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

→ ® Ontario

Ministry of the Ministère de Environment l'Environnement

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

220008033

Part III Form 2
Section 11. ANNUAL REPORT.

Drinking-Water System Number: Drinking-Water System Name: Drinking-Water System Owner: Drinking-Water System Category: Period being reported:

Moose Creek
Township of North Stormont
Large Municipal Residential
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 [1] 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:

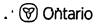
None

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



Ministry of the Ministère de Environment l'Environnement

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

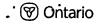
	[] Public ac	cess/no tice via Publi	ic Request			
		cess/notice vara Pul	_	•		
		cess/notice via other	•			
						
	Describe you	i r Drinki ng-Water <mark>S</mark>	System			
	Groundwate	r is pum ped from th	ree sou rce	wells to a	contact tank where	Sodium
ĺ		e is added and mow				
		As water is used th				
		a preset limit and a	• -	_		aws water
L	from the con	tact tank and pump	s it out to r	efill the wa	ater tower.	
	T * 4 11 4		1 1	. Aleia mama		
_	List all water	r treatment (18 - Ca	ils used ove	r this repo	rung perioa	
l	Codium Hyma	ablarită nemere dint	t an ayanag	a docago re	ata of 8.3 mg/I	
	Soutum riype	ochlorité was u 🗀 at	i an average	e dosage ra	ate of 6.5 mg/L.	
L					<u></u>	
	Were any sig	gnificant expenses in	curred to?			
		all required equipmen				
		air required to the en				
		lace required and in me				
		1				
	Describe					
		omatic Chilaria — ee				•
	water distrib	ution system. – Sta	lled flowme	ter data r	ecorder. Installed c	hemical
	storage tank	with spill containm	ent.			
		ils on the profession				
		ater Act or section 1	6-4 of Sche	dule 16 of	O.Keg.170/03 and r	eported to
	Spills Action			TT 14 C	0 4 4 4	10 4
	Incident	Parameter	Result	Unit of	Corrective Action	Corrective

 Incident Date
 Parameter
 Result Measure
 Unit of Measure
 Corrective Action 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	ge of pli or coll colls	Range of Total Coliform Results (#-#)	Number of HPC Samples	Range of HPC Results (#-#)
Raw	200	0-1	0-12	0	0-0
Treated	15	()-()	0-0	53	0-82
Distribution	2	()-()	0-0	54	0 to >500



Ministry of the Environment l'Environnement

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

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

Annuai Report.		
	Number of Grab Samples	Range of Results (#-#)
Turbidity Treated Jan/03-Jun./03	1000	0.17-0.98
Turbidity Raw Jun./03-Dec./03] -	0.11-0.61
Chlorine	8750	0.25-3.53

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

NOTE: Record the not refine care if it is not milligrams per litre.

Summary of additional testing and sampling carried out in accordance with the

requirement of an approvation order.

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

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

Parameter	Minimu	1. Ni as 1 rum	Minimum	Maximum	Parameter	Exceedance
	Sample 1 - e	Simo - Date	Value	Value		
Antimony	12/9/03	12.9 (3	< 0.6	<0.6	ug/L	No
Arsenic	01/20/03	C' 1 3	< 0.001	<0.001	mg/L	No
Barium	01/20/03	() 3	0.6	0.6	mg/L	No
Boron	01/20/03	$\overline{0}$, $\overline{3}$	0.2	0.2	mg/L	No
Cadmium	01/20/03	01.24-93	< 0.0001	< 0.0001	mg/L	No
Chromium	01/20/03	0.2-3	0.002	0.002	mg/L	No
Copper	01/20/03	01/2/2013	0.007	0.007	mg/L	No
Iron	01/20/03	01.25.3	0.72	0.72	mg/L	No
Lead	01/20/03	177.25	< 0.001	< 0.001	mg/L	No
Mercury	01/20/05	100	< 0.0001	< 0.0001	mg/L	No
Selenium	01/20/03	13	< 0.001	< 0.001	mg/L	No
Uranium	01/20/03	(1) 2 3	< 0.001	<0.001	mg/L	No
Fluoride	01/20/0.3	6 = 3	0.23	0.23	mg/L	No
Nitrite	12/09/0.	0 15	<0.10	< 0.011	mg/L	No
Nitrate	12/0 9/03	0 3	< 0.10	< 0.021	mg/L	No

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

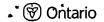
Parameter	Notain Cooker Lorenge	Maximum Sample Date	Minimum Value	Maximum Value	Unit of Measure	Exceedance
Alachlor	10.3	04/24/03	<0.5	<0.5	ug/L	No
Aldicarb	10, 200, 5	04/24/03	<0.3	<9	ug/L	No
Aldrin + Dieldrin		04/_ 4/03	<0.012	<0.012	ug/L	No
Atrazine + N-dealkylated metobolites		04. 2 4/03	<0.5	<0.5	ug/L	No
Azinphos-methyl		04/24/03	<2	<2	ug/L	No
Bendiocarb	20 %	04/24/03	<2	<2	ug/L	No

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Benzene	3 04/24/03	<0.5	<0.5	ug / L	No
		<0.6	<0.6		No
Benzo(a)pyrene	12/9/03	<0.5	<0.5	ug/L	No
Bromoxynil	04/24/03	<5	<5	ug/L	No
Carbaryl U. 20 Carbofuran 193.2%	04/24/03	<5	<5	ug/L	No No
L				ug/L	
Curbon retruction	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 6.720	3 04/24/03	<1	<1	ug/L	No
Diazinon C = 20.		<1	<1	ug/L	No
Dicamba	5 04/24/03	<1	<1	ug/L	No
1,2-Dichlorobenzene	04.24/03	<0.4	<0.4	ug/L	No
1,4-Dichlorobenzene	04.2 //03	<0.4	<0.4	ug/L	No
Dichlorodiphenyltrichloroethane	04/24/03	< 0.024	<0.024	ug/L	No
(DDT) + metabolites					
1,2-Dichloroethane	04/24/03	<0.7	<0.7	ug/L	No
1,1-Dichloroethylene	04/24/03	<0.5	<0.5	ug/L	No
(vinylidene chloride) Dichloromethane	04/2-//03	<4	<4	ug/L	No
	04/24/03	<0.5	<0.5		No
	04/24/03	<1	<1	ug/L	No
2,4-Dichlorophenoxy acetic acid (2,4-D)	04//03			ug/L	NO
Diclofop-methyl	04.24/03	<0.9	<0.9	ug/L	No
Dimethoate	04.21/03	<2.5	<2.5	ug/L	No
Dinoseb	04, 2 1/03	<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 ug/L	No
Heptachlor + Heptachlor	04/2 :/03	<0.012	<0.012	ug/L	No
Epoxide	0 2 703	10.012	10.012	ug, L	110
Linadane (Total)	04,27/03	< 0.006	<0.006	ug/L	No
Malathion	04 _ 7/03	<5	<5	ug/L	No
Methoxychlor	04 24/03	< 0.024	< 0.024	ug/L	No
Metolachlor	04/2 = 03	<0.5	<0.5	ug/L	No
Metribuzin	0- 2-703	<5	<5	ug/L	No
Monochlorobenzene	0	<0.2	<0.2	ug/L	No
Paraquat	. 04:24/03	<1	<1	ug/L	No
Parathion	04. ± ./03	<1	<1	ug / L	No
Pentachlorophenol	04/2-/03	<0.5	<0.5	ug / L	No
Phorate	04:1-703	<0.5	<0.5	ug/L	No
Picloram	04/2 4/03	<5	<5	ug/L	No
Polychlorinated Biphenyls(PCi)	3 0-2-703	<0.05	<0.1	ug / L	No
Promethyne	04 2 703	<0.25	<0.25	ug / L	No
Simazine	04 24/03	<1	<1	ug / L	No
THM	12.9. 73	58	58	ug/L	No
(NOTE: show latest quarterly					
average)					
Temephos	04 24/03	<10	<10	ug/L	No
Terbufos	04.24.03	<0.12	<0.7	ug/L	No
Tetrachloroethylene	04.2 /03	<0.3	<0.3	ug/L	No
2,3,4,6-Tetrachlorophenol	04 2/03	<0.5	<0.5	ug/L	No
Triallate	04 /03	<l< th=""><th><1</th><th>ug/L</th><th>No</th></l<>	<1	ug/L	No
Trichloroethylene	()=/03	<0.3	<0.3	ug/L	No



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2,4,6-Trichlorophenol	T 30 5	04/24/03	<0.5	<0.5	ug/L	No
2,4,5-Trichlorophenoxy acetic	10 20.	04/24/03	<1	<1	ug/L	No
acid (2,4,5-T)	<u> </u>					
Trifluralin	40 S 27 17	04/24/03	<1	<1	ug/L	No
Vinyl Chloride	10 %	04/24/03	<0.5	<0.5	ug/L	No

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

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

(Only if category is large as a ical feed a still, 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			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 hypochtoric 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 Schmitted?

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**

WORKS NUM.: 220008033

DESCRIPTION: 3 WELL PUMPING SYSTEM C/W ELEVATED STORAGE

PROJECT NUM.: 7-0828

DISINFECTION IS WITH SODIUM HYPOCHLORITE

YEAR:

2003

WATER SOURCE: **DESIGN CAP.:**

GROUNDWATER

0.896 X 1000 M3/d

MONTH		FLOWS (7	REATED)	TR	EATED	DISTRI	BUTION	BACTI (I	NDICATE N	O. OF SAN	MPLES)	RAV	V WATER
	TOTAL	AVG DAY	MAX DAY	MIN FREE	MAX FREE	MIN FREE	MAX FREE	E.C. /T.C. N	lot Detected	E.C. / T.C	. Detected	E.	.COLI.
	FLOW	FLOW	FLOW	CL2 RESID	CL2 RESID	CL2 RESID	CL2 RESID	HPC	< 500	HPC	>500		
	1000 m3	1000 m3	1000 m3	(mg/l)	(mg/l)	(mg/l)	DIST.(mg/l)	TREAT	DIST	TREAT	DIST	TAKEN	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			La Company								
MAX		e apita Arther	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 Ministère 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 to record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional ce in your area.

s 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 ministère de l'Environnement le Plus proche.

Year(Année): 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

OCT

NOV

DEC

Total:

Criteria:

Location Of Taking: Concession: Twp. or Municipality: Lot: Lieu de la prise d'eau Canton ou municipalité 16950 MCNEIL RD TOWNSHIP OF NORTH STORMONT CON 6 **LOT 19** Total Avg. Peak Max. Hours Of Taking Daily Rate Of Taking **Amount Of Taking** Daily Flow Daily Rate of Taking Date Of Taking (Hour) (L/sec) (m³/day) (L/sec) (L/min) Date de la prise d'eau Débit de prise d'eau Volume des prises Prélèvement maximum journalier Debit de pointe journalier Heure 2.98 77 205.40 2,200 JAN FEB 187.70 2.96 2,001 80 MAR 198.90 3.06 2,192 80 2.160 83 APR 202.10 2.97 2,945 143 MAY 270.00 3.03 2,367 108 JUN 209.50 2.83 3,357 214 311.90 3.08 263.90 2,902 166 3 3.06 3 SEP 286.08 2.79 2.878 224

2,885

2,418

2,490

30,795

I certify that the above information is true, complete and accurate.

Signature

Date

3

3

3

3

228

133

154

230

J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

266.00

223.50

235.90

3.03

3.03

2.95

3.40

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 to record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional ice in your area.

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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

Criteria:

Location Of Taking:		Twp. or Municipalit Canton ou municipalit	•	Concession:	Lot:		
Lieu de la prise d'eau 16950 MCNEIL RD.			ORTH STORMONT	CON 6	LOT 19		
	Total	Avg.	Total	Peak	< Ma	ıx>	
	Hours Of Taking	Daily Rate Of Taking	Amount Of Taking	Daily Flow	Daily Rate	of Taking	
Date Of Taking	(Hour)	(L/sec)	(m³)	(m³/day)	(L/sec)	(L/min)	
Date de la prise d'eau	Heure	Débit de prise d'eau	Volume des prises	Prélèvement maximum journalier	Debit de poin	te journalier	
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			
1	236.90	3.01	2,570	120			
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		
VOV	223.50	2.87	2,282	133	3		
DEC	236.10	3.02	2,551	161	3		
Total:			32,488				

I certify that the above information is true, complete and accurate.

Signature

Date

3

230

J'atteste que les renseignements ci-dessus sont vrais, complets et exacts.

3.40



SGS Lakefield Research Limited

P.O. Box 4300 - 185 Concession St. Lakefield - Ontario - KOL 2HO

5 Industrial Drive, P.O. Box 460

Chesterville, ON, K0C 1H0

Phone: 705-652-2038 FAX: 705-652-6441

Works #: 220008033

Project: P.O. No. 008503

OCWA-Chesterville (Moose Creek WTP)

Tuesday, December 23, 2003

Attn: Dave Markell kbaker@ocwa.com; bhenderson@ocwa.com; dmarkell@ocwa.com

Date Rec.: 10 December 2003

LR Report: CA6484-DEC03

Copy:

#1

Phone: 613-448-3098

Fax:pdf

CERTIFICATE OF ANALYSIS **Final Report**

Analysis	1:	2:	3:	4:	5:	6:	7:	8:	9:
	*Approved	*Approved	MAC	Half	AO/OG	RDL	MDL	TDW Moose Creek 1	DW Moose Creek
	Date	Time		MAC				Treated	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< td=""><td></td></mdl<>	
Nitrate (as nitrogen) [mg/L]	15-Dec-03	13:50	10.0	5		1	0.021	0.021 <mdl< td=""><td></td></mdl<>	
Nitrate + Nitrite (as nitrogen) [mg/L]	15-Dec-03	13:50	10	5		1	0.021	0.021 <mdl< td=""><td></td></mdl<>	
Antimony [ug/L]	18-Dec-03	08:20	6	3			0.6	0.6 <mdl< td=""><td></td></mdl<>	
alomethanes (total) [ug/L]	23-Dec-03	07:25	100	50		10	0.63		74
Gromoform [ug/L]	23-Dec-03	07:25					0.56		0.56 <mdl< td=""></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< td=""><td></td></mdl<>	
Aldicarb [ug/L]	22-Dec-03	13:24	9	4.5		9	0.30	0.30 <mdl< td=""><td></td></mdl<>	
Terbufos [ug/L]	22-Dec-03	13:24	1	0.5		1	0.12	0.12 <mdl< td=""><td></td></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



ACCUTEST LABORATORIES LTD.



ATT: Mr. Blair Henderson

REPORT OF ANALYSIS

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	
	Sam	ple Date:	2003-01-20	2003-01-20	
	Sa	ample ID:	MCW-01	MCW-02-	
				System	
		<u>,</u>			
PARAMETER	UNITS	MDL			
BTEX / 624 / PURGEABLE H					
Benzene	ug/L	0.5	→ <0.5		
Toluene	ug/L	0.5	√ <0.5	ļ	
Ethylbenzene	ug/L	0.5	~J <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		
chlorobenzene	ug/L	0.2	`√<0.2		
Chioroform	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		
<u>TOTALS</u>					
Trihalomethanes (total)	ug/L	2.0	√.54.9	~46.9	
Xylene; total	ug/L	2.0	√ <2.0		
BTEX / 624 Surrogate Recov	<u>eries</u>]]			
Toluene-d8	%		97	97	
1,2-dichloroethane-d4	%		99		
4-bromofluorobenzene	%		102		
्रमुख्यात् । च		1			

MDL = Method Detection Limit

INC = Incomplete

Method References available upon request.

Comment:

APPROVAL:

Mina Nasirai, B.Sc., C.Chem.

Organic Lab Supervisor

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

				Matrix:	Supply Water		
		LAB ID:	229201	229202			
	Samp	le Date:	2003-01-20	2003-01-20			
	Sar	nple ID:	MCW-01	MCW-02-			
]	System			
PARAMETER	UNITS	MDL	TREATEDWATER	DISTRIBUTION			
As	mg/L	0.001	√<0.001				
В	mg/L	0.05	→ 0.06				
Ва	mg/L	0.01	√ 0.20			İ	
[Cd	mg/L	0.0001	√ <0.0001		}		
Cr	mg/L	0.001	√ 0.002			1	
Cu	mg/L	0.001	~ 0.007				
F Fe	mg/L	0.10	√ 0.23				
Fe	mg/L	0.01	₩ 0.72		1		
Pb	mg/L	0.001	~<0.001	√ <0.001			
M <u>n</u>	mg/L	0.005	~ 0.050				
	mg/L	0.0001	> <0.0001			İ	
N-1-02	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				
	'''g/'	0.001	-0.001				
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]				
·							

MDL = Method Detection Limit

Comment:

INC = incomplete

Method references available upon request.

APPROVAL:

Ewan McRobbie

Inorganic Lab Supervisor

ACCUTEST LABORATORIES LTD.

REPORT OF ANALYSIS

Client: MOOSE CREEK WELL SUPPLY

Report Number:

2300808

Date:

2003-02-12

Date Submitted:

2003-01-21

ATT: Mr. Blair Henderson

Project:

Moose Creek Wells

				Sample Matri	x:	Supply Water	
		LAB ID:	229201				
	Sam	ple Date:	2003-01-20				
	Sa	mple ID:	MCW-01				
		···					
PARAMETER	UNITS	MDL					
PESTICIDES & PCB's							
Alachlor	ug/L	0.5	~<0.5				
Aldicarb	ug/L	5	√ j<5				
Aldrin	ug/L	0.006	<0.006				
Aldrin + Dieldrin	ug/L	0.012	√<0.012				
Atrazine	ug/L	0.5	_√ <0.5	1		l	
Desethyl-atrazine	ug/L	0.5	·<0.5				
Atrazine+Desethyl-atrazine	ug/L	1	<1				
Azinphos-methyl	ug/L	2	√<2				
<u>Be</u> ndiocarb	ug/L	2	~ <2				
moxynil	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			l	
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:

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

Division of Caduceon Enterprises Inc.

Certificate of Analysis

Client:

tario Clean Water Agency ndustrial Dr. Chesterville, ON

K0C 1H0

Attention:

Dave Markell

Report:

230000137

Project:

Moose Creek WTP

Date Sampled:

January 6, 2003

Date Received: Date Printed:

January 7, 2003

January 09, 2003

Matrix:

	Parameter	Background	E. coli	Free CI2	HPC	тс	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

Division of Caduceon Enterprises Inc.

Client:

tario Clean Water Agency Idustrial Dr.

Chesterville, ON K0C 1H0

Attention:

Dave Markell

Certificate of Analysis

Report:

230000450

Project:

Project:
Date Sampled:

Date Received: Date Printed: Moose Creek WTP January 13, 2003 January 14, 2003 January 16, 2003

Matrix:

	Parameter	Background	E. coli	Free Cl2	НРС	тс	Total Cl2
	Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
Communic ID	MDL	1	1	0.05	2	1	0.05
Sample ID			<i></i>				
Well # 2 Raw		absent	absent			absent	
Well # 3 Raw		absent	absent			absent	
T			.1	4 74	a ba a a d	a la a a m A	0.40
Treated Water			absent	1.71	absent	absent	2.12
Dist. Post Offic	e		absent	1.42	6	absent	1.76
Dist. Mall Moos	se Creek		absent	1.10		absent	1.42

Division of Caduceon Enterprises Inc.

Client:

ndustrial Dr.

Chesterville, ON K0C 1H0

Attention:

Dave Markell

Certificate of Analysis

Report:

230000765

Project:

Project:

Date Sampled: Date Received:

Date Printed:

Moose Creek WTP January 20, 2003 January 21, 2003

January 23, 2003

Matrix:

							King water
	Parameter	Background	E. coli	Free Cl2	НРС	TC	Total Cl2
	Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
Sample ID	MDL	1	1	0.05	2	1	0.05
Sample 10							
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	d)		absent	0.85		absent	0.96

Division of Caduceon Enterprises Inc.

Client:

ptario Clean Water Agency ndustrial Dr.

