWORKS INFORMATION

NAME OF WATERWORKS: _____ **WATERWORKS #:** _____

LOCATION OF WATERWORKS:

_____ (Street # and Name), _____ (Town/City), Ontario, _____ _____ (Postal Code)

CONTACT NAME: _____ **POSITION / TITLE:** _____

PHONE: _____ **FAX:** _____ **E-Mail:** _____

ADDRESS: _____ (Street # and Name), _____ (Town/City), Ontario, _____ _____ (Postal Code)

WATERWORKS OWNER: ☐ **MUNICIPAL, NAME** _____ ☐ **PROVINCIAL, NAME** _____

☐ **FEDERAL, NAME** _____ ☐ **INDUSTRIAL, NAME** _____

☐ **PRIVATE, NAME** _____ ☐ **OTHER, NAME** _____

WATER SOURCE: ☐ **GROUND** ☐ **SURFACE, NAME OF WATER BODY** _____

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories For Analysis:

E. coli - Membrane Filtration	☑
Fecal coliform - Membrane Filtration	☑
Total coliform - Membrane Filtration	☑
Total coliform background - Membrane Filtration	☑
HPC- Membrane Filtration	☑
E.coli - Presence/Absence	☐
Fecal coliform - Presence/Absence	☐
Total coliform - Presence/Absence	☐
E.coli - Most Probable Number	☐
Fecal Coliform - Most Probable Number	☐
Total Coliform - Most Probable Number	☐
Heterotrophic Plate Count - Spread Plate	☐
Heterotrophic Plate Count - Pour Plate	☐

Other Microbiological Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address: ACCUTEST LABORATORIES LTD.
8-146 COLONNADE RD.
NEPEAN, ON K2E 7Y1

Phone: (613) 727-5692 **Fax:** (613) 727-5222

E-Mail: info@accutestlabs.com

Comments:

Ontario

Ministry of the Environment / Ministère de l'Environnement

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~~Page 2 of 4~~

Revised -September 2002

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1,2-dichlorobenzene	☐	Tetrachloroethylene	☐
1,4-dichlorobenzene	☐	Trichloroethylene	☐
1,2-dichloroethane	☐	Trihalomethanes	☐
1,1-dichloroethylene	☐	Toluene	☐
Benzene	☐	Vinyl Chloride	☐
Carbon Tetrachloride	☐	Xylene	☐
Dichloromethane	☐	Ethylbenzene	☐
Monochlorobenzene	☐		
All of the above	☑		

Other Volatile Organic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

Name of Accredited Laboratory: ACCUTEST LABORATORIES LTD.
Address: 8-146 COLONNADE RD. NEPEAN, ON K2E 7Y1
Phone: (613) 727-5892 Fax: (613) 727-5222
E-Mail: info@accutestlabs.com
Comments:

*Cyanide	☑
*Chloramines	☑
*Turbidity	☑
*Nitrilotriacetic acid (NTA)	☐

* Found in Schedule 4 of the Regulation

Other Operational Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

COLOUR, pH, CONDUCTIVITY
HARDNESS, ALKALINITY
DOC, TOC

Name of Accredited Laboratory: ACCUTEST LABORATORIES LTD.
Address: 8-146 COLONNADE RD. NEPEAN, ON K2E 7Y1
Phone: (613) 727-5892 Fax: (613) 727-5222
E-Mail: info@accutestlabs.com
Comments:

Barium	☐	Copper	☐
Boron	☐	Iron	☐
Cadmium	☐	Lead	☐
Chromium	☐	Manganese	☐
Arsenic	☐	Selenium	☐
Mercury	☐	Nitrate + Nitrite	☐
Uranium	☐		
Sodium	☐		
Fluoride	☐		
All of the above	☑		

Other Inorganic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

ZINC, ALUMINUM

Name of Accredited Laboratory: ACCUTEST LABORATORIES LTD.
Address: 8-146 COLONNADE RD. NEPEAN, ON K2E 7Y1
Phone: (613) 727-5892 Fax: (613) 727-5222
E-Mail: info@accutestlabs.com
Comments:

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1,2-dichlorobenzene	☐	Tetrachloroethylene	☐
1,4-dichlorobenzene	☐	Trichloroethylene	☐
1,2-dichloroethane	☐	Trihalomethanes	☐
1,1-dichloroethylene	☐	Toluene	☐
Benzene	☐	Vinyl Chloride	☐
Carbon Tetrachloride	☐	Xylene	☐
Dichloromethane	☐	Ethylbenzene	☐
Monochlorobenzene	☐		
All of the above	●		

Other Volatile Organic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Name of Accredited Laboratory:
Caduceon Environmental Laboratories (Camelot)
ADDRESS: 40 Camelot Dr.
Ottawa, ON.
K2G 5X8
PHONE: (613) 228-1145 FAX: (613) 228-1148
E-Mail: gclarkin@arccolabs.com

*Cyanide	●
*Chloramines	☐
*Turbidity	☐
*Nitrilotriacetic acid (NTA)	☐

* Found in Schedule 4 of the Regulation

Other Operational Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

Ammonia-

_____

_____

Name of Accredited Laboratory:

Name of Accredited Laboratory:
Caduceon Environmental Laboratories (Kingston)
ADDRESS: 133 Dalton Ave.
Kingston, ON.
K7K 6C2
PHONE: (613) 544-2001 FAX: (613) 544-2770
E-Mail: ctrl@kingston.net

Barium	●	Copper	●
Boron	●	Iron	●
Cadmium	●	Lead	●
Chromium	●	Manganese	●
Arsenic	●	Selenium	●
Mercury	●	Nitrate + Nitrite	●
Uranium	●		
Sodium	●		
Fluoride	●		
All of the above	●		

Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

Zinc, Aluminium, Calcium

Name of Accredited Laboratory:

Name of Accredited Laboratory:
Caduceon Environmental Laboratories (Holly Lane)
ADDRESS: 2378 Holly Lane
Ottawa, ON.
K1V 7P1
PHONE: (613) 526-0123 FAX: (613) 731-0851
E mail: mziebell@caduceonlabs.com

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Ontario

Ministry of the Environment | Ministère de l'Environnement

Page 2 of 4

Revised -September 2002

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1,2-dichlorobenzene	☐	Tetrachloroethylene	☐
1,4-dichlorobenzene	☐	Trichloroethylene	☐
1,2-dichloroethane	☐	Trihalomethanes	☐
1,1-dichloroethylene	☐	Toluene	☐
Benzene	☐	Vinyl Chloride	☐
Carbon Tetrachloride	☐	Xylene	☐
Dichloromethane	☐	Ethylbenzene	☐
Monochlorobenzene	☐		
All of the above	☐		

Other Volatile Organic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address:

Phone: **Fax:**

E-Mail:

Comments:

---

*Cyanide ☐
*Chloramines ☐
*Turbidity ●
*Nitrilotriacetic acid (NTA) ☐

*** Found in Schedule 4 of the Regulation**

Other Operational Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

pH Chloride, Sulphate
Alkalinity Conductivity
Colour, Hardness

Name of Accredited Laboratory:

Name of Accredited Laboratory:

Caduceon Environmental Laboratories (Holly Lane)
ADDRESS: 2378 Holly Lane
Ottawa, ON.
K1V 7P1

PHONE: (613) 526-0123 FAX: (613) 731-0851

E mail: mziebell@caduceonlabs.com

Barium	☐	Copper	☐
Boron	☐	Iron	☐
Cadmium	☐	Lead	☐
Chromium	☐	Manganese	☐
Arsenic	☐	Selenium	☐
Mercury	☐	Nitrate + Nitrite	☐
Uranium	☐		
Sodium	☐		
Fluoride	☐		
All of the above	☐		

Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address:

Phone: **Fax:**

E-Mail:

Comments:

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~~Page 1 of 1~~

Ontario

Ministry of the Environment | Ministère de l'Environnement

Revised -September 2002

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1,2-dichloroethane	☐	Trihalomethanes	☐
1,1-dichloroethylene	☐	Toluene	☐
Benzene	☐	Vinyl Chloride	☐
Carbon Tetrachloride	☐	Xylene	☐
Dichloromethane	☐	Ethylbenzene	☐
Monochlorobenzene	☐		
All of the above	☐		

Other Volatile Organic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address:

Phone: Fax:

E-Mail:

Comments:

---

*Cyanide ☐
*Chloramines ☐
*Turbidity ☐
*Nitrilotriacetic acid (NTA) ☐

* Found in Schedule 4 of the Regulation

Other Operational Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

TKN

_____

_____

_____

Name of Accredited Laboratory:

_____

Name of Accredited Laboratory:
Caduceon Environmental Laboratories (Camelot)
ADDRESS: 40 Camelot Dr.
Ottawa, ON.
K2G 5X8
PHONE: (613) 228-1145 FAX: (613) 228-1148
E-Mail: eclarkin@arccolabs.com

Barium	☐	Copper	☐
Boron	☐	Iron	☐
Cadmium	☐	Lead	☐
Chromium	☐	Manganese	☐
Arsenic	☐	Selenium	☐
Mercury	☐	Nitrate + Nitrite	☐
Uranium	☐		
Sodium	☐		
Fluoride	☐		
All of the above	☐		

Other Inorganic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address:

Phone: Fax:

E-Mail:

Comments:

9/16

Ontario

Ministry of the Environment / Ministère de l'Environnement

~~Page 3 of 11~~

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1,2-dichlorobenzene	☐	Tetrachloroethylene	☐
1,4-dichlorobenzene	☐	Trichloroethylene	☐
1,2-dichloroethane	☐	Trihalomethanes	☐
1,1-dichloroethylene	☐	Toluene	☐
Benzene	☐	Vinyl Chloride	☐
Carbon Tetrachloride	☐	Xylene	☐
Dichloromethane	☐	Ethylbenzene	☐
Monochlorobenzene	☐		
All of the above	☐		

Other Volatile Organic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address:

Phone: **Fax:**

E-Mail:

Comments:

---

*Cyanide	☐
*Chloramines	☐
*Turbidity	☐
*Nitrilotriacetic acid (NTA)	☐

*** Found in Schedule 4 of the Regulation**

Other Operational Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

_____

_____

Name of Laboratory:
Maxxam Analytics Inc:
Address: 5540McAdam Rd.
Mississauga Ont L4Z 1P1
Phone:905-890-2555 Fax:905-890-2321

E Mail: jdisensi@qc.maxxam.ca

Comments:

Barium	☐	Copper	☐
Boron	☐	Iron	☐
Cadmium	☐	Lead	☐
Chromium	☐	Manganese	☐
Arsenic	☐	Selenium	☐
Mercury	☐	Nitrate + Nitrite	☐
Uranium	☐		
Sodium	☐		
Fluoride	☐		
All of the above	☐		

Other Inorganic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address:

Phone: **Fax:**

E-Mail:

Comments:

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Ontario

Ministry of the Environment / Ministère de l'Environnement

~~Page 1 of 1~~

Revised -September 2002

NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

Waterworks Owners are Responsible for Ensuring that the Following Information is Up-to-Date and Accurate

This form must be completed and delivered to the Ministry at least three working days prior to the first analysis and three days prior to any change of the laboratory coming into effect, as specified in Ontario Regulation 459/00. *(Failure to notify these parties in accordance with the Regulation constitutes an offence under the Ontario Water Resources Act.)*

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

1,2-dichlorobenzene	☐	Tetrachloroethylene	☐
1,4-dichlorobenzene	☐	Trichloroethylene	☐
1,2-dichloroethane	☐	Trihalomethanes	☐
1,1-dichloroethylene	☐	Toluene	☐
Benzene	☐	Vinyl Chloride	☐
Carbon Tetrachloride	☐	Xylene	☐
Dichloromethane	☐	Ethylbenzene	☐
Monochlorobenzene	☐		
All of the above	☐		

Other Volatile Organic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address:

Phone: **Fax:**

E-Mail:

Comments:

---

*Cyanide	☐
*Chloramines	☐
*Turbidity	☐
*Nitrilotriacetic acid (NTA)	☐

* Found in Schedule 4 of the Regulation

Other Operational Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

DOC

_____

_____

_____

Name of Laboratory:
SGS Lakefield Research
Address: 185 Concession Rd.
Lakefield Ont K0L 2H0
Phone: 705-625-2000 Fax :705-652-6441

E Mail:dwingett@lakefield.com

Comments:

Barium	☐	Copper	☐
Boron	☐	Iron	☐
Cadmium	☐	Lead	☐
Chromium	☐	Manganese	☐
Arsenic	☐	Selenium	☐
Mercury	☐	Nitrate + Nitrite	☐
Uranium	☐		
Sodium	☐		
Fluoride	☐		
All of the above	☐		

Other Inorganic Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

Name of Accredited Laboratory:

Address:

Phone: **Fax:**

E-Mail:

Comments:

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2,3,4,6-tetrachlorophenol	☑	Glyphosate	☑
2,4-dichlorophenol	☑	Heptachlor +Heptachlor Epoxide	☑
2,4,6-trichlorophenol	☑	Lindane	☑
2,4-D	☑	Malathion	☑
2,4,5-T	☑	Methoxychlor	☑
Alachlor	☑	Metolachlor	☑
Aldicarb	☑	Metribuzin	☑
Aldrin + Dieldrin	☑	Paraquat	☑
Atrazine + Metabolites	☑	Parathion	☑
Azinphos-methyl	☑	PCBs	☑
Bendiocarb	☑	Pentachlorophenol	☑
Bromoxynil	☑	Phorate	☑
Carbaryl	☑	Picloram	☑
Carbofuran	☑	Prometryne	☑
Chlordane (Total)	☑	Simazine	☑
Chlorpyrifos	☑	Temephos	☑
Cyanazine	☑	Terbufos	☑
DDT + Metabolites	☑	Triallate	☑
Diazinon	☑	Trifluralin	☑
Dicamba	☑		
Diclofop-methyl	☑		
Dimethoate	☑		
Dinoseb	☑		
Diquat	☑		
Diuron	☑		

*Nitrosodimethylamine (NDMA)	☐
*Benzo(a)pyrene	☐
*Radionuclides	☐
*Dioxins and furans	☐

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

_____

_____

_____

_____

(1) Name of Accredited Laboratory:

ACCUTEST LABORATORIES LTD.

Address: 8-146 COLONNADE RD.
NEPEAN, ON K2E 7Y1

Phone: (613) 727-5692 Fax: (613) 727-5222

E-Mail: info@accutestlabs.com

Comments:

(2) Name of Accredited Laboratory (If applicable):

Address:

Phone: Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (If applicable):

Address:

Phone: Fax:

E-Mail:

Comments:

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Revised -September 2002

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Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:

2,3,4,6-tetrachlorophenol	●	Glyphosate	●
2,4-dichlorophenol	●	Heptachlor +Heptachlor Epoxide	●
2,4,6-trichlorophenol	●	Lindane	●
2,4-D	●	Malathion	●
2,4,5-T	●	Methoxychlor	●
Alachlor	●	Metolachlor	●
Aldicarb	●	Metribezin	●
Aldrin + Dieldrin	●	Paraquat	●
Atrazine + Metabolites	●	Parathion	●
Azinphos-methyl	●	PCBs	●
Bendiocarb	●	Pentachlorophenol	●
Bromoxynil	●	Phorate	●
Carbaryl	●	Picloram	●
Carbofuran	●	Prometryne	●
Chlordane (Total)	●	Simazine	●
Chlorpyrifos	●	Temephos	●
Cyanazine	●	Terbufos	●
DDT + Metabolites	●	Triallate	●
Diazinon	●	Trifluralin	●
Dicamba	●		
Diclofop-methyl	●		
Dimethoate	●		
Dinoseb	●		
Diquat	●		
Diuron	●		

*Nitrosodimethylamine (NDMA)	☐
*Benzo(a)pyrene	●
*Radionuclides	☐
*Dioxins and furans	☐

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

_____

_____

_____

(1) Name of Accredited Laboratory:

Name of Accredited Laboratory:
Caduceon Environmental Laboratories (Kingston)
ADDRESS: 133 Dalton Ave.
Kingston, ON.
K7K 6C2
PHONE: (613) 544-2001 FAX: (613) 544-2770
E-Mail: etrl@kingston.net

(2) Name of Accredited Laboratory (if applicable):

Address:

Phone: **Fax:**

E-Mail:

Comments:

(3) Name of Accredited Laboratory (if applicable):

Address:

Phone: **Fax:**

E-Mail:

Comments:

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Revised -September 2002

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2,3,4,6-tetrachlorophenol	☐	Glyphosate	☐
2,4-dichlorophenol	☐	Heptachlor +Heptachlor Epoxide	☐
2,4,6-trichlorophenol	☐	Lindane	☐
2,4-D	☐	Malathion	☐
2,4,5-T	☐	Methoxychlor	☐
Alachlor	☐	Metolachlor	☐
Aldicarb	☐	Metribuzin	☐
Aldrin + Dieldrin	☐	Paraquat	☐
Atrazine + Metabolites	☐	Parathion	☐
Azinphos-methyl	☐	PCBs	☐
Bendiocarb	☐	Pentachlorophenol	☐
Bromoxynil	☐	Phorate	☐
Carbaryl	☐	Picloram	☐
Carbofuran	☐	Prometryne	☐
Chlordane (Total)	☐	Simazine	☐
Chlorpyrifos	☐	Temephos	☐
Cyanazine	☐	Terbufos	☐
DDT + Metabolites	☐	Triallate	☐
Diazinon	☐	Trifluralin	☐
Dicamba	☐		
Diclofop-methyl	☐		
Dimethoate	☐		
Dinoseb	☐		
Diquat	☐		
Diuron	☐		

*Nitrosodimethylamine (NDMA)	☐
*Benzo(a)pyrene	☐
*Radionuclides	☐
*Dioxins and furans	☐

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

_____

_____

_____

(1) Name of Accredited Laboratory:

Address:

Phone: Fax:

E-Mail:

Comments:

Name of Accredited Laboratory:

Becquerel Inc.