Chesterville, ON K0C 1H0

Attention:

Dave Markell

Certificate of Analysis

Report:

230001076

Keboit

Project: Date Sampled:

Date Received:
Date Printed:

Moose Creek WTP January 27, 2003 January 28, 2003

January 30, 2003

Matrix:

	Parameter	Background	E. coli	Free CI2	HPC	тс	Total Cl2
	Unit	/100mL	/100mL	mg/L	/mL	/100mL	mg/L
Sample iD	MDL	1	1	0.05	2	1	0.05
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

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON

K0C 1H0

Attention: Parameter Dave Markell Unit

MDL

Certificate of Analysis

Report:

230001374

Project:

Moose Creek WTP

Date Sampled: Date Received: February 3, 2003 February 4, 2003

Date Printed:

February 06, 2003

Matrix:

Drinking Water

			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

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON

K0C 1H0

Attention:

Dave Markell Unit

MDL

Certificate of Analysis

Report:

230001690

Project:

Moose Creek WTP

Date Sampled:

February 10, 2003

Date Received: Date Printed: February 11, 2003 February 13, 2003

Matrix:

Drinking Water

			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
нрс	/mL	2			absent	absent	
Background bacteria	/100mL	1	4	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON

K0C 1H0

Attention:

Dave Markell Unit

MDL

Certificate of Analysis

Report:

230002040

Project:

Moose Creek WTP

Date Sampled:

February 17, 2003

Date Received: Date Printed: February 18, 2003 February 20, 2003

Matrix:

Drinking Water

			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

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON

K0C 1H0

Dave Markell Attention:

Certificate of Analysis

Report:

230002329

Project:

Moose Creek WTP

Date Sampled:

February 24, 2003

Date Received:

February 25, 2003

Date Printed: Matrix:

February 27, 2003

Parameter	Unit	MDL	Sample Identifica			
· · · · · ·						
			Well #2	Well #3		

			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

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON K0C 1H0

Attention:

Dave Markell

Certificate of Analysis

Report:

230002639

Project:

Moose Creek WTP

Date Sampled:

March 3, 2003

Date Received:

March 4, 2003

Date Printed:

March 12, 2003

Matrix:

Parameter	Unit	MDL						
				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
нрс		/mL	2			absent	absent	
Background bacter	ia	/100mL	1	absent	absent			
Total Coliforms		/100mL	1	absent	absent	absent	absent	absent

MDL

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON K0C 1H0

Attention:

Dave Markell

Unit

Certificate of Analysis

Report:

230002989

Project:

Moose Creek WTP

Date Sampled:

March 10, 2003

Date Received:

March 11, 2003

Date Printed:

March 13, 2003

Matrix:

Drinking Water

			Well #2 Raw	Weil #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

Division of Caduceon Enterprises Inc.

Client:

ario Clean Water Agency

dustrial Dr. esterville, ON K0C 1H0

Attention:

Dave Markell

Certificate of Analysis

Report:

230002993

Project:

Moose Creek WTP

Date Sampled:

March 10, 2003

Date Received:

March 11, 2003

Date Printed:

March 18, 2003

Matrix:

The state of the s	///		<u></u>		Billiking Water		
Parameter	Unit	MDL	Sample Ider	ntification			
			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	

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON K0C 1H0

Attention:

Dave Markell

Certificate of Analysis

Report:

230003267

Project:

Moose Creek WTP

Date Sampled:

March 17, 2003

Date Received:

March 18, 2003

Date Printed: Matrix: March 20, 2003

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 bacteri	a /100mL	1	absent	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON K0C 1H0

Attention:
Parameter

Dave Markell

Unit

MDL

Certificate of Analysis

Report:

230003596

Project:

Moose Creek WTP

Date Sampled:

March 24, 2003

Date Received:

March 25, 2003

Date Printed:

March 31, 2003

Matrix:

Drinking Water

			Weli #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
нрс	/mL	2			absent	absent	
Background bacteria	/100mL	1	absent	>200			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON

K0C 1H0

Attention:

Dave Markeli

Unit

MDL

Certificate of Analysis

Report:

230003991

Project:

Date Sampled:

Date Received:

Date Printed:

Matrix:

Moose Creek WTP March 31, 2003

April 1, 2003 April 03, 2003

Drinking Water

			- Juliano i				
			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 bacteri	a /100mL	1	1	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON K0C 1H0

Attention:

Dave Markell

Unit

MDL

Certificate of Analysis

Report:

230004341

Project:

M

oject:

Moose Creek WTP

Date Sampled: Date Received: April 7, 2003

Date Rece

April 8, 2003

Date Printed:

April 10, 2003

Matrix:

Drinking Water

			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

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr.

Chesterville, ON

K0C 1H0

Attention:

Dave Markell

Unit

MDL

Certificate of Analysis

Report:

230004785

Project:

Moose Creek WTP

Date Sampled:

April 14, 2003

Date Received:

April 15, 2003

Date Printed:

April 17, 2003

Matrix:

Drinking Water

			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
нрс	/mL	2			2	absent	
Background bacteria	/100mL	1	3	absent			
Total Coliforms	/100mL	1	absent	absent	absent	absent	absent

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON

K0C 1H0

Attention: **Dave Markell** **Certificate of Analysis**

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 bacteri	a	/100mL	1	2	absent			
Total Coliforms		/100mL	1	absent	absent	absent	absent	absent

/100mL 1

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON K0C 1H0

Total Coliforms

Attention:

Dave Markell

Certificate of Analysis

Report:

230005373

Project:

Moose Creek WTP

Date Sampled:

April 28, 2003

Date Received: Date Printed: April 28, 2003

Matrix:

absent

April 30, 2003 Drinking Water

Parameter	Unit MDL	Sample Identification							
			Well #2 Raw	Well #3 Raw	Treated Water	Dist. Mail	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 bacteri	.a /100mL	1	absent	absent					

absent

absent

absent

absent

ACCIONEST 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

			244353				matrix:		Supply Water	
	LAB ID: Sample Date: Sample ID:								GUIDELINE	
				2003-04-24 MCW-01				M	OE REG 459/	00
	·							WOE THE TOURS		
PARAMETER		MDL	TREATED					TYPE	LIMIT	UNITS
N-NO2 (Nitrite)	mg/L	0.10	<0.10				ļ	MAC	1.0	mg/L
N-NO3 (Nitrate)	mg/L	0.10	<0.10					MAC	10.0	mg/L
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MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration Comment:

APPROVAL:

Ewan McRob

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

		4 D ID	044050		T	T	matrix.	1	Supply wate	<u> </u>			
	· · · · · ·				244353					GUIDELINE			
					2003-04-24								
Sample ID:			MCW-01					М	OE REG 459/	00			
	1												
PARAMETER	UNITS	MDL	TREATED			<u> </u>		TYPE	LIMIT	UNITS			
Organochlorine Pesticides (OCPs) & PCBs													
Aldrin	ug/L	0.006	<0.006			ł	}	ļ					
Dieldrin	ug/L	0.006	<0.006		ł								
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			1							
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			1							
pp-DDD	ug/L	0.006	<0.006					ļ.					
pp-DDE	ug/L	0.006	<0.006										
pp-DDT	ug/L	0.006	<0.006				ł			Ì			
(DDT) + Metabolites	ug/L	0.024	<0.024		1			MAC	30	ug/L			
Heptachlor	ug/L	0.006	<0.006										
Heptachlor epoxide	ug/L	0.006	<0.006					1					
Heptachlor + Heptachlor Epoxide	ug/L	0.012	<0.012					MAC	3	ug/L			
Lindane	ug/L	0.006	<0.006				1	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					1	1]					
2,3,4,6-tetrachlorophenol	ug/L	0.5	<0.5				Ì	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										-3-			
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				1	IMAC	100	ug/L			
Bromoxynil	ug/L	0.5	<0.5					IMAC -	5	ug/L			
Dicamba	ug/L	1	<1			1		MAC	120	ug/L			
MDI - Mathed Datation Link INO - Instruction AO - Assistant						100 (-1-1111	l		, , , ,	<u> </u>			

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

REPORT OF ANALYSIS

Client: MOOSE CREEK WELL SUPPLY

5 Industrial Drive Chesterville, ON K0C 1H0

Attention: Mr. Blair Henderson

Report Number: **Date Submitted:** 2305692

Date:

2003-05-22 2003-04-25

Project:

P.O. Number:

Matrix:

Supply Water

	LAB ID:					GUIDELINE			
	2003-04-24								
	MCW-01		м	MOE REG 459/00					
					1 1				
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		1 1	IMAC	190	ug/L	
CARBAMATES					1 1				
Aldicarb	ug/L	9	<9			MAC	9	ug/L	
Bendiocarb	ug/L	2	<2	l i	1	MAC	40	ug/L	
Carbaryl	ug/L	5	<5	1	1 1	∦ MAC	90	ug/L	
Carbofuran	ug/L	5	<5			MAC	90	ug/L	
Triallate	ug/L	1	<1		1	MAC	230	ug/L	
TRIAZINE & RELATED HERBICIDES						\ \		ļ	
Alachior	ug/L	0.5	<0.5		1 1	IMAC	5	ug/L	
Atrazine	ug/L	0.5	<0.5			1		1	
De-ethylated atrazine	ug/L	0.5	<0.5	!		Į.	1		
Atrazine + N-dealkylated metabolites	ug/L	1.0	<1.0		1 1	IMAC	5	ug/L	
Cyanazine	ug/L	1	<1		1	IMAC	10	ug/L	
Metolachlor	ug/L	0.5	<0.5	{	1	IMAC	50	ug/L	
Metribuzin	ug/L	5	<5			MAC	80	ug/L	
Prometryne	ug/L	0.25	<0.25		1	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		i l	IMAC	2	ug/L	
Temephos	ug/L	10	<10			IMAC	280	ug/L	
Terbufos	ug/L	0.7	<0.7	1		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 2003-05-22 2003-04-25

Date Submitted:

Project:

P.O. Number:

ır		00/	UNITS		ng/L	ng/L	ng/L	ng/L	
Supply Water	GUIDELINE	MOE REG 459/00	LIMIT		150	280	02	9	
		Σ	TYPE	:	MAC	IMAC	MAC	IMAC	
Matrix:									
4									
	244353	2003-04-24 MCW-01	TREATED	;	<10	~10 ~10	<i>L</i> >	₹	
	Н	Sample Date: Sample ID:	MDL	•	2 :	6	7	-	
		Sampl San	UNITS	:	ug/L	ng/L	ng/L	ng/L	
			PARAMETER	DIURON & GLYPHOSATE	Diuron	Glyphosate DIQUAT & PARAQUAT	Diquat	Paraquat	

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

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

L	AB ID:	244353	244354			i		GUIDELINE	
	p.c		SYSTEM				M.	OE REG 459/	00
UNITS	MDL	TREATED	DISTRIBUTION				TYPE	LIMIT	UNITS
ug/L	0.5	<0.5					MAC	14	ug/L
ug/L	0.4	<0.4			ŀ		MAC	200	ug/L
ug/L	0.7	<0.7					IMAC	5	ug/L
ug/L	0.4	<0.4	ļ				MAC	5	ug/L
ug/L	0.5	<0.5					MAC	5	ug/L
ug/L	0.9	<0.9					MAC	5	ug/L
ug/L	4.0	<4.0	[1	İ	ľ	MAC	50	ug/L
ug/L	0.5	<0.5			ļ		AO	2.4	ug/L
ug/L	0.2	<0.2					MAC	80	ug/L
ug/L	0.3	<0.3					MAC	30	ug/L
ug/L	0.5	<0.5					AO	24	ug/L
ug/L	0.3	<0.3			ļ		MAC	50	ug/L
ug/L	0.5	<0.5					MAC	2	ug/L
ug/L	0.3	12.7	9.1]	ļ	
	0.4	<0.4	<0.4						
	0.5	37.2	27.4						
	0.3	4.2	3.4						
1 - 1	2.0	54.1	39.9				MAC	100	ug/L
	1.0	<1.0							
	0.5	<0.5							
1 - 1	2.0	<2.0					AO	300	mg/L
				•	1				
%		102	101					1	
%		85							
1		1							
								1	
		1				1	J	}]
	Sample Sam UNITS Ug/L ug/L	ug/L ug/L ug/L 0.4 ug/L 0.7 ug/L 0.5 ug/L 0.9 ug/L 0.5 ug/L 0.5 ug/L 0.3 ug/L 0.5 ug/L 0.3 ug/L 0.5 ug/L 0.3 ug/L 0.5 ug/L 0.5 ug/L 0.3 ug/L 0.5 ug/L 0.5 ug/L 0.5 ug/L 0.5 ug/L 0.5 ug/L 0.5	UNITS MDL TREATED	Sample Date: Sample ID: Distribution MCW-SYSTEM MCW-O1 MCW-SYSTEM	Sample Date: Sample ID: MCW-01 MCW-SYSTEM	Sample Date: Sample ID: MCW-01 MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM	Sample Date: Sample ID: MCW-01 MCW-SYSTEM	Sample Date: Sample ID: MCW-01 MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MCW-SYSTEM MAC M	Sample Date: Sample ID: MCW-01 MCW-SYSTEM MCW-01 MCW-SYSTEM MOE REG 459/8 MOE RE

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

APPROVAL:

<u>.</u>

Mina Nasirai

Organic Lab Supervisor

Caduce nvironmental Laboratories

Division of Caduceon Enterprises Inc.

Client:

Ontario Clean Water Agency

5 Industrial Dr. Chesterville, ON K0C 1H0

Attention: **Parameter**

Dave Markell

Unit

MDL

Certificate of Analysis

Report:

230005775

Project:

Moose Creek WTP

Date Sampled:

May 5, 2003

Date Received:

May 5, 2003 May 07, 2003

Date Printed:	May 07, 2003
Matrix:	Drinking Water

			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

Sample Identification



(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

DATE SUBMITTED: 13-May-03

DATE REPORTED: 16-May-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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	d:	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
otal 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



(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

DATE SUBMITTED: 13-May-03

DATE REPORTED: 16-May-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO.: 220008033

			Client ID:		Mall		
			Sample ID:		B03-3283-5		
			Date Collected	i:	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			and the same of th
E coli	cts/100mL	1	MOE E3371	13-May-03	< 1		
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	13-May-03			



(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3552

Rev. 1

Report To:

Ontario Clean Water Agency - Moose Creek

5 Industrial Dr.

Chesterville ON K0C 1H0
Attention: Dave Markell

DATE SUBMITTED: 21-May-03

DATE REPORTED: 23-May-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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 Collecte	d:	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
otal 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



(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3552

Rev. 1

Report To:

Ontario Clean Water Agency - Moose Creek

5 Industrial Dr.

Chesterville ON K0C 1H0
Attention: Dave Markell

DATE SUBMITTED: 21-May-03

DATE REPORTED: 23-May-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO.: 220008033

			Client ID:		2041 Valley Street		
			Sample ID:		B03-3552-5		
	_		Date Collected	i :	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		**************************************	
otal Chlorine	mg/L			21-May-03	1.7		
Free Chlorine	mg/L			21-May-03	1.4		

Krystyna **P**ipin, M. Sc. Lab Supervisor



(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3552

Rev. 1

Report To:

Ontario Clean Water Agency - Moose Creek

5 Industrial Dr.

Chesterville ON K0C 1H0 Attention: Dave Markell

DATE SUBMITTED: 21-May-03

DATE REPORTED: 23-May-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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	d:	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
otal Chlorine	mg/L		CONTROL OF THE PROPERTY OF THE	21-May-03			2.1	1.7
Free Chlorine	mg/L			21-May-03			1.7	1.3



(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-3552

Rev. 1

Report To:

Ontario Clean Water Agency - Moose Creek

5 Industrial Dr.

Chesterville ON K0C 1H0 **Attention:** Dave Markell

DATE SUBMITTED: 21-May-03

DATE REPORTED: 23-May-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO.: 220008033

			Client ID:		2041 Valley Street		
			Sample ID:		B03-3552-5		
			Date Collected	d:	20-May-03		
Parameter	Units	M.D.L.	Reference Method	Date Analyzed			
Total Coliform	cts/100mL	1	MOE E3371	21-May-03	< 1	ļ	
Background	cts/100mL	1	MOE E3371	21-May-03		 ***************************************	Million de la companya de la company
E coli	cts/100mL	1	MOE E3371	21-May-03	< 1		
Heterotrophic Plate Count	cts/1mL	2	MOE E3371	21-May-03			0.000
otal Chlorine	mg/L			21-May-03	1.7		
Free Chlorine	mg/L			21-May-03	1.4		



(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS

REPORT No. B03-3688

Final Report

Report To:

Ontario Clean Water Agency - Moose Creek

5 Industrial Dr.

Chesterville ON K0C 1H0
Attention: Dave Markell

DATE SUBMITTED: 27-May-03

DATE REPORTED: 29-May-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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	d:	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

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

DATE SUBMITTED: 27-May-03

DATE REPORTED: 29-May-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

•			Client ID:		S.P.S.		
			Sample ID:		B03-3688-5		
			Date Collected	j:	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		



(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

DATE SUBMITTED: 03-Jun-03

DATE REPORTED: 06-Jun-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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 Meth	nod:	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		
reated 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



(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

DATE SUBMITTED: 03-Jun-03

DATE REPORTED: 06-Jun-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO.: 220008033

	Parameter:		Total Chlorine			i
	Units:		mg/L		[
	MDL:					
	Reference Meth	od:				
	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	 THE STATE OF THE S		
Dist. Tower Elevated Tank	B03-3885-4	02-Jun-03	1.1	THE SAME OF THE SA		
Dist. 2041 Valley St	B03-3885-5	02-Jun-03	1.0			



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 10-Jun-03

DATE REPORTED: 13-Jun-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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 Meth	nod:	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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 10-Jun-03

DATE REPORTED: 13-Jun-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO.: 220008033

	Parameter:		Total Chlorine		
	Units:		mg/L		
	MDL:				
	Reference Meth	od:	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		



(Division of Caduceon Enterprises Inc.)

Caduceon Environmental Laboratories

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

DATE SUBMITTED: 17-Jun-03

DATE REPORTED: 19-Jun-03

SAMPLE MATRIX: Drinking Water

Fax 526-1244

Ottawa Ontario K1V 7P1

2378 Holly Lane

Tel: 526-0123

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 Meth	nod:	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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 17-Jun-03

DATE REPORTED: 19-Jun-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter:		Total Chlorine			
	Units:		mg/L			
	MDL:					
	Reference Meth	nod:	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			A STATE OF THE PROPERTY OF THE	2 2000
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



(Division of Caduceon Enterprises Inc.)

CERTIFICATE OF ANALYSIS Final Report

REPORT No. B03-4512

Rev. 2

Report To:

Ontario Clean Water Agency - Moose Creek

Chesterville ON K0C 1H0 **Attention:** Dave Markell

5 Industrial Dr.

DATE SUBMITTED: 24-Jun-03

DATE REPORTED: 07-Jul-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter:		Total	Background	E coli	Heterotrophic	Free Chlorine
			Coliform			Plate Count	<u> </u>
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	MDL:		1	1	1	2	
	Reference Meth	od:	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

Lab Supervisor



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 24-Jun-03

DATE REPORTED: 26-Jun-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter:		Total Coliform	Background	E coli	Heterotrophic Plate Count
	Units:	Units:		cts/100mL	cts/100mL	cts/1mL
	MDL:		1	1	1	2
'	Reference Meth	iod:	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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 30-Jun-03

DATE REPORTED: 02-Jul-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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 Meth	nod:	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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 08-Jul-03

DATE REPORTED: 10-Jul-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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 Meth	od:	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



(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

DATE SUBMITTED: 14-Jul-03

DATE REPORTED: 16-Jul-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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 Meti	nod:	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
aul 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



(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

DATE SUBMITTED: 14-Jul-03

DATE REPORTED: 16-Jul-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123

Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter:		Total Chlorine		
	Units:		mg/L]	
	MDL:				
	Reference Meth	nod:	n/a		
	Date Analyzed:	Date Analyzed:			
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 Piph, M. Sc.

Lab Supervisor



(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

DATE SUBMITTED: 22-Jul-03

DATE REPORTED: 24-Jul-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter:	Parameter:		Background	E coli	Heterotrophic Plate Count	Free Chlorine	
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L	
	MDL: Reference Method: Date Analyzed:		1	1	1	2	n/a 22-Jul-03	
			MOE E3371	MOE E3371	MOE E3371	MOE E3371		
			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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 29-Jul-03

DATE REPORTED: 31-Jul-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

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: Reference Method: Date Analyzed:		1	1	2		
			MOE E3371	MOE E3371	MOE E3371	n/a	
			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



(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

DATE SUBMITTED: 06-Aug-03

DATE REPORTED: 08-Aug-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter:	Parameter:		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 Meth	Reference Method:		MOE E3371	MOE E3371	MOE E3371	n/a 06-Aug-03	
	Date Analyzed:		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 /IcNeil 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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 12-Aug-03

DATE REPORTED: 18-Aug-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	ie:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine mg/L	
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL		
	M.D.L.: Reference Method: Date Analyzed:		1	1	1	2		
			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a	
			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 IcNeil 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



(Division of Caduceon Enterprises Inc.)