ADDRESS: 3790 Kitimat Rd., Unit #4
Mississauga, ON.
L5N 5L9

PHONE: (905) 826-3080 FAX: (905) 826-4151

E-Mail: dburgess@becquerel.com

(3) Name of Accredited Laboratory (if applicable):

Address:

Phone: Fax:

E-Mail:

Comments:

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Revised -September 2002

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2,4-dichlorophenol	☐	Heptachlor +Heptachlor Epoxide	☐
2,4,6-trichlorophenol	☐	Lindane	☐
2,4-D	☐	Malathion	☐
2,4,5-T	☐	Methoxychlor	☐
Alachlor	☐	Metolachlor	☐
Aldicarb	☐	Metribuzin	☐
Aldrin + Dieldrin	☐	Paraquat	☐
Atrazine + Metabolites	☐	Parathion	☐
Azinphos-methyl	☐	PCBs	☐
Bendiocarb	☐	Pentachlorophenol	☐
Bromoxynil	☐	Phorate	☐
Carbaryl	☐	Picloram	☐
Carbofuran	☐	Prometryne	☐
Chlordane (Total)	☐	Simazine	☐
Chlorpyrifos	☐	Temephos	☐
Cyanazine	☐	Terbufos	☐
DDT + Metabolites	☐	Triallate	☐
Diazinon	☐	Trifluralin	☐
Dicamba	☐		
Diclofop-methyl	☐		
Dimethoate	☐		
Dinoseb	☐		
Diquat	☐		
Diuron	☐		

*Nitrosodimethylamine (NDMA)	☐
*Benzo(a)pyrene	☐
*Radionuclides	☐
*Dioxins and furans	☒

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

_____

_____

_____

Name of Laboratory:
Wellington Laboratories
Address: 398 Laird Rd.
Guelph Ont N1G 3X7
Phone: 519-822-2436 Fax :519-822-2849

E Mail:colleen@well-labs.com

Comments:

(2) Name of Accredited Laboratory (If applicable):

Address:

Phone: Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (If applicable):

Address:

Phone: Fax:

E-Mail:

Comments:

Ontario

Ministry of the Environment / Ministère de l'Environnement

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Revised -September 2002

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2,4,6-trichlorophenol	☐	Lindane	☐
2,4-D	☐	Malathion	☐
2,4,5-T	☐	Methoxychlor	☐
Alachlor	☐	Metolachlor	☐
Aldicarb	☐	Metribuzin	☐
Aldrin + Dieldrin	☐	Paraquat	☐
Atrazine + Metabolites	☐	Parathion	☐
Azinphos-methyl	☐	PCBs	☐
Bendiocarb	☐	Pentachlorophenol	☐
Bromoxynil	☐	Phorate	☐
Carbaryl	☐	Picloram	☐
Carbofuran	☐	Prometryne	☐
Chlordane (Total)	☐	Simazine	☐
Chlorpyrifos	☐	Temephos	☐
Cyanazine	☐	Terbufos	☐
DDT + Metabolites	☐	Triallate	☐
Diazinon	☐	Trifluralin	☐
Dicamba	☐		
Diclofop-methyl	☐		
Dimethoate	☐		
Dinoseb	☐		
Diquat	☐		
Diuron	☐		

*Nitrosodimethylamine (NDMA)	☐
*Benzo(a)pyrene	☑
*Radionuclides	☐
*Dioxins and furans	☐

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) identified in a MOE Certificate of Approval, Order or Direction:

_____

_____

_____

_____

(1) Name of Accredited Laboratory:

MAXXAM ANALYTICS INC.

Address: 5540 McADAM RD.
MISSISSAUGA, ON L4Z 1P1

Phone: (905) 890 - 2555 Fax: (905) 890 - 0370

E-Mail: info@on.maxxam.ca

Comments:

(2) Name of Accredited Laboratory (if applicable):

Address:

Phone: Fax:

E-Mail:

Comments:

(3) Name of Accredited Laboratory (if applicable):

Address:

Phone: Fax:

E-Mail:

Comments:

Ontario

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2,4,6-trichlorophenol	☐	Lindane	☐
2,4-D	☐	Malathion	☐
2,4,5-T	☐	Methoxychlor	☐
Alachlor	☐	Metolachlor	☐
Aldicarb	☐	Metribuzin	☐
Aldrin + Dieldrin	☐	Paraquat	☐
Atrazine + Metabolites	☐	Parathion	☐
Azinphos-methyl	☐	PCBs	☐
Bendiocarb	☐	Pentachlorophenol	☐
Bromoxynil	☐	Phorate	☐
Carbaryl	☐	Picloram	☐
Carbofuran	☐	Prometryne	☐
Chlordane (Total)	☐	Simazine	☐
Chlorpyrifos	☐	Temephos	☐
Cyanazine	☐	Terbufos	☐
DDT + Metabolites	☐	Triallate	☐
Diazinon	☐	Trifluralin	☐
Dicamba	☐		
Diclofop-methyl	☐		
Dimethoate	☐		
Dinoseb	☐		
Diquat	☐		
Diuron	☐		

*Nitrosodimethylamine (NDMA)	☑
*Benzo(a)pyrene	☐
*Radionuclides	☐
*Dioxins and furans	☑

* Found in Schedule 4 of the Regulation

All of the above ☐

Other Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:

_____

_____

_____

_____

(1) Name of Accredited Laboratory:

MAXXAM ANALYTICS INC.

Address: 50 BATHURST DR., UNIT 12
WATERLOO, ON

Phone: (519) 747-2575 **Fax:** (519) 747-3806

E-Mail:

Comments:

(2) Name of Accredited Laboratory (If applicable):

Address:

Phone: **Fax:**

E-Mail:

Comments:

(3) Name of Accredited Laboratory (If applicable):

Address:

Phone: **Fax:**

E-Mail:

Comments:

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Revised -September 2002

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Have you taken measures to ensure that ALL laboratories that you use are accredited for the specific testing and are aware of their requirements for reporting data?

Yes X No ☐ Comments:

Have you provided the appropriate laboratories with the Ontario Ministry of the Environment standards for other parameters that you are required to test but which are not listed in the Schedule 4, Ontario Regulation 459/00?

Yes X No ☐ Comments:

Prepared By (please print): Dave Markell

Signature: Dave Markell Date: ~~XX/XX/XX~~ March 3/03

Title: Process Tech

Please send completed form to:

Ministry of the Environment
Laboratory Services Branch
125 Resources Road
Etobicoke, Ontario
M9P-3V6
Attention: Laboratory Director

Fax: (416) 235-5744 or (416) 235-6312

For further information contact:

Ministry of the Environment
Laboratory Services Branch
Customer Service Section
Phone: (416) 235-6311

CANTON DE STORMONT NORD

Moved by: [illegible]

Seconded by: [illegible]

Date: _____

Resolution No. _____

THAT

The council have Received & Reviewed the Moose Creek Water Treatment Facility Annual Compliance Report for the year 2002.

Recorded Vote FOR AGAINST

CARRIED [illegible] Chairman

DEFEATED _____ Chairman

Declaration of Conflict of Interest

☐ Disclosed his/her/their interest.

☐ Vacated his/her/their seat.

☐ Abstained from discussion and did not vote on the question.

_____ Clerk

Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Chesterville Hub
5 Industrial Drive
Chesterville, Ontario
K0C 1H0

tel (613) 448-3098
fax (613) 448-1616

March 26, 2003

Township of North Stormont
P.O. Box 99
2 Victoria Street
Berwick, Ontario
K0C 1G0

Attention: Rheal Charbonneau and Council

Dear Rheal and Council;

SUBJECT: **Moose Creek Water Treatment Facility-Annual Compliance Report for 2002**

Attached please find the Annual Compliance Report for the Moose Creek Water Treatment Facility for the operating year 2002, prepared by the Ontario Clean Water Agency. This report is submitted in accordance with Condition 4 of Certificate of Approval # 9727-5DMJAA.

Conditions 4.1(d) through 4.1(f) state:

4.1(d) "*The Compliance Report shall be signed by a person designated by the Council of the municipality that owns the works or, where there is a Public Utilities Commission responsible for the works, the chief officer of the Public Utilities Commission or person designated by the chief officer of the Public Utilities Commission.*

4.1(e) "*Within three months of completion of the Compliance Report, the Owner shall confirm by a resolution of council that the Compliance Report has been presented to council.*

4.1(f) "*The Owner shall ensure that copies of the Compliance Report are available for inspection by any member of the public during normal business hours without charge and at the same location as that required by s.11 of O.Reg 459/00 for reports under that regulation*".

The Council members representing the Township of North Stormont have designated the Ontario Clean Water Agency as capable of signing the annual performance report on their behalf.

To fulfill condition 4(e) of the Cof A, please submit this report to Council for review at their next Council meeting, where it will need to be confirmed by a resolution of council that the Compliance Report has been presented to council. Confirmation must be completed within three months of the date of this report.

../2

SUBJECT: **Moose Creek Water Treatment Facility-Annual Compliance Report for 2002**

To fulfill condition 4(f) of the C of A, please make this report available for inspection by any member of the public during normal business hours without charge at the Municipal Office, along with the quarterly water quality reports required by s.11 of O.Reg 459/00.

I certify that I have reviewed the attached report on behalf of the Township of North Stormont.

If you have any questions regarding this report, please feel free to contact this office.

Sincerely,

Dave Markell
Process/Compliance Technician
Chesterville Hub

c.c. Blair Henderson, Operations Manager, Chesterville Hub, OCWA
c.c. Cindy Spencer, Regional Compliance Advisor, Eastern Region, OCWA
c.c. John Kingsbury, Client Services Representative, Chesterville Hub, OCWA

A stipulation of the Moose Creek Water Treatment Plant Certificate of Approval Number 9727-5DMJAA requires the Owner prepare an Annual Report detailing compliance with all Terms and Conditions of the Certificate of Approval.

A brief description of the Terms and Conditions of the Certificate of Approval Number 9727-5DMJAA are as follows:

Performance

Condition 1.0 through 1.5 inclusive

- to ensure water delivered to the consumer satisfies current Ontario Drinking Water Standards.
- to ensure flow rate of water through the works is within the approved capacity of the works.

Monitoring and Recording

Condition 2 through 2.2 inclusive

- to ensure all pertinent data is available for the works performance evaluation and so that the works is operated and maintained at a level consistent with design objectives.

Operations and Maintenance

Condition 3.0 through 3.14 inclusive

- to ensure works will be operated, maintained, funded, staffed and equipped sufficiently to meet the terms of the Certificate of Approval and deal with emergency situations.

Compliance Report

Condition 4.0 through 4.1 inclusive

- to ensure the Owner will regularly review the Certificate of Approval, be alerted to its obligations and allow the public enhanced participation in monitoring of compliance.

Upgrading Requirements

Condition 5.0 through 5.3 inclusive

- to ensure implementation of recommendations contained in the Engineer's Report prepared in 2000.

Subsequent Engineer's Reports

Condition 6.0 through 6.2 inclusive

- to ensure a second and subsequent Engineer's Reports are prepared by specific dates.

Revocation of Existing Approvals

Condition 7.0 through 7.3 inclusive

- to stipulate that the new Consolidated Certificate of Approval replaces only those Certificates pertaining to the water treatment works, and that existing Certificates of Approval remain in force for the distribution system and elevated storage tanks.

Information

Condition 8.0 through 8.2 inclusive

- to emphasize the distinction between the requirements of the Certificate of Approval and other legal requirements with which the Owner is required to comply.

Change of Ownership

Condition 9.0 through 9.3 inclusive

- to ensure Ministry of Environment records are kept accurate and current and new Owners of water works are made aware of the Certificate of Approval.

Interpretation

Condition 10.0 through 10.2 inclusive

- to clarify that the Certificate of Approval is to be judicially interpreted, and specifically, to clarify that the requirements of the Certificate of Approval are severable and that they prevail over supporting documentation.

Ontario Clean Water Agency
Agence Ontarienne Des Eaux

Annual Compliance Report

for the

Moose Creek Water Treatment Facility

for the year

2002

prepared for the Township of North Stormont

by the Ontario Clean Water Agency

Table of Contents

APPENDICES

SECTION 1 "Compliance with Terms and Conditions of the Certificate of Approval"

The Annual Compliance Report for the Moose Creek Water Treatment Facility for the operating year 2002, has been prepared by the Ontario Clean Water Agency. This report is submitted to the Owner in accordance with Condition 4 of Certificate of Approval (C of A) # 9727-5DMJAA, to ensure that a written report detailing compliance with all Terms and Conditions of this approval is completed annually. The Terms and Conditions of this approval are defined under Condition 1 - Performance, Condition 2 - Monitoring and Recording, Condition 3 - Operations and Maintenance, Condition 4 - Annual Compliance Report, Condition 5 - Upgrading Requirements, Condition 6 - Subsequent Engineer's Reports, Condition 7 - Revocation of Existing C of A s, Condition 8 - Information, Condition 9 - Change of Ownership, and Condition 10 - Interpretation (Severability and Conflicts).

In accordance with C of A Condition 4(c)(i), under the heading of "Compliance with Terms and Conditions of the Certificate of Approval" the following is a statement as to the compliance of the Moose Creek Water Treatment Facility.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Conditions 1.1 through 1.5: Performance

Condition 1.1 The Moose Creek Water Treatment Facility and Distribution System was operated such that water supplied to the consumers serviced by the system satisfied the requirements of the "Ontario Drinking Water Standards" and met all conditions set out in Conditions 3.1 through 3.14 of C of A # 9727-5DMJAA.

Condition 1.2 (a) Permit To Take Water # 93-P-4064; Expiry Date August 30, 2003.
(b) Should maximum total flow rate exceed the rate specified in PTTW # 93-P-4064, an application for amendment will be submitted.

Condition 1.3 The Moose Creek Water Treatment Facility is operated to treat water at a rate not exceeding the maximum flow rate of 896 m^3/day.

Condition 1.4 (a) no unusual water demand was experienced in 2002.
(b) no maintenance was performed in 2002 that necessitated flow rates through the water plant exceeding 896 m^3/day.

Condition 1.5 The disinfection facilities in the Moose Creek Water Treatment plant were operated and maintained in accordance with the Ministry Procedure B13-3 entitled "Chlorination of Potable Water Supplies in Ontario", dated January 2001, as amended from time to time.

C of A Compliance Reporting Condition 4(c)(i) - Compliance With Terms and Conditions -

The following is a detailed description of the measures taken to ensure compliance with Conditions 2.1 through 2.2 of the Certificate of Approval, related to flow rate exceedances, and a summary of analytical results of sampling required by the Certificate;

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Conditions 2.1 through 2.2: Monitoring and Recording

Condition 2.1(a)(i) A sufficient number of flow measuring devices are NOT installed to measure the daily quantity and flow rate of water being taken from each well. See Section 2 "Non-Compliance with Terms and Conditions of the Certificate of Approval".

Condition 2.1(a)(ii) A sufficient number of flow measuring devices are installed, maintained, and operated to measure the flow rate of treated water being supplied to the distribution system.

Condition 2.1(b) All flow measuring devices are calibrated at regular intervals not exceeding one year to ensure the required accuracy.

Condition 2.1(c) Total daily flows and daily peak flows are NOT recorded. See Section 2 "Non-Compliance with Terms and Conditions of the Certificate of Approval".

Condition 2.1(d) The date, time, duration and cause of any flow rate exceedence CANNOT be recorded. See Section 2 "Non-Compliance with Terms and Conditions of the Certificate of Approval".

Condition 2.1(e) A continuous free chlorine analyzer with an acceptable quality control band and an alarm system, as well as a turbidimeter with an acceptable quality control band and an alarm system are installed at the point of entrance to the distribution system and is calibrated as per the manufacturer's instructions.

Condition 2.1(f) All water samples collected to satisfy clause (e) above have a composition which is representative of the water stream from which they are taken, and also in accordance with the instructions provided by the accredited laboratory performing the analysis.

Condition 2.2 All records and information related to or resulting from the monitoring, sampling, and analyzing activities required by the C of A are retained for a minimum of five (5) years from the date of their creation.

In addition to providing a Statement of Compliance, C of A Condition 4(c)(i), requests a detailed description of the measures taken to ensure compliance with all of the terms and conditions of this Certificate, Conditions 3.1 through 3.14, and the requirements of the "Ontario Drinking Water Standards", including any supporting data or other information. As stated earlier the Terms and Conditions of this approval are defined under Condition 1 - Performance.

The following tables represent a detailed description of the measures taken to ensure compliance with this Certificate, including any supporting data or other information.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Conditions 3.1 through 3.14: Operations and Maintenance

Condition 3.1 - The Owner, when making decisions within its authority, considered the impact of these decisions on the drinking water source for water works approved by this Certificate. As such, the Municipality, in conjunction with the Raisin Region Conservation Authority and the Ministry of the Environment initiated a regional groundwater study. The primary goal of the study is to develop effective groundwater strategies and promote groundwater source protection. The primary objectives of the study are to define wellhead protection areas, assess contaminant sources and contaminant pathways, and recommend components of a groundwater protection strategy.

Condition 3.2 - There were no repairs to the water supply or distribution system, or interruptions in the operation of the water supply in 2002 that resulted in negative pressure conditions in the distribution system. A contingency plan has been developed to be followed should such an event occur.

Condition 3.3 - The OCWA, on behalf of the Owner, ensured that there was an operator who holds a valid licence that is applicable to the Moose Creek Water Treatment Facility, and that is of the same class as or higher class than the class determined for the water treatment plant in accordance with O. Reg 435/93, as amended from time to time, and who was responsible for the operation of the water treatment plant.

Condition 3.4 -The OCWA, in conjunction with the Owner, ensured that, at all times, the works and the related equipment and appurtenances used to achieve compliance with this Certificate were properly operated. Proper operation and maintenance shall include effective performance, adequate funding, adequate operator staffing and training, including training in all procedures, and other requirements of the Certificate and the Act and regulations, adequate laboratory facilities, process controls and alarms, and the use of process chemicals and other substances that come in contact with water being treated, that are suitable for the process, compatible with each other, and appropriate for drinking water.

Condition 3.5 - The OCWA, on behalf of the Owner, ensured that all chemicals used in the treatment process and all materials contacting the water met both the American Water Works Association (AWWA) quality criteria as set out in AWWA standards and the American National Standards Institute (ANSI) safety criteria as set out in ANSI standard NSF/60 or NSF/61.

Condition 3.6 - The OCWA, on behalf of the Owner, was not notified by the Director to discontinue use of any chemical.

Condition 3.7 - The OCWA, on behalf of the Owner, has established written procedures for notification of the Medical Officer of Health and the Ministry of the Environment required by O.Reg 459/00, and ensured that these procedures are followed. These procedures have been prepared as part of OCWA's Environmental Management System (EMS) and are contained in the site specific Environmental Contingency Plan binder. A copy of these procedures are attached as Appendix I.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Conditions 3.1 through 3.14: Operations and Maintenance (cont'd)

Condition 3.8 - The OCWA, on behalf of the Owner, has established site specific contingency plans and procedures and ensure that adequate equipment and material are available for dealing with emergencies, upset conditions and equipment breakdowns in the works, and that such plans and procedures are implemented. This will be available for inspection by Ministry personnel and/or the public upon request.

Condition 3.9 - The OCWA, on behalf of the Owner, provided an operations manual that incorporated, at a minimum, the requirements of the C of A, and any adopted operation and maintenance recommendations of the Engineer's Report based on which this Certificate has been issued.

Condition 3.10 - The OCWA, on behalf of the Owner, has ensured that the operations manual includes any monitoring and reporting of necessary raw water and in-process parameters that are essential for control of the treatment process. The manual also contains procedures that are required for adequate operation and maintenance of the monitoring equipment.

Condition 3.11 - In 2002, there were no new water works completed.

Condition 3.12 - The Owner ensured that a Process and Instrumentation Diagram (PID) for the entire water treatment plant was prepared and kept up-to-date, including timely incorporation of all modifications made to the works throughout its operations life. A copy of these drawings is stored either at the facility or at the OCWA Hub Office, and will be made available for inspection by Ministry personnel upon request.

Condition 3.13 - The Owner keeps a complete set of up-to-date drawings and diagrams required to be prepared by Conditions 3.11 and 3.12, and all existing record drawings which are currently in retention throughout the operational life of the water works, and shall make them readily available for inspection by Ministry personnel upon request.

Condition 3.14 - The OCWA, on behalf of the Owner, has established procedures for receiving, responding to, and recording complaints about any aspects of the works, including recording the steps that were taken, if any, to determine the cause of the complaint and the corrective measures taken to alleviate the cause and prevent its reoccurrence.