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

DATE SUBMITTED: 19-Aug-03

DATE REPORTED: 21-Aug-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	Parameter Name:		Background	E coli	Heterotrophic Plate Count	Free Chlorine	
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L	
	M.D.L.: Reference Method: Date Analyzed:		1	1	1	2		
			MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a	
			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 IcNeil 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



(Division of Caduceon Enterprises Inc.)

lo.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

DATE SUBMITTED: 26-Aug-03

DATE REPORTED: 28-Aug-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	Parameter Name: Units: M.D.L.: Reference Method: Date Analyzed:		Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:			cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:			1	1	2	
	Reference Met			MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:			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		
Treated Water- 16950 AcNeil 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



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

То	MOE / Mott
Company	
Fax Number	268-6061 933-7530
From	Dave
Date	Sept-5/03
Number of Pages	(including this page)
Subject	Adversad water
AUQI	15337)
	Crock /
	220008033
Rosamo	



Ministry of the Ministère de Environment l'Environnement

Drinking-Water Systems Regulation O. Reg 170/03

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

	Exceeds MA	C Radiological	Exceed	s IMAC				
Water Quality Phys/Chem	Exceeds IMA	.C CofA/Order	Exceed	s Limit				
Indicator of Adverse Water Quality (operational observations or test result; no associated lab notificat		Details:						
Oral Notification to SPILLS ACTION CENTRE								
Date Sept. 5/03 Time/. 28	AWQI Notif	otification No (s) 15887						
Person Contacted		DWS EMERGENCY CONTACT						
DWS Name Moose Crek WTP		Name Dave Markell						
DWS (Waterworks)# 220008033		Position Process Tech Phone #	-					
DWS Person Providing Oral Notification		Phone #	Fax #					
Lisa Bortolussi		613-448-3098	448	-1616				
Oral Notification to MEDICAL OFFICER OF HE	EALTH	CORRECTIVE ACTION(S) TAKE	N BY OW	NER:				
Date Sept 6/03 Time 1:18 Person Contacted		Resample/Re-test		X Yes □ No				
Person Contacted		Disinfectant Restored/ Increased		□Yes□No				
Irene Marchand		Flushing Mains/Pipes		□Yes□No				
Position Admin ASS.		Users Advised to Boil/Seek Alternate		□Yes □No				
Phone # Providing Onl Natification	930	OTHER - Describe:						
Dw's beison Floriding Oral Nothication								
Lisa Bortalussi		Other information attached						
Initial DWS Notification Prepared by:								
Signature Our NonCul		Date Sept 5/03						
SECTION 2 (b) - NOTICE OF ISSUE RESOL	UTION – Se							
Date Resolved:	Date Reso	olution Notice Provided:	·					
Summary of Action Taken and Results Achieved (include test r	esults showing water quality is no longe	er 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 **(W)** Ontario

Ministry of the Stinlature do Environment l'Environment

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 1 - WRITTEN NOTICE BY LABORATORY

		ţ						
Indicators of Adverse Water Quality	Micro Exceeds Standard P	ys/Cl	nem Exceeds Standard	Radiological Exceeds Standard CofA/Order Exceeds Limit				
Oral Notification to SI	PILLS ACTION CENTRE							
Person Contacted:	levie Brusevino		Date: 05/09/03	Time: 1:05pm				
Person Notifying: Andr	ea Schneider	þ	AWQI Notification No (s) 15887					
	duceon Environmental Laborator	·	Laboratory Emergency Contact Name Krystyna Pipin					
Address 2378 Holly La			Position Laboratory Super	rvisor				
Telephone # of Lab (6			Phone # (613) 526-0123 Fax # (613) 526-124					
Drinking-Water Syste	m (DWS) Name		DWS Emergency Contact					
Moose Creek WTP			Ontario Clean Water Agency					
DWS (Waterworks) # 2	20008033		Name Dave Markell					
Location			Position					
Telephone # of Waterw	orks (613)448-3098		Phone # (613)448-3098	Fax # (613) 448-1616				
Oral Notification to D	rinking-Water System Owner		Oral Notification to Local	Medical Officer of Health				
Person Contacted	isa Bortolussi		Porson Contacted	u ·				
Position	~ In Training		Position Recept	tronist				
Date 05/09/03	Time 8: 50pm	٥	Date 05/09/03	Time 6:550~.				
Laboratory Written N (Lab Results must, be at	lutification Prepared by: tached using Section 3 of this form)	Andre	ea Schneider					
Signature	- (61)	L,	Date 05/09/03					
For Ministry Use Only	y:		Report No.					
L		7						

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

Page 2 of 4



(Division of Caduceon Enterprises Inc.)

C.O.C.: ---

CERTIFICATE OF ANALYSIS

REPORT No. B03-7941

Final Report

Report To:

Ontario Clean Water Agency - Moose Creek

5 Industrial Dr.

Chesterville ON K0C 1H0 Attention: Dave Markell

DATE SUBMITTED: 03-Sep-03

DATE REPORTED: 05-Sep-03

SAMPLE MATRIX: Drinking Water

Caduçeon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO .:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	ie:		Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine	
•	Units:		Γ	cts/100ml	cts/100mL	cts/100mL	cts/1mL	mg/L	
	M.D.L.:			1 MOE E3371	1	1	2	n/a	
			MOE E3371		MOE E3371	MOE E3371			
			T	3-Sep-2003	03-Sep-2003	03-Sep-2003	03-Sep-2003	03-Зөр-2003	
Çlient I.D.	Sample I.D.	Date Collected							
Well #2 raw	B03-7941-1	02-Sep-03	Γ	<1	> 200	< 1			
Well #3 raw	B03-7941-2	02-Sep-03	T	<1	38	<1			
Treated Water- 16950 McNeil Fld	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	Γ	< 1		< 1	••	1.35	

Krystyna Pipin, M. Sc.

Lab Supervisor

MDL = Method Detection Limit

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

The analytical results reported herein refer to the samples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

Page 1 of 1.

♥ Ontario

Drinking-Water Systems Regulation O. Reg 170/03

SECTION 3:

ADVERSE ANALYTICAL RESULTS

For Indicators Listed in - Drinking-Water Systems Regulation

Microbiological Testing

AWQ1 Notifica- tion Record	DWIS Lab Sample ID No.	DWIS Sample Field ID No.		DWIS Sample Type/ Location Identifier		Riltration Co	unt/100 mL	P-A / 100mL Confirmed	HPC/ 1mL	Plates Prepared	Date - Plates Read (M/D/Y)	Date - Data Approved (M/D/Y)
No.					Total Coliforms	TC Back- ground	E. coli					
15883	B03-7941-4		C2/09/03	Tower	0	-	0	-	>500	03/09/03	05/09/03	05/09/03
ļ												

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

Physical/Chemical/Radiological Testing

	DWIS Lab Sample ID No.	DWIS Sample Field ID No.		DWIS Sample Type / Location Identifier	Parameter	Result	Unit of Measure		3	Date - Data Approved (M/D/Y)
Results Authorized By: Andrea schneider Authorization Date: 05/09/03										
For Ministry Use Only:			Report No.:							

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

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

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

T	ran	
Last	l ran	saction

<u>Date</u>	<u>Time</u>	<u>Type</u>	Identification	<u>Duration</u>	<u>Pages</u>	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

T .	rm.	. •
1 2 CT	Iran	saction
TATOL	1101	SUCTION

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



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	$mo \in moH$
Company	
Fax Number	800-268-6061 /933-7930
From	Lisa Bortolussi
Date	Sept 09/03
Number of Pages	(including this page)
Subject	Notice of Resolution
- Adver	se Datification Sept.05/03
	ks # 220008033
- Dati	ce of Resolution as per
Sche	dule 16-9
- Frack	attached lab report with
	re-sample and completed.
Soch	on 2 (b) Natice of Resolution
	Lisso Bortolussi



Ministry of the Ministere de Environment l'Environneme

Drinking-Water Systems Regulation O. Reg 170/03

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

	xceeds MAC	Radiologica	il Exceeds IMAC
Water Quality Phys/Chem E	Exceeds IMAC	C CofA/Orde	r Exceeds Limit
Indicator of Adverse Water Quality (operational observations or test result; no associated lab notificati		Details:	
Oral Notification to SPILLS ACTION CENTRE			
Date Sept.5/03 Time/: 28	AWQI Notifi	ication 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		Phone # 613-448-3098	Fax# 448-1616
Oral Notification to MEDICAL OFFICER OF HE	ALTH	CORRECTIVE ACTION(S) TAKE	EN BY OWNER:
Date Sept 6/03 Time 1:18 Person Contacted		Resample/Re-test	∑ Yes □ No
Person Contacted		Disinfectant Restored/ Increased	□Yes□No
Irene Marchand	ŀ	Flushing Mains/Pipes	□Yes □No
Position Admin ASS.		Users Advised to Boil/Seek Alternate	Yes No
Phone # Phone # 933 - 70 Phone # 933 - 70 DWS Person Providing Oral Notification	930	OTHER - Describe:	
Lisa Bortolussi		Other information attached	
Initial DWS Notification Prepared by:			
Signature Dur Drun Cul		Date Sept 5/03	
SECTION 2 (b) – NOTICE OF ISSUE RESOLU	UTION – Sec	et. 16-9 O Reg. 170/03	
Date Resolved:	Date Resol	lution Notice Provided:	
Summary of Action Taken and Results Achieved (i		• • • •	
Tap disint	bedeo	d and re-	sampled
Sept. 0510	3.		- \
Prepared By:	Signature:		Date: 5-04.09.03
For Ministry Use Only:		IDS Reference No.	

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



(Division of Caduceon Enterprises Inc.)

C.O.C.: ---

CERTIFICATE OF ANALYSIS Final Report

REPORT No. 803-8175

Report To:

Ontario Clean Water Agency - Moose Creek

5 Industrial Dr.

Chesterville ON K0C 1H0 Attention: Dave Markell

DATE SUBMITTED: 05-Sep-03

DATE REPORTED: 08-Sep-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO .:

P.O. NUMBER:

Moose Creek WTP

WATERWUHKS NO. 220008033

	Parameter Name: Units: M.O.L.:			Parameter Name: Total E coli		E coli	Heterotrophic Plate Count	Free Chlorine	
				cts/100mL	cts/100mL	cts/1mL	mg/L		
				1	1	2			
	Reference Method:		П	MOE E3371	MOE E3371	MOE E3371	n/a		
	Date Analyzed:			5-Sep-2003	05-Sep-2003	05-Sep-2003	05-Sep-2003		
Client I.D.	Sample I.D.	Date Collected	1						
Treated Water - 16950 McNeil Road	B03-8175-1	05-Sep-03		<1	<1	< 2	2.03		
Elevated Tank	B03-8176 2	05-Sep-03		~ 1 <u> </u>	<1	< 2	1.70		
SPS	B03-8175-3	05-Sep-03	П	<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.

The analytical results reported herein rater to the camples as received. Reproduction of this analytical report in full or in part is prohibited without prior written consent from Caduceon Environmental Laboratories.

Page 1 of 1.

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

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1 201	1 720 1	<u>nsaction</u>
LASI	114	isacuvii

Date	<u>Time</u>	<u>Type</u>	Identification	Duration	<u>Pages</u>	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 T	ransaction	<u>n</u>				
<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	Result
Sep 9	2:29pm	Fax Sent	18002686061	0:51	3	OK



(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

DATE SUBMITTED: 03-Sep-03

DATE REPORTED: 05-Sep-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

		Parameter Nam	ie:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
		Units:	Units: cts/100mL cts/100m	cts/100mL	cts/100mL	cts/1mL 2	mg/L	
		M.D.L.: 1 1	M.D.L.:		1		1	
		Reference Meti	nod:	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
C	lient I.D.	Sample I.D.	Date Collected					
W	Vell #2 raw	B03-7941-1	02-Sep-03	< 1	> 200	< 1		
N	Vell #3 raw	B03-7941-2	02-Sep-03	< 1	38	< 1		
	reated Water- 16950 IcNeil Rd	B03-7941-3	02-Sep-03	<1		< 1	82	2.18
T	ower - Elevated Tank	B03-7941-4	02-Sep-03	< 1		< 1	> 500	0.99
D	Pist. SPS	B03-7941-5	02-Sep-03	< 1		< 1		1.35

Krystyna Pipin, M. Sc. Lab Supervisor

MDL = Method Detection Limit



(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

DATE SUBMITTED: 05-Sep-03

DATE REPORTED: 08-Sep-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	ne:	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 Met	hod:	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	
PS	B03-8175-3	05-Sep-03	< 1	< 1	< 2	1.24	

Krystyna Pipin, M. Sc. Lab Supervisor

MDL = Method Detection Limit



(Division of Caduceon Enterprises Inc.)

b 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

DATE SUBMITTED: 09-Sep-03

DATE REPORTED: 11-Sep-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nan	ne:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:		M.D.L.: 1 1	1	1	2	1
	Reference Met	hod:	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

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

DATE SUBMITTED: 16-Sep-03

DATE REPORTED: 18-Sep-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	ie:	Total Backg Coliform		E coli	Heterotrophic Plate Count	Free Chlorine	
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L	
	M.D.L.: 1 1	1	1 1	2				
	Reference Meth	nod:	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 IcNeil 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	

Krystyna Pipin, M. Sc. Lab Supervisor

MDL = Method Detection Limit



(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

DATE SUBMITTED: 23-Sep-03

DATE REPORTED: 25-Sep-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	ne:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Parameter Sym	ibol:	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

Krystyna Pipin, M. Sc. Lab Supervisor



(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

DATE SUBMITTED: 30-Sep-03

DATE REPORTED: 02-Oct-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	Parameter Name:		Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:		cts/100mL	cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.: Reference Method:		1	1	1	2	
			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 AcNeil 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

Krystyna Pipin, M. Sc.

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

							Matrix:		Supply Wate	
		LAB ID:	269946						GUIDELINE	
	Samp	ole Date:	2003-09-02							
	Sa	mple ID:	MC-02- DISTRI					М	OE REG 170/	03
PARAMETER	UNITS	MDL	DISTRIBUTION			,		TYPE	LIMIT	UNITS
VOLATILE ORGANIC COMPOUNDS - VOCs			1						1	
Bromodichloromethane	ug/L	0.3	18.3		{	}		i		
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		{	1		MAC	100	ug/L
VOC SURROGATES	- }	ļ	1		ł			1		
Toluene-d8	%	}	99		1		ļ			
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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:

Date Submitted:

2313864

Date:

2003-09-11

2003-09-04

Project:

P.O. Number:

Matrix:

Supply Water

							Matrix:		Supply Wate	r
		LAB ID:	269945						GUIDELINE	
		le Date:	2003-09-02							
	Sai	mple ID:	MC-01-					 	OE REG 170/	00
			TREAT					l Mi	DE REG 170/	03
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
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MDL = Method Detection Limit INC = Incomplete AO = Aesthetic Objective OG = Operational Guideline MAC = Maximum Allowable Concentration IMAC = Interim Maximum Allowable Concentration Comment:

APPROVAL:



(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

DATE SUBMITTED: 07-Oct-03

DATE REPORTED: 09-Oct-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	ie:	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 Meth	nod:	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 4cNeil 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

Krystyna Pipin, M. Sc.



(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

DATE SUBMITTED: 15-Oct-03

DATE REPORTED: 17-Oct-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	e:	Total Coliform	Background	E coli	Heterotrophic Plate Count	Free Chlorine
	Units:	M.D.L.:		cts/100mL	cts/100mL	cts/1mL	mg/L
	M.D.L.:			1			
	Reference Meth	od:	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
AC-05 MC Mail	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

Krystyna Pipin, M. Sc.



(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

DATE SUBMITTED: 21-Oct-03

DATE REPORTED: 23-Oct-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO .:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	e:	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 Meth	od:	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 cNeil 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

Krystyna Pipin, M. Sc.



(Division of Caduceon Enterprises Inc.)

.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

DATE SUBMITTED: 28-Oct-03

DATE REPORTED: 30-Oct-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	e:	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 - Raw	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

Krystyna Pipin, M. Sc.



(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

DATE SUBMITTED: 04-Nov-03

DATE REPORTED: 06-Nov-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

40 Camelot Drive

Ottawa Ontario K2G 5X8

Tel: 228-1145 Fax 228-1148

JOB/PROJECT NO .:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Name	9:	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 Meth	od:	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



(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

DATE SUBMITTED: 11-Nov-03

DATE REPORTED: 13-Nov-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO .:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	e:	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	2	
	Reference Meth	od:	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 AcNeil 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

Krystyna Pipin, M. Sc.



(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

DATE SUBMITTED: 18-Nov-03

DATE REPORTED: 20-Nov-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	e:	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 Meth	od:	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 IcNeil 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

Krystyna Pipin, M. Sc.



(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 Nam	e:	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 Meth	od:	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
Pist. Tower	B03-12757-4	24-Nov-03	< 1		< 1	< 2	1.22
Dist. SPS	B03-12757-5	24-Nov-03	< 1		< 1		0.99

Krystyna Pipin, M. Sc.



(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 Nam	e:	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	2	
	Reference Meth	od:	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
ist. 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

Krystyna Pipin Lab Supervisor



(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

DATE SUBMITTED: 09-Dec-03

DATE REPORTED: 11-Dec-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	e:	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 Meth	od:	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

Krystyna Pipin Lab Supervisor



(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

DATE SUBMITTED: 16-Dec-03

DATE REPORTED: 18-Dec-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	e:	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 Meth			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
Pist. 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



(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 Nam	e:	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 Meth	od:	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

Krystyna Pipin Lab Supervisor



(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

DATE SUBMITTED: 29-Dec-03

DATE REPORTED: 31-Dec-03

SAMPLE MATRIX: Drinking Water

Caduceon Environmental Laboratories

2378 Holly Lane

Ottawa Ontario K1V 7P1

Tel: 526-0123 Fax 526-1244

JOB/PROJECT NO.:

P.O. NUMBER:

Moose Creek WTP

WATERWORKS NO. 220008033

	Parameter Nam	e:	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 Meth	od:	MOE E3371	MOE E3371	MOE E3371	MOE E3371	n/a
	Date Analyzed:		29-Dec-2003	29-Dec-2003	Plate Count tts/100mL cts/100mL cts/1mL 1 1 2 OE E3371 MOE E3371 MOE E3371	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

Krystyna Pipin Lab Supervisor





Municipality	Moose Creek	Works # 220008033	Report To	Ontario	Clean W	ater Age	ncy		Telephone: (613) 448-3098
Source	Wells		Address	5 Indus	rial Drive)			Fax: (613) 44	8-1616
Sample Type	Bacti			P.O. Bo	x 460				Postal Code	K0C 1H0
Date Sampled	25/08/0	3 Sampler BILL MICHELS		Chester	ville, On	tario			are to stronger 42	√ Bonortoblo
Sample ID		Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
							A			
MC-02	Well # 2 Raw		10 10			X	X	x		
MC-03	Well # 3 Raw		1015			X	X	X		
MC-04	Treated Water V	VTP - 16950 McNeil Road, Moose Creek	10 25	1.41	_	X	X		X	X
MC-05	POST	Office	945	1.26		х	X		X	X
MC-06	mc		955	1.33		X	X			X
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☐ 146 Colonnade Rd., Unit 8 Ottawa, ON K2E 7Y1