Attached as Appendix II, please find a blank copy of a Community Complaint Report. OCWA staff record all pertinent information regarding the complaint including the facility name and address, the complainant's name, date of complaint, nature of complaint, complaint description, and action taken in response. Once the complaint has been addressed and remedied, all pertinent information is recorded and stored in an electronic database created by the OCWA. Currently OCWA staff are required to submit all community complaint forms (if any) to the Hub Office.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Condition 4: Annual Compliance Report

Condition 4.1(a) The Owner shall ensure that a written report detailing compliance with all terms and conditions of this approval is completed annually ("Compliance Report").

Condition 4.1(b) The first Compliance Report shall cover a period commencing not later than the date of issue of this Certificate to the end of the calendar year in which the Certificate is issued and shall be completed and made available not later than March 31 of the following year. Each subsequent Compliance Report shall be completed and made available not later than March 31 following the end of the calendar year to which the Compliance Report applies.

Condition 4.1(c) A Compliance Report shall include, at a minimum, the following information:

(i) Under a heading of 'Compliance with Terms and Conditions of the Certificate of Approval', a statement as to compliance with all of the terms and conditions of the Certificate and a detailed description of the measures taken to ensure compliance with the Certificate, including any supporting data or other information;

(ii) In the event of any non-compliance during the reporting period, and under a heading of 'Non-Compliance with Terms and Conditions of the Certificate of Approval', details of the non-compliance as well as details of how and when any non-compliance was corrected;

(iii) A summary and discussion of the quantity of water supplied during the reporting period compared to the rated capacity specified in this Certificate of Approval, including monthly average and maximum daily flows;

(iv) A summary of records made under Condition 2.1 related to flow rate exceedances, and a summary of analytical results of sampling required by the Certificate, including raw water and in-process parameters as specified in the operations manual in accordance with Condition 3.10; and

(v) A summary listing treatment chemicals used, including average dosage rates with special reference to any abnormal usages.

Condition 4.1(d) The Compliance Report shall be signed by a person designated by the Council of the Municipality that owns the works.

Condition 4.1(e) Within three months of completion of the Compliance Report, the Owner shall confirm by a resolution of council that the Compliance Report has been presented to Council.

Condition 4.1(f) The Owner shall ensure that copies of the Compliance Report are available for inspection by any member of the public during normal business hours without charge and at the same location as that required by s.II of O.Reg. 459/00 for reports under that regulation. Each 4th quarter report required under section 12 of that regulation shall include information about when the Compliance Report is required to be completed, an outline of the requirements for its contents, and the location where the completed report can be inspected.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Condition 5: Upgrading Requirements

Condition 5.1(a) The Municipality has contracted Genivar Consulting Group to ensure the installation of a stand-by hypochlorite solution storage tank with automatic switch-over.

Condition 5.1(b) The Municipality has contracted Genivar Consulting Group to ensure that a Wellhead Protection Program to monitor aquifer conditions is implemented, the well vents are upgraded, and well capacity testing is conducted on all three (3) production wells.

Condition 5.2 Genivar Consulting Group has submitted an application for approval under the *Ontario Water Resources Act* or the *Environmental Protection Act* on behalf of the Municipality to the Ministry of the Environment to allow construction necessary to comply with requirements of Condition 5.1 above.

Condition 5.3 The Municipality has obtained approval from the Ministry of the Environment to implement the upgrades stipulated in Condition 5.2 above, which are anticipated to be completed by July 1, 2003.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Condition 6: Subsequent Engineer's Reports

Condition 6.1 The Owner will ensure that a second Engineer's Report will be prepared no later than September 30, 2004, or as amended by the Ministry of the Environment

Condition 6.2 The Owner will ensure that subsequent Engineer's Reports will be submitted to the Director not later than the third anniversary of the previous report, or as amended by the Ministry of the Environment.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Condition 7: Revocation of Existing C of A s

All previous water treatment facility Certificates of Approval have been replaced with C of A # 9727-5DMJAA.

Any works Certificate of Approval which are not subject to C of A # 9727-5DMJAA remain in force. (i.e., distribution system or its portion including distribution storage facilities not associated with a water treatment process).

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Condition 8: Information

Condition 8.1 The requirements in this Certificate shall not be construed as limiting in any way the ability of the Ministry to request or require the Owner to furnish any information related to compliance with this Certificate, as limiting in any way the authority of the Ministry to require certain steps be taken, or as evidence of the fulfillment of the obligation to report or notify of non-compliance where reporting or notification is required by a statute, regulation, order or other approval.

Condition 8.2 In the event the Owner provides the Ministry with information, records, documentation or notification in accordance with this Certificate ("Information"),

(a) the receipt of the Information by the Ministry;
(b) the acceptance by the Ministry of the Information's completeness or accuracy; or
(c) the failure of the Ministry to prosecute the Owner or to require the Owner to take any action, under this Certificate or any statute or regulation in relation to the Information shall not be construed as an approval, excuse or justification by the Ministry of any act or omission of the Owner relating to the Information, amounting to non-compliance with the Certificate.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Condition 9: Change of Ownership

Condition 9.1
(a) Neither the Owner nor the Operating Authority changed in 2002.
(b) There was no address change for the Owner or Operating Authority in 2002.
(c) The Owner did not enter into a partnership in 2002.
(d) Neither the Owner nor the Operating Authority incorporated or changed names in 2002.

Condition 9.2 Ownership of this facility did not change in 2002.

Condition 9.3 There were no communications with the Ministry relating to Conditions 9.1 and 9.2.

Moose Creek WTF - Compliance With Terms and Conditions of the Certificate of Approval

Condition 10: Interpretation (Severability and Conflicts)

Condition 10.1 The requirements of this Certificate are severable. If any requirement of this Certificate, or the application of any requirement of this Certificate to any circumstance, is held invalid, the application of such requirement to other circumstances and the remainder of this Certificate shall not be affected thereby.

Condition 10.2 In all matters requiring the interpretation and implementation of this Certificate, the conditions of the Certificate shall take precedence, followed by the documentation submitted in support of the applications associated with any previously issued Certificates of Approval for works which are part of the works approved by this Certificate.

The following is a detailed description of the measures taken to ensure compliance with the requirements of the "Ontario Drinking Water Standards", dated January 2001, as amended from time to time.

Moose Creek WTF - Compliance Measures With Respect to The Ontario Drinking Water Standards

Measures Taken to Ensure Compliance

The Ontario Drinking Water Standards (ODWS) are established to assist with meeting the legislated requirements governing water works under the Ontario Water Resources Act (OWRA) and should be used in conjunction with the Drinking Water Protection Regulation.

In Section 2.3 of the ODWS, the Municipality ensures responsibility for water quality, even though a third party (OCWA) is contracted for the treatment and/or distribution of water and acts as a statutory agent for the Municipality. OCWA has ensured that a protocol has been established for the purpose of notification and corrective action. The protocol is attached as Appendix I.

The Ontario Clean Water Agency ensures compliance is met with the requirements of the ODWS by operating the water treatment facility so that water intended for human consumption does not exceed the standards described in the ODWS. These standards are defined as Maximum Acceptable Concentration (MAC) standards, and Interim Maximum Acceptable Concentration (IMAC) standards. In the event that ODWS standards are exceeded, OCWA will follow the requirements of Sections 8, 9 and 10 of O.Reg 459/00 - notifying the Medical Officer of Health and the MOE, perform corrective action as required, and if necessary, post a warning notice in a prominent location. This procedure is provided in Appendix I.

OCWA also operates the water treatment facility so that aesthetic objectives (which are non health related) are controlled to ensure efficient and effective treatment and distribution of water.

The raw water supplied at the Moose Creek Water Treatment Facility is from a groundwater source. The Moose Creek Water Treatment Facility complies with the minimum level of water treatment which is equivalent to chlorine disinfection.

The Ontario Clean Water Agency also ensures compliance with the ODWS by establishing a sampling schedule based on O.Reg 459/00, schedule 2, and section 2(1)(e) through 2(1)(f) of the facility C of A. All sampling is performed in accordance with the Ministry of the Environment's "Guide to Collection and Submission of Samples for Laboratory Analysis". Compliance is also ensured by having all laboratory samples analyzed by a laboratory accredited by the Canadian Association for Environmental Analytical Laboratories (C.A.E.A.L.) of Canada.

All water supplied by the Moose Creek Water Treatment Facility is disinfected to meet those requirements described in Procedure B13-3 Chlorination of Potable Water Supplies in Ontario.

SECTION 2 "Non-Compliance With Terms and Conditions of the Certificate of Approval"

In accordance with C of A Condition 4(c)(ii), in the event of any non-compliance during the reporting period, and under a heading of "Non-Compliance with Terms and Conditions of the Certificate of Approval" provide details of the non-compliance as well as details of how and when any non-compliance was corrected.

The following table provides a detailed description of non-compliance with the terms and conditions of the C of A.

Moose Creek WTF - Non-Compliance With Terms and Conditions of the Certificate of Approval
Monitoring and Recording
Condition 2.1(a)(i): A sufficient number of flow measuring devices are NOT installed to measure the daily quantity and flow rate of water being taken from each well. The installation of a flow meter on the stand-by well flush line will be necessary. Genivar Consulting Group has been contracted by the Municipality of North Stormont to implement this work.
Condition 2.1(c): Total daily flows and daily peak flows are NOT recorded. Software modifications to the existing SCADA system will be necessary to record daily flows and daily peak flows. Genivar Consulting Group has been contracted by the Municipality of North Stormont to implement this work.
Condition 2.1(d): The date, time, duration and cause of any flow rate exceedence CANNOT be recorded. Software modifications to the existing SCADA system will be necessary to record daily flows and daily peak flows. Genivar Consulting Group has been contracted by the Municipality of North Stormont to implement this work.

The following table provides a detailed description of non-compliance with the requirements of the "Ontario Drinking Water Standards".

Moose Creek WTF - Non-Compliance With The Ontario Drinking Water Standards
During the First Quarter, Sodium was found to exceed the Ontario Drinking Water Standards concentration of 20 mg/L as set out in Ontario Regulation 459/00. The result of the first sample was 26 mg/L. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. Re-sampling was initiated as per O. Reg. 459/00 and the result was 26 mg/L..
On June 17, 2002, a treated water sample from the plant was found to exceed the Ontario Drinking Water Standards as set out in Ontario Regulation 459/00. Total Coliform result for the sample was overgrown. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. A minimum chlorine residual in the distribution of greater then 0.2 mg/L was ensured. Subsequent re-sampling indicated no adverse results.
On October 7, 2002, a treated water sample was found to exceed the Ontario Drinking Water Standards as set out in Ontario Regulation 459/00. The treated water exceeded MAC for Total Coliform with a result of 2 per 100/ml. The Ministry of Environment and the Ministry of Health were immediately notified as per the Ontario Drinking Water Standards. Free chlorine residual of the sample at the time of collection was 1.86 mg/L. Subsequent re-sampling as per O. Reg. 459 indicated no adverse results.
With respect to Operational Parameters, 72 turbidity exceedences were reported as per Regulation 459/00 (16 in the first quarter, 45 in the second quarter, and 11 in the third quarter). These samples were taken continuously in-house by online equipment and these spikes are believed to be caused from the starting and stopping of pumps, equipment maintenance/calibration and/or air and a buildup of iron sediment in the sample lines. During these spikes, the system was being adequately disinfected; therefore, reducing any risks that may be associated with the high turbidity.

SECTION 3 "Summary & Discussion of Quantity of Water Supplied, etc."

In accordance with C of A Condition 4(c)(iii), attached find a summary and discussion of the quantity of water supplied during the reporting period compared to the rated capacity specified in this Certificate of Approval, including monthly average and maximum daily flows;

The rated capacity specified in this C of A for the Moose Creek Water Treatment Facility is 896 m^3/day. The monthly average flow for the reporting period was 166 m^3/day, and the maximum daily flow for the reporting period was 372 m^3/day.

Attached as Appendix III, find a summary of raw water flows including total, average, and maximum day flows during the reporting period.

The quantity of water supplied during the reporting period did not exceed the rated maximum capacity.

SECTION 4 "Summary of Records Related to Flow Rate Exceedances, and a Summary of Analytical Results of Sampling"

In accordance with C of A Condition 4(c)(iv), attached find a summary of records made under Condition 2.1 related to flow rate exceedances, and a summary of analytical results of sampling required by the Certificate, including raw water and in-process parameters as specified in the operations manual in accordance with Condition 3.10 as follows;

Flow Rate Exceedances:

C of A Condition 2.1(d) as previously identified in Section 2, the necessary equipment is not in place to monitor well flow rates in L/min as specified in the PTTW.

Summary of Analytical Results of Sampling:

Samples of raw and treated water have been collected and analyzed for parameters at locations and frequencies in accordance with Ontario Regulation 459/00. A copy of the analyses performed during the reporting period are found in Appendix IV. The summary report provides microbiological results for Raw, Treated, and Distribution system samples, in-house process parameters such as Free and Total Chlorine residuals, and Turbidity results. The tables summarize the results for treated water Volatile Organics results, Inorganic Chemical results, and Pesticides and Polychlorinated Biphenyl (PCB) results.

SECTION 5 "Summary Listing Treatment Chemicals used, including average dosage rates with special reference to any abnormal usages"

Attached as Appendix V is a summary listing the treatment chemicals used at the Moose Creek Water Treatment Facility during the reporting period along with the corresponding treated water flows.

The treatment system provides disinfection. The type of chemicals used in the system are as follows:

1. Sodium Hypochlorite - A 12% solution of sodium hypochlorite is used for disinfection. It is fed to a single injection point located in the water pumping station. The flow of hypochlorite is controlled at the metering pump. The frequency and stroke length can be adjusted to achieve the desired flow. The chemical dosage range is 6.17 to 7.73 mg/L. Free chlorine residual is measured at the outlet of the pumping station. A chlorine residual of <0.5 mg/L at the pumping station will lock out the duty well pump. The chlorine residual is maintained at 0.5 to 3.0 mg/L to ensure the water meets the minimum of 0.2 mg/L free chlorine residual at the furthermost point in the distribution system.

Interpretation of Results:

The chemical dosage amounts used during the reporting period were consistent with the water demands of the system (i.e. flow). A review of the results shows that there were no abnormal usages of treatment chemicals during the reporting period.

END

APPENDIX I

Written Procedures for Notification of the Medical Officer of Health

&

the Ministry of the Environment Spills Action Centre

ONTARIO CLEAN WATER AGENCY	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson

Moose Creek Water Treatment Facility

ADVERSE WATER QUALITY

Classification: Compliance - Regulatory (O. Reg.. 459/00)

Solution: To report indicators of adverse water quality, OCWA as the operating authority will be acting on behalf of the owner (client) to fulfil the obligations on notifications to the proper authority i.e.. Ministry of the Environment Spills Action Centre (SAC), Medical Officer of Health (MOH) and the Owner of the water works (client).

1. Laboratory will notify water works sampler (operating authority, i.e. OCWA) of an adverse water quality sample, verbally by telephone and by faxing the notification form, Notice of Drinking Water Analysis and Remedial Action for Waterworks, Part 1- Notification by Laboratory. To the (operating authority, i.e. OCWA)

1.(a) Laboratory will notify the Ministry of the Environment, Spill Action Centre and the Local Medical Officer of Health or his/her designate.

2. The operating authority will **immediately** notify the Ministry of the Environment, Spills Action Center at 1-800-268-6060 or 1-416-325-3000 and **immediately** the notify the area Medical Officer of Health 1-800-267-7120. The operating authority must record the **name** of the person the notification was reported to, the **time** and **date** of the incident, and record the information in the water works daily plant log at the water works plant for OCWA verification.

3. After receiving Part 1, Notification faxed by Laboratory, the operator must fill out the section labelled - Part 2 (Notification by Waterworks Owner).

4. The filled out form Part 1 and Part 2(**Notice of Drinking Water Analysis and Remedial Actions for Waterworks as Required under Drinking Water Protection Regulation**) is to be faxed to SAC MOE (1-800-268-6061 or 1-416-325-3011) and to the local MOH 1-613-933-7930.

ONTARIO CLEAN WATER AGENCY	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson

Moose Creek Water Treatment Facility

Indicators of Adverse Water Quality:

- E.Coli, fecal coliform, or total coliform detected in any required sample other than a raw water sample.

  Corrective Action: Increase the chlorine dosage and flush the mains to ensure that a total chlorine residual of at least 1.0 mg/L or a free chlorine residual of 0.2 mg/L is achieved at all points in the affected parts of the distribution system. Resample and analyze. Corrective action should begin immediately and continue until bacteria are not detected in two consecutive sets of samples, or as instructed by the local Medical Officer of Health.

- Unchlorinated water is directed to the distribution system, where chlorination is used or required. This includes water in the distribution system which has less than 0.05 mg/L of free chlorine when tested.

  Corrective Action: Restore chlorine immediately and follow instructions as directed by local Medical Officer of Health.

- Samples other than raw water samples contain more than 500 colonies per mL on an HPC plate count or more than 200 background colonies on a total coliform membrane filter analysis.

  Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

- Aeromonas spp., pseudomonas aeruginosa, staphylococcus aureus, clostridium spp., or fecal streptococci (group D) are detected in samples other than raw water.

  Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

- Laboratory results show that a parameter exceeds the MAC or IMAC set out for the parameters in Schedule 4 or 5.

  Corrective Action: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.

ONTARIO CLEAN WATER AGENCY	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson

Moose Creek Water Treatment Facility

Resampling: should consist of a minimum of 3 samples to be collected for each positive sampling site: one sample should be collected at the affected site; one at an adjacent location on the same distribution line; and a third sample should be collected some distance upstream on a feeder line toward the water source. The chlorine residual and the time of sampling for each site should also be noted at each sampling location. The collection of three samples is considered the minimum number for each positive sampling site. The measurement of the chlorine residual in the vicinity of the positive sampling site may assist in determining the extent of the contamination within the distribution system.

Posting Warning Notice

If resample analysis still shows contamination then a warning notice must be posted. At all effective area of the water system. Section 10 - Positing Warning Notice Reg. 495/00.

This statement will change with the level of water contamination. In some cases the water contamination maybe very difficult to correct and pending on the chemical analysis involved this may require some sort of special treatment process to correct the problem. The local medical officer of health may go directly to an MOH order.

Owner/Operator must post a warning notice to the public in the following situation:

(1) non - compliance with sampling and analysis requirements of Section 7(1) for microbiological parameters (set out in Schedule 2 or as an additional requirements of an approval, order or direction) Reg./495/00 ; or

(2) if notice is required to be given to the Local Medical Officer of Health and the Ministry of the Environment because of a microbiological parameter in Schedule 6 and the owner has not taken corrective action for an indicator of adverse water quality set out in Schedule 6. Reg. 495/00

ONTARIO CLEAN WATER AGENCY	ENVIRONMENTAL CONTINGENCY PLAN
Updated by: Dave Markell	Approved by: Blair Henderson

Moose Creek Water Treatment Facility

Where Should the Notice be posted? (Section 10 (2) and (3)) Reg. 495/00

The notice should be posted in such a place where it would be easy for members of the community to see it. If the owner doesn't post the notice, a provincial officer from the Ministry of the Environment or the public health inspector may post warning and issue a Provincial Officer's Order.

Notifying the Press

All press related issues will be handled by the Client Service Representative (CSR) or the Hub manager.

APPENDIX II

Blank Community Complaints Form

Ontario Clean Water Agency
Community Complaints

Facility ID: _____

Facility Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Name of Person who filed Complaint: _____

NOTE: If there were multiple complaints, provide the name of the person who filed the initial complaint and note the number and details in the "Description" field below

Date of Complaint: 03/19/2003

Time of Complaint: 11:35:13 AM

Nature of Complaint

☐ Noise
☐ Visual
☐ Odour
Other: _____

☐ Water Supply Taste/Colour
☐ Service Problem
☐ Sludge Related

☐ Water Pressure/No Water
☐ Basement Flooding

Description:

Action taken in response:

Was the source of the problem identified?: ○ Yes ○ No

Was the source an OCWA facility/activity?: ○ Yes ○ No If "Yes", describe:

If any remedial action is required, complete action plan form

Updated By: Kimberley Baker 03/19/2003 11:35:13 AM

Comments:

APPENDIX III

Annual Summary of Raw Water Flows

Ministry Of The Environment
Ministére de l'Environnement

Annual Record Of Ground Water Taking
Registre annuel de prélèvement d'eau souterraine

Personal information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form is to record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional Office in your area.

Les renseignements personnes qui figurent dans le présent formulaire sont resueillis en vertu de l'article 20 de la Loi sur les ressources en eau de l'Ontario. La présente sert à consigner aux dossiers les détails et les renseignements concernant la prise d'eau annuelle. Priére d'adresser toute Question au bureau régional du ministére de l'Environnement le Plus proche.

Year: 2002 *Année*

Permit No.: 93-P-4064 *N° de permis*

Source: Groundwater Well #1

Name of Permittee: TWP. OF ROXBOROUGH (MOOSE CREEK)
Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE , ON K0C1H0
Adresse postale

Location Of Taking: *Lieu de la prise d'eau*	Twp. or Municipality: *Canton ou municipalité*	Concession:	Lot:
16950 MCNEIL RD.	TOWNSHIP OF NORTH STORMONT	CON 6	LOT 19

Date Of Taking *Date de la prise d'eau*	Hours Of Taking *Heure*	Rate Of Taking Litres/sec *Débit de prise d'eau*	Amount Of Taking m^3 *Volume des prises*	Maximum Rate of Taking m^3 /day *Taux de prélèvement maximum*	Remarks *Observations*
JAN	190.10	0.57	389	15	
FEB	180.70	0.54	351	16	
MAR	160.30	0.56	320	12	
APR	178.80	0.56	359	26	
MAY	140.20	0.55	235	26	
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					

I certify that the above information is true, complete and accurate.
J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

Signature

Date Jan 23/03

Ministry Of The Environment
Ministére de l'Environnement

Annual Record Of Ground Water Taking
Registre annuel de prélèvement d'eau souterraine

Personal information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form is to record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional Office in your area.

Les renseignements personnes qui figurent dans le présent formulaire sont resueillis en vertu de l'article 20 de la Loi sur les ressources en eau de l'Ontario. La présente sert à consigner aux dossiers les détails et les renseignements concernant la prise d'eau annuelle. Priére d'adresser toute Question au bureau régional du ministére de l'Environnement le Plus proche.

Year: 2002 *Année*

Permit No.: 93-P-4064 *N° de permis*

Source: Groundwater Well #2

Name of Permittee: TWP. OF ROXBOROUGH (MOOSE CREEK)
Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE , ON K0C1H0
Adresse postale

Location Of Taking: *Lieu de la prise d'eau*	Twp. or Municipality: *Canton ou municipalité*	Concession:	Lot:
16950 MCNEIL RD.	TOWNSHIP OF NORTH STORMONT	CON 6	LOT 19

Date Of Taking *Date de la prise d'eau*	Hours Of Taking *Heure*	Rate Of Taking Litres/sec *Débit de prise d'eau*	Amount Of Taking m^3 *Volume des prises*	Maximum Rate of Taking m^3 /day *Taux de prélèvement maximum*	Remarks *Observations*
JAN	193.10	3.08	2,175	81	
FEB	181.10	3.04	2,012	94	
MAR	163.10	3.09	1,845	71	
APR	181.40	3.03	2,011	151	
MAY	220.90	3.09	2,492	151	
JUN	205.50	3.19	2,398	104	
JUL	259.40	3.23	3,064	121	
AUG	312.60	3.16	3,604	193	
SEP	266.50	3.07	2,995	137	
OCT	252.20	2.93	2,699	164	
NOV	201.60	2.92	2,156	78	
DEC	207.40	2.95	2,236	75	

I certify that the above information is true, complete and accurate.
J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

Signature: Dave Nash

Date: Jan 23/03

Ministry Of The Environment
Ministére de l'Environnement

Annual Re. .d Of Ground Water Taking
Registre annuel de prélèvement d'eau souterraine

Personal information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form [redacted] record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional [redacted]e in your area.

Les renseignements personnes qui figurent dans le présent formulaire sont resueillis en vertu de l'article 20 de la Loi sur les ressources en eau de l'Ontario. La présente sert à consigner aux dossiers les détails et les renseignements concernant la prise d'eau annuelle. Priére d'adresser toute Question au bureau régional du ministére de l'Environnement le Plus proche.

Year: 2002 *Année*

Permit No.: 93-P-4064 *N° de permis*

Source: Groundwater Well #3

Name of Permittee: TWP. OF ROXBOROUGH (MOOSE CREEK)
Nom du titulaire du permis

Mailing Address: O.C.W.A. 5 INDUSTRIAL DRIVE CHESTERVILLE , ON K0C1H0
Adresse postale

Location Of Taking: *Lieu de la prise d'eau* 16950 MCNEIL RD.

Twp. or Municipality: *Canton ou municipalité* TOWNSHIP OF NORTH STORMONT

Concession: CON 6

Lot: LOT 19

Date Of Taking *Date de la prise d'eau*	Hours Of Taking *Heure*	Rate Of Taking Litres/sec *Débit de prise d'eau*	Amount Of Taking m^3 *Volume des prises*	Maximum Rate of Taking m^3 /day *Taux de prélèvement maximum*	Remarks *Observations*
JAN	191.50	3.31	2,285	85	
FEB	181.20	3.20	2,096	104	
MAR	163.45	2.95	1,735	67	
APR	179.50	2.97	1,921	150	
MAY	221.10	3.11	2,468	150	
JUN	205.70	2.93	2,170	92	
JUL	259.20	2.91	2,714	109	
AUG	313.80	2.90	3,277	179	
SEP	266.20	2.91	2,784	129	
OCT	252.40	2.91	2,640	162	
NOV	203.90	3.22	2,363	87	
DEC	207.80	3.28	2,456	86	

I certify that the above information is true, complete and accurate.
J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

Signature: Dave Brunt

Date: Jan 23/03

APPENDIX IV

Raw, Treated, & Distribution Analytical Results.

ONTARIO CLEAN WATER AGENCY
WATER PLANT PERFORMANCE ASSESSMENT REPORT

MUNICIPALITY: MOOSE CREEK
PROJECT: MOOSE CREEK WTP
PROJECT NUM.: 7-0828
WORKS NUM.: 220008033
DESCRIPTION: 3 WELL PUMPING SYSTEM C/W ELEVATED STORAGE
DISINFECTION IS WITH SODIUM HYPOCHLORITE

YEAR: 2002
WATER SOURCE: GROUNDWATER
DESIGN CAP.: 0.896 X 1000 M3/d

MONTH	FLOWS (TREATED)			DISINFECTION				BACTI (INDICATE NO. OF SAMPLES)				RAW WATER	
	TOTAL FLOW 1000 m3	AVG DAY FLOW 1000 m3	MAX DAY FLOW 1000 m3	AVG TURB. (NTU)	AVG FREE CL2 RESID (mg/l)	AVG TOT. CL2 RESID. (mg/l)	MIN TOT. CL2 RESID. DIST.(mg/l)	E.C. /T.C. Not Detected HPC < 500		E.C. / T.C. Detected HPC >500		E.COLI.	
								TREAT	DIST	TREAT	DIST	TAKEN	DETECTED
JAN	4.804	0.155	0.178	0.75	2.13	2.33	0.70	15	30	0	0	15	0
FEB	4.414	0.158	0.207	0.75	2.17	2.41	1.00	12	24	0	0	12	0
MAR	3.926	0.127	0.155	0.68	1.91	2.28	1.10	12	24	0	0	12	0
APR	4.342	0.145	0.328	0.67	1.81	1.97	0.80	15	30	0	0	15	0
MAY	5.170	0.167	0.328	0.68	2.11	2.32	1.00	12	20	0	0	10	0
JUN	4.628	0.154	0.196	0.66	1.74	2.09	0.70	17	30	1	0	8	0
JUL	5.822	0.188	0.231	0.76	1.89	2.16	0.60	15	25	0	0	10	1
AUG	6.915	0.223	0.372	0.78	1.89	2.05	0.50	12	20	0	0	8	0
SEP	5.822	0.194	0.267	0.72	1.69	2.11	0.73	15	25	0	0	10	0
OCT	5.405	0.174	0.324	0.70	1.90	2.28	0.96	17	26	1	0	12	0
NOV	4.611	0.154	0.167	0.62	1.61	1.99	0.52	12	18	0	0	8	0
DEC	4.787	0.154	0.162	0.61	1.76	2.30	0.57	15	25	0	0	10	0
TOTAL	60.646							169	297	2	0	130	1
AVG		0.166		0.70	1.88	2.19							
MAX			0.372	0.78			0.50						
CRITERIA		**0.326**	**0.896**	**1.00**	**4.00**		**0.05**						
MEETS ODWS (YES/NO)				YES	YES		YES						

COMMENTS: Well # 1 off line May 2002 (low prodution)

Chemical Sampling Results

Table B: Volatile Organics

Parameters	Units	Treated	System	MAC	IMAC	AO
Benzene	ug/L	<0.5		5		
Carbon Tetrachloride	ug/L	<0.9		5		
Dichloromethane	ug/L	<4.0		50		
1,2-Dichlorobenzene	ug/L	<0.4		200		3
1,4-Dichlorobenzene	ug/L	<0.4		5		1
1,2-Dichloroethane	ug/L	<0.7			5	
1,1-Dichloroethylene	ug/L	<0.5		14		
Ethylbenzene	ug/L	<0.5				2.4
Monochlorobenzene	ug/L	<0.2		80		30
Tetrachloroethylene	ug/L	<0.3		30		
Toluene	ug/L	<0.5				24
Trichloroethylene	ug/L	<0.3		50		
Vinyl Chloride	ug/L	<0.5		2		
Xylene	ug/L	<2.0				300
Bromodichloromethane	ug/L	10.2 - 17.5	11.9 - 17.4			
Bromoform	ug/L	<0.4 - 0.5	<0.4 - 0.4			
Chloroform	ug/L	24.9 - 47.6	33.9 - 47.7			
Dibromochloromethane	ug/L	3.0 - 9.6	3.6 - 7.6			
TOTAL THMs	ug/L	38.1 - 74.7	52.1 - 88	100		

- **MAC** - Maximum Acceptable Concentration.
- **IMAC** - Interim Maximum Acceptable Concentration.
- **AO** - Aesthetic Objective.

Table C: Inorganics

Parameters	Units	Treated	System	MAC	IMAC	AO
Arsenic	mg/L				0.025	
Barium	mg/L			1.0		
Boron	mg/L				5.0	
Cadmium	mg/L			0.005		
Chromium (Total)	mg/L			0.05		
Copper	mg/L					1.0
Iron	mg/L					0.30
Lead	mg/L		<0.001	0.01		
Manganese	mg/L	0.04				0.05
Mercury	mg/L			0.001		
Nitrite	mg/L	<0.1		1.0		
Nitrate	mg/L	<0.1		10.0		
Selenium	mg/L			0.01		
Uranium	mg/L			0.10		
Fluoride	mg/L	0.15 - 0.23		1.50		
Sodium	mg/L	26 - 27				200.00
Colour	TCU	2	4 - 6			5.00

Comments:
Sodium exceeded ODWS of 20 mg/l

Table D: Pesticides & PCB

Parameters	Units	Treated	MAC	IMAC	AO
Alachlor	ug/L	<0.5		5.0	
Aldicarb	ug/L	<5.0	9.0		
Aldrin + Dieldrin	ug/L	<0.012 - 0.07	0.7		
Atrazine	ug/L	<0.5 - <1.0		5.0	
Azinphos-methyl	ug/L	<2.0	20.0		
Bendiocarb	ug/L	<2.0	40.0		
Bromoxynil	ug/L	<0.5		5.0	
Carbaryl	ug/L	<5.0	90.0		
Carbofuran	ug/L	<2.0	90.0		
Chlordane	ug/L	<0.012 - <0.7	7.0		
Chlorpyrifus	ug/L	<1.0	90.0		
Cyanazine	ug/L	<1.0		10.0	
Diazinon	ug/L	<1.0	20.0		
Dicamba	ug/L	<1.0	120.0		
2,4-Dichlorophenol	ug/L	<0.5	900.0		0.3
DDT + Metabolites	ug/L	<0.024 - <3.0	30.0		
2,4-Dichlorophenoxy acetic acid (2,4-D)	ug/L	<1.0		100.0	
Diclofop-methyl	ug/L	<0.90	9.0		
Dimethoate	ug/L	<2.5		20.0	
Dinoseb	ug/L	<1.0	10.0		
Diquat	ug/L	<7.0	70.0		
Diuron	ug/L	<10	150.0		
Glyphosate	ug/L	<10		280.0	
Heptachlor + Heptachlor epoxide	ug/L	<0.012 - <0.3	3.0		
Lindane	ug/L	<0.006 - <0.4	4.0		
Malathion	ug/L	<5.0	190.0		
Methoxychlor	ug/L	<0.024 - <90	900.0		
Metolachlor	ug/L	<0.5		50.0	
Metribuzin	ug/L	<5.0	80.0		
Paraquat	ug/L	<1.0		10.0	
Parathion	ug/L	<1.0	50.0		
Pentachlorophenol	ug/L	<0.5	60.0		30.0
Phorate	ug/L	<0.5		2.0	
Picloram	ug/L	<5.0		190.0	
Polychlorinated Biphenyls	ug/L	<0.05 - <0.3		3.0	
Prometryne	ug/L	<0.25		1.0	
Simazine	ug/L	<1.0		10.0	
Temephos	ug/L	<10		280.0	
Terbufos	ug/L	<0.7		1.0	
2,3,4,6-Tetrachlorophenol	ug/L	<0.5	100.0		1.0
Triallate	ug/L	<1.0	230.0		
2,4,6-Trichlorophenol	ug/L	<0.5	5.0		
2,4,5-Trichlorophenoxy acetic acid	ug/L	<1.0	280.0		20.0
Trifluralin	ug/L	<1.0		45.0	

APPENDIX V

Summary of Treatment Chemicals Used

Summary of Treatment Chemicals and Average Dosages

Year 2002	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Kilograms of Chlorine used	33.3	30.2	25.5	27.0	33.8	31.5	40.9	51.1	43.3	42.2	31.9	33.4	423.9
Average Chlorine dosage mg/l	6.92	6.83	6.52	6.17	6.55	6.81	7.01	7.32	7.44	7.73	6.91	6.97	

Ministry of the Environment
135 St. Clair Avenue West
Toronto, ON M4V 1P5

Ministère de l'Environnement
135 avenue St. Clair ouest
Toronto, ON M4V 1P5

Ontario

Integrated Environmental Planning Division
Tel: (416) 314-6310 Fax: (416) 314-6346

February 19, 2003

MEMORANDUM

TO: Municipal Heads of Council
Other Affected Water Works Owners

FROM: Doug Barnes
Assistant Deputy Minister
Integrated Environmental Planning Division

SUBJECT: **Changes to the Submission Date of Second Engineers' Reports**

You are being contacted as an owner of a water works currently required to submit Engineers' Reports under provisions of Regulation 459/00 and in accordance with conditions which may exist on your Certificate of Approval for the water works.

As you may be aware, the Government has recently posted a new regulation respecting water works on the Environmental Registry for comment. One component of the proposed regulation is to extend the submission period of second and subsequent Engineer's Reports, required under Section 13 of Ontario Regulation 459/00, from the current within a three year period to within a five year period.

In accordance with the attached Update, if you are required to submit a second Engineer's Report, that report will not be due on the date specified in Condition 6 of your Consolidated Certificate of Approval or specified by O. Reg. 459, but will instead be due within five years of your original Engineer's Report submission date.

If the new regulation under the *Safe Drinking Water Act* is made, the Ministry will be providing information respecting requirements for Engineers' Reports in the context of the 5 year period at a future date. This information will be provided at such a time and in such a manner as to enable compliance with these requirements.

...\2

Also note that all other requirements of your Consolidated Certificate of Approval continue to apply, including the date specified for the completion of any upgrades required to be made to your water works.

If you have any questions or comments in regards to the proposed regulation, please make them through the Environmental Registry. Should you have any questions in regards to your Consolidated Certificate of Approval, please contact the Environmental Assessment and Approvals Branch of the Ministry at (416) 314-8001 or 1-800-461-6290.

Doug Barnes

Attachment

Pour obtenir une version française de ce document, veuillez téléphoner au 416 314-6654.

February 2003

Ontario

Ministry of the Environment | Ministère de l'Environnement

Update

O. Reg. 459/00
Drinking Water Protection – Larger Water Works

The Drinking Water Protection Regulation - Large Waterworks, promulgated in August 2000, requires clarification to reflect a proposed change in Government policy to ensure that no waterworks is mistakenly deemed out of compliance and to provide clear direction regarding the Ministry's enforcement policy, while ensuring safe drinking water. The following clarification has been approved by Doug Barnes, Assistant Deputy Minister, Ministry of the Environment, and as such, by way of this bulletin, shall be considered for the purpose of assessing compliance until such time as O. Reg. 459/00 has been amended, or revoked and replaced with a regulation under the *Safe Drinking Water Act*.

Section 13: Engineer's Reports

Section 13 of O. Reg. 459 requires the owners of certain waterworks to submit engineers' reports in accordance with the Ministry of the Environment Publication entitled "Terms of Reference for Engineers' Reports for Water Works", originally dated August 2000, as amended from time. Clauses 13(3) (b) and (c), and subsection 13(7), require subsequent engineers' reports to be submitted every 3 years.

Ministry Position

The Government is considering extending the period within which subsequent engineers' reports are to be submitted from 3 years to 5 years. More detailed information regarding these proposals can be obtained through the EBR Registry, posting RA03E0001, posted on January 14, 2003, regarding a new regulation under the *Safe Drinking Water Act*.

Given that the submission period may be extended, it is the Ministry's position that the owner of a water works that is required under O. Reg 459, or an approval or order granted or issued before December 31, 2002, to submit an Engineer's Report shall not be required to submit such reports further to these provisions. If a provincial officer or other Ministry staff find that the owner of a waterworks has not submitted an Engineer's Report the provincial officer should not take abatement measures or refer the matter for investigation. All other requirements in O. Reg. 459 and any approval or order continue to apply.

If the new regulation under the *Safe Drinking Water Act* is made, the Ministry will be providing information respecting requirements for engineers' reports in the context of the 5 year period at a future date. This information will be provided at such a time and in such a manner as to enable compliance with these requirements.

Pour obtenir une version française de ce document, veuillez téléphoner au 416 314-6654.