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

DCWA · port Attention: DANE MARKELL one: Water	works #:		CH1 Proj	ect#	RVILL	L =	* Qu	tal Code: KOC- uotation #					of Resu	ilts to:		
30 10	2000803	<u>3</u>					s	SAMPLE	ANALY	SIS R	EQUIR	TED	III		te: F=Filten	criteria
	Date/Time Collected 19/03 9/5	Sample Matrix	O O C=Comp. G=Grab	Number of Containers	Service Required ** Service Required ** R=Rush S=Standard	< Νοι · Νυ3	Z#L 7			FCL	2 -	2.18	m5/2	Approximental Carlos and Carlos a		REQUIRED * i.e. MOE GUCSO, CCME, PWQO, ODWS, Québec) MOE Reg. #: Other: MOE Reportable Yes I No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No
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Municipality	Moose Creek	Works # 220008033	Report To	Ontario	Clean W	ater Ager	псу	agrania a su su su su su su su su su su su su su	Telephone: (6	13) 448-3098
Source	Wells		Address	5 Indus	rial Drive		and the second of the second o		Fax: (613) 44	8-1616
Sample Type				P.O. Bo	x 460				Postal Code	K0C 1H0
i+ i+	02/09/03	Sampler BILL MICHELS		T	rville, On	and the second	1		Service of the Control of the Contro	Reportable
Sample ID		Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Sample
IVIG-01			-			X	X	a 20 - 12 - 1 - 2	. ,	
MC-02	Well # 2 Raw		928		-	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		х	X		X	X
MC-05	}	EVATED TANK	945	.99		X	X	The state of the s	X	X
MC-06	S.P.S.		1000	7.35		X	X			X
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Municipality	Moose Creek	Works # 220008033	Report To	Ontario	Clean W	ater Age	ncy		Telephone: (513) 448-3098
Source	Wells		Address	5 Indus	rial Drive	9			Fax: (613) 44	8-1616
Sample Type	Bacti			P.O. Bo	x 460		w		Postal Code	K0C 1H0
Date Sample	1 - 1	Sampler BILL MICHELS		Chester	ville, On	tario		and a supplementary of the sup		
Sample ID		Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
WIG-01			-			Х	X			
MC-02	Well # 2 Raw		928			X	X	X		
MC-03	Well # 3 Raw		930			X	x	X		
MC-04		P - 16950 McNeil Road, Moose Creek	920	2.18		Х	x		x	X
MC-05		LEVATED TANK	945	.99	-	X	x		X	x
MC-06	S.P.S.		1000	1-35	Total Philipping	X	X	17.000	200	X
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Municipality	Moose Creek	Works # 220008033	Report To	Ontario	Clean V	Vater Age	ency		Telephone: (613) 448-3098
Source	Wells		Address	5 Indus	rial Driv	e			Fax: (613) 44	
Sample Type	Bacti	* p #0 pp 40 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 m		P.O. Bo	x 460		The state of the s		Postal Code	
Date Sampled	105/09/03	Sampler BOLL MICHELS		Cheste	ville, On	tario				
Sample ID		Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
									The state of the s	
								No. 7 (2011) All Additional Production and Programming Co. 1 (1981). All all all all all all all all all all	Chapter of the Special Confession	
MC-04	1	16950 McNeil Road, Moose Creek	1330	2.63	***************************************	Х	X		X	X
MC-05	ELEJATED S	TANK (TOWER)	1400	1.70	_	X	X		X	X
MC-06	SPS.		1350	1.24		X	x		X	X
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Municipality	Moose Creek	Works # 220008033	Report To	Ontario	Clean W	ater Age	ncy		Telephone: (613) 448-3098
Source	Wells		Address	5 Indus	rial Drive	•			Fax: (613) 44	18-1616
Sample Type	Bacti			P.O. Bo	x 460		and a first of a contract of an extension of the contract of t		Postal Code	K0C 1H0
	08/09/03.	Sampler BILL MICHELS		Chester	ville, On	tario	on the grat without	prominings of the United		
Sample ID		Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample
MC-02	Well # 2 Raw	and the second s	940	-		X	X	X		
MC-03	Well # 3 Raw		945			X	X	X		
MC-04	Treated Water WT	- 16950 McNeil Road, Moose Creek	950	1.9		X	X		x	X
MC-05	me mac	L	1005	1,26		X	X	2	X	X
MC-06	2041 VA	LLEY ST N.	1025	1.05	_	X	x			X
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Municipality	Moose Creek	Works # 220008033	Report To	Ontario	Clean V	Vater Age	ncy		Telephone: (6	13) 448-3098	
Source	Wells		Address	5 Indus	trial Driv	e	a an ann an ann an an an an an an an an		Fax: (613) 44	8-1616	
Sample Type	the state of the s			P.O. Bo	x 460				Postal Code K0C 1H0		
Date Sampled	15/04/03	Sampler BILL MICHELS	•	Cheste	rville, Or	tario					
Sample ID		Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Reportable Sample	
MC-02	Well # 2 Raw		945	_	_	X	x	X			
MC-03	Well # 3 Raw		950	-		X	x	X			
MC-04	Treated Water WTP	- 16950 McNeil Road, Moose Creek	955	1.43	-	X	X		X	x	
MC-05	PAUL AI),Am S	10 15	1.00		X	x		X	x	
MC-06	Post of		1025	1.19		х	x			X	
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Municipality	Moose Creek	Works # 220008033	Report To			ater Age	ncy		Telephone: (6	
Source	Wells		Address	5 Indus	rial Drive)	Management of the State of the	alle value de la company de la	Fax: (613) 44	
Sample Type	Bacti			P.O. Bo	x 460			a germanalaria magninistic e de lesc si fi si	Postal Code	K0C 1H0
Date Sampled	22/09/03	Sampler BILL MICHEL	<u>'S </u>	Chester	ville, On	tario				Reportable
Sample ID		Sample Description	Time	F CL2	T CL2	E. Coli	Total Coliform	Background	HPC	Sample
MC-02	Well # 2 Raw		10 10			X	X	X		
MC-03	Well # 3 Raw		1018		-	X	X	X		a par para a contrat a
MC-04	Treated Water WTP -	- 16950 McNeil Road, Moose Creek	1000	1.32	—	X	X		X	X
MC-05	SPS		10 30		_	х	X		X	X
MC-06	mc - MAL	L	1035	.96		X	X			X
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Environmal al Laboratories (Division of Caduceon Enterprises

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ODWS Drinking Water Samples (459 505)		ODWS (Nor	Regulatory)			M	ISA Gu	ideline	s		Cle	an Up	Criteria	(AE	3 C	D	E_	F	_)	
Provincial Water Quality Objectives		Provincial :	Sediment Quality	Guideline	[] La	andfill .	Analysi	is		Oti	her:			-					
OCWA	ddress: ح	/NOUST	RIAL D	R					V* ² /	AN	ALYS	ES RE	OUES	TED (P	rint Te	st in	Boxes		/	
Contact: HENDERSON.		46 STERV				/	/ /				"/	//	//	//	//	//	//			
Tel: 613-448-3098					/					*/	//	//	//		//	/ /	//	/		
613-448-1616	22000	8033	Project Name: MOOS & CR	eek	/{	γķ) (3		/ /	/ /	/ /	//	//		_	_	_	4,	
Email: Q	Quote No.:		P.O. No.:	:												R				
No. Sample Identification	Samplé Metrix	DatesCellected: (dd-mm-yy)	Collected	Regulator /								ich Sar The Bo		ed						
MC-04 RAW.	DW	29-09-63		N	7	4													1	
MC-13 RAW	DW	11	10 35	N	V	7													1	
A Part of the Control	DW	"	1040	<u> </u>	1	<u> </u>	1										1.44		1	
MC-OS P.O. TREATED	DW	· ·	1015	4	レ	1	/										1.07		1	
MC-06 SIP.S. TREATED.	DW	29-09/03	11 00	4	V	/											165		1	
		Same and the same																		
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Sampled By (print): BILL MICHEL			48 Hrs	Fax Re	suits															
Submitted By (print): But MIRCHEL			5-7 Day	Email					DHCGSSSSSW021	PERSONAL PROPERTY AND	CONTRACTOR OF THE SAME	副机器的经验计 图	新年的原理和100 年	10 PM 20 PM	医腓科氏体 印度电流		2015-03-27/24/2016	2000年中国数		
Signature: Philips		Specific Date: _		No. of Conf	ainers	Ship	ped	Comh						Lab	eratory	7/900 3	rad So			
Date(dd-mm-yy): 39/09/03 Time: Sample Matrix Legend: D		Method of Shipr		rface Water G	W=Gro	undwa	ter LS	=Liquid	Sluda	e SS=S	Solid S	iudae S	s=Soil S	d=Sedin	nent PO	:=Paint	Chips		Page	of

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Environmental Laboratories (Division of Caduceon Enterprises ± 42462

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ODWS Drinking Water Samples (459 505)	7	ON) SMOO	ODWS (Non Regulatory)			MISA Guidelines		Clean Up Criteria (A	iteria (A	8	۵	Щ П	7	
Provincial Water Quality Objectives		Provincial	Provincial Sediment Quality Guideline	/ Guideline		Landfill Analysis		Other:						
Client:	Address:	/ki Dustrial	RIALI	26			ANIAL	Tarans Symmi		TENUAL OF	sexug il 188	8		
Contact:	b	Po. Box 460	094	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		303	(C. 1)							
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613-448 -3098			K00-1	0 H /-	\ <u>`</u> ;	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\ \{\}	\	\ \		\	\	Ď	\
Fax: 613-448-1616	Waterwork	Waterwork's/ Project#:	Project Name:	e CREEK	<u> </u>	(2/x/g)/x							s (
Email:	Quote No.:	ļ	P.O. No.:						<u> </u>	d				
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Sampled By (print): SILL MICHELS		24 Hrs	48 Hrs	Fax Results		Z								
Submitted By (print): B. LL MICHELS		72 Hrs 🔲	5-7 Day	Emaii								No.		
Signature: Soff the Ichels		Specific Date:		No. of Containers Shipped	tainers Sh	ipped Commin				Morelow				N NO
Date(dd-mm-yy): $06/10/03$ Time:		Method of Shipment:	nent:										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 621, 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

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Contact: BLAIR I Tel:	HENDERSON 8-3098		SOX 46 hestero	ille on Ho	*			V .U)r"/ \\\\\		¥ /	//							君	7	
1 6/3 - 77	18-1616	Waterwork	080 33	Project Name: MOOSEC	reek .	9	2/K		X P			//	//								70.	220
Email:		Quote No.:		P.O. No.:											Z	"	-	119				
Kab No. Seumple bie		e e grande. Programa	ete (gjedici) gjenjin (v)												e e			riche LOS				
1 mc-02	Well z	DW	14/10/03	1050	N	v	V		1					\bot	1_				_		N	_
2 MC-03	RAW WELL 3	DW	//	1055	N	V	レ		7									_	-		N	
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Method of Shipment:

Laboratory Locations/ Shipping Addresses

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Laboratory Locations/ Shipping Addresses



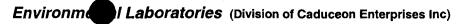
Environment Laboratories (Division of Caduceon Enterprises Inc.)



ODWS Drinking Water Samples (459 505 Non Regulated - Drinking Water)		Water Quality Objection				ISA Gu]		ean Up her:	Criteri	a (A	В	C	D E	F_	_)		
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Laboratory Locations/ Shipping Addresses



Environmental Laboratories (Division of Caduceon Enterprises Inc)



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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@cadueonlabs.com

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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 Famili contactottawae@caduceonlabs.com (Shipping & Supplies) Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-11 (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Adm Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax:(506) 855-8294, Email: contactmoncton@cadueonlabs.com (613) 228-1148, Email: contactottawaw@caduceonlabs.com (Administration)



Environmental Laboratories (Division of Caduceon Enterprises Inc)

c- 00032

	WS Drinking Water Samples (459 505) Regulated - Drinking Water			Water Quality Obje]]			ideline Analys			Clea	ın Up Crit	eria (A	В_	C.	D_	E_	_ F_	.)	
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	Dave Markell	4	hesterville, ON OC 1H0				- 1	اء				- 1	1								
Tel:	(613) 448-3098		OC 170					oji Gilion	ornd		1								į		
Fax:	(613) 448-1616		's/ Project#: 0008033	Project Name: Moose (Creek		ы S	Total Coliform	Background	H.P.C.										γ,	
Email:	dmarkell@ocwa.com	Quote No.:		P.O. No.:													5				
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Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Solid Sed=Sediment PC=Paint Chips F=Filter



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Ottawa West Lab - 40 Camelot Dr., Ottawa, ON K2G 5X8, Tel: (613) 228-1

(613) 228-1148, Email: contactottawae@caduceonlabs.com (Administration)
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506)



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Division of Caduceon Enterprises Inc)

	DWS Drinking Water Samples (459 505_	1	Provincial \	Nater Quality Obje	ectives		M	ISA Gu	ideline	<u> </u>		Ck	an Up	Criteria	(A	B	C_	_ D_	E_	F)	
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Sample Matrix Legend: DW=Drinking Water WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Solid Sed=Sediment PC=Paint Chips F=Filter

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

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

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

Laboratory Locations/ Shipping Addresses

Kingston Lab - 285 Daiton Ave., Kingston, ON K7K 621, Tei: (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: contactottawae@caduceonlabs.com (Administration)

Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506)



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onmeter Laboratories (Division of Caduceon Enterprises Inc)

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Environment Laboratories (Division of Caduceon Enterprises Inc.)

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

<u>Laboratory Locations/ Shipping Addresses</u>
Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770, Email: contactkingston **@**caduceonlabs.com



#	ISSUE	ACTION REQUIRED	RESPONSIBILITY	COMPLIANCE DATE	RESOLVED
	Installation of Standby Sodium Hypochlorite tank				
	with auto switch over and spill containment and	Engineer to purchase equipment & provide			
1_1_	associated controls.	drwgs.	Engineer/OCWA	July 1, 2003	
	Conduct well capacity testing &re-develop				
2	Well#1	Engineer/WESA.	Engineer/WESA	July 1, 2003	
		Engineer to purchase equipment & provide			
3	Upgrade Well vents.	drwgs.	Engineer/OCWA	July 1, 2003	
		Complete site specific plan when Area Study			
4	Well head protection & delineation plan.	complete	Municipality/Engineer		
	As constructed drawings and Process				
5	Instrumentation diagrams.	Engineer to provide	Engineer/OCWA	1 year from construction.	
6	Engineers Report (2nd)		Engineer	September 30, 2004	
	Automatic switch over system and associated	Engineer to purchase equipment & provide			
	controls.	drwgs	Engineer	July 1, 2003	
	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	





Date from Jan 01, 2003 to Aug 31, 2003

ion/Hub Name	Date	Course	Offered By	Status	tal Hours	Days *
tern Region <chesterville hub=""> Legislated</chesterville>						
Barrie, Andr	'ew			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, i	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	0.4
	28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	0.4
	24-Mar-03	Endress + Hauser Equipment Operations & Maintenanc	Endress + Hauser	Completed	3.50	0.5
	1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed	20.25	3.00
	5-Jun-03	Cross Connection	BEC Technologies	Completed	6.50	0.9
	11-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	0.4





Date from Jan 01, 2003 to Aug 31, 2003

rn Region :Chesterville Hub> Legislated						
Lauzon, Mark				60.25	,	
	5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed	3.00	0.
	6-Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	0
	28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	C
	24-Mar-03	Endress + Hauser Equipment Operations & Maintenanc	Endress & Hauser	Completed	3.50	C
	27-Mar-03	Filter Operation & Maintenance	OWWA	Completed	8.00	1
	1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed	20.25	3
	5-Jun-03	Cross Connection	BEC Technologies	Completed	6.50	(
	11-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	(
	16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed	6.00	(
	30-Jul-03	Operation of Flow Control Valves	Controlex	Completed	4.00	
Michels, Willia	m			38.75	5	
	5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed	3.00	(
	6-Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	(
	28-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	1
	1-Apr-03	Water Distribution & Hydrant Repair	OCWA	Passed	20.25	:
	5-Jun-03	Cross Connection	BEC Technologies	Completed	6.50	(
	11-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	
Roach, Jim				26.00	ð	
	27-Mar-03	Filter Operation and Maintenance	AWWA	Completed	8.00	
	24-Apr-03	Consolidated C of A's	OCWA, Tony Puim	Completed	0.50	(
	28-Apr-03	Consolidated C of A's	OCWA, Tony Puim	Completed	0.50	
	29-Apr-03	CP-C2 Chlorine Gas Leak	OCWA, Tony Puim	Completed	0.50	
	21-May-03	Confined Space Entry Training	Hetek Solutions Inc.	Completed	8.00	
	2-Jun-03	Bill 170/03	OCWA, Tony Puim, Dave McCully	Completed	0.50	
	17-Jun-03	Traffic Control	EUSA, Bill Hunt	Did Not Complete	1.00	
	10-Jul-03	Lifting and Hoisting Training	Acu-Tec	Completed	7.00	

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

^{* 1} training day is equal to 6.75 hours



Date from Jan 01, 2003 to Aug 31, 2003

rn Region						
Chesterville Hub>						
Legislated						
Veilleux, Jean				24	4.50	
2	1-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	C
1	4-May-03	Managing Multiple Priorities	Algonquin College	Completed	6.00	(
5	-Jun-03	Cross Connection	BEC Technologies	Completed	6.50	(
1	1-Jun-03	Introduction to Reg.170	OCWA	Completed	3.00	(
1	6-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed	6.00	(
Non-Legislated						
Baker, Kimberle	y			17	7.00	
ϵ	Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	(
2	8-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	(
1	6-Apr-03	How to use the Training Summary Database and eRepo	OCWA	Completed	1.50	(
5	-May-03	WIN AC/C	SSB	Completed	6.50	(
1	1-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	(
Henderson, Blai	r			39	9.50	
1	7-Feb-03	Water Treatment 3 Exam Prep.	BEC Technologies	Completed	22.00	;
2	8-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	(
ϵ	-Mar-03	State and Future Directions of Groundwater Initiat	Golder Associates	Completed	8.00	
2	7-May-03	Ontario Disabilities Act Training	OCWA	Completed	1.50	(
2	7-May-03	Drinking Water Systems Regulation, Safe Drinking W	MoE	Completed	2.00	(
1	1-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	

^{* 1} training day is equal to 6.75 hours





Date from Jan 01, 2003 to Aug 31, 2003

rn Region Chesterville Hub> Non-Legislated						
Kelly, Tony				27	.00	
	5-Feb-03	Operations & Maintenance of Prominent Chemical Pum	Metcon	Completed	3.00	0.4
	6-Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	0.4
	21-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	0.4
	27-Mar-03	Filter Operation & Maintenance	OWWA	Completed	8.00	1.1
	11-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	0.
	16-Jul-03	Operation of Electric Check Valve	Power Plant Supply Company	Completed	3.00	0.4
	30-Jul-03	Operation of Flow Control Valves	Controlex	Completed	4.00	0.
Markell, Dave	•			59).50	
	21-Jan-03	PCT Training Part 2	OCWA	Completed	14.00	2.0
	6-Feb-03	CPR Refresher	Ortho Clinique	Completed	3.00	0.4
	17-Feb-03	Water Treatment 3 Exam Prep.	BEC Technologies	Completed	22.00	3.3
	21-Feb-03	SDWA & Components of OCWA's EMS, Reg.435/93, Proce	RCA, OCWA	Completed	3.00	0.
	6-Mar-03	State and Future Directions of Groundwater Initiat	Golder Associates	Completed	8.00	1.
	4-Jun-03	Introduction to Reg. 170	OCWA	Completed	3.00	0.
	5-Jun-03	Cross Connection	BEC Technologies	Completed	6.50	0.





n Region						
Chesterville Hub>						
Legislated						
Barrie, Andre	9-Jan-02	CPR Recertification	Frakrija Odka Oliniania	93.94		
			Embrun Ortho Clinique	Completed	3.00	(
	15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed	24.00	
	23-Feb-02	Internet Searching and File Management	Community Access Program	Completed	3.00	
	28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed	1.00	
	28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed	2.50	
	28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed	1.00	
	5-Jul-02	Limitorque Valve Actuator	Vannes Famco	Completed	1.00	
	11-Sep-02	Prepatory Chemistry	St. Lawrence College	Completed	45.00	
	12-Sep-02	Contractor Safety Program	OCWA	Completed	5.06	
	24-Sep-02	Operation and Trouble Shooting SCADA System	Bristol Babcock	Completed	5.00	
	11-Dec-02	WHMIS Refresher/TDG Handling - Facilitated	OCWA	Passed	3.38	
Huskinson, B	krian			81.38		
	9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed	3.00	
	15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed	24.00	
	28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed	2.50	
	28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed	1.00	
	28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed	1.00	
	5-Apr-02	2002 Electrical Code Seminar	Electrical Safety Authority	Completed	3.50	
	17-Jun-02	Instrumentation in Water/Wastewater Plants	St. Lawrence College	Completed	35.00	
	24-Sep-02	Operations & Troubleshooting SCADA System	Bristol Babcock	Completed	3.00	
	28-Nov-02	Safe Use of Elevated Water Storage Facilities	Landmark Tank & Tower Services and Levitt-Safety	•	5.00	
	11-Dec-02	WHMIS Refresher/TDG Handling - Facilitated	OCWA	Passed	3.38	

^{* 1} training day is equal to 6.75 hours





ern Region						
<chesterville hub=""> Legislated</chesterville>						
Lauzon, Mark				55	3.75	
	10-Sep-02	Environmental Compliance	OCWA	Completed	13.50	2.0
	17-Sep-02	Water Quality Analyst	OCWA	Completed	20.25	3.0
	24-Sep-02	Operations & Troubleshooting SCADA System	Bristol Babcock	Completed	3.00	0.
	29-Oct-02	Working with Confined Spaces	OCWA	Passed	13.50	2.
	30-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	0.
Michels, Willia	m			56	3.25	
	9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed	3.00	0
	15-Jan-02	Basic Hoisting and Rigging Safety	EUSA	Completed	24.00	3
	5-Feb-02	Water Quality Analyst	OCWA	Completed	20.25	3
	28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed	1.00	0
	28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed	2.50	0
	28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed	1.00	0
	24-Sep-02	Operations & Trouble Shooting SCADA System	Bristol Babcock	Completed	3.00	0
	30-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	0





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





rn Region <chesterville hub=""></chesterville>						
Non-Legislated					.38	
Henderson, l	31-Feb-02	Client Connection & Client Manager	OCWA	Completed	4.00	0.5
	21-Feb-02 23-Feb-02	Internet Searching and File Management	Community Access Program	Completed	3.00	0.4
	23-Feb-02 30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed	3.00 14.50	2.1
	30-may-02 11-Jun-02	Training on Collective Agreement	OCWA	Completed	3.00	0.4
	20-Sep-02	Climate Change Affects Groundwater and Surface Wat	University of Ottawa	Completed	1.00	0.4
	20-Sep-02 24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed	5.00	0.7
	10-Oct-02	Wetwell Safety and Pump Efficiency	ITT Flygt	Completed	3.00	0.4
	11-Dec-02	PCT Training Part 1	OCWA	Completed	12.00	1.7
	19-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	0.
	31-Dec-02	WHMIS Refresher/TDG Handling Training - Self Study	OCWA	Passed	3.38	0.
Kelly, Tony		,		63	.00	-
itelly, rony	9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed	3.00	0.4
	20-Feb-02	DSC 3000 Operations & Maintenance	Falcon Security	Completed	8.00	1.1
	28-Feb-02	Sodium Hypochlorite	Brenntag Canada Inc.	Completed	1.00	0.
	28-Feb-02	Chlorine Gas	Brenntag Canada Inc.	Completed	2.50	0.3
	28-Feb-02	HFS Acid	Brenntag Canada Inc.	Completed	1.00	0.
	6-Mar-02	DSC 4010, 5010 Software Operations & Maintenance	Falcon Security	Completed	7.00	1.
	30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed	14.50	2.
	5-Jul-02	Limitorque Valve Actuator	Vannes Famco	Completed	1.00	0.
	24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed	8.00	1.
	1-Oct-02	Introduction to Operations Management	OCWA	Passed	13.50	2.
	16-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	0.