FAX COVER SHEET

Swish Maintenance Limited
P.O. BOX 3000 - 2060 FISHER DRIVE,
PETERBOROUGH, ONTARIO, K9J 8N4
TELEPHONE (705) 740-2880 EXT. 242
FAX (705) 745-0220
E-mail somer@swish.ca

TO: Roger Luu
Ontario Clean Water Association DATE: August 16, 2002

FROM: **JOE SOMER**

OF SHEETS INCLUDING THIS ONE: 1

RE: Bleach Certification

Our Swish Brite-12 meets the following standards:

-NSF Certification under NSF 60-1997, Drinking Water Treatment Chemicals
-Canadian General Standards Board: CAN/CGSB-15.31-93 Standard for Sodium Hypochlorite
-ANSI/AWWA B300-92 Standard for Hypochlorites
-Health Canada Pest Management Control Registration No. 15692

If you have any questions please call or email me.

Joe Somer
Development Chemist

CADUCEON *Environmental Laboratories*
(Division of Caduceon Enterprises Inc)

MEMO

Date: June 17th 2002.

Re: Microbiological Testing and Reporting as per Reg 459/00 and 505/01

I want to assure you that all drinking water samples submitted to ETRL/Caduceon Environmental Laboratories are being tested for both E. coli and Total Coliform. Samples are tested by either membrane filtration or presence/absence at your request by acceptable accredited methods.

As well all procedures pertaining to reporting of adverse results required by the regulations are being followed by ETRL/Caduceon Laboratories staff.

If you require copies of our microbiological methods and/or reporting procedures please email Angela Henderson at etrlinfo@kingston.net.

If you have any questions or concerns please do not hesitate to call.

Sincerely,

Steve Garrett

NOTIFICATION OF SODIUM EXCEEDANCE

Facility	Exceeds 20 mg/L	Notified MoH
Chesterville WTP	Yes	October 10, 2001
Winchester WTP	Yes	October 10, 2001
Moose Creek WTP	Yes	October 10, 2001
Finch WTP	Yes	October 10, 2001
Crysler	No	

Ministry of the Environment
Ministère de l'Environnement

125 Resources Road
Etobicoke ON M9P 3V6

125, chemin Resources
Etobicoke ON M9P 3V6

Environmental Monitoring and Reporting Branch

Ontario

April 2, 2001

RHEAL CHARBONNEAU
CLERK
2 VICTORIA ST.
P.O. BOX 99
BERWICK ON K0C 1G0

To the Waterworks Owner:

Re: Water Works Owner User ID

Section 7 (5) of O. Reg. 459/00, the Drinking Water Protection Regulation, requires that the owner of a water treatment or distribution system submit notice of the identity of the laboratory conducting the analysis of their water samples to the ministry Director three working days prior to having that analysis carried out. This applies to the first time laboratory notification for new works or changes in laboratories being used for existing works.

A notice form entitled *Notification of Laboratory Services Provided to Water Works* was initially made available to works owners to satisfy this requirement on the Ministry's internet site http://www.ene.gov.on.ca/envision/WaterReg/Pibs4062.pdf). Information originally submitted on this form is now accessible over the internet through the Drinking Water Web Site (DWWS). The use of this web site will allow owners to promptly notify the Ministry on-line, of all future laboratory notifications. The internet address for DWWS is www.environet.gov.on.ca .

Water works owners require a User ID and password for each of their water works to access plant specific laboratory notification information in DWWS. A listing of the User IDs for each of your water works is provided below.

For security purposes the password for each of your works will be mailed in a separate letter. The provision to change your User ID and password online is now available and the Ministry is presently working on a system to allow water works owners to consolidate all their water works under one User ID and password.

(Over)

Thank you for your attention to this matter. If you have any questions regarding access to the web site, please call toll free 1-800-440-6389 or e-mail at service.desk@omafra.gov.on.ca .

Ed Piché, Director

cc: Jim MacLean, ADM, Environmental Sciences and Standards
Bern Schnyder, Laboratory Services Branch

User ID	WorksNumber	WorksName
W220008649	220008649	CRYSLER WELL SUPPLY
W210003912	210003912	FINCH WELL SUPPLY
W220008033	220008033	MOOSE CREEK WELL SUPPLY

Ministry of the Environment
Ministère de l'Environnement

125 Resources Road Etobicoke ON M9P 3V6
125, chemin Resources Etobicoke ON M9P 3V6

Environmental Monitoring and Reporting Branch

Ontario

April 10, 2001

RHEAL CHARBONNEAU
CLERK
2 VICTORIA ST.
P.O. BOX 99
BERWICK ON K0C 1G0

To the Waterworks Owner:

Re: Water Works Owner Passwords

This is a follow up to the previous letter of April 2, 2001 providing you with the User ID for your waterworks.

Section 7 (5) of O. Reg. 459/00, the Drinking Water Protection Regulation, requires that the owner of a water treatment or distribution system submit notice of the identity of the laboratory conducting the analysis of their water samples to the ministry Director three working days prior to having that analysis carried out. This applies to the first time laboratory notification for new works or changes in laboratories being used for existing works.

A notice form entitled *Notification of Laboratory Services Provided to Water Works* was initially made available to works owners to satisfy this requirement on the Ministry' s internet site http://www.ene.gov.on.ca/envision/WaterReg/Pibs4062.pdf). Information originally submitted on this form is now accessible over the internet through the Drinking Water Web Site (DWWS). The use of this web site will allow owners to promptly notify the Ministry on-line, of all future laboratory notifications. The internet address for DWWS is www.environet.gov.on.ca .

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(over)

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Ed Piché, Director

cc: Jim MacLean, ADM, Environmental Sciences and Standards
Bern Schnyder, Laboratory Services Branch

Password	WorksNumber	WorksName
W220008649	220008649	CRYSLER WELL SUPPLY
W210003912	210003912	FINCH WELL SUPPLY
W220008033	220008033	MOOSE CREEK WELL SUPPLY

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Last Transaction

Date	Time	Type	Identification	Duration	Pages	Result
Mar 3	3:26pm	Fax Sent	14162355744	3:36	16	OK

Flow Meter Calibration Schedule

End Date: 12/31/2002

CHESTERVILLE HUB [CHES]

Equipment ID	Description	Manufacturer	Location	Service Status	Next Scheduled	Last Completed
PRESCOTT WWTP [5674]						
0000102096	METER FLOW PLANT EFF SPS6	MILL	FLOW	IN	03/01/2002	03/02/2000
0000102097	METER FLOW PLANT EFF SPS6	MILL	FLOW	IN	03/01/2002	08/29/2000
0000102098	METER FLOW BYPASS SPS6	MILL	FLOW	IN	03/01/2002	12/21/2000
0000102161	METER FLOW NEW WEXFORD SPS5	ABB	FLOW	IN	03/01/2002	08/29/2000
CHESTERVILLE WWTLCS [5677]						
0000101571	METER FLOW RAW SEWAGE	DANF	COLL	IN	08/01/2002	08/08/2000
WINCHESTER WWLCS [5679]						
0000073413	METER FLOW 01 MAGNETIC LAGOON	ENDRES	COLL	IN	08/01/2001	
0000101696	METER FLOW RAW SEWAGE OTTAWA S	VOLUME	FLOW	IN	08/01/2002	08/08/2000
0000101709	METER FLOW LAGOON DISCH CHAMB	MILL	FLOW	IN	08/01/2002	08/08/2000
WINCHESTER WW&DS [5705]						
0000101751	METER FLOW WELL 04	KENT	DIST	IN	08/01/2002	08/08/2000
0000101767	METER FLOW DISCH WELL 01	KENT	WWE	IN	08/01/2002	08/08/2000
0000101781	METER FLOW WELL 05	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101803	METER FLOW WELL 06	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101823	METER FLOW DISCHARGE WELL 07	ABB	WWE	IN	08/01/2002	08/08/2000
CHESTERVILLE WW&DS [5708]						
[redacted]101625	METER FLOW HL TRT RESV BLDG	KENT	HL	IN	08/01/2002	08/08/2000
0000101628	METER FLOW LOW LIFT RESV BLDG	FISH	LL	IN	08/01/2002	08/08/2000
0000101650	METER FLOW WELL 1 DISCH	NEPTU	WWE	IN	08/01/2002	08/08/2000
FINCH WW&DS [5811]						
0000101219	METER FLOW RAW WATER	ROCK	FLOW	IN	08/01/2002	08/08/2000
0000101247	METER FLOW TREATED WATER	SIGNA	FLOW	IN	08/01/2002	08/08/2000
CHRYSLER WWTL [6053]						
0000101150	METER FLOW RAW SEWAGE SPS	ENDRES	COLL	IN	08/01/2002	08/08/2000
CHRYSLER WATER WELL SYSTEM [6054]						
0000101100	METER FLOW TREATED DISCH	ENDRES	FLOW	IN	08/01/2002	08/08/2000
MOOSE CREEK WWEDS [6608]						
0000101006	METER FLOW 01 WELL FS-1	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101007	METER FLOW 02 WELL FS-2	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101008	METER FLOW 03 WELL FS-3	ENDRES	WWE	IN	08/01/2002	08/08/2000
0000101030	METER FLOW TRT WATER	ENDRES	FLOW	IN	08/01/2002	08/08/2000
MOOSE CREEK WWLCS [6990]						
0000101073	METER FLOW LAGOON DISCH	ABB	FLOW	IN	08/01/2002	08/08/2000
0000101087	METER FLOW RAW SEWAGE LAGOON	ABB	FLOW	IN	08/01/2002	08/08/2000

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Toronto, ON M5E-1E5
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Equipment Work Order

Report Date 22/01/2002 11:09 AM **Submitted By**

Work Order # 286900 **Activity** A1030A METER FLOW

Equipment ID 0000101030 **Description** METER FLOW TRT WATER

Site	FAC	6608	**Description**	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN/NORTHERN AREA	**Sub-area**	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	**Loc**	FLOW	FLOWMETER(FLOW MEASURING & REC
Loc Qualifier	MOOSE CREEK WTP:				
Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25	
Avg Monthly Usage	720.00		**Total Usage**	0.00	
Model #	33FT80-MB1AD11A21A		**Warranty Expires**		**MTBF** 0
Serial #	TK265014		**Purchase Date**		**Purchase Cost** 0.00

Budget #
Asset Comments
MAKE: Endress & Hauser
MODEL: Promag 30F/33F
SERIAL: TK265014 IP67
INT. DIA: 3"
K FACT: 0.9165/2
CONVERTER
MAKE: Endress & Hauser
TYPE: Remote
MODEL: 33FT80-MB1AD11A21A SERIAL: TK265014 IP67
VEL. SET.
RANGE: 0-15 L/sec. (1296m3/d)
OUTPUT: 4-20 mAdc

VELOCITY SETTING:0 10 25 50 75 100 % F.S.
RANGE 0 129.6 324 648 972 1,296 m3/D
FLOW THEO 0 1.5 3.75 7.5 11.25 15 l/sec.
OUPUT THEO 4 5.6 8 12 16 20 mAdc

Initiated By				**Initiated Date**	20/08/2001	**Scheduled** 01/08/2001 08:00
Assigned To	80252	BLAIR	HENDERSON	**Service #**		**Due**

Authorization
Budget #
Crew CHESTE CHESTERVILLE HUB STAFF
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS **Out of Service** ☐
Source **Potential Service Request** ☐
Last Activity A1030A METER FLOW **Last Activity Completed** 29/08/2001

Work Order Comments
Annual inspection/calibration check completed.

ActDefn Comments
METER O&M MANUAL

Task A1030A METER FLOW

Job Class	Crew Type	Description	Pay Type	Hrs Worked
INST		INSTRUMENT		

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Equipment Work Order

Work Order # 286900 **Activity** A1030A METER FLOW

Task A1030A METER FLOW

Safety Message	Description
SHOCK	ELECTRICAL SHOCK

Tool	Description	Qty Reqd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00	

Safety Procedures Message	Description	Activity	Comments
ANNUAL	ANNUAL PREVENTATIVE MTCE	A1030A	INTRODUCTION

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

MAINTENANCE PROCEDURE:

1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.

JSP	JOB SAFETY PLANNING	TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION	ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Contractor

Charge Date	Time	Contractor ID	Usage

Extra Item

Charge Date	Time	Extra Item	Quantity	Rate

Labour Choose Crew Type, Crew ID or Job Class

Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Comments

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Equipment Work Order

Work Order # 286900 **Activity** A1030A METER FLOW

Started				Completed					
Date	29/08/2001	Time	00:00	By	80300	Date	29/08/2001	Time	00:00	Hours	1.50

Result		Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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Equipment Work Order

Report Date 22/01/2002 11:14 AM **Submitted By**

Work Order # 286897 **Activity** A1006A METER FLOW

Equipment ID 0000101006 **Description** METER FLOW 01 WELL FS-1

Site	FAC	6608	**Description**	MOOSE CREEK WWEDS	
Subunit Of	0000101002				
Area	2	EASTERN/NORTHERN AREA	**Sub-area**	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	**Loc**	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WTP: METER FLOW 01 MOOSE CREEK PS				

Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	ENDRES	ENDRESS & HAUSER CANADA LTD	
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25		
Avg Monthly Usage	720.00		**Total Usage**	0.00		
Model #	33FT50-MB1AD11A21A		**Warranty Expires**		**MTBF**	0
Serial #	TJ265013-1P67		**Purchase Date**		**Purchase Cost**	0.00

Budget #
Asset Comments
PRIMARY
MAKE: Endress & Hauser TYPE:
MODEL: Promag 30F/33F SERIAL: TJ265013 IP67
INT. DIA: 2" (50 mm)
K FACT: 0.8572/16
LINING:
PROBE MAT:
CONVERTER
MAKE: Endress & Hauser
TYPE: Remote
MODEL: 33FT50-MB1AD11A21A SERIAL: TJ265013 IP67
VEL. SET.
RANGE: 0-5 L/sec. (432 m3/d)
OUTPUT: 4-20 mAdc

VELOCITY 0 10 25 50 75 100 % F.S.
RANGE 0 43.2 108 216 324 432 m3/D
FLOW 0 0.5 1.25 2.5 3.75 5 l/sec.
O/P 4 5.6 8 12 16 20 mAdc

Initiated By				**Initiated Date**	20/08/2001	**Scheduled** 01/08/2001 08:00
Assigned To	80252	BLAIR	HENDERSON	**Service #**		**Due**

Authorization
Budget #
Crew CHESTE CHESTERVILLE HUB STAFF
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS **Out of Service** ☐
Source **Potential Service Request** ☐
Last Activity A1006A METER FLOW **Last Activity Completed** 29/08/2001

Work Order Comments
Annual inspection calibration check completed.

ActDefn Comments
METER O&M MANUAL

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Equipment Work Order

Work Order # 286897 **Activity** A1006A METER FLOW

Task: A1006A METER FLOW

Job Class	Crew Type	Description	Pay Type	Hrs Worked
INST		INSTRUMENT		

Safety Message	Description
SHOCK	ELECTRICAL SHOCK

Tool	Description	Qty Reqd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00	

Safety/Procedure Message	Description	Activity	Comments
ANNUAL	ANNUAL PREVENTATIVE MTCE	A1006A	INTRODUCTION

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

MAINTENANCE PROCEDURE:

1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.

JSP JOB SAFETY PLANNING
TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

WPROT WORK PROTECTION
ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Contractor

Charge Date	Time	Contractor ID	Usage

Extra Item

Charge Date	Time	Extra Item	Quantity	Rate

Labour — Choose Crew Type, Crew ID or Job Class

Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Comments

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Equipment Work Order

Work Order # 286897 **Activity** A1006A METER FLOW

Comments	

Started				Completed					
Date	29/08/2001	Time	00:00	By	80300	Date	29/08/2001	Time	00:00	Hours	1.50

Reason		Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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1 Yonge Street, Suite 1700
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Equipment Work Order

Report Date 22/01/2002 11:08 AM **Submitted By**

Work Order # 286899 **Activity** A1008A METER FLOW

Equipment ID 0000101008 **Description** METER FLOW 03 WELL FS-3

Site	FAC	6608	**Description**	MOOSE CREEK WWEDS	
Subunit Of	0000101004				
Area	2	EASTERN/NORTHERN AREA	**Sub-area**	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	**Loc**	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WTP: METER FLOW 03 WELL FS3				
Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25	
Avg Monthly Usage	720.00		**Total Usage**	0.00	
Model #	33FT50-MB1AD11A21A		**Warranty Expires**		**MTBF** 0
Serial #	TJ265011		**Purchase Date**		**Purchase Cost** 0.00

Budget #
Asset Comments
MAKE: Endress & Hauser
MODEL: Promag 30F/33F
SERIAL: TJ265011 IP67
INT. DIA: 2" (50 mm)
K FACT: 0.8511/-10
CONVERTER
MAKE: Endress & Hauser
TYPE: Remote
MODEL: 33FT50-MB1AD11A21A SERIAL: TJ265011 IP67
RANGE: 0-5 l/sec. (432 m3/d)
OUTPUT: 4-20 mAdc

VELOCITY SETTING: 0 10 25 50 75 100 m/sec.
RANGE 0 43.2 108 216 324 432 m3/D
FLOW THEO 0 0.5 1.25 2.5 3.75 5.0 l/sec.
OUPUT THEO 4 5.6 8 12 16 20 mAdc

Initiated By				**Initiated Date**	20/08/2001	**Scheduled**	01/08/2001 08:00
Assigned To	80252	BLAIR	HENDERSON	**Service #**		**Due**	

Authorization
Budget #

Crew	CHESTE	CHESTERVILLE HUB STAFF			
Maint Type					
Priority					
Problem					
Project	6608	MOOSE CREEK WWEDS	**Out of Service**	☐	
Source			**Potential Service Request**	☐	
Last Activity	A1008A	METER FLOW	**Last Activity Completed**	29/08/2001	

Work Order Comments
Annual inspection/calibration check completed.

ActDefn Comments
METER O&M MANUAL

Task A1008A METER FLOW

Job Class	Crew Type	Description	Pay Type	Hrs Worked
INST		INSTRUMENT		

Safety Message	Description
SHOCK	ELECTRICAL SHOCK

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Equipment Work Order

Work Order # 286899 **Activity** A1008A METER FLOW

Task A1008A METER FLOW

Tool	Description	Qty Reqd	Qty Used
CALIBC	CERTIFIED CALIBRATION EQUIP.	1.00	

Safety Procedures

Message	Description	Activity	Comments
ANNUAL	ANNUAL PREVENTATIVE MTCE	A1008A	INTRODUCTION
JSP	JOB SAFETY PLANNING		
WPROT	WORK PROTECTION		

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

MAINTENANCE PROCEDURE:

1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Contractor

Charge Date	Time	Contractor ID	Hours

Extra Item

Charge Date	Time	Extra Item	Quantity	Rate

Labour Choose Crew Type, Crew ID or Job Class

Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Comments

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Equipment Work Order

Work Order # 286899 **Activity** A1008A METER FLOW

Started				Completed							
Date	29/08/2001	Time	00:00	By	80300	Date	29/08/2001	Time	00:00	Hours	1.50

Result		Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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1 Yonge Street, Suite 1700
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(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 07/02/2003 03:17 PM **Submitted By**

Work Order # 502156 **Activity** A1036M ANALYZER CHLORINE

Equipment ID 0000101036 **Description** ANALYZER CHLORINE TRT H2O

Site	FAC	6608	**Description**	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	**Sub-area**	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	**Loc**	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				
Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	WALL	WALLANCE & TIERNAN
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25	
Avg Monthly Usage	720.00		**Total Usage**	0.00	
Model #	W 95 213		**Warranty Expires**		**MTBF** 0
Serial #	A2 91581		**Purchase Date**		**Purchase Cost** 0.00
Budget #					

Initiated By			**Initiated Date**	07/02/2003	**Scheduled** 01/01/2003 08:00
Assigned To	80252	BLAIR HENDERSON	**Service #**		**Due**

Authorization				
Budget #				
Crew	CHESTE	CHESTERVILLE HUB STAFF		
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	**Out of Service**	☐
Source			**Potential Service Request**	☐
Last Activity	A1036M	ANALYZER CHLORINE	**Last Activity Completed**	08/10/2002

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task A1036M ANALYZER CHLORINE

Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		

Part #	Description	Qty Reqd	Qty Used
MURACID	MURATIC ACID	1.00	
	Stock Area	**Stock Loc**	

Safety Message	Description
CHEMHA	CHEMICAL HAZARD

Crew Definition

Employee ID	Last	First	MI
00050	BARRIE	ANDREW	
00130	MICHELS	WILLIAM	
80252	HENDERSON	BLAIR	
80285	KELLY	TONY	
80360	MARKELL	DAVID	

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Equipment Work Order

Report Date 07/02/2003 03:17 PM **Submitted By**

Work Order # 502156 **Activity** A1036M ANALYZER CHLORINE

Crew Definition			
Employee ID	**Last**	**First**	**MI**
80636	VEILLEUX	JEAN	
Equipment ID	**Description**		
There is no equipment for this crew			
Vehicle ID	**Description**		
There are no vehicles for this crew			

Safety Procedures Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Verify the operation of the peristallic pump(s). 2) Check the operation of the LCD display. 3) Verify that the alarm set points are operational. 4) Check for leakage from the unit and replace o-rings and seals as required. MAINTENANCE PROCEDURE: 1) Check for sufficient sample and Y-strainer bypass flow rates. 2) Check the grit and impeller for proper circulation, and add grit as required. 3) Top up reageant reservoirs as required. 4) Check the PH and adjust the buffer solution pump rate as required. 5) Verify that the manual backwash system is operational. 6) Check all tubing for deterioration and replace as required. 7) Check the mixer drive shaft for wear and replace as required. 8) Clean the probe. 9) Check the electrolyte solution in the probe and top up as required. 10) Calibrate the analyser using the approved method.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	**Time**	**Crew Type**	**Crew ID**	**Job Class**	**Employee ID**	**Pay Type**	**Hours Worked**
03/01/02	8:00				00130	R	1

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Equipment Work Order

Report Date 07/02/2003 03:17 PM **Submitted By**

Work Order # 502156 **Activity** A1036M ANALYZER CHLORINE

Material

Charge Date	Time	Stock Area	Part Number	Quantity
03/01/03	0800			

Vehicle — **Choose Crew, Vehicle Type or ID**

Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments Jan 03/03 00130 /

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Equipment Work Order

Report Date 07/02/2003 03:18 PM **Submitted By**

Work Order # 502178 **Activity** A1837Q ANALYZER TURBIDITY

Equipment ID 0000101837 **Description** ANALYZER TURBIDITY MOOSE CR

Site	FAC	6990	**Description**	MOOSE CREEK WWLCS	
Subunit Of					
Area	2	EASTERN REGION	**Sub-area**	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	**Loc**	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25		
Avg Monthly Usage	720.00		**Total Usage**	0.00		
Model #	1720D		**Warranty Expires**		**MTBF**	0
Serial #	000800011458		**Purchase Date**	10/01/2000	**Purchase Cost**	0.00
Budget #						

Initiated By **Initiated Date** 07/02/2003 **Scheduled** 01/01/2003 08:00
Assigned To **Service #** **Due**

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6990 MOOSE CREEK WWLCS **Out of Service** ☐
Source **Potential Service Request** ☐
Last Activity **Last Activity Completed**

Cleaned & Flows checked. Feb 17/03. Cuth

Task	A1837Q	ANALYZER TURBIDITY		
Job Class	**Crew Type**	**Description**	**Pay Type**	**Hrs Worked**
1109		OPERATOR/MECHANIC		

Part #	Description	Qty Reqd	Qty Used
WATERS	SOAPY WATER	1.00	
	Stock Area **Stock Loc**		

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Safety Procedures Message	Description	Activity	Comments
3MONTH	QUARTERLY PREVENTATIVE MTCE	A1837Q	INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out,

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
			are to be recorded on the Hansen Feedback Sheet.
			RUNNING CHECKS:
			1) Check for leaks from the sample piping and drain lines.
			2) Check display for alarm conditions or fault messages.
			MAINTENANCE PROCEDURE:
			1) Isolate sample line.
			2) Remove head assembly from body of turbidimeter.
			3) Clean the lamp, lens and photocell window.
			4) Perform calibration of unit following MFG guidelines, using a formazin solution or the HACH ICE PICK syst
			Measure 1 litre of low turbidity water into calibration cylinder.
			Insert head assembly into calibration cylinder.
			Swirl cylinder to remove air bubbles.
			Press SYS RESET and 6 SIG AVG allow to stand until reading stabilizes.
			Press 0.0 STD.
			Prepare pipet.
			Mix formazin solution and add to calibration cylinder.
			Replace head assembly allow to stand until reading stabilizes.
			Press 20.0 STD the display will show the value of the 20.0 NTU standard and the turbidity of the dilution wate
3MONTH	QUARTERLY PREVENTATIVE MTCE	A1837Q	5) Inspect o-rings and lamp assembly for any defects.
			6) Replace head assembly into turbidimeter body.
			7) Open sample line valve, ensure proper sample flow rate
			8) Ensure all remote display or recording devices are within acceptable limits.
			Eg: Chart recorders, Outpost5, SCADA systems.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour — Choose Crew Type, Crew ID or Job Class

Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
17/03/01	0800				00130	R	#1

Material

Charge Date	Time	Stock Area	Part Number	Quantity

Vehicle — Choose Crew, Vehicle Type or ID

Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments

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Equipment Work Order

Report Date 07/02/2003 03:18 PM **Submitted By**

Work Order # 502176 **Activity** A1837M ANALYZER TURBIDITY

Equipment ID 0000101837 **Description** ANALYZER TURBIDITY MOOSE CR

Site	FAC	6990	**Description**	MOOSE CREEK WWLCS	
Subunit Of					
Area	2	EASTERN REGION	**Sub-area**	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	**Loc**	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25		
Avg Monthly Usage	720.00		**Total Usage**	0.00		
Model #	1720D		**Warranty Expires**		**MTBF**	0
Serial #	000800011458		**Purchase Date**	10/01/2000	**Purchase Cost**	0.00
Budget #						

Initiated By		**Initiated Date**	07/02/2003	**Scheduled**	01/01/2003 08:00
Assigned To		**Service #**		**Due**	

Authorization				
Budget #				
Crew				
Maint Type				
Priority				
Problem				
Project	6990	MOOSE CREEK WWLCS	**Out of Service**	☐
Source			**Potential Service Request**	☐
Last Activity			**Last Activity Completed**	

Task A1837M ANALYZER TURBIDITY

Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		

Part #	Description	Stock Area	Stock Loc	Qty Reqd	Qty Used
WATERS	SOAPY WATER			1.00	

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Safety Procedures Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Equipment Work Order

Report Date 07/02/2003 03:18 PM **Submitted By**

Safety Procedures Message	Description	Activity	Comments
			maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Perform a grab sample at the turbidimeter 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results. 3) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
24/01/03	0800				90130	OT	4

Material				
Charge Date	Time	Stock Area	Part Number	Quantity

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments	
	Jan 24/03 - Bubble trap inst. 4 hrs 0026

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Equipment Work Order

Report Date 07/02/2003 03:17 PM **Submitted By**

Work Order # 502157 **Activity** A1036M ANALYZER CHLORINE

Equipment ID 0000101036 **Description** ANALYZER CHLORINE TRT H2O

Site	FAC	6608	**Description**	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	**Sub-area**	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	**Loc**	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				

Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	WALL	WALLANCE & TIERNAN
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25	
Avg Monthly Usage	720.00		**Total Usage**	0.00	
Model #	W 95 213		**Warranty Expires**		**MTBF** 0
Serial #	A2 91581		**Purchase Date**		**Purchase Cost** 0.00
Budget #					

Initiated By			**Initiated Date**	07/02/2003	**Scheduled** 03/02/2003 08:00
Assigned To	80252	BLAIR HENDERSON	**Service #**		**Due**

Authorization				
Budget #				
Crew	CHESTE	CHESTERVILLE HUB STAFF		
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	**Out of Service**	☐
Source			**Potential Service Request**	☐
Last Activity	A1036M	ANALYZER CHLORINE	**Last Activity Completed**	08/10/2002

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task A1036M ANALYZER CHLORINE

Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		

Part #	Description	Qty Reqd	Qty Used
MURACID	MURATIC ACID	1.00	
	Stock Area **Stock Loc**		

Safety Message	Description
CHEMHA	CHEMICAL HAZARD

Crew Definition

Employee ID	Last	First	MI
00050	BARRIE	ANDREW	
00130	MICHELS	WILLIAM	
80252	HENDERSON	BLAIR	
80285	KELLY	TONY	
80360	MARKELL	DAVID	

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Equipment Work Order

Work Order # 502157 **Activity** A1036M ANALYZER CHLORINE

Crew Definition			
Employee ID	**Last**	**First**	**MI**
80636	VEILLEUX	JEAN	
Equipment ID	**Description**		
There is no equipment for this crew			
Vehicle ID	**Description**		
There are no vehicles for this crew			

Safety Procedures Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Verify the operation of the peristallic pump(s). 2) Check the operation of the LCD display. 3) Verify that the alarm set points are operational. 4) Check for leakage from the unit and replace o-rings and seals as required. MAINTENANCE PROCEDURE: 1) Check for sufficient sample and Y-strainer bypass flow rates. 2) Check the grit and impeller for proper circulation, and add grit as required. 3) Top up reageant reservoirs as required. 4) Check the PH and adjust the buffer solution pump rate as required. 5) Verify that the manual backwash system is operational. 6) Check all tubing for deterioration and replace as required. 7) Check the mixer drive shaft for wear and replace as required. 8) Clean the probe. 9) Check the electrolyte solution in the probe and top up as required. 10) Calibrate the analyser using the approved method.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	**Time**	**Crew Type**	**Crew ID**	**Job Class**	**Employee ID**	**Pay Type**	**Hours Worked**
13/07/03	0800				00130	R	1

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Equipment Work Order

Report Date 07/02/2003 03:17 PM **Submitted By**

Work Order # 502157 **Activity** A1036M ANALYZER CHLORINE

Material				
Charge Date	Time	Stock Area	Part Number	Quantity

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments			
	Feb 13/03	00150	1

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Equipment Work Order

Report Date 07/02/2003 03:18 PM **Submitted By**

Work Order # 502177 **Activity** A1837M ANALYZER TURBIDITY

Equipment ID 0000101837 **Description** ANALYZER TURBIDITY MOOSE CR

Site	FAC	6990	**Description**	MOOSE CREEK WWLCS	
Subunit Of					
Area	2	EASTERN REGION	**Sub-area**	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	**Loc**	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				
Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	HACH	HACH CO.
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25	
Avg Monthly Usage	720.00		**Total Usage**	0.00	
Model #	1720D		**Warranty Expires**		**MTBF** 0
Serial #	000800011458		**Purchase Date**	10/01/2000	**Purchase Cost** 0.00
Budget #					

Initiated By **Initiated Date** 07/02/2003 **Scheduled** 03/02/2003 08:00
Assigned To **Service #** **Due**

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6990 MOOSE CREEK WWLCS **Out of Service** ☐
Source **Potential Service Request** ☐
Last Activity **Last Activity Completed**

Task	**A1837M**	**ANALYZER TURBIDITY**			
Job Class	**Crew Type**	**Description**		**Pay Type**	**Hrs Worked**
OP		OPERATOR			
Part #	**Description**			**Qty Reqd**	**Qty Used**
WATERS	SOAPY WATER			1.00	
	Stock Area		**Stock Loc**		
Tool	**Description**			**Qty Reqd**	**Qty Used**
BOTBRU	SOFT BRUSH			1.00	
PORTAT	PORTABLE TURBIDIMETER			1.00	

Safety Procedures

Message	**Description**	**Activity**	**Comments**
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
			maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Perform a grab sample at the turbidimeter 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results. 3) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour — Choose Crew Type, Crew ID or Job Class

Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
10/02/03	800				00130	R	1

Material

Charge Date	Time	Stock Area	Part Number	Quantity

Vehicle — Choose Crew, Vehicle Type or ID

Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments Fes 10/03 00130 1 hr

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Facility Work Order

Report Date 03/03/2003 09:22 AM Submitted By Jean Veilleux

Work Order # 515709 Activity OG11Q QUARTERLY SAMPLING/TESTING

Facility ID 6608 Description MOOSE CREEK WWEDS

Qualifier					
Area	2	EASTERN REGION	District	NSTO	TOWNSHIP OF NORTH STORMONT
Sub-area	CHES	CHESTERVILLE HUB	Location		
Map #					

Facility Type	MUN	MUNICIPAL	Service Status	IN	IN SERVICE (INCL. STANDBY)
Complex			Date Built		X Coord
Parcel			As Built		Y Coord
					Z Coord

Initiated By			Initiated Date	03/03/2003	Scheduled	01/01/2003 08:00
Assigned To			Service #		Due	

Authorization				
Budget #				
Crew				
Maint Type	PROC	PLANT PROCESS MAINTENANCE		
Priority	5	DURING SAMPLING ROUNDS		
Problem				
Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	OG17	HYDRANT MAINTENANCE	Last Activity Completed	26/11/2002

Work Order Comments
Moose Creek Water - Quarterly Sampling

Treated Plant- Tables B,D,Nitrates and Nitrites

Distribution - THM collected at sewage pumping station.

ActDefn Comments
Take samples of systems following acceptable industry standards.Preserve samples and complete paperwork as required.Record levels and conditions that are applicable.Perform any other tests that are required.Eg:Cl2,D.O.tests.

Safety Procedures Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
20/01/03	0800				00130	R	2

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Facility Work Order

Report Date 03/03/2003 09:22 AM Submitted By Jean Veilleux

Work Order # 515709 Activity OG11Q QUARTERLY SAMPLING/TESTING

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments: Colected Table B, D, Nitrites & Nitrates & System THM

Started			Completed						
Date	Jan 20/03	Time		By	00150	Date		Time		Hours	2

Result		Condition		Quantity		Unit of Meas	

Data Group		Sign-off	

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Equipment Work Order

Report Date 03/03/2003 09:22 AM Submitted By Jean Veilleux

Work Order # 515698 Activity A1036M ANALYZER CHLORINE

Equipment ID 0000101036 Description ANALYZER CHLORINE TRT H2O

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF	0
Serial #	A2 91581		Purchase Date		Purchase Cost	0.00
Budget #						

Initiated By				Initiated Date	03/03/2003	Scheduled 03/03/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Service #		Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS
Source
Last Activity A1036M ANALYZER CHLORINE

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 08/10/2002

Chr.

Checked & OK
Mar 14/03

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task	A1036M	ANALYZER CHLORINE			
Job Class	Crew Type	Description		Pay Type	Hrs Worked
OP		OPERATOR			
Part #	Description			Qty Reqd	Qty Used
MURACID	MURATIC ACID			1.00	
	Stock Area		Stock Loc		

Safety Message	Description
CHEMHA	CHEMICAL HAZARD

Safety Procedures Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION:

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(416)314-5600 Fax (416)314-8300

Equipment Work Order

Safety Procedures
Message Description Activity Comments

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS:

1) Verify the operation of the peristallic pump(s).
2) Check the operation of the LCD display.
3) Verify that the alarm set points are operational.
4) Check for leakage from the unit and replace o-rings and seals as required.

MAINTENANCE PROCEDURE:

1) Check for sufficient sample and Y-strainer bypass flow rates.
2) Check the grit and impeller for proper circulation, and add grit as required.
3) Top up reageant reservoirs as required.
4) Check the PH and adjust the buffer solution pump rate as required.
5) Verify that the manual backwash system is operational.
6) Check all tubing for deterioration and replace as required.
7) Check the mixer drive shaft for wear and replace as required.
8) Clean the probe.
9) Check the electrolyte solution in the probe and top up as required.
10) Calibrate the analyser using the approved method.

WPROT WORK PROTECTION
ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
04/23/03	0800				90130	RC	1

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments	

Started				Completed							
Date		Time		By		Date		Time		Hours	

Result		Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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Equipment Work Order

Report Date 03/03/2003 09:22 AM Submitted By Jean Veilleux

Work Order # 515699 Activity A1837M ANALYZER TURBIDITY

Equipment ID 0000101837 Description ANALYZER TURBIDITY MOOSE CR

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	1720D		Warranty Expires		MTBF	0
Serial #	000800011458		Purchase Date	10/01/2000	Purchase Cost	0.00
Budget #						

Initiated By		Initiated Date	03/03/2003	Scheduled	03/03/2003 08:00
Assigned To		Service #		Due	

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS
Source
Last Activity

1 hr. checked & cleaned. alarm check mar 14/03.

Out of Service ☐
Potential Service Request ☐
Last Activity Completed

Task	A1837M	ANALYZER TURBIDITY		
Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		

Part #	Description	Qty Reqd	Qty Used
WATERS	SOAPY WATER	1.00	
	Stock Area	Stock Loc	

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
			maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Perform a grab sample at the turbidimeter 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results. 3) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
14/03/03	0800				00130	OT	1

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments	

Started				Completed							
Date		Time		By		Date		Time		Hours	

Result		Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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Equipment Work Order

Report Date 27/03/2003 08:40 AM Submitted By Jean Veilleux

Work Order # 528407 Activity A1036M ANALYZER CHLORINE

Equipment ID 0000101036 Description ANALYZER CHLORINE TRT H2O

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF	0
Serial #	A2 91581		Purchase Date		Purchase Cost	0.00
Budget #						

Initiated By				Initiated Date	27/03/2003	Scheduled Due 01/04/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Service #		

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS Out of Service ☐
Source Potential Service Request ☐
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST Last Activity Completed 28/02/2003

Completed Apr 22/03

Task	A1036M	ANALYZER CHLORINE			
Job Class	Crew Type	Description		Pay Type	Hrs Worked
OP		OPERATOR			
Part #	Description			Qty Reqd	Qty Used
MURACID	MURATIC ACID			1.00	
	Stock Area		Stock Loc		

Safety Message	Description
CHEMHA	CHEMICAL HAZARD

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and

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Equipment Work Order

Report Date 27/03/2003 08:40 AM   Submitted By Jean Veilleux

Safety Procedures Message	Description	Activity	Comments

correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

MAINTENANCE PROCEDURES

1) Isolate the analyser and turn the power off.
2) Clean and flush all water lines, strainers and tubing.
3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%)
4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit.
5) Inspect and replace any o-rings as required.
6) Reassemble the electrodes and the sample cell.
7) Adjust the flow control valve to the desired flow.
8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes.
9) Calibrate the unit, and return to service.