^{* 1} training day is equal to 6.75 hours





n Region						
Chesterville Hub> Non-Legislated						
Markell, Dave				7	7.94	
	9-Jan-02	CPR Recertification	Embrun Ortho Clinique	Completed	3.00	(
	20-Feb-02	DSC 3000 Operations & Maintenance	Falcon Security	Completed	8.00	
	6-Mar-02	DSC 4010, 5010 Software Operations & Maintenance	Falcon Security	Completed	7.00	
	30-May-02	Water Quality Issues and Treatment Options	Dalhousie University	Completed	14.50	
	12-Sep-02	Contractor Safety Program	OCWA	Completed	5.06	
	24-Sep-02	Operations and Trouble Shooting SCADA System	Bristol Babcock	Completed	5.00	
	1-Oct-02	Introduction to Operations Management	OCWA	Passed	13.50	
	10-Oct-02	Wetwell Safety and Pump Efficiency	ITT Flygt	Completed	3.00	
	11-Dec-02	PCT Training Part 1	OCWA	Completed	12.00	
	30-Dec-02	WHMIS Refresher	OCWA	Passed	3.50	
	31-Dec-02	WHMIS Refresher/TDG Handling Training - Self Study	OCWA	Passed	3.38	

^{* 1} training day is equal to 6.75 hours

ORIGINAL BILL OF LADING, OR, RECEIVED, SUBJECT TO THE RULES FOR THE CARRAGE OF EXPRESS AND NON-CARLOAD PRESS BED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITIONS OF CONTENTS OF PACKAGES UNKNO 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 THE SHIP OF LADING, OF THIS ORIGINAL SHIPPING CONTRACT (BILL OF LADING), GOODS DESCRIBED BELOW, IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTRINTS AND CONDITIONS OF CONTRINTS OF PACKAGES UNKNOWN), AND DESTINATION, AND 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 RÉGLEMENTS RÉGISSANT LE TRANSPORT DES MESSAGERIES ET MARCHÁDIGES DE DÉTAL ET DES TARIFS EN VIGUEUR À LA DATE DE DÉLIVRANCE DE CE CONTRAT DE TRANSPORT (CONTRAISSEMENT), LES MARCHÁNDISES DÉSIGNÉES CI-DESSOUS, APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTRAI) ET L'EST SU CONTRAID DES COUS ÉTANT INCONNUES, MARQUÉES ET EL QUINDIQUE CI-DESSOUS, ET QUE LA COMPAGNIE SENGAGE À TRANSPORTER À DESTINATION À SON LIEU HABITUEL DE LIVRAISON, POURTU QUE TELLE DESTINATION SOIT SUR SON PÉNCOURS, SINON À LES LIVRER À UN AUTRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION. ÆOCWA Lachine Warehouse SHIPPER EXPÉDITEUR Brenntag Canada Inc. MOOSE CREEK WTP 3000 Jean Baptiste Deschamps 16950 MCNEIL ROAD STREET ADDRESS ADRESSE (N° RUE) ADRESSE (N° RUE) Lachine, PQ MOOSE CREEK, ON DESTINATION DESTINATION PROVINCE OR STATE PROVINCE OU ÉTAT H8T 1E2 KOC 1WO Canada Canada 京 " 品幣 1. 化正确层侧板 POINT OF ORIGIN / POINT DEXPÉDITION CUSTOMER ORDER NO. N° DE COMMANDE DU CLIENT ORDER NO. 1386393 VERBAL Lachine CARRIER NAME / NOM DU TRANSPORTEUR REQUIRED / DEMANDÉS 15.12.2003 POTHER NOW IN LE GROUPE GUILBAULT LTD. VEHICLET/C NO. / MARQUE DU WAGON NVOICE TO/BI MER-FACTURE À / ACHETEUE TRANSPORTATION MODE / MODE DE TRANSPORT Less Than Truck Load OCWA 45328092 MGE NO. ROUTING / ITINÉRAIRE NO. AND DESCRIPTION OF PACKS NBRE ET DESCRIPTION DE COLIS D.G. DESCRIPTION OF ARTICLES AND SPECIAL MARKS
DESCRIPTION DES ARTICLES ET INDICATIONS SPECIALES PALLET WOODEN RETURNABLE 1.00 KILOGRAMS each X HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791. PK GP tion of the state of SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF 773 32.00 DELCAN KILOGRAMS 7773 MOTAL WEIGHT KILOGRAMS 4 *CLASS 8 CORROSIVE* PLACARDS REQUIRED >>>>>>>>>> · (1) (4) (4) (4) ** TRES IMPORTANT **** CAMION TAIL GATE REQUIS/ TRUCK WITH HYDRAULIC TAIL GATE REQUIRED APPELER AVANT LA LIVRAISON AU 1-613-448-**309**8 y carbourier * 180 miles 180 S. S. J. A. W. Was D. S. Stranger Stranger 21-0985 AND 24 HOUR NUMBER: 514-861-1211 THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND GROSS LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF TOTAL NO. OF PIECES/PKGS. NBRE TOTAL DE COLIS THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992. IF CHARGES ARE TO BE PREPAID
WRITE OR STAMP HERE
"TO BE PREPAID"
INDIQUER ICI SI L'ENVOI SE FAIT EN
"PORT-PAYE" THE MICHIGAN TARE ာ**ာဗို**း မရေန ႏွင္း မ in with the property LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT NET PREPAID CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA <u>LOI SUR LE</u> TRANSPORT DES MARCHANDISES DANGEREUSES (1992). an sale was a MAXIMUM LIABILITY FOR LOSS OR DAMAGE: FORWARD INVOICE FOR PREPAID FREIGHT \$2.00 PER POUND OR \$4.41 PER KILOGRAM BRENNTAG CANADA INC. UNLESS DECLARED VALUE STATES OTHERWISE. TING OUR B/L NO. TO: 2900 JEAN BAPTISTE DESCHAMPS SUIVRE FACTURE POUR EXPÉDITION PORT RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE: 2 \$ LA LIVRE OU 4.41 \$ LE KILO. SAUF STIPULATION AU EN RÉFÉRANT À NOTRE NUMÉRO DE LACHINE, PQ H8T 108 CONTRAIRE PAR LA VALEUR DÉCLARÉE.. DESTINATAIRE/CONSIGNÉE SHIPPER Brenntag Canada Inc.

REV. (07/00)

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.

RECUSCUS DESCRIPCIONS 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 QUINDIQUÉ 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 OCWA Lachine Warehouse CONSIGNEE DESTINATAIRE SHIPPER EXPÉDITEUR MOOSE CREEK WTP Brenntag Canada Inc. 16950 MCNEIL ROAD 3000 Jean Baptiste Deschamps MOOSE CREEK, ON DESTINATION DESTINATION Lachine, PQ PROVINCE OR STATE KOC 1WO PROVINCE OR STATE Canada H8T 1F2 Canada POINT OF ORIGIN / POINT D'EXPÉDITION CUSTOMER ORDER NO.
N° DE COMMANDE DU CLIENT ORDER NO. PQ Lachine verbal 1375965 26259622 CARRIER NAME / NOM DU TRANSPORTEUR REQUIRED / DEMANDÉE CONSOLIDATED B/L NO. 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 BOLITING / ITINÉBAIRE PAGE NO. 45328092 NO. AND DESCRIPTION OF PACKS NBRE ET DESCRIPTION DE COLIS DESCRIPTION OF ARTICLES AND SPECIAL MARKS
DESCRIPTION DES ARTICLES ET INDICATIONS SPECIALES HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP IIII SODIUM HYPO10.8%(12% TR)DON RET18.9L NSF 32.00 773 DELCAN KILOGRAMS TOTAL WEIGHT 773 **FILOGRAMS** 4 *CORROSIVE* PLACARDS REQUIRED. kkkkkkkkkkk TRES IMPORTANT **** CAMION TAIL GATE REQUIS/ TRUCK WITH HYDRAULIC TAIL GATE REQUIRED APPELER AVANT LA LIVRAISON AU 1-613-448-3098 MAN.13 2-0985 AND 24 HOUR NUMBER: 514-861-1211 THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND GROSS BRUT LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF TOTAL NO. OF PIECES/PKGS. NBRE TOTAL DE COLIS THE TRANSPORTATION OF DANGEROUS GOODS ACT. 1992. IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID" TARE INDIQUER ICI SI L'ENVOI SE FAIT EN LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT DECLARED VALUE OF SHIPMENT VALEUR DÉCLARÉE NET PREPAID CLASSIFIÉES, DÉCRITES, IDENTIFIÉES ET ÉTIQUETÉES, ET QU'ELLES SONT EN BON ÉTAT POUR LE TRANSPORT CONFORMÉMENT AUX RÈGLEMENTS ADOPTÉS EN VERTU DE LA <u>LOI SUR LE</u> TRANSPORT DES MARCHANDISES DANGEREUSES (1992). MAXIMUM LIABILITY FOR LOSS OR DAMAGE. FORWARD INVOICE FOR PREPAID FREIGHT \$2.00 PER POUND OR \$4.41 PER KILOGRAM BRENNTAG CANADA INC UNLESS DECLARED VALUE STATES OTHERWISE. QUOTING OUR B/L NO. TO: UIVRE FACTURE POUR EXPÉDITION PORT 2900 JEAN BAPTISTE DESCHAMPS RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE: 2 \$ LA LIVRE OU 4,41 \$ LE KILO. SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE... FÉRANT À NOTRE NUMÉRO DE LACHINE, PQ SHIPPER EXPÉDITEUR AGENT DESTINATAIRE/CONSIGNÉE

MEMORANDUM

Brenntag Canada Inc.

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

CES PRODUITS SONT VENDUS ET EXPÉDIÉS CONFORMEMENT AUX CONDITIONS

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 PACKAG 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 C. ASSIFICATIONS 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 CLDESSOUS. APPAREMMENT EN BON ÉTAT, SAUF LES REMARQUES FAITES DANS LA PRÉSENTE (LE CONTENU ET L'ÉTAT DU CONTENU DES COUIS ÉTAVAL MOONNIES ET CONSIGNÉES TEL QUINDIQUÉ 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 LITRE TRANSPORTEUR FAISANT ROUTE VERS CETTE DESTINATION. UCWA Lachine Warehouse MODSE CREEK WIP SMIPPER EXPÉDITEUR Brenntag Canada Inc 16950 MONEIL ROAD 3000 Jean Baptiste Deschamps STREET ADDRESS ADRESSE (N° RUE) MOOSE CREEK, ON Lachine, Fü DESTINATION PROVINCE OR STATE PROVINCE OU ÉTAT H8T 1E2 K00 1W0 Canada Canada POINT OF ORIGIN / POINT DEXPEDITION CUSTOMER ORDER NO.
N° DE COMMANDE DU CLIENT ORDER NO. N° DE COMMANDE B/L NUMBER N° DE CONN. PQ . 1362482 26244432 011136 Lachine REQUIRED / DEMANDÉE CARRIER NAME / NOM DU TRANSPORTEUR DATE SHIPPED EXPÉDIÉ LE CONSOLIDATED B/L NO. CONNAISSEMENT CONS. 09,2003 LE GROUPE GUILBAULT LTD. TRANSPORTATION MODE / MODE DE TRANSPORT INVOICE TO/BUYER-FACTURE À / ACHETEUR VEHICLE T/C NO. / MARQUE DU WAGON **OCWA** Less Than Truck Load ROUTING / ITINÉRAIRE 45328092 1 ACTUAL WEIGHT POIDS REEL NO. AND DESCRIPTION OF PACKS D.G. PALLET WOODEN RETURNABLE 1.00 KILOGRAMS each HYPOCHLORITE SOLUTIONS, CLASS 8, UN1791, PK GP III SODIUM HYPO10.8%(12% TR)DCN RET18.9L NSF 773 32.00 KILOGRAMS DELCAN 773 MOTAL WEIGHT KILOGRAMS *CORROSIVE* PLACARDS REQUIRED 22222222222 IMPORTANT **** CAMION TAIL GATE REQUIS TRUCK WITH HYDRAULIC REQUIRED APPELER AVANT LA LIVRAISON AU 1-613-448-3098 ERA# 2-0985 AND 24 HOUR NUMBER: 514-861-1211 THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND GROSS LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF TOTAL NO. OF PIECES/PKGS. NBRE TOTAL DE COLIS BRUT THE TRANSPORTATION OF DANGEROUS GOODS ACT. 1992. IF CHARGES ARE TO BE PREPAID
WRITE OR STAMP HERE
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INDIQUER ICI SI L'ENVOI SE FAIT EN
"PORT-PAYE" TARE LA PRÉSENTE CERTIFIE QUE LES MATIÈRES CI-DESSUS MENTIONNÉES SONT PROPREMENT DECLARED VALUE OF SHIPMENT VALEUR DÉCLARÉE NET PREPAIL 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). MAXIMUM LIABILITY FOR LOSS OR DAMAGE \$2.00 PER POUND OR \$4.41 PER KILOGRAM FORWARD INVOICE FOR PREPAID FREIGHT BRENNTAG CANADA INC UNLESS DECLARED VALUE STATES OTHERWISE. QUOTING OUR B/L NO. TO: 2900 JEAN BAPTISTE DESCHAMPS RESPONSABILITÉ MAXIMALE POUR PERTE OU DOMMAGE: FAIRE SUIVRE FACTURE POUR EXPÉDITION PORT 2 \$ LA LIVRE OU 4,41 \$ LE KILO. SAUF STIPULATION AU CONTRAIRE PAR LA VALEUR DÉCLARÉE... RÉFÉRANT À NOTRE NUMÉRO DE LACHINE. PO H8T 108 DESTINATAIRE/CONSIGNÉE

4 MEMORANDUM MÉMORANDUM

Brenntag Canada Inc.

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

PER

CES PRODUITS SONT VENDUS ET EXPÉDIES CONFORMÉMENT AUX CONDITIONS APPARAISSANT AU VERSO DE LA PRESENTE.

PER PAR

E(13)63/26

RECEIVED, SUBJECT TO THE CLASSIFICATIONS A EFFECT ON THE DATE OF ISSUE OF THIS ORIGIN	AL SHEPPING CONTRACT (BILL OF LA	DING), GOODS DESCRIBED BEI OM IN ADDARFI	CENTRAL SACRET AS MOTED (CO	INTENTS AND CONDITIONS OF CONTENTS	NON-CAPLOAD PHEIGHT TRAFFIC AND TARRETS I OF PACKAGES UNKNOWN), MARKED, CONSIGNE
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Less Than Truc	k Load	OCWA			PAGE NO.
ROUTING / ITINÉRAIRE					5328092 1
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NET P	REPAID CLAS	RÉSENTE CERTIFIE QUE LES MAT SSIFIÉES, DÉCRITES, IDENTIFIÉES RANSPORT CONFORMÉMENT AU <u>NSPORT DES MARCHANDISES DA</u>	ET ÉTIQUETÉES, ET QU'ELL X RÈGLEMENTS ADOPTÉS E	ES SONT EN BON ÉTAT POUF	DECLARED VALUE OF SHIPMENT VALEUR DÉCLAREE
ORWARD INVOICE FOR PREPAID FREIGH	п вого	NTAG CANADA IN	r	\$2.00 PER POUND OF	FOR LOSS OR DAMAGE:
CUOTING OUR B/L NO. TO: MIRE SUIVRE FACTURE POUR EXPÉDITIC YÉ EN RÉFÉRANT À NOTRE NUMÉRO D NN À:	ON PORT 2900	JEAN BAPTISTE		. RESPONSABILITÉ MA	VALUE STATES OTHERWISE. XIMALE POUR PERTE OU DOMMAGE: \$ LE KILO. SAUF STIPULATION AU VALEUR DÉCLARÉE
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THE TRANSPORTATION OF DANGEROUS GOODS ACT, 1992, 1998 BAVE GREEN FACTORS LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THIS IS TO CERTIFY THAT THE ABOV! NÂMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, MARKED AND

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TRANSPORT DES MARCHANDISES DANGER EUSES (1992). **ं** का महाबाप्ट LE TRANSPORT CONFORMÉMENT AUX RÉGLEMENTS ADOPTÉS EN VERTU DE LA <u>LOI SUR LE</u> THE DEBOGLETT OF C CLASSIRÉES, DÉCRITES, IDENTIRÉES ET ÉTIQUETÉES, ET OU'ELLES SONT EN BON ÉTAT POUR LA PRÉSENTE CERTIFIE QUE LES MATIÈRIES CI-DESSUS MENTIONNÉES SONT PROPREMENT

CONTRAIRE PAR LA VALEUR DÉCLARÉE.. 2 \$ LA LIVRE OU 4,41 \$ LE KILO, SAUF STIPULATION AU BESPONSABILITE MAXIMALE POUR PERTTE OU DOMINAGE. UNLESS DECLARED VALUE STATES OTHERWISE. \$2:00 PER POUND OR \$4.41 PER KILOGRAM MAXIMUM LIABILITY FOR LOSS OR DAMAGE

FACHINE BO SOOD DEWN BAPTISTE BRENUTAG CANADA INC

EN RÉFÉRANT À NOTRE NUMÉRO DE TROY NOTTICE POUR EXPÉDITION PORT QUOTING OUR B/L NO. TO: FORWARD INVOICE FOR PREPAID FREIGHT

Brenntag Canada Inc.

PREPAID

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

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COMMOO. CARD

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

SHIPPING DATE/DATE D'EXPÉDITION : ...