WPROT WORK PROTECTION — ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
April 23/03					00130	R	1

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments: Synced & calibrated at 1.65 g/L free

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Equipment Work Order

Report Date 27/03/2003 08:40 AM Submitted By Jean Veilleux

Work Order # 528415 Activity A1837A ANALYZER TURBIDITY

Equipment ID 0000101837 Description ANALYZER TURBIDITY MOOSE CR

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	1720D		Warranty Expires		MTBF	0
Serial #	000800011458		Purchase Date	10/01/2000	Purchase Cost	0.00
Budget #						

Initiated By		Initiated Date	27/03/2003	Scheduled	01/04/2003 08:00
Assigned To		Service #		Due	

Authorization				
Budget #				
Crew				
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	WEEKPM	PERFORM WEEKLY CHECKLIST	Last Activity Completed	28/02/2003

Duplicate - checked, time per month OK

Task A1837A ANALYZER TURBIDITY				
Job Class	Crew Type	Description	Pay Type	Hrs Worked
1109		OPERATOR/MECHANIC		

Part #	Description	Qty Reqd	Qty Used
WATERS	SOAPY WATER	1.00	
	Stock Area: Stock Loc:		

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Safety Procedures
Message Description Activity Comments

ANNUAL ANNUAL MAINTENANCE A1837A INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out

Safety Procedures Message	Description	Activity	Comments
			are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Isolate sample line. 2) Remove head assembly from body of turbidimeter. 3) Drain the body by removing plug from bottom of body. 4) Remove bubble trap from body. (Special tool available) 5) Replace drain plug, fill body with a diluted chlorine solution. 6) Clean interior of body using a soft brush. 7) Drain chlorine solution and flush body. 8) Clean and inspect gaskets. Replace as required. 9) Clean the lamp, lens and photocell window. 10) Perform calibration of unit following MFG guidelines/ using a formazin solution or the HACH ICE PICK system.
ANNUAL	ANNUAL MAINTENANCE	A1837A	Measure 1 litre of low turbidity water into calibration cylinder. Insert head assembly into calibration cylinder. Swirl cylinder to remove air bubbles. (1220 C) Press SYS RESET and 6 SIG AVG allow to stand until reading stabilizes. Press 0.0 STD. Prepare pipet. Mix formazin solution and add to calibration cylinder. Replace head assembly allow to stand until reading stabilizes. Press 20.0 STD the display will show the value of the 20.0 NTU standard and the turbidity of the dilution 11) Inspect o-rings and lamp assembly for any defects. 12) Replace head assembly into turbidimeter body. 13) Open sample line valve, ensure proper sample flow rate .898 14) Ensure all remote display or recording devices are within acceptable limits. .900 Eg: Chart recorders, Outpost5, SCADA systems.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
May 28/03	12:30				80630	R	2 hrs

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments: Pre cal ICE Pick reading .556 NTU
Post cal ICE Pick reading .549 NTU
Cal. using 20 NTU user prepared formazine standard.

Jean Veilleux OIC

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Equipment Work Order

Report Date 16/04/2003 07:51 AM Submitted By Jean Veilleux

Work Order # 538026 Activity A1036A ANALYZER CHLORINE

Equipment ID 0000101036 Description ANALYZER CHLORINE TRT H2O

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	A2 91581		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By Initiated Date 16/04/2003 Scheduled 01/05/2003 08:00
Assigned To Service # Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS Out of Service ☐
Source Potential Service Request ☐
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST Last Activity Completed 31/03/2003

checked when tank changing CO_2 & checked against zeroed & checked hand held Hach. may 12/03 wph OIC

Task	A1036A	ANALYZER CHLORINE		
Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		

Also done on may 20/03 - Zeroed Hach hand check as was - left as was may 20/03 wph 1.4 ppm

Safety Message	Description
CHEMHA	CHEMICAL HAZARD
SHOCK	ELECTRICAL HAZARD

Safety Procedures Message	Description	Activity	Comments
ANNUAL	ANNUAL MAINTENANCE	A1036A	INTRODUCTION:

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.

The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.

RUNNING CHECKS

1) Test alarm set points.

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
			MAINTENANCE PROCEDURES 1) Isolate the analyser and turn the power off. 2) Clean and flush all water lines, strainers and tubing. 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%) 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit. 5) Inspect and replace any o-rings as required. 6) Reassemble the electrodes and the sample cell. 7) Adjust the flow control valve to the desired flow. 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes. 9) Calibrate the unit, and return to service.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
20/05/03	0800				00130	R	1

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments: Calibrated by comparing with Hach pocket colorimeter. Served + compared at 1.6 & 2 g/L. No correction needed.

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Equipment Work Order

Report Date 22/05/2003 09:43 AM Submitted By Jean Veilleux

Work Order # 550249 Activity A1837M ANALYZER TURBIDITY

Equipment ID 0000101837 Description ANALYZER TURBIDITY MOOSE CR

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	1720D		Warranty Expires		MTBF	0
Serial #	000800011458		Purchase Date	10/01/2000	Purchase Cost	0.00
Budget #						

Initiated By
Assigned To

Initiated Date 22/05/2003 Scheduled 02/06/2003 08:00
Service # Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 30/04/2003

May 24/03
Calibrated with Ice Rock using 20 NTU user prepared solution ~~used~~ Ice Rock to verify ~5HG NTU
JEAN VEILLEUX

Task	A1837M	ANALYZER TURBIDITY			
Job Class	Crew Type	Description	Std Hrs	Pay Type	Hrs Worked
OP		OPERATOR	0.50		

Part #	Description	Qty Reqd	Qty Used
WATERS	SOAPY WATER	1.00	
	Stock Area	Stock Loc	

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
			maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Perform a grab sample at the turbidimeter 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results. 3) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Comments	

Started			Completed						
Date		Time	By		Date		Time		Hours	

Result		Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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Equipment Work Order

Report Date 22/05/2003 09:43 AM Submitted By Jean Veilleux

Work Order # 550247 Activity A1036M ANALYZER CHLORINE

Equipment ID 0000101036 Description ANALYZER CHLORINE TRT H2O

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	A2 91581		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By
Assigned To 80252 BLAIR HENDERSON
Initiated Date 22/05/2003
Service #
Scheduled Due 02/06/2003 08:00

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST

Out of Service ☐
Potential Service Request ☐
Last Activity Completed 30/04/2003

1.51 g/l Checked June 2/03
Zeroed. → Set up residual according to Hach hand held - calibrated May/03

Task	A1036M	ANALYZER CHLORINE			
Job Class	Crew Type	Description	Std Hrs	Pay Type	Hrs Worked
OP		OPERATOR	2.00		

Part #	Description			Qty Reqd	Qty Used
MURACID	MURATIC ACID			1.00	
	Stock Area		Stock Loc		

Safety Message	Description
CHEMHA	CHEMICAL HAZARD

Safety Procedures Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and

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Equipment Work Order

Report Date 20/08/2002 08:24 AM **Submitted By**

Work Order # 286898 **Activity** A1007A METER FLOW

Equipment ID 0000101007 **Description** METER FLOW 02 WELL FS-2

Site	FAC	6608	**Description**	MOOSE CREEK WWEDS	
Subunit Of	0000101003				
Area	2	EASTERN/NORTHERN AREA	**Sub-area**	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	**Loc**	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WTP: METER FLOW 02 WELL FS2				
Equipment Type	INSTRU	INSTRUMENTATION	**Manufacturer**	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PS	PUMPING STATION BUILDING	**Building Level**	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	**Expected Life**	25	
Avg Monthly Usage	720.00		**Total Usage**	0.00	
Model #	33FT50-MB1AD11A21A		**Warranty Expires**		**MTBF** 0
Serial #	TJ265012		**Purchase Date**		**Purchase Cost** 0.00

Budget #
Asset Comments
PRIMARY
MAKE: Endress & Hauser
TYPE:
MODEL: Promag 30F/33F
SERIAL: TJ265012 IP67
INT. DIA: 2" (50 mm)
K FACT: 0.8533/1
CONVERTER
MAKE: Endress & Hauser
TYPE: Remote
MODEL: 33FT50-MB1AD11A21A SERIAL: TJ265012 IP67
VEL. SET.
RANGE: 0-5 L/sec. (432 m3/d)
OUTPUT: 4-20 mAdc

VELOCITY SETTING 0 10 25 50 75 100 %F.S.
RANGE 0 43.2 108 216 324 432 m3/D
FLOW THEO 0 0.5 1.25 2.5 3.75 5 l/sec.
OUPUT THEO 4 5.6 8 12 16 20 mAdc

Initiated By				**Initiated Date**	20/08/2001	**Scheduled**	01/08/2001 08:00
Assigned To	80252	BLAIR	HENDERSON	**Service #**		**Due**	

Authorization
Budget #

Crew	CHESTE	CHESTERVILLE HUB STAFF			
Maint Type					
Priority					
Problem					
Project	6608	MOOSE CREEK WWEDS	**Out of Service**	☐	
Source			**Potential Service Request**	☐	
Last Activity	A1007A	METER FLOW	**Last Activity Completed**	29/08/2001	

Work Order Comments
Annual inspection/calibration check completed.

ActDefn Comments
METER O&M MANUAL

Ontario Clean Water Agency
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Equipment Work Order

Work Order # 286898 **Activity** A1007A METER FLOW

Task	A1007A	METER FLOW
Safety Message	**Description**	
SHOCK	ELECTRICAL SHOCK	

Safety Procedures Message	Description	Activity	Comments
ANNUAL	ANNUAL PREVENTATIVE MTCE	A1007A	INTRODUCTION
			This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details.
			The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet.
			MAINTENANCE PROCEDURE:
			1) Have a qualified technician calibrate the unit, following the manufacturers recommended calibration procedure.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Started				Completed							
Date	29/08/2001	Time	00:00	By	80300	Date	29/08/2001	Time	00:00	Hours	1.50

Result		Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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Equipment Work Order

Report Date 03/10/2003 11:11 AM Submitted By Jean Veilleux

Work Order # 580547 Activity A1036M ANALYZER CHLORINE

Equipment ID 0000101036 Description ANALYZER CHLORINE TRT H2O

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	A2 91581		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By
Assigned To 80252 BLAIR HENDERSON
Initiated Date 04/07/2003 Scheduled Due 01/07/2003 08:00
Service #

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS
Source
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST
Out of Service ☐
Potential Service Request ☐
Last Activity Completed 30/09/2003

Work Order Comments
Checked, Zeroed and comared with Hach pocket colorimeter.

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task	A1036M	ANALYZER CHLORINE
Safety Message	Description	
CHEMHA	CHEMICAL HAZARD	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			2.25 mg/L
OLRF	ON LINE METER READING FINISH			2.25
TMFR	TEST METER FIELD READING			2.25

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION:

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
			This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS 1) Test alarm set points. MAINTENANCE PROCEDURES 1) Isolate the analyser and turn the power off. 2) Clean and flush all water lines, strainers and tubing. 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%) 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit. 5) Inspect and replace any o-rings as required. 6) Reassemble the electrodes and the sample cell. 7) Adjust the flow control valve to the desired flow. 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes. 9) Calibrate the unit, and return to service.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

Started				Completed							
Date		Time		By	00130	Date	17/07/2003	Time	08:00	Hours	1.00

Result	COMPLET	Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

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Equipment Work Order

Report Date 03/10/2003 11:15 AM Submitted By Jean Veilleux

Work Order # 602144 Activity A1837M ANALYZER TURBIDITY

Equipment ID 0000101837 Description ANALYZER TURBIDITY MOOSE CR

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	1720D		Warranty Expires		MTBF	0
Serial #	000800011458		Purchase Date	10/01/2000	Purchase Cost	0.00
Budget #						

Initiated By		Initiated Date	22/07/2003	Scheduled	01/08/2003 08:00
Assigned To		Service #		Due	

Authorization
Budget #
Crew
Maint Type
Priority
Problem

Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	WEEKPM	PERFORM WEEKLY CHECKLIST	Last Activity Completed	30/09/2003

Work Order Comments
Verified with ICE Pick. .576 NTU No calibration neccessary.

Task A1837M ANALYZER TURBIDITY

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			.576 NTU
OLRF	ON LINE METER READING FINISH			.576 NTU
OM%D	ON LINE METER PERCENT OF DRIFT			0

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Equipment Work Order

Safety Procedures Message Description	Activity	Comments
		maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Perform a grab sample at the turbidimeter 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results. 3) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
WPROT WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

Started				Completed							
Date		Time		By	80636	Date	26/09/2003	Time	08:00	Hours	1.00

Result	COMPLET	Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

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Equipment Work Order

Report Date 03/10/2003 11:12 AM Submitted By Jean Veilleux

Work Order # 602141 Activity A1036M ANALYZER CHLORINE

Equipment ID 0000101036 Description ANALYZER CHLORINE TRT H2O

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	A2 91581		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By				Initiated Date	22/07/2003	Scheduled	01/08/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Service #		Due	

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS Out of Service ☐
Source Potential Service Request ☐
Last Activity WEEKPM PERFORM WEEKLY CHECKLIST Last Activity Completed 30/09/2003

Work Order Comments
Compared with Hack pocket colorimeter. Deplox 3 - 1.61 mg/l, Hach handheld - 1.56 mg/l. No calibration required.

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task	A1036M	ANALYZER CHLORINE
Safety Message	Description	
CHEMHA	CHEMICAL HAZARD	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			1.61 ✓
OLRF	ON LINE METER READING FINISH			1.61
TMFR	TEST METER FIELD READING			1.56

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION:

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Equipment Work Order

Safety Procedures Message Description	Activity	Comments
		This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS 1) Test alarm set points. MAINTENANCE PROCEDURES 1) Isolate the analyser and turn the power off. 2) Clean and flush all water lines, strainers and tubing. 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%) 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit. 5) Inspect and replace any o-rings as required. 6) Reassemble the electrodes and the sample cell. 7) Adjust the flow control valve to the desired flow. 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes. 9) Calibrate the unit, and return to service.
WPROT WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

Started				Completed							
Date		Time		By	80252	Date	05/08/2003	Time	08:00	Hours	1.00

Result	COMPLET	Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

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Equipment Work Order

Report Date 03/10/2003 11:16 AM Submitted By Jean Veilleux

Work Order # 602132 Activity A1006A METER FLOW

Equipment ID 0000101006 Description METER FLOW 01 WELL FS-1

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of	0000101002				
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WTP: METER FLOW 01 MOOSE CREEK PS				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	33FT50-MB1AD11A21A		Warranty Expires		MTBF 0
Serial #	TJ265013-1P67		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By				Initiated Date	25/06/2003	Scheduled	01/08/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Service #		Due	

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS Out of Service ☐
Source Potential Service Request ☐
Last Activity A1006A METER FLOW Last Activity Completed 02/10/2003

Work Order Comments
Annual inspection completed. This meter is fully operational however Well # 01 is not in service and therefore this meter is not in being utilized.

ActDefn Comments
METER O&M MANUAL

Task	A1006A	METER FLOW		
Safety Message	Description			
SHOCK	ELECTRICAL HAZARD			
Tool	Description		Qty Reqd	Qty Used
DIGMUL	DIGITAL MULTIMETER		1.00	
SIMULA	PROCESS SIMULATOR		1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
AOE%	AVERAGE OUTPUT ERROR PERCENT			
IN1F	INPUT (1)			
IN2F	INPUT (2)			
IN3F	INPUT (3)			
IN4F	INPUT (4)			
O1	OUTPUT THEORETICAL (1)			
O1M	OUTPUT MEASURED (1)			
O2	OUTPUT THEORETICAL (2)			

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Equipment Work Order

Work Order # 602132 Activity A1006A METER FLOW

Performance Indicator	Description	Low Value	High Value	Measured Value
O2M	OUTPUT MEASURED (2)			
O3	OUTPUT THEORETICAL (3)			
O3M	OUTPUT MEASURED (3)			
O4	OUTPUT THEORETICAL (4)			
O4M	OUTPUT MEASURED (4)			

Safety Procedures Message	Description	Activity	Comments
ANNUAL	ANNUAL MAINTENANCE	A1006A	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Verify calibration parameters and programming parameters where applicable. 2) Ensure proper connections and grounding. 3) Check display for any alarm or error codes.
ANNUAL	ANNUAL MAINTENANCE	A1006A	MAINTENANCE PROCEDURE: 1) Have a qualified technician calibrate the unit, using actual flow method or flow simulator. 2) Calibration records must be kept for a period of five years. 3) Records shall include the level of accuracy of the equipment as found and as left. 4) Calibration test equipment shall be certified annually and certification dates recorded on the calibration record. Some test equipment may not require calibration 5) Record any adjustments, modifications or replacements made to the equipment during the calibration. 6) Verify accuracy of electronic outputs to the end device as required based on theoretical versus actual values .{Chart recorders, SCADA, Outpost 5} 7) Ensure all nameplate data is recorded and entered in WMS.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

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Equipment Work Order

Work Order # 602132 Activity A1006A METER FLOW

Started				Completed							
Date	25/06/2003	Time	08:00	By	80300	Date	02/10/2003	Time	10:33	Hours	0.50

Result	COMPLET	Condition	A	Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

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Equipment Work Order

Report Date 03/10/2003 11:18 AM Submitted By Jean Veilleux

Work Order # 602133 Activity A1007A METER FLOW

Equipment ID 0000101007 Description METER FLOW 02 WELL FS-2

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of	0000101003				
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WTP: METER FLOW 02 WELL FS2				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	33FT50-MB1AD11A21A		Warranty Expires		MTBF 0
Serial #	TJ265012		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By Initiated Date 25/06/2003 Scheduled 01/08/2003 08:00
Assigned To 80252 BLAIR HENDERSON Service # Due

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS Out of Service ☐
Source Potential Service Request ☐
Last Activity A1007A METER FLOW Last Activity Completed 02/10/2003

Work Order Comments
Annual inspection completed. Due to ongoing well testing flow check not executed at the time of inspection.

ActDefn Comments
METER O&M MANUAL

Task A1007A METER FLOW

Safety Message	Description
SHOCK	ELECTRICAL HAZARD

Tool	Description	Qty Reqd	Qty Used
DIGMUL	DIGITAL MULTIMETER	1.00	
SIMULA	PROCESS SIMULATOR	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
AOE%	AVERAGE OUTPUT ERROR PERCENT			0.0
IN1F	INPUT (1)			0.0
IN2F	INPUT (2)			
IN3F	INPUT (3)			
IN4F	INPUT (4)			
O1	OUTPUT THEORETICAL (1)			4.00
O1M	OUTPUT MEASURED (1)			4.00
O2	OUTPUT THEORETICAL (2)			

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Equipment Work Order

Work Order # 602133 Activity A1007A METER FLOW

Performance Indicator	Description	Low Value	High Value	Measured Value
O2M	OUTPUT MEASURED (2)			
O3	OUTPUT THEORETICAL (3)			
O3M	OUTPUT MEASURED (3)			
O4	OUTPUT THEORETICAL (4)			
O4M	OUTPUT MEASURED (4)			

Safety Procedures Message	Description	Activity	Comments
ANNUAL	ANNUAL MAINTENANCE	A1007A	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Verify calibration parameters and programming parameters where applicable. 2) Ensure proper connections and grounding. 3) Check display for any alarm or error codes.
ANNUAL	ANNUAL MAINTENANCE	A1007A	MAINTENANCE PROCEDURE: 1) Have a qualified technician calibrate the unit, using actual flow method or flow simulator. 2) Calibration records must be kept for a period of five years. 3) Records shall include the level of accuracy of the equipment as found and as left. 4) Calibration test equipment shall be certified annually and certification dates recorded on the calibration record. Some test equipment may not require calibration 5) Record any adjustments, modifications or replacements made to the equipment during the calibration. 6) Verify accuracy of electronic outputs to the end device as required based on theoretical versus actual values .{Chart recorders, SCADA, Outpost 5} 7) Ensure all nameplate data is recorded and entered in WMS.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

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(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 03/10/2003 11:18 AM Submitted By Jean Veilleux

Work Order # 602133 Activity A1007A METER FLOW

Started				Completed							
Date	25/06/2003	Time	08:00	By	80300	Date	02/10/2003	Time	11:46	Hours	2.00

Result	COMPLET	Condition	A	Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

Ontario Clean Water Agency
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Toronto, ON M5E-1E5
(416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 03/10/2003 11:19 AM Submitted By Jean Veilleux

Work Order # 602134 Activity A1008A METER FLOW

Equipment ID 0000101008 Description METER FLOW 03 WELL FS-3

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of	0000101004				
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WTP: METER FLOW 03 WELL FS3				
Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	ENDRES	ENDRESS & HAUSER CANADA LTD
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	33FT50-MB1AD11A21A		Warranty Expires		MTBF 0
Serial #	TJ265011		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By				Initiated Date	25/06/2003	Scheduled	01/08/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Service #		Due	

Authorization
Budget #
Crew
Maint Type
Priority
Problem
Project 6608 MOOSE CREEK WWEDS Out of Service ☐
Source Potential Service Request ☐
Last Activity A1008A METER FLOW Last Activity Completed 02/10/2003

Work Order Comments
Annual inspection completed.