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ORIGINAL OFFICE ORIGINAL - BUREAU

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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 OTTAWA (613) 247-9550 (705) 267-7701 TIMMINS SUDBURY (705) 745-5763 WINNIPEG (204) 786-8994

KINGSTON BARRIE LONDON WAWA

(613) 384-2410 721-4780 659-2101 856-2333

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

OAKVILLE DARTMOUTH, N.S. BURLINGTON VT. MARCY, NY

(905) 829-9366 (902) 468-3756 (802) 864-0585 (315) 735-8354

A/0 9.74 9.74

PREXIMU BLEF Registered

<u>Visit our new full e commerce website swishclean:</u> S MOOSE CREEK We will cladly set up your e-account for you. (1) MUST HAVE SEPARATE CREDIT FOR J CLEAN (CHESTERVILLE) contact us at 866-465-0433 or e-mail info@swish.c 16950 MCNEIL ALL CARBOYS RETURNED KIM BAKER 49 DFR TDG reciprocal regulations B3X 460 24 HOUR TRANSPORT "EMERGENCY" CHESTERVILLE MODSECREEK CALL CANUTEC "COLLECT" 613-996-6666 KOC 1HO INVOICE DATE C.O.D. PAGE CUSTOMER P.O. NO. CUSTOMER TEL. NO. CUSTOMER FAX NO. ORDER DATE TAKEN BY DATE REQUIRED ORDER PLACED BY 1 613-448-3098 613-448-1616 Mar04/03 002586 hess hess WHSE. G.S.T. NUMBER PPD/CHG COLL. PROV. TAX EXEMPT SALES-SHIP VIA CUST. NO. SWISH ORDER NO. PERSON 0.3NET 30 DAYS K12616-01 76 EXEMPT 783098 R105105191 SELLING UNIT MANUFACTURERS IDENTIFICATION QTY. SHIPPED SWISH CODE DESCRIPTION TO FOLLOW **UNIT PRICE** EXTENSION LOCATION 33 4600-5 25 DEPOSIT ON EMPTY 20L CONTAINER EACH 02 ###: CHLOR/RM RESIDUE LAST CONTAINED HYPOCHLORITE SOLUTION CLASS: 8 UN: 1791 PG: III 7 25 Ł 572 23 SWISH BRITE 12% - KINGSTON-ONLY PAIL 01 **111** TANKS CHLORINE 4600-K HYPOCHLORITE SOLUTION

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WHITBY OTTAWA TIMMINS SUDBURY (705) 745-5763 WINNIPEG (204) 786-8994 KINGSTON BARRIE NDON



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

OAKVILLE (905) 829-9366
DARTMOUTH, N.S. (902) 468-3756
BURLINGTON VT. (802) 864-0585
MARCY, NY (315) 735-8354 (905) 666-1224 (613) 384-2410 (705) 721-4780 (613) 247-9550 (705) 267-7701 (519) 659-2101 (705) 856-2333 A/C 16.02 14 02

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- MONTHLY STATEMENTS ON REQUEST ONLY - 17/% INTEREST FOR 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:

Switch maintenance limited

HEAD OFFICE

P.O. BOX 3000-2060 FISHER DRIVE PETERBOROUGH, ONT. K9J 8N4 TEL. (705) 745-5763 FAX (705) 745-0220 WHITBY (9 OTTAWA (6 TIMMINS (7 SUDBURY (7

(905) 666-1224 (613) 247-9550 (705) 267-7701 (705) 523-7490 KINGSTON (F BARRI LOND WAWA

(613) 384-2410 (705) 721-4780 (519) 659-2101 (705) 856-2333

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OAKVILLE DARTMOUTH, N.S. BURLINGTON VT. MARCY, NY

(905) 829-9366 (902) 468-3756 (802) 864-0585 (315) **735-8354**

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(905) 666-1224 OTTAWA (613) 247-9550 TIMMINS (705) 267-7701 SUDBURY (705) 523-7490

613-448-1616

KINGSTON BARRIE LONDON WAWA

ORDER DATE

Nov18/02

(613) 384-2410 721-4780 659-2101 856-2333

C MUST HAVE SEPARATE CREDIT FOR

(905) 829-9366 DARTMOUTH, N.S. (902) 468-3756 BURLINGTON VT. MARCY, NY

(802) 864-0585 (315) 735-8354

Andrew Mark

Registered

PACKING SLIP

P.O. BOX 3000-2060 FISHER DRIVE PETERBOROUGH, ONT: K9J 8N4 TEL. (705) 745-5763 FAX (705) 745-0220

ORDER PLACED BY

ackerman

H MOOSE CREEK

16950 MCNEIL

MOOSECREEK

613-448-3098

NTARIO-CLEAN (CHESTERVILLE)

TTN: KIM BAKER

.D. BOX 460 HESTERVILLE

ER PICKED BY

LOC 1HO

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

ALL CARBOYS RETURNED

ackerman

A/C 11.97 11.97

/isit our new full e-commerce website swishclean.co We will gladly set up your e-account for you. Plan TS contact us at 866-465-0433 or e-mail info@swish.ca

Ā E 24 HOUR TRANSF	24 HOUR TRANSPORT "EMERGENCY" CALL CANUTEC "COLLECT" 613-996-6666				
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PAYMENT DUE

This is your packing slip he shipped under CFR49 (U.S.) TDG equivalent

*X=P.S.T. EXEMPT

TOTAL

24 HOUR TRANSPORT "EMERGENCY" **CALL CANUTEC "COLLECT"**

613-996-6666

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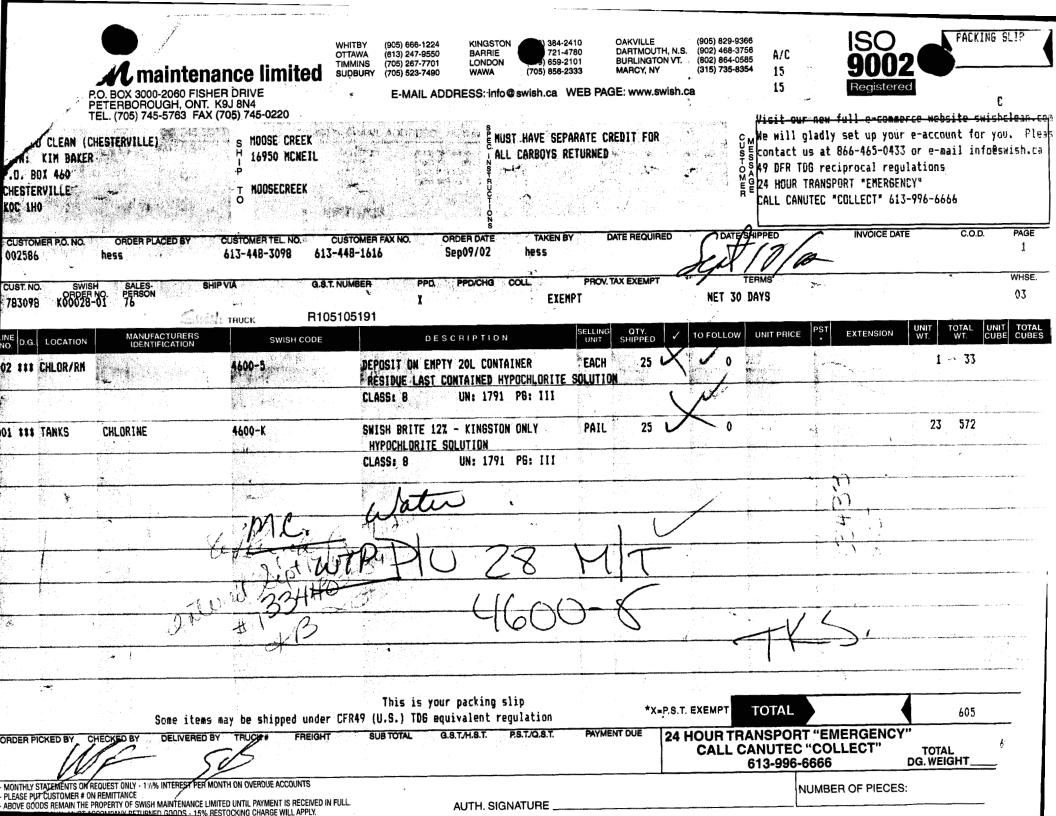
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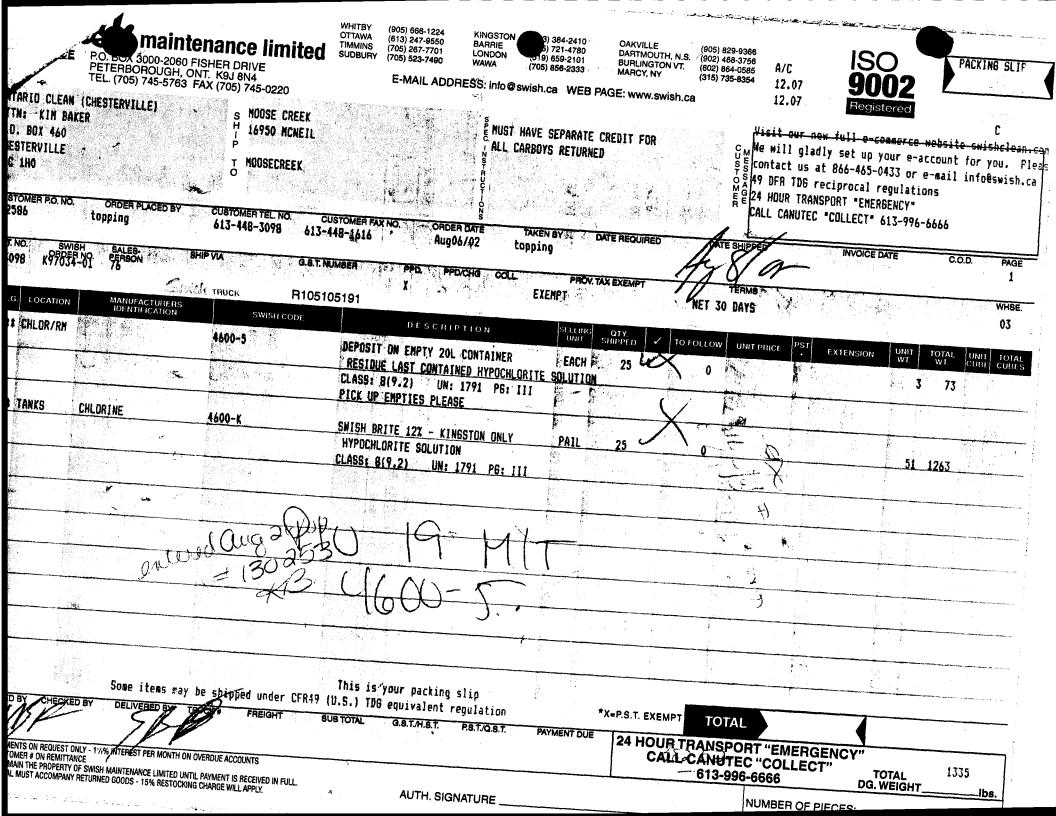
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maintenance limited	WHITBY (905) 666-1224 KINGSTON (613) 384-2410 OTTAWA (613) 247-9550 BARRIE., (705) 721-4780 TIMMINS (705) 267-7701 LON7 (519) 659-2101 SUDBURY (705) 823-7490 WAV (705) 856-2333	OAKVILLE (905) 829-9366 DARTMOUTH, N.S. (902) 468-3756 BURLINGTON VT. (802) 884-0585 MARCY, NY (315) 735-8354 14.43	90 PAUXING SEE
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WHITBY OTTAWA TIMMINS SUDBURY

(905) 866-1224 (613) 247-9550 (705) 267-7701 (705) 523-7490

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- MONTHLY STATEMENTS ON REQUEST ONLY - 1/2% INTERESTATEMENTH 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:

TOTAL P.01

2883 14:42

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.





Cartification Program According by Da American Notand Standards Institute



Cartification Progra. Acros disables that Standards Caracil

This certificate is the property of NSF International and must be returned upon request. To verify certification, call #00 NSF-MARK or (1) 7.4 769-5010.

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 Clear Tech

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



Post-It™ Fax Note 7671E	Date 03/25/03 pages > /
To Roger luc	From 3 on 31665
Co./Dept.	Ca.
Phone #	Phone #
FOX#416 3145455	Fax#

SODIUM HYPOCHLORITE (NaOCI) 12% SOLUTION SPECIFICATIONS

Solutions are a clear light yellow liquid, also referred to as Bleach.

MASSICAL PROGRESSORS	
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% w/w		
Carbonate (Ns ₂ CO ₃)		1.48% max		
Iron (Fe)		1.1 ppm max		
Nickle (NI)		xem mqq 80.		
Copper (Cu)	٠	.08 ppm max		
Cobalt (Co)		xem mqq BD.		
This product meets the following standards: "Canadian General Standards Board American Water Works Assoc (AWWA) B-300-92	4	7-		
This product is certified under NSF Standard 60 for potable water treatment				

CLEARTECH INDUSTRIES INC. 7480 SATH ROAD, MISSISSAUGA, ONTARIO, CANADA L4T 1L2 PHONE (905) 612-0566 FAX (905) 612-0575
TOLL FREE 1-800-387-7503







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
KIK Bulk Bleach 12% Trade
KIK Bulk Bleach 19% Trade

Product Function
Disinfection & Oxidation
Disinfection & Oxidation

Max Use 97mg/L 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

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Post-It" Fax Note 76718	Date NO. 26 Pages* /
To Roger Lu	From Don BAGE
Co./Dopt. OCWA	Co. Cleartech
Phone + Purchasing	Phone #
Fax #	Fax ii



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

То	Robert Walker.
Company	Accutest .
Fax Number	727-5222.
From	Dave.
Date	· · · · · · · · · · · · · · · · · · ·
Number of Pages	6. (including this page)
Subject	LAB NOTIFICATIONS
As a	en your request.
None	of these CofA's require Sampling other than tables , C & D.
any	sampling other than tables
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Ottawa • Kingston

NOTIFICATION OF LABORATORY SERVICES

Ontario Regulation 459/00

220003033

Friday, February 21, 2003

Mr. Blair Henderson 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

	e of Waterworks: SE CREEK WELL SUPPLY	Waterworks Number: 220008033	
	Cyanide	DOC	
	Chloramines	TOC	
	Turbidity	Zinc	
	NTA	Aluminum	
	Colour	NDMA	
	рН	Benzo(a)pyrene	
	Conductivity	Radionuclides	
	Hardness	Dioxins/Furans	
	Alkalinity	Faecal Coliforms	
Othe (other	Required Tests: 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

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Last	11411	saction

DateTimeTypeIdentificationDurationPagesResultFeb 2111:37amFax Sent72752222:376OK



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

Tel: (613) 448-3098 Fax: (613) 448-1616 www.ocwa.com

rax	
То	MOE
Company	
Fax Number	416-235-5744
From	Dave Markell
Date	12 /03 March 3/03
Number of Pages	16 (including this page)
Subject	Lab Services Update
Moose	Creek Water
Works #	Creek Water 220003033
	·.



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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

NEW SUBMISSION D UPDATED SUBMISSION X				
Marie Crook				
NAME OF WATERWORKS #: 220008033				
LOCATION OF WATERWORKS: 16950 M Neil road Moose Creek or Street: # and Name or	otario, <u>KOC IWO</u> Postal Code			
CONTACT NAME: Dave Markell POSITION / TIT PHONE: 613-448-309B FAX: 613-448-1616 E-Mail: dr	TLE: Process Tech.			
PHONE: 613-448-309B FAX: 613-448-1616 E-Mail: dr	narkell@oewa.com			
ADDRESS: S Industrial Ar . Chasterulle Ontario, KOC 1 HO Street # and Name				
WATERWORKS OWNER: XMUNICIPAL, NAME N. STORMONT PROVINCIAL, NAME DINDUSTRIAL, DINDUSTRIAL, DINDU				
CI PRIVATE, NAME CI OTHE	R, NAME			
WATER SOURCE: C GROUND C 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	fited Laboratory:			
Total coliform background - Membrane Filtration Name of Ac	credited Laboratory:			
E.coli - Presence/Absence CADDRESS: Fecal coliform - Presence/Absence CADDRESS:	Environmental Laboratories (Holfy Lane) 2378 Holfy Lane Ottawa, ON. K1V 7P1			
Total Coliform - Most Probable Number	13) 526-0123 FAX: (613) 731-0851			
Heterotrophic Plate Count - Spread Plate Heterotrophic Plate Count - Pour Plate	ebell@caduceonlabs.com			
Other Microbiological Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:				

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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

DATE OF SUBMISSION (dd/mm/yy):		DATE RECEIVED (dd/mm/yy):		
NEW SUBMISSION U UPDATED SUBMISSION	Ģ			
WATERWORKS INFORMATION				
NAME OF WATERWORKS:		WATERWORKS #:		
LOCATION OF WATERWORKS:				
		Oelario		
Street # and Name	Town/Ci	ty Poetes Code		
CONTACT NAME:		POSITION / TITLE:		
		E-Mail:		
ADDRESS:		, Ontario, Postal Code		
Street # and Name		Town/City Postal Code		
WATERWORKS OWNER: DMUNICIPAL, NAME		☐ PROVINCIAL, NAME		
		□ INDUSTRIAL, NAME		
O PRIVATE, NAME		OTHER, NAME		
WATER SOURCE: □ GROUND □ SURFACE. N	AME OF WATER BO	YY00		
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	₹.	Name of Accredited Laboratory:		
Fecal coliform - Membrane Filtration Total coliform - Membrane Filtration	8	ACCUTEST LABORATORIES LTD.		
Total coliform background - Membrane Filtration	o /	Address: 2 W/ 4		
HPC- Membrane Filtration		Address: 8-146 COLONNADE RD.		
E.coll - Presence/Absence	8	NEPEAN, ON KRE TYI		
Fecal coliform - Presence/Absence	Ö	Phone: (613) 727-5692 Fax: (613) 727-5222		
Total collform - Presence/Absence	Q	(613) 121-36 (2 13) 121-322		
E.coil - Most Probable Number	0	E-Mall: info@ accutestlabs.com		
Fesal Coliform - Most Probable Number	ō	The state of the s		
Total Coliform - Most Probable Number				
Heterotrophic Plate Count - Spread Plate	0	Comments:		
Haterotrophic Plate Count - Pour Plate	0			
Other Microbiological Parameter(s) Identified in a MC Approval, Order or Direction:	E Certificate of			
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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

Please Provide a Check Next to All of the Parameters that are Required and Performed by ALL Accredited Laboratories for Analysis:				
1,4-dichlorobenzene			Name of Accredited Laboratory: Accutest Laboratory: Nelean, on Kaety! Phone: (613) 727-5292 Fax: (613) 727-5222 E-Mail: Info & accutestlabs.com Comments: Name of Accredited Laboratory: Accutest Laboratory: Accutest Laboratory: Accutest Laboratory: Nepern, on Kaety! Phone: (613) 727-5692 Fax: (613) 727-5222 E-Mail: Info & accutestlabs.com Comments:	
Barium Boron Cadmium Chromium Arsenic Mercury Uranium Sodium Fluoride All of the above Other inerganic Parameter Approval, Order or Direction	Solor Nitrat	panese di nium di e + Nitrite di		Name of Accredited Laboratory: ACCUTEST LABORATORIES LOD. Address: 8-146 COLONNAPE RD. NEPEAN, ON KAE 7Y! Phone: (613) 727-892 Fax: (613) 727-5822 E-Mail: Info @ accutest labs. com Comments:



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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

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Benzens		Yinyi Chloride	ē	Caduceon Environmental Laboratories (Camelot)
Carbon Tetrachloride		Xylene	•	((
Dichioromethane		Ethylbenzena	o	ADDRESS: 40 Camelot Dr.
Monochiprobenzene	0			Ottawa, ON.
All of the above	•			K2G 5X8
	•			PHONE: (613) 228-1145 FAX: (613) 228-1148
Other Volatile Organic Pa Approval, Order or Disecti		lentified in a MOE Cert	ificate of	
Approval, Gross of Direct	non:			E-Mail: gclarkin@arccolabs.com
				Name of Accredited Laboratory:
*Cyanide *Chloramines	C			1
*Turbidity	Ġ			Name of Accredited Laboratory:
"Nitrisotriacetic acid (NTA)) D			T _i
				Caduceon Environmental Laboratories (Kingston)
* Found in Schedule 4 of	the Regulation	on		ADDRESS: 133 Dalton Ave.
				Kingston, ON.
Other Operational Parame	eter(s) klentil	fied in a MQE Certifica	te of	K7K 6C2
Approval, Order or Direct	tion:			1
Ammonia	_			PHONE: (613) 544-2001 FAX: (613) 544-2770
1 (1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1				E-Mail: etrl@kingston.net
			+	
Barium Boron Cadmium	•	Copper iron	•	Name of Accredited Laboratory:
Chromium Arsenic	•	Lead • • • • • • • • • • • • • • • • • • •		Name of Accredited Laboratory:
Mercury		Seremum Nitrato + Nitrite 🔸		Caduceon Environmental Laboratories (Holly Lane)
Uranium	•			ADDRESS: 2378 Holly Lane
	_			Ottawa, ON.
Sodium	•			KIV 7P1
Fluoride All of the above	-			FAV. (640) 724 0064
	•		•	PHONE: (613) 526-0123 FAX: (613) 731-0851
Other Inorganic Parameter(s) Identified in a MOE Certificate of Approval, Order or Direction:				E mail: mziebell/@caduceonlahs.com
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NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

Waterworks Owners are Responsible for Exsuring that the Following Information is Up-to-Date and Accurate

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1,2-dichtorobenzene 1,4-dichtorobenzene 1,2-dichtoroethane 1,1-dichtoroethylene Benzene Carbon Tetrachtoride Dichtoromethane Monochtorobenzene All of the above Other Votatile Organic P. Approval, Order or Disect	tion:	Tetrachloroethylene Trichloroethylene Trithalomethanes Toluene Vinyi Chlorida Xylene Ethylbenzene s) Identified in a MOE Co		Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments: Name of Accredited Laboratory:
*Chloramines *Turbidity *Nitrilotriacetic acid (NT/ *Found in Schedule 4 of Other Operational Param Approval, Order or Direct Alkalinity Colour: Re	f the Regu Refer(s) ide tion:	SULPHATE		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@caducconlabs.com
Barium Boron Cadmium Chromium Arsenic Mercury Uranium Sodium Fluoride All of the above Other Inorganic Paramo Approval, Order or Direct		Copper In Incompany Control Incompany Control Incompany Control Incompany Control Incompany Control Incompany Control Incompany Control Incompany Control Incompany Control Incompany Control Incompany Control Incompany Con		Name of Accredited Laboratory: Address; Phone: Fax: E-Mail: Comments:



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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

Please Provide a Check N	ext to Al	of the Parameters tha	t are Required	and Performed by ALL Accredited Laboratories for Analysis:
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Benzene	_			1
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Dichloromethane	<u> </u>	Ethylbenzene	•	Phone: Fax:
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Approval, Order or Direction			·	Comments:
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*Turbidity				1
"Nitrilotriscetic acid (NTA)	Ø			Caduceon Environmental Laboratories (Camelot)
* Found in Schedule 4 of t	he Regi	uiation	ADDRESS: 40 Camelot Dr. Ottawa, ON.	
Other Operational Parame	ter(s) ki	entified in a MOE Certi	ficate of	K2G 5X8
Approval, Order or Directi				PHONE: (613) 228-1145 FAX: (613) 228-1148
				E-Mail: gclarkin@arccolabs.com
TKW.				F-Mail Fried Stranger
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Cadmium	<u>-</u>	Lead	0	
Chromium	ü	Manganese	_	Address:
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	-	Mitrate + Mitrite	0	1
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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