ActDefn Comments
METER O&M MANUAL

Task A1008A METER FLOW

Safety Message	Description
SHOCK	ELECTRICAL HAZARD

Tool	Description	Qty Reqd	Qty Used
DIGMUL	DIGITAL MULTIMETER	1.00	
SIMULA	PROCESS SIMULATOR	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
AOE%	AVERAGE OUTPUT ERROR PERCENT			.75
IN1F	INPUT (1)			3.37
IN2F	INPUT (2)			
IN3F	INPUT (3)			
IN4F	INPUT (4)			
O1	OUTPUT THEORETICAL (1)			14.80
O1M	OUTPUT MEASURED (1)			14.68
O2	OUTPUT THEORETICAL (2)			

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Equipment Work Order

Work Order # 602134 Activity A1008A METER FLOW

Performance Indicator	Description	Low Value	High Value	Measured Value
O2M	OUTPUT MEASURED (2)			
O3	OUTPUT THEORETICAL (3)			
O3M	OUTPUT MEASURED (3)			
O4	OUTPUT THEORETICAL (4)			
O4M	OUTPUT MEASURED (4)			

Safety Procedures Message	Description	Activity	Comments
ANNUAL	ANNUAL MAINTENANCE	A1008A	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Verify calibration parameters and programming parameters where applicable. 2) Ensure proper connections and grounding. 3) Check display for any alarm or error codes.
ANNUAL	ANNUAL MAINTENANCE	A1008A	MAINTENANCE PROCEDURE: 1) Have a qualified technician calibrate the unit, using actual flow method or flow simulator. 2) Calibration records must be kept for a period of five years. 3) Records shall include the level of accuracy of the equipment as found and as left. 4) Calibration test equipment shall be certified annually and certification dates recorded on the calibration record. Some test equipment may not require calibration 5) Record any adjustments, modifications or replacements made to the equipment during the calibration. 6) Verify accuracy of electronic outputs to the end device as required based on theoretical versus actual values .{Chart recorders, SCADA, Outpost 5} 7) Ensure all nameplate data is recorded and entered in WMS.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

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Equipment Work Order

Work Order # 602134 Activity A1008A METER FLOW

Started				Completed							
Date	25/06/2003	Time	08:00	By	80300	Date	02/10/2003	Time	11:26	Hours	2.00

Result	COMPLET	Condition	A	Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

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Equipment Work Order

Report Date 03/10/2003 10:14 AM Submitted By Jean Veilleux

Work Order # 602139 Activity A1030A METER FLOW

Equipment ID 0000101030 Description METER FLOW TRT WATER

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	FLOW	FLOWMETER(FLOW MEASURING & REC
Loc Qualifier	MOOSE CREEK WTP:				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	ENDRES	ENDRESS & HAUSER CANADA LTD	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	33FT80-MB1AD11A21A		Warranty Expires		MTBF	0
Serial #	TK265014		Purchase Date		Purchase Cost	0.00
Budget #						

Initiated By				Initiated Date	25/06/2002	Scheduled	01/08/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Service #		Due	

Authorization				
Budget #				
Crew				
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	A1030A	METER FLOW	Last Activity Completed	02/10/2003

ActDefn Comments
METER O&M MANUAL

Task A1030A METER FLOW

Job Class	Crew Type	Description	Pay Type	Hrs Worked
1042		ELECT & INST.MTCE.TECHNICIAN		

Safety Message	Description
SHOCK	ELECTRICAL HAZARD

Tool	Description	Qty Reqd	Qty Used
DIGMUL	DIGITAL MULTIMETER	1.00	
SIMULA	PROCESS SIMULATOR	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
AOE%	AVERAGE OUTPUT ERROR PERCENT			.85
IN1F	INPUT (1)			3.23
IN2F	INPUT (2)			
IN3F	INPUT (3)			
IN4F	INPUT (4)			0
O1	OUTPUT THEORETICAL (1)			7.45
O1M	OUTPUT MEASURED (1)			7.58
O2	OUTPUT THEORETICAL (2)			

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Equipment Work Order

Work Order # 602139 Activity A1030A METER FLOW

Performance Indicator	Description	Low Value	High Value	Measured Value
O2M	OUTPUT MEASURED (2)			
O3	OUTPUT THEORETICAL (3)			
O3M	OUTPUT MEASURED (3)			
O4	OUTPUT THEORETICAL (4)			
O4M	OUTPUT MEASURED (4)			

Safety Procedures Message	Description	Activity	Comments
ANNUAL	ANNUAL MAINTENANCE	A1030A	INTRODUCTION: *This Preventative Maintenance* Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Verify calibration parameters and programming parameters where applicable. 2) Ensure proper connections and grounding. 3) Check display for any alarm or error codes.
ANNUAL	ANNUAL MAINTENANCE	A1030A	MAINTENANCE PROCEDURE: 1) Have a qualified technician calibrate the unit, using actual flow method or flow simulator. 2) Calibration records must be kept for a period of five years. 3) *Records shall include* the level of accuracy of the equipment as found and as left. 4) Calibration test equipment shall be certified annually and certification dates recorded on the calibration record. Some test equipment may not require calibration 5) Record any adjustments, modifications or replacements made to the equipment during the calibration. 6) Verify accuracy of electronic outputs to the end device as required based on theoretical versus actual values .{Chart recorders, SCADA, Outpost 5} 7) Ensure all nameplate data is recorded and entered in WMS.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

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Equipment Work Order

Work Order # 602139 Activity A1030A METER FLOW

Started				Completed							
Date	25/06/2003	Time	08:00	By	80300	Date	02/10/2003	Time	11:10	Hours	2.00

Result	COMPLET	Condition	A	Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

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Equipment Work Order

Report Date 03/10/2003 11:13 AM Submitted By Jean Veilleux

Work Order # 629026 Activity A1837M ANALYZER TURBIDITY

Equipment ID 0000101837 Description ANALYZER TURBIDITY MOOSE CR

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	1720D		Warranty Expires		MTBF	0
Serial #	000800011458		Purchase Date	10/01/2000	Purchase Cost	0.00
Budget #						

Initiated By		Initiated Date	22/09/2003	Scheduled	01/09/2003 08:00
Assigned To		Service #		Due	

Authorization				
Budget #				
Crew				
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	WEEKPM	PERFORM WEEKLY CHECKLIST	Last Activity Completed	30/09/2003

Work Order Comments
Verified with ICE Pick. .576 NTU - No calibration required.

Task A1837M ANALYZER TURBIDITY

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			.576 NTU
OLRF	ON LINE METER READING FINISH			.576
OM%D	ON LINE METER PERCENT OF DRIFT			~~.576~~ 0

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Equipment Work Order

Safety Procedures Message Description	Activity	Comments
		maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out, are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Perform a grab sample at the turbidimeter 2) Check sample with portable or laboratory turbidimeter compare value of the on-line analyzer with grab sample results. 3) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
WPROT WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

Started				Completed							
Date		Time		By	80636	Date	26/09/2003	Time	08:00	Hours	1.00

Result	COMPLET	Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

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Equipment Work Order

Report Date 03/10/2003 11:10 AM Submitted By Jean Veilleux

Work Order # 629024 Activity A1036M ANALYZER CHLORINE

Equipment ID 0000101036 Description ANALYZER CHLORINE TRT H2O

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	A2 91581		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By				Initiated Date	22/09/2003	Scheduled	01/09/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Service #		Due	

Authorization				
Budget #				
Crew				
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	WEEKPM	PERFORM WEEKLY CHECKLIST	Last Activity Completed	30/09/2003

Work Order Comments
Zeroed analyzer, compared with Hach pocket colorimeter. Deplox 3 1.48 mg/l. Hach pocket 1.48 mg/l. No calibration required.

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task A1036M ANALYZER CHLORINE

Safety Message	Description
CHEMHA	CHEMICAL HAZARD

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			1.48 mg/L
OLRF	ON LINE METER READING FINISH			1.48
TMFR	TEST METER FIELD READING			1.48

Safety Procedures

Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION:

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
			This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS 1) Test alarm set points. MAINTENANCE PROCEDURES 1) Isolate the analyser and turn the power off. 2) Clean and flush all water lines, strainers and tubing. 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%) 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit. 5) Inspect and replace any o-rings as required. 6) Reassemble the electrodes and the sample cell. 7) Adjust the flow control valve to the desired flow. 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes. 9) Calibrate the unit, and return to service.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments	

Started				Completed							
Date		Time		By	80636	Date	26/09/2003	Time	08:00	Hours	1.00

Result	COMPLET	Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	Jean Veilleux

Ontario Clean Water Agency
1 Yonge Street, Suite 1700
Toronto, ON M5E-1E5
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Equipment Work Order

Report Date 13/11/2003 02:23 PM Submitted By Jean Veilleux

Work Order # 580550 Activity A1837Q ANALYZER TURBIDITY

Equipment ID 0000101837 Description ANALYZER TURBIDITY MOOSE CR

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	1720D		Warranty Expires		MTBF	0
Serial #	000800011458		Purchase Date	10/01/2000	Purchase Cost	0.00
Budget #						

Initiated By		Initiated Date	04/07/2003	Scheduled	01/07/2003 08:00
Assigned To		Service #		Due	

Authorization				
Budget #				
Crew				
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	WEEKPM	PERFORM WEEKLY CHECKLIST	Last Activity Completed	31/10/2003

Work Order Comments
Cleaned, flow at 500 ml/m, calibrated with 20 NTU user prepared formazine solution

Task A1837Q ANALYZER TURBIDITY

Job Class	Crew Type	Description	Pay Type	Hrs Worked
1109		OPERATOR/MECHANIC		

Part #	Description	Qty Reqd	Qty Used
WATERS	SOAPY WATER	1.00	
	Stock Area	Stock Loc	

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			17.60
OLRF	ON LINE METER READING FINISH			20.16
OM%D	ON LINE METER PERCENT OF DRIFT			13

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
3MONTH	QUARTERLY MAINTENANCE	A1837Q	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Isolate sample line. 2) Remove head assembly from body of turbidimeter. 3) Clean the lamp, lens and photocell window. 4) Perform calibration of unit following MFG guidelines, using a formazin solution or the HACH ICE PICK Measure 1 litre of low turbidity water into calibration cylinder. Insert head assembly into calibration cylinder. Swirl cylinder to remove air bubbles. Press SYS RESET and 6 SIG AVG allow to stand until reading stabilizes. Press 0.0 STD. Prepare pipet. Mix formazin solution and add to calibration cylinder. Replace head assembly allow to stand until reading stabilizes. Press 20.0 STD the display will show the value of the 20.0 NTU standard and the turbidity of the dilution \
3MONTH	QUARTERLY MAINTENANCE	A1837Q	5) Inspect o-rings and lamp assembly for any defects. 6) Replace head assembly into turbidimeter body. 7) Open sample line valve, ensure proper sample flow rate 8) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Material				
Charge Date	Time	Stock Area	Part Number	Quantity

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Equipment Work Order

Work Order # 580550 Activity A1837Q ANALYZER TURBIDITY

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments	

Started				Completed							
Date		Time		By	80636	Date	17/07/2003	Time	08:00	Hours	1.00

Result	COMPLET	Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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Equipment Work Order

Report Date 13/11/2003 02:01 PM Submitted By Jean Veilleux

Work Order # 631005 Activity A1837Q ANALYZER TURBIDITY

Equipment ID 0000101837 Description ANALYZER TURBIDITY MOOSE CR

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NDUN	TOWNSHIP OF NORTH DUNDAS	Loc	WWE	WATER WELL
Loc Qualifier	MOOSE CREEK WATER TREATMENT SYSTEM:				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	HACH	HACH CO.	
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25		
Avg Monthly Usage	720.00		Total Usage	0.00		
Model #	1720D		Warranty Expires		MTBF	0
Serial #	000800011458		Purchase Date	10/01/2000	Purchase Cost	0.00
Budget #						

Initiated By		Initiated Date	23/09/2003	Scheduled	01/10/2003 08:00
Assigned To		Service #		Due	

Authorization				
Budget #				
Crew				
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	A1837M	ANALYZER TURBIDITY	Last Activity Completed	24/10/2003

Work Order Comments
Cleaned, checked flow, 400 ml/m, calibrated with 20 NTU user prepared formazine solution

Task A1837Q ANALYZER TURBIDITY

Job Class	Crew Type	Description	Pay Type	Hrs Worked
1109		OPERATOR/MECHANIC		

Part #	Description	Qty Reqd	Qty Used
WATERS	SOAPY WATER	1.00	
	Stock Area:	Stock Loc:	

Tool	Description	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	1.00	
PORTAT	PORTABLE TURBIDIMETER	1.00	

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			22.05
OLRF	ON LINE METER READING FINISH			20.03
OM%D	ON LINE METER PERCENT OF DRIFT			10

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
3MONTH	QUARTERLY MAINTENANCE	A1837Q	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS: 1) Check for leaks from the sample piping and drain lines. 2) Check display for alarm conditions or fault messages. MAINTENANCE PROCEDURE: 1) Isolate sample line. 2) Remove head assembly from body of turbidimeter. 3) Clean the lamp, lens and photocell window. 4) Perform calibration of unit following MFG guidelines, using a formazin solution or the HACH ICE PICK Measure 1 litre of low turbidity water into calibration cylinder. Insert head assembly into calibration cylinder. Swirl cylinder to remove air bubbles. Press SYS RESET and 6 SIG AVG allow to stand until reading stabilizes. Press 0.0 STD. Prepare pipet. Mix formazin solution and add to calibration cylinder. Replace head assembly allow to stand until reading stabilizes. Press 20.0 STD the display will show the value of the 20.0 NTU standard and the turbidity of the dilution v
3MONTH	QUARTERLY MAINTENANCE	A1837Q	5) Inspect o-rings and lamp assembly for any defects. 6) Replace head assembly into turbidimeter body. 7) Open sample line valve, ensure proper sample flow rate 8) Ensure all remote display or recording devices are within acceptable limits. Eg: Chart recorders, Outpost5, SCADA systems.
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Material				
Charge Date	Time	Stock Area	Part Number	Quantity

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Equipment Work Order

Work Order # 631005 Activity A1837Q ANALYZER TURBIDITY

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments	

Started				Completed							
Date		Time		By	80636	Date	24/10/2003	Time	08:00	Hours	1.00

Result	COMPLET	Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	

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Equipment Work Order

Report Date 13/11/2003 02:01 PM Submitted By Jean Veilleux

Work Order # 631002 Activity A1036M ANALYZER CHLORINE

Equipment ID 0000101036 Description ANALYZER CHLORINE TRT H2O

Site	FAC	6608	Description	MOOSE CREEK WWEDS	
Subunit Of					
Area	2	EASTERN REGION	Sub-area	CHES	CHESTERVILLE HUB
District	NSTO	TOWNSHIP OF NORTH STORMONT	Loc	LABO	LABORATORY
Loc Qualifier	MOOSE CREEK WTP: TRT WATER CL2 ANALYZER				

Equipment Type	INSTRU	INSTRUMENTATION	Manufacturer	WALL	WALLANCE & TIERNAN
Building	PS	PUMPING STATION BUILDING	Building Level	G	GROUND LEVEL
Service Status	IN	IN SERVICE (INCL. STANDBY)	Expected Life	25	
Avg Monthly Usage	720.00		Total Usage	0.00	
Model #	DEPLOX 3 U-95213		Warranty Expires		MTBF 0
Serial #	A2 91581		Purchase Date		Purchase Cost 0.00
Budget #					

Initiated By				Initiated Date	23/09/2003	Scheduled 01/10/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Service #		Due

Authorization				
Budget #				
Crew				
Maint Type				
Priority				
Problem				
Project	6608	MOOSE CREEK WWEDS	Out of Service	☐
Source			Potential Service Request	☐
Last Activity	A1036M	ANALYZER CHLORINE	Last Activity Completed	24/10/2003

Contractor Comments
Verified with Hach pocket cl2 analyzer

ActDefn Comments
WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER

Task	A1036M	ANALYZER CHLORINE		
Job Class	Crew Type	Description	Pay Type	Hrs Worked
OP		OPERATOR		

Part #	Description	Qty Reqd	Qty Used
MURACID	MURATIC ACID	1.00	
	Stock Area	Stock Loc	

Safety Message	Description
CHEMHA	CHEMICAL HAZARD

Performance Indicator	Description	Low Value	High Value	Measured Value
OLRB	ON LINE METER READING BEGIN			2.03
OLRF	ON LINE METER READING FINISH			2.03
TMFR	TEST METER FIELD READING			2.13

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Equipment Work Order

Safety Procedures Message	Description	Activity	Comments
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED.
JSP	JOB SAFETY PLANNING		TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and maintenance of the specified equipment. However, maintenance personnel are expected to look for and correct defects which are not anticipated in this procedure. This document will not provide all the technical information that may be required, and it may be necessary to refer to the manufacturer's manual for further details. The "As Found" and "As Left" readings, as well as any abnormalities found and any repairs carried out are to be recorded on the Hansen Feedback Sheet. RUNNING CHECKS 1) Test alarm set points. MAINTENANCE PROCEDURES 1) Isolate the analyser and turn the power off. 2) Clean and flush all water lines, strainers and tubing. 3) Remove the sample cell and clean with a weak solution of muriatic acid.(5%) 4) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit. 5) Inspect and replace any o-rings as required. 6) Reassemble the electrodes and the sample cell. 7) Adjust the flow control valve to the desired flow. 8) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes. 9) Calibrate the unit, and return to service.
WPROT	WORK PROTECTION		ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Labour		Choose Crew Type, Crew ID or Job Class					
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Material				
Charge Date	Time	Stock Area	Part Number	Quantity

Vehicle		Choose Crew, Vehicle Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments	

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Equipment Work Order

Work Order # 631002 Activity A1036M ANALYZER CHLORINE

Started				Completed							
Date		Time		By	80636	Date	24/10/2003	Time	08:00	Hours	1.00

Result	COMPLET	Condition		Quantity		Unit of Meas	

Total Usage	

Data Group		Sign-off	