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4.0 deblorer	۵	Tetrachioroethyle	ne D	Name of Accredited Laboratory:
1,2-dichiorobenzene	_			nana vi Accialina Cionany.
1,4-dichlorobenzene		Trichloroethylene		
1,2-dichloroethane		Trihalomethanes	0	l
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Carbon Tetrachioride	Ð	Xylene	٥	
Dichloromethane		Ethylbenzene	a	Phone: Fax:
Monochiorobenzane	0			ļ
			•	
All of the above	•			E-Mail:
Other Volatile Organic Pa	rameter(s) Identified in a MOE	Certificate of	
Approval, Order or Directi	ion:			Comments:
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l				Name of Taharatary
*Cyanide	_			Name of Laboratory:
*Chloramines	Q			Maxxam Analytics Inc:
*Turbidity				
"Nitrilotriacetic acid (NTA)) '9			Address: 5540McAdam Rd.
				Mississauga Ont L4Z 1P1
* Found in Schedule 4 of 1	the Regu	istion		Phone:905-890-2555 Fax:905-890-2321
	_			Phone:903-690-2555
Other Operational Parame	atorie) id	entitled in a MOF Carl	tificate of	E Mail: jdisensi@qc.maxxam.ca
Approval, Order or Direct				L Min. Jaisetti (Squii and and and and and and and and and and
Approvat, Order or Direct	дл.			Comments:
Barium	0	Copper	В	Name of Accredited Laboratory:
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Page of The 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

Please Provide a Check N	ext to All	of the Parameters ti	nst are Require	d and Performed by ALL Accredited Laboratories for Analysis:
1,2-dichloroberzene 1,4-dichloroberzene 1,2-dichloroethere 1,1-dichloroethylene Benzene Carbon Tetrachloride Dichloromethane Monochlorobenzene All of the above Other Votatile Organic Par Approval, Order or Direction	C C C C C C C C C C C C C C C C C C C	Tetrachioroethyle Trichloroethylene Trithalomethenes Toluene Vinyl Chloride Xylene Ethylbenzene	Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments:	
*Cyanide D *Chloramines *Turbidity *Nitrilotriacetic acid (NTA) * Found in Schedule 4 of ti Other Operational Parameter Approval, Order or Direction	he Regula ter(s) Idea		lificate of	Name of Laboratory: SGS Lakefield Research Address: 185 Concession Rd. Lakefield Ont KOL 2H0 Phone: 705-625-2000 Fax:705-652-6441 E Mail:dwingett@lakefield.com Comments:
Barium Boron Cadmium Chromium Arsenic Mercury Uranium Sodium Fluoride All of the above Other inorganic Parameter Approval, Order or Direction		Copper korr Lead Manganese Selenium Mitrate + Nitrite	cate of	Name of Accredited Laboratory: Address: Phone: Fax: E-Mail: Comments:



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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

Please Provide a Check No	ext to	All of the Parameters that are Rec	quired	and Performed by	ALL Accredited La	boratories for Analysis:
2,3,4,6-tetrachlorophenol	ď,		8	(1) Name of Accr	redited Laboratory	:
2,4-dichlorophenol		tropicous contration Eponius		A	consect 1	ABORATORIES LTD.
2,4,6-trichiorophenol	9		5	1		
2,4-D	4	WEIDO. (41)	×	Address: 8-	- 146 COLONN	INDE KD.
2,4,5-7	_				NEACAN A	n kae tyl
Alachlor Aldicarb	7			Dhann (c. a.)	PCIENT , B	- 4: - 1: - 1: - 1: - 1: - 1: - 1: - 1:
Aldrin + Dieldrin			5	Phone: (613) .	727 - 5692	Fax: (613) 727 - 5222
Atrazine + Metabolites		Parathion				
Azinphos-methyl	7			E-Mail: inf	to a accutest	Habe rees
Bendiocarb	7	Pentachiorophenol	-	E-mail: 171	M WCCT ICS	(labs com
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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

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NOTIFICATION OF LABORATORY SERVICES PROVIDED TO WATERWORKS (O. Reg. 459/00)

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Aldicarb		Metribuzin	0	Guelph Ont N1G 3X7
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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

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Prepared By (please print): Dave Marke Signature: Cawa Now Cell Title: Process Tech	11 Date: 103 March 3/03
Please send completed form to:	For further information contact:
Ministry of the Environment Laboratory Services Branch 125 Resources Road Etobicoke, Ontario M9P-3V6 Attention: Laboratory Director	Ministry of the Environment Laboratory Services Branch Customer Service Section Phone: (416) 235-6311
Fax: (416) 233-5744 or (416) 235-6312	

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March 26, 2003

Chesterville Hub 5 Industrial Drive Chesterville, Ontario K0C 1H0

tel (613) 448-3098 fax (613) 448-1616

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.



Page 2 March 26, 2003

Township of North Stormont

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.

Our Andi

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

Cindy Spencer, Regional Compliance Advisor, Eastern Region, OCWA c.c.

John Kingsbury, Client Services Representative, Chesterville Hub, OCWA c.c.

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 <u>Terms and Conditions</u> of the Certificate of Approval.

A brief description of the <u>Terms and Conditions</u> 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.



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

Section Number	Contents	Page Number
1	"Compliance with Terms and Conditions of the Certificate of Approval".	1
	Statement of Compliance	
2	"Non-Compliance with Terms and Conditions of the Certificate of Approval".	0
	Details of the non-compliance as well as how and when any non-compliance was corrected.	9
3	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	11
4	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)	12
5	Summary Listing Treatment Chemicals used, including average dosage rates with special reference to any abnormal usages.	13

APPENDICES	
Appendix I - Written Procedure for Notification of MOH and MOE/S	SAC
Appendix II - Blank Community Complaint Form	
Appendix III - Summary of Raw Water Flows	
Appendix IV - Summary of Raw, Treated and Distribution Water Ana	alytical Results
Appendix V - Summary of Treatment Chemicals Used	

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 m³/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 m³/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".

<u>Condition 2.1(a)(ii)</u> 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.

<u>Condition 2.1(f)</u> 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.

<u>Condition 2.2</u> 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.

<u>Condition 3.2</u> - 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.

<u>Condition 3.5</u> - 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.

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.

<u>Condition 3.9</u> - 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.

<u>Condition 3.12</u> - 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.

<u>Condition 3.13</u> - 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.

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.

<u>Condition 4.1(d)</u> The Compliance Report shall be signed by a person designated by the Council of the Municipality that owns the works.

<u>Condition 4.1(e)</u> 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.ll 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.

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.

<u>Condition 5.1(b)</u> 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.

<u>Condition 5.3</u> 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

<u>Condition 6.1</u> 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

<u>Condition 6.2</u> 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).

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.

<u>Condition 8.2</u> 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)

<u>Condition 10.1</u> 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.

<u>Condition 10.2</u> 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 m³/day. The monthly average flow for the reporting period was 166 m³/day, and the maximum daily flow for the reporting period was 372 m³/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:

<u>C of A Condition 2.1(d)</u> 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.

<u>SECTION 5 "Summary Listing Treatment Chemicals used, including average dosage</u> 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. <u>Sodium Hypochlorite</u> - 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.</p>

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



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. <u>Laboratory</u> 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.



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.

<u>Corrective Action</u>: 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.

<u>Corrective Action</u>: 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.

<u>Corrective Action</u>: 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.

<u>Corrective Action</u>: Resample and analyze. On confirmation, call the local Medical Officer of Health again and consult.



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

This Plan is for review and guidance purposes. Every precaution reasonable must be taken. Specific plans and response actions may vary.

PAGE 3



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.

<u>APPENDIX II</u>

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:		
	ple complaints, provide the name of nber and details in the "Description	
Date of Complaint:	03/19/2003	
Time of Complaint:	11:35:13 AM	
Odour Other: Description:	☐ Sludge Related	
Action taken in response:		
Was the same of the man	oblem identified?: () Yes () No	
-		
Was the source an OCW	A 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

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

Rersonal information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional ance 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 ministère de l'Environnement le Plus proche.

Year: 2002 Année				Permit No.: N° de permis	93-P-4064			
Source: Groundy	water Well #1							
Name of Permittee: Nom du titulaire du per		ROUGH (MOOSE	CREEK)	 -				
Mailing Address: Adresse postale	O.C.W.A. 5 INDU	STRIAL DRIVE CH	ESTERVILLE , ON	K0C1H0				
Location Of Taking: Lieu de la prise d'eau 16950 MCNEIL R	D.	Twp. or Municipalit Canton ou municipali TOWNSHIP OF	•	NT	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		Rate of Taking m ³ /day ement 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								
•	e information is true, c seignements ci-dessu	omplete and accurate. is sont vrais, complets	et exacts.	Signature	Nav.	Date Ja	n 2:	3/03

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

Care Mach - Lon 23/03

Rersonal information contained on this form is collected under the authority of the Ontario Water Resources Act, Section 20. The Purpose of the form record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional ance 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 ministère de l'Environnement le Plus proche.

Year: 2002 Année				Permit No.: N° de permis	93-P-4064	
Source: Ground	water Well #2					
Name of Permittee: Nom du titulaire du per		ROUGH (MOOSE (CREEK)			
Mailing Address: Adresse postale	O.C.W.A. 5 INDU	STRIAL DRIVE CHE	STERVILLE , ON	K0C1H0		
Location Of Taking: Lieu de la prise d'eau 16950 MCNEIL R	D.	Twp. or Municipality Canton ou municipality TOWNSHIP OF		NT	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		Rate of Taking m ³ /day ement 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	
ост	252.20	2.93	2,699		164	
NOV	201.60	2.92	2,156		78	
DEC	207.40	2.95	2,236		75	

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 record details and information about the taking of water annually. Questions should be directed to the Ministry of the Environment's Regional

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 ministère de l'Environnement le Plus proche.

Year: 2002 Année				Permit No.: N° de permis	93-P-4064		
Source: Groundy	vater Well #3						
Name of Permittee: Nom du titulaire du peri		ROUGH (MOOSE (CREEK)				
Mailing Address: Adresse postale	O.C.W.A. 5 INDU	STRIAL DRIVE CHE	STERVILLE , ON	K0C1H0			
ocation Of Taking: lieu de la prise d'eau 16950 MCNEIL RI	D.	Twp. or Municipality Canton ou municipalit TOWNSHIP OF		NT	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		n Rate of Taking m ³ /day vement 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.

Date

ave Nont

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:

MEETS ODWS (YES/NO)

COMMENTS:

3 WELL PUMPING SYSTEM C/W ELEVATED STORAGE

YES

Well # 1 off line May 2002 (low prodution)

YES

DISINFECTION IS WITH SODIUM HYPOCHLORITE

YEAR: 2002

WATER SOURCE: **DESIGN CAP.:**

GROUNDWATER

0.896 X 1000 M3/d

MONTH	FLOV	VS (TREATE	D)			DISINFECT	ION	BACTI (I	NDICATE N	D. OF SAME	PLES)	RAW	WATER
	TOTAL	AVG DAY	MAX DAY	AVG	AVG FREE	AVG TOT.	MIN TOT.	E.C. /T.C. N	lot Detected	E.C. / T.C	. Detected	E.	COLI.
	FLOW	FLOW	FLOW	TURB.	CL2 RESID	CL2 RESID	.CL2 RESID.	HPC	< 500	HPC	>500		
	1000 m3	1000 m3	1000 m3	(NTU)	(mg/l)	(mg/l)	DIST.(mg/l)	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				Ī			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						

YES

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

0.04	<0.001	1.0 0.005 0.05	0.025 5.0	1.0 0.30
0.04	<0.001	0.005 0.05	5.0	
0.04	<0.001	0.05	5.0	
0.04	<0.001	0.05		
0.04	<0.001			
0.04	<0.001	0.01		
0.04	<0.001	0.01		0.30
0.04	< 0.001	0.01		
0.04				
				0.05
		0.001		
< 0.1		1.0		
< 0.1		10.0		
		0.01		
		0.10		
0.15 - 0.23		1.50		
26 - 27				200.00
2	4 - 6			5.00
	26 - 27	26 - 27 2 4 - 6	0.10 0.15 - 0.23 26 - 27 2 4 - 6	0.10 0.15 - 0.23 26 - 27

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		0.5
2,4-Dichlorophenoxy acetic acid	-B-2	0.021	50.0		
(2,4-D)	ug/L	<1.0		100.0	
Diclofop-methyl	ug/L	< 0.90	9.0	100.0	
Dimethoate	ug/L	<2.5	7.0	20.0	
Dinoseb	ug/L ug/L	<1.0	10.0	20.0	
Diquat	ug/L ug/L	<7.0	70.0		
Diuron	ug/L ug/L	<10	150.0		
Glyphosate	ug/L ug/L	<10	150.0	280.0	
Heptachlor + Heptachlor epoxide	ug/L	<0.012 - <0.3	3.0	200.0	
Lindane	ug/L ug/L	<0.006 - <0.4	4.0		
Malathion	ug/L ug/L	<5.0	190.0		
Methoxychlor	ug/L ug/L	<0.024 - <90	900.0		
Metolachlor	ug/L ug/L	<0.5	200.0	50.0	
Metribuzin	ug/L ug/L	<5.0	80.0	30.0	
	-	<1.0	80.0	10.0	
Paraquat Parathion	ug/L ug/L	<1.0	50.0	10.0	
Pentachlorophenol	-	<0.5	60.0		30.0
Phorate	ug/L	<0.5	00.0	2.0	30.0
Picloram	ug/L	<5.0			
	ug/L			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	100.0	1.0	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

Ministère de l'Environnement

135 St. Clair Avenue West Toronto, ON M4V 1P5 135 avenue St. Clair ouest Toronto, ON M4V 1P5

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.

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



of the Environment 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

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 <a href="https://example.com/et-university

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	

Ontario

Ministry of the

Ministère

Environment

l'Environnement

125 Resources Road Etobicoke ON M9P 3V8 125, chemin Resources Etobicoke ON M9P 3V6

Environmental Monitoring and Reporting Branch

April 2, 2001

RHEAL CHARBONNEAU CLERK 2 VICTORIA ST. P.O. BOX 99 BERWICK ON KOC 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@cmafra.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

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Ministry of the

Ministère

Environment

l'Environnement

125 Resources Road Etobicoke ON M9P 3V6 125, chemin Resources Etobicoke ON M9P 3V6

Environmental Monitoring and Reporting Branch

RHEAL CHARBONNEAU CLERK 2 VICTORIA ST. P.O. BOX 99 BERWICK ON KOC 1G0 **Ontario**

April 10, 2001

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.

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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

HP OfficeJet K Series K8U Personal Printer/Fax/Copier/Scanner

Log for OCWA (613) 448-1616 Mar 03 2003 3:30pm

I ast	Tran	saction
	T + C4+1	

Date	Time	Type	Identification	<u>Duration</u>	<u>Pages</u>	Result
Mar 3	3:26pm	Fax Sent	14162355744	3:36	16	OK



Flow Meter Calibration Schedule

End Date: 12/31/2002

SHESTERVILLE HUB [CHES]

Equipment ID	Description	Manufacturer	Location	Service Status	Next Scheduled	Last Completed
PRESCOTT W	/WTP [5674]	and the state of t	enikip ki ideli in dan berakan barakan baraka		Delich Der Bereich annahl Britische Lie ar Mar, etrack (A STOREST MANAGEMENT CONTRACTOR
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
1	UE MANTE OO ISSETT					
1	LE WWTLCS [5677]	DANIE	COLL	INI	00/04/2002	00/00/2000
0000101571	METER FLOW RAW SEWAGE	DANF	COLL	, IN	08/01/2002	08/08/2000
WINCHESTER	R WWLCS [5679]					
0000073413	METER FLOW 01 MAGNETIC LAGOON	ENDRES	COLL	IN	08/01/2001	
0000101696	METER FLOW RAW SEWAGE OTTAWAS	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	R 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
9000101781	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
CHESTERVIII	LE WW&DS [5708]					
101625	METER FLOW HL TRT RESV BLDG	KENT	HL	IN	08/01/2002	08/08/2000
0000101628	METER FLOW LOW LIFT RESV BLDG	FISH	ш	in -	08/01/2002	08/08/2000
0000101650	METER FLOW WELL 1 DISCH	NEPTU	WWE	IN	08/01/2002	08/08/2000
FIN (0) 1 14/14/19/	20 (5044)					
FINCH WW&I	• •	ROCK	FLOW	IN	08/01/2002	08/08/2000
0000101219	METER FLOW RAW WATER METER FLOW TREATED WATER	SIGNA	FLOW	IN	08/01/2002	08/08/2000
0000101247	WETER FLOW TREATED WATER	SIGNA	FLOW	""	00/01/2002	00/00/2000
CHRYSLER W	VWTL [6053]					
0000101150	METER FLOW RAW SEWAGE SPS	ENDRES	COIT	in in	08/01/2002	08/08/2000
CHRYSLER W	VATER WELL SYSTEM [6054]					
0000101100	METER FLOW TREATED DISCH	ENDRES	FLOW	IN	08/01/2002	08/08/2000
MOOSE CRE	EK 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	06/08/2000
0000101030	METER FLOW TRT WATER	ENDRES	FLOW	IN	08/01/2002	08/08/2000
11000E CTC						
	EK WWLCS [6990]	400	EI 0147	(A)	00/04/0000	0010010000
0000101073	METER FLOW LAGOON DISCH	ABB	FLOW	IN IN	08/01/2002	08/08/2000
0000101087	METER FLOW RAW SEWAGE LAGOON	ABB	FLOW	IN	08/01/2002	08/08/2000

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Equipment Work Order

- No.	286900		Activity	A1030A ME	ETER FLOW		
quipment ID	00001010	30		Description	METER FLOW	TRT WATER	
					· · · · · · · · · · · · · · · · · · ·		
iite Subunit Of	FAC	6608		Description	MOOSE CREEK	WWEDS	
rea Tea	2	EASTERN/	NORTHERN AREA	Sub-area	CHES	CHESTERVILLE H	II IR
istrict	NSTO		OF NORTH STORMONT	Loc	FLOW		OW MEASURING & R
oc Qualifier	MOOSE CR				. 2017		
quipment Type	INSTRU	INSTRUME		Manufacturer	ENDRES		SER CANADA LTD
uilding	PS		STATION BUILDING	Building Level	G	GROUND LEVEL	
ervice Status	IN	IN SERVICE	E (INCL. STANDBY)	Expected Life	25		
vg Monthly Usage	720.00			Total Usage	0.00		
lodel #	33FT80-MB	1AD11A21A		Warranty Expires		MTBF	0
erial #	TK265014			Purchase Date		Purchase Cost	0.00
udget #							
set Comments							
AKE: Endress & Ha	auser						
ODEL: Promag 30F	7/33F			•			
ERIAL: TK265014 I							
IT. DIA: 3"							
FACT: 0.9165/2							
ONVERTER							
AKE: Endress & Ha	auser						
YPE: Remote							
IODEL: 33FT80-ME	31AD11A21A	SERIAL: TK2650	14 IP67				
ÆL. SET.							
ANGE 0 129.6 32	4 648 972 1,29	6 m3/D					
ELOCITY SETTING PANGE 0 129.6 32 LOW THEO 0 1.5 : DUPUT THEO 4 5.6	4 648 972 1,296 3.75 7.5 11.25	6 m3/D 15 l/sec.					
ANGE 0 129.6 32- LOW THEO 0 1.5 3 DUPUT THEO 4 5.6	4 648 972 1,296 3.75 7.5 11.25	6 m3/D 15 l/sec.		Initiated D	101a 20/08/2001	Schodulad	01/08/2001 08:00
ANGE 0 129.6 32.4 LOW THEO 0 1.5 3 NUPUT THEO 4 5.6 Hitlated By	4 648 972 1,29 3.75 7.5 11.25 3 8 12 16 20 n	6 m3/D 15 l/sec. nAdc	HENDERSON	Initiated D	ate 20/08/2001	Scheduled Due	01/08/2001 08:00
ANGE 0 129.6 32.4 LOW THEO 0 1.5 3 NUPUT THEO 4 5.6 Hitlated By	4 648 972 1,296 3.75 7.5 11.25	6 m3/D 15 l/sec.	HENDERSON	Initiated D Service #	late 20/08/2001	Scheduled Due	01/08/2001 08:00
ANGE 0 129.6 32 LOW THEO 0 1.5	4 648 972 1,29 3.75 7.5 11.25 3 8 12 16 20 n	6 m3/D 15 l/sec. nAdc	HENDERSON		ate 20/08/2001		01/08/2001 08:00
ANGE 0 129.6 32: LOW THEO 0 1.5 3: EUPUT THEO 4 5.6 sitiated By asigned To	4 648 972 1,29 3.75 7.5 11.25 3 8 12 16 20 n	6 m3/D 15 l/sec. nAdc	HENDERSON		ate 20/08/2001		01/08/2001 08:00
ANGE 0 129.6 32: LOW THEO 0 1.5 3: UPUT THEO 4 5.6 itiated By assigned To uthorization udget #	4 648 972 1,29 3.75 7.5 11.25 3 8 12 16 20 n	6 m3/D 15 l/sec. nAdc	HENDERSON CHESTERVILLE H	Service #	ate 20/08/2001		01/08/2001 08:00
ANGE 0 129.6 32: LOW THEO 0 1.5 3 UPUT THEO 4 5.6 stitiated By ssigned To suthorization kudget # rew	4 648 972 1,294 3.75 7.5 11.25 6 8 12 16 20 n 80252	6 m3/D 15 l/sec. nAdc		Service #	ate 20/08/2001		01/08/2001 08:00
ANGE 0 129.6 32: LOW THEO 0 1.5 3 UPUT THEO 4 5.6 sitiated By ssigned To suthorization sudget # crew laint Type	4 648 972 1,294 3.75 7.5 11.25 6 8 12 16 20 n 80252	6 m3/D 15 l/sec. nAdc		Service #	ate 20/08/2001		01/08/2001 08:00
ANGE 0 129.6 32: LOW THEO 0 1.5 3 DUPUT THEO 4 5.6 stillated By ssigned To suthorization sudget # crew laint Type phority	4 648 972 1,294 3.75 7.5 11.25 6 8 12 16 20 n 80252	6 m3/D 15 l/sec. nAdc		Service #	late 20/08/2001		01/08/2001 08:00
ANGE 0 129.6 32: LOW THEO 0 1.5 in DUPUT THEO 4 5.6 initiated By sasigned To suthorization budget # increw faint Type profession budget with the control of	4 648 972 1,299 3.75 7.5 11.25 6 8 12 16 20 n 80252 CHESTE	6 m3/D 15 l/sec. nAdc	CHESTERVILLE H	Service #	ate 20/08/2001	Due	
ANGE 0 129.6 32: LOW THEO 0 1.5 in AUPUT THEO 4 5.6 in Authorization and the Audget # The August Type Thority Troblem Troject	4 648 972 1,294 3.75 7.5 11.25 6 8 12 16 20 n 80252	6 m3/D 15 l/sec. nAdc		Service #	ate 20/08/2001	Due Out of Service	
ANGE 0 129.6 32: LOW THEO 0 1.5 in DUPUT THEO 4 5.6 initiated By assigned To authorization budget # in the control of the cont	4 648 972 1,299 3.75 7.5 11.25 - 68 12 16 20	6 m3/D 15 l/sec. nAdc	CHESTERVILLE H MOOSE CREEK W	Service #	ate 20/08/2001	Due Out of Service Potential Service Rec	quest []
ANGE 0 129.6 32: LOW THEO 0 1.5 3: UPUT THEO 4 5.6 itilated By ssigned To uthorization udget # rew laint Type riority roblem roject	4 648 972 1,299 3.75 7.5 11.25 6 8 12 16 20 n 80252 CHESTE	6 m3/D 15 l/sec. nAdc	CHESTERVILLE H	Service #	ate 20/08/2001	Due Out of Service	quest []
ANGE 0 129.6 32: LOW THEO 0 1.5: UPUT THEO 4 5.6 itilated By ssigned To uthorization udget # rew laint Type riority roblem roject ource ast Activity /ork Order Comments	4 648 972 1,299 3.75 7.5 11.25 6 8 12 16 20 n 80252 CHESTE 6608 A1030A ents dibration check	6 m3/D 15 l/sec. nAdc BLAIR	CHESTERVILLE H MOOSE CREEK W	Service #	Parte 20/08/2001	Due Out of Service Potential Service Rec	quest 🗋
ANGE 0 129.6 32: LOW THEO 0 1.5 3: UPUT THEO 4 5.6 itilated By ssigned To uthorization udget # rew laint Type riority roblem roject ource	4 648 972 1,299 3.75 7.5 11.25 6 8 12 16 20 n 80252 CHESTE 6608 A1030A ents dibration check	6 m3/D 15 l/sec. nAdc BLAIR	CHESTERVILLE H MOOSE CREEK W	Service #	late 20/08/2001	Due Out of Service Potential Service Rec	quest 🗋

INSTRUMENT

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	e 22/01/2	2002 11:09 AM	(Submitted By			Page 2
Work Orde	er# 286900		Activit	y A1030A	METER FLOW		
Task Safety Mess		iption	R FLOW				
SHOCK		TRICAL SHOCK				Qty Reqd Qty	Used
CALIBC		iption IFIED CALIBRATIO	N EQUIP.			1.00	0300
Safety Proce Message 13	386.275786 - 12-US-NO			Portiners			* V
ANNUAL AN	NNUAL PREVENT	TATIVE MTCE	A1030A	INTRODUCTION			
				maintenance of the spec correct defects which are technical information tha manual for further detail: The "As Found" and "As	ified equipment. However, me e not anticipated in this proced at may be required, and it may s.	leveloped to aid field personnel in the cal aintenance personnel are expected to lo dure. This document will not provide all if the necessary to refer to the manufacture of abnormalities found and any repairs cal	ok for and the er's
				MAINTENANCE PROC	EDURE:		
	OB SAFETY PLAN			procedure. TAKE TIME TO IDENTII CONTROLLED. WORK HEALTH & SAFETY AC	FY HAZARDS AND PLAN HO (PRACTICES MUST BE IN A IT AND THE ONTARIO CLEA	ing the manufacturers recommended ca W EACH HAZARD WILL BE ELIMINAT ACCORDANCE WITH THE OCCUPATION IN WATER AGENCY SAFETY MANUAL ACCORDANCE WITH THE LOCK-OUT	ED OR ONAL
Contractor		(Caffre)	rajest				
Datz (Ken)	a de la companya de l	Naticalities	n-			rain de la companya d	
Server Server		words and the committee of the	Science Type, Crew	afac. iShaois a'ashaoisti	2502G(200); #		(oglos)
STATE OF STATE							

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	22/01/2002 11:09 AM	Subm	itted By	· · · · · · · · · · · · · · · · · · ·				Page 3
Work Order #	286900	Activity	A1030A	METER FLOW				
Startist		Completed (1887)		**				
Date 29/08/20		By 80300		29/08/2001	Tines	00:00	lious	1.50
Result		Condition		p 4.15-7-167/		<u> </u>	it of Meas	
(olal sage)	•							
Pala Gode		Signeoff						

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

		1:14 AM	Submitted E				Page
Vork Order#	286897		Activity A	1006A I	METER FLOW		
quipment ID	0000101006	3		Description	METER FLO	W 01 WELL FS-1	
ite Subunit Of	FAC 0000101002	6608		Description	MOOSE CREE	KWWEDS	
Vrea	2	EASTERN/NORTH	IERN AREA	Sub-area	CHES	CHESTERVILLE HU	JB
District	NSTO		ORTH STORMONT	Loc	WWE	WATER WELL	
oc Qualifler	MOOSE CREE	K WTP: METER FLO	W 01 MOOSE CREEK P	S			
quipment Type	INSTRU	INSTRUMENTATION	ON	Manufacturer	ENDRES	ENDRESS & HAUSI	ER CANADA LTD
Building	PS	PUMPING STATIC		Building Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (INCL	STANDBY)	Expected Life	25		
wg Monthly Usage	720.00			Total Usage	0.00		
fodel #	33FT50-MB1A	D11A21A		Warranty Expire	S	MTBF	0
erial#	TJ265013-1P6	<u> </u>		Purchase Date		Purchase Cost	0.00
Audget # Asset Comments PRIMARY AAKE: Endress & Ha MODEL: Promag 30F NT. DIA: 2" (50 mm) C FACT: 0.8572/16 INING:	F/33F SERIAL:	TJ265013 IP67					
ROBE MAT: CONVERTER							
MAKE: Endress & Ha	auser						
/EL. SET. RANGE: 0-5 L/sec. (•						
/ELOCITY 0 10 25 5 RANGE 0 43.2 108 : FLOW 0 0.5 1.25 2.	50 75 100 % F.S. 216 324 432 m3/D .5 3.75 5 l/sec.)					
/ELOCITY 0 10 25 5 RANGE 0 43.2 108 2 FLOW 0 0.5 1.25 2.	50 75 100 % F.S. 216 324 432 m3/D .5 3.75 5 l/sec.)					
/ELOCITY 0 10 25 5 RANGE 0 43.2 108 3 FLOW 0 0.5 1.25 2 D/P 4 5.6 8 12 16 nitiated By Assigned To	50 75 100 % F.S. 216 324 432 m3/[.5 3.75 5 l/sec. 20 mAdc		HENDERSON	Initiated Service		1 Scheduled Due	01/08/2001 08:00
/ELOCITY 0 10 25 5 RANGE 0 43.2 108 3 FLOW 0 0.5 1.25 2. D/P 4 5.6 8 12 16 Initiated By Assigned To Authorization Budget # Crew Maint Type Priority	50 75 100 % F.S. 216 324 432 m3/[5 3.75 5 l/sec. 20 mAdc		HENDERSON CHESTERVILLE HUE	Service			01/08/2001 08:00
/ELOCITY 0 10 25 5 RANGE 0 43.2 108 5 FLOW 0 0.5 1.25 2. D/P 4 5.6 8 12 16 Initiated By Assigned To Authorization Budget # Crew Waint Type Priority Problem	60 75 100 % F.S. 216 324 432 m3/I 5 3.75 5 l/sec. 20 mAdc			Service 3 STAFF			01/08/2001 08:00
/ELOCITY 0 10 25 5 RANGE 0 43.2 108 3 FLOW 0 0.5 1.25 2. D/P 4 5.6 8 12 16 Initiated By Assigned To Authorization Budget # Crew Waint Type	60 75 100 % F.S. 216 324 432 m3/L 5 3.75 5 l/sec. 20 mAdc 80252 BI		CHESTERVILLE HUE	Service 3 STAFF		Due	<u> </u>
/ELOCITY 0 10 25 5 RANGE 0 43.2 108 5 FLOW 0 0.5 1.25 2. D/P 4 5.6 8 12 16 Initiated By Assigned To Authorization Budget # Crew Waint Type Priority Problem Project	60 75 100 % F.S. 216 324 432 m3/L 5 3.75 5 l/sec. 20 mAdc 80252 BI		CHESTERVILLE HUE	Service 3 STAFF		Due Out of Service	uest []
/ELOCITY 0 10 25 5 RANGE 0 43.2 108 3 FLOW 0 0.5 1.25 2. D/P 4 5.6 8 12 16 Initiated By Assigned To Authorization Budget # Crew Waint Type Priority Problem Project Source	60 75 100 % F.S. 216 324 432 m3/L 5 3.75 5 l/sec. 20 mAdc 80252 Bl CHESTE 6608 A1006A	LAIR	CHESTERVILLE HUE	Service 3 STAFF		Out of Service Potential Service Requ	uest []

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Equipment Work Order

(416)314-5600 Fax (416)314-8300 eport Date 22/01/2002 11:14 AM Submitted By Page 2 Work Order # 286897 **Activity** A1006A METER FLOW Job Class Crew Type Description Pay Type Hrs Worked INSTRUMENT INST Description Safety Message **ELECTRICAL SHOCK** SHOCK Tool Description Qty Reqd Qty Used CALIBC CERTIFIED CALIBRATION EQUIP. 1.00 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. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT WPROT WORK PROTECTION PROCEDURE. Choose Crew Type, Crew ID or Job Class

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	22/01/2002 11:14 AM	Submit	ted By						Page 3	_
Work Order #	286897	Activity	A1006A	ME	ETER FLOW	····				_
Same Co									*	
								,,,,,,		
										
		Completed								
Started 29/08/20		By 80300		Janes S	29/08/2001	Time	00:00	Hours	1.50	
(Add)	:156	ndition			e is thy			icy (Nation		
erapit zaz										
depte (skiller)		Skin-off.	•							

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

SHOCK

ELECTRICAL SHOCK

(410)314-3000 Tax (
teport Date	22/01/2002 11:0	08 AM Submitted	Ву		Page 1
Work Order #	286899	Activity	A1008A ME	ETER FLOW	
Equipment ID	0000101008		Description	METER FLO	W 03 WELL FS-3
Site	FAC	6608	Description	MOOSE CREEK	(WWEDS
Subunit Of	0000101004	EACTED MAIODTHED MADEA	C. d	01150	OUPOTED M. F. LIND
Area District	2 NSTO	EASTERN/NORTHERN AREA	Sub-area	CHES	CHESTERVILLE HUB
Loc Qualifier		TOWNSHIP OF NORTH STORMONT WTP: METER FLOW 03 WELL FS3	Loc	WWE	WATER WELL
Loc Qualifier	WIOOOL CIVELIN	WIF. WETERT LOW 03 WELL F33			
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			Total Usage	0.00	
Model #	33FT50-MB1AD1	1A21A	Warranty Expires	-	MTBF 0
Serial #	TJ265011		Purchase Date		Purchase Cost 0.00
Budget #					
Asset Comments					
MAKE: Endress & Ha	auser				
MODEL: Promag 30			•		
SERIAL: TJ265011					
INT. DIA: 2" (50 mm)					
K FACT: 0.8511/-10					
CONVERTER					
MAKE: Endress & Ha	auser				
TYPE: Remote					
MODEL: 33FT50-ME	31AD11A21A SER	IAL: TJ265011 IP67			
RANGE: 0-5 l/sec. (432 m3/d)				
OUTPUT: 4-20 mAd	С				
RANGE 0 43.2 108	3: 0 10 25 50 75 100 3 216 324 432 m3/D 1.25 2.5 3.75 5.0 l/s 6 8 12 16 20 mAdc				
			L-Wat-4 D	-4- 0000000	0-1-1-1-1 04/00/004 00:00
Initiated By	80252 BLAI	R HENDERSON	Initiated D Service #	ate 20/08/2001	Scheduled 01/08/2001 08:00 Due
Assigned To	00232 BLA	R HENDERSON	Selvice #		Oue
Authorization					
Budget #					
Crew	CHESTE	CHESTERVILLE HL	IB STAFF		
Maint Type	•				
Priority					
Problem					
Project	6608	MOOSE CREEK W	WEDS		Out of Service
Source					Potential Service Request
Last Activity	A1008A	METER FLOW			Last Activity Completed 29/08/2001
Work Order Common Annual inspection/ca ActDefn Comments	alibration check comp	leted.			
METER O&M MANU	JAL				
					\$4.70 M
1656	A (008A 74	METER FLOW	F-1813 - 53		
Job Class	Crew Type	Description			Pay Type Hrs Worked
			<u> </u>		3, 2, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
INST		INSTRUMENT		<u></u>	V V V V V V V V V V V V V V V V V V V
Safety Message	Description	시민(1) 등 가는 것이 되는 사람들이 되는 물람.			a - 1 전 및 경기 설계 설계 및 경기 및 경기 및 경기 및 경기 및 경기 및 경기 및 경기 및 경

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Report Date	te	22/01/2002	11:08 AM		Submitte	ed By						Page 2
Work Ord	er#	286899		Activi	ty	A1008A	ME	TER FLOW				
Task Tool CALIBC		Description CERTIFIED								Qty Reqd	1.00	Qty Used
Safety Proc Nessage (I	edicae escriptio	ar A		Activity	Commer	Ü.						
ANNUAL A	NNUAL I	PREVENTATION	E MTCE	A1008A	INTROD	UCTION	ere en en en en en en en en en en en en en	200.6.3	3000			
					maintena correct de technical manual for The "As i	ventative Mainte ance of the speci efects which are information that or further details Found" and "As recorded on the	ied equipme not anticipat may be requ .eft" reading:	ent. However, med in this procedured, and it may s, as well as any	aintenance p dure. This do be necessar	ersonnel are ex cument will no y to refer to the	cpected t provid manufa	to look for and le all the acturer's
					MAINTEI	NANCE PROCE	DURE:					
		ETY PLANNING ROTECTION			Procedur TAKE TII CONTRO HEALTH	ME TO IDENTIF OLLED. WORK I & SAFETY ACT E AND DE-ENEF	Y HAZARDS PRACTICES AND THE C	AND PLAN HO MUST BE IN A ONTARIO CLEA	OW EACH HA ACCORDANG IN WATER A	ZARD WILL B E WITH THE GENCY SAFE	E ELIM OCCUF TY MAN	INATED OR PATIONAL NUAL.
Contractor	t de	Jime .	*Gorfracto: ID.\\							•		
Spare con		inge.	(Edita lient						4 1		Çeri	19
a chron	A Test	Tine"	Croose Crev	Vitypox on the	y is being ob	PHILI NAME OF		-9 [s]		F1/41/10		restorade
2.10,1004E		,				******					***	

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Equipment Work Order

22/01/2002 11:08 AM Report Date Submitted By Page 3 Work Order # Activity 286899 A1008A METER FLOW Completed Date Time Hours Ву 29/08/2001 Time 00:00 80300 29/08/2001 00:00 1.50 Unit of West Condition Quantity Result Sign-off Data Group.

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	07/02/2003	03:17 PM	Submitte	ed By				Page
Work Order#	502156		Activity	A1036M	ANA	LYZER CHLO	RINE	· · · · ·
Equipment ID	000010103	36		Descrip	otion	ANALYZER C	HLORINE TRT H20)
Site	FAC	6608		Descript	ion	MOOSE CREEK	WWEDS	
Subunit Of								
Area	2	EASTERN REG	GION	Sub-area	3	CHES	CHESTERVILLE H	HUB
District	NSTO	TOWNSHIP O	F NORTH STORMONT	Loc		LABO	LABORATORY	
oc Qualifier	MOOSE CRE	EK WTP: TRT WAT	TER CL2 ANALYZER	A*/F		,		
Equipment Type	INSTRU	INSTRUMENT.	ATION	Manufac	turer	WALL	WALLANCE & TIE	ERNAN
Building	PS	PUMPING STA	TION BUILDING	Building	Level	G	GROUND LEVEL	
Service Status	IN	IN SERVICE (II	NCL. STANDBY)	Expecte	d Life	25		
Avg Monthly Usage	720.00	•	•	Total Us	age	0.00		
Model #	W 95 213			Warranty	y Expires		MTBF	0
Serial #	A2 91581			Purchas	e Date		Purchase Cost	0.00
Budget #								
Initiated By					Initiated Dat	e 07/02/2003	Scheduled	01/01/2003 08:00
Assigned To	80252 E	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 Rec	quest 🗌
Last Activity	A1036M		ANALYZER CHLO	ORINE			Last Activity Comple	ted 08/10/2002
ActDefn Comments WALLANCE & TIER		3 CL2 ANALYZER	ANALYZER CHLC	DRINE			Last Activity Comple	ted 08/10/200

Job Class	Crew T	ype	Description		Pay Type	Hrs Worked
OP			OPERATOR			
Part # Descrip		Description	n	Qty Reqd	Qty Used	
MURACID	MURACID MUR		ACID		1	.00
		Stock Area	1	Stock Loc		
Safety Message	Descrip	otion				

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	Subm	itted By		Page 2
Work Order #	502156	Activity	A1036M	ANALYZER CHLORINE	*****
Crew Definition	Lean Maria de Cara de				
Employee ID	Last			First	MI
80636	VEILLEUX			JEAN	
Equipment ID	Description				
There is no equipm	nent for this crew				
Vehicle ID	Description				
There are no vehic	les for this crew				

Safety Procedures
Message Description

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.

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

JOB SAFETY PLANNING

JSP

A1036M INTRODUCTION:

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.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Labour		Choose Crev	v Type, Crew ID or .	lob Class			
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
03/01/02	800				00/30	R	/

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Work Order#	502156		Activity	A1036M	ANALYZER CH	HLORINE	
Material		1986	nto.			There is a	
Charge Date	Time	Stock Area			Part Number		Quantity
93/01/0	0 800		-				
Vehicle		2011 - 1250 2 - 1250	Choose Crew, Vehicle	Type or ID			
		Crew	Vehicle Type	Vehicle	n	Total Usage	Usage

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Report Date	07/02/2003 03:	18 PM Submitt	ted By			Page 1
Work Order #	502178	Activity	A1837Q AN	NALYZER TURI	BIDITY	
Equipment ID	0000101837		Description	ANALYZER -	TURBIDITY MOOSE CR	
Site Subunit Of	FAC	6990	Description	MOOSE CREE	K WWLCS	
Area District Loc Qualifier	2 NDUN MOOSE CREEK	EASTERN REGION TOWNSHIP OF NORTH DUNDAS WATER TREATMENT SYSTEM:	Sub-area Loc	CHES WWE	CHESTERVILLE HUB WATER WELL	
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 1720D 000800011458	INSTRUMENTATION PUMPING STATION BUILDING IN SERVICE (INCL. STANDBY)	Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	HACH G 25 0.00 10/01/2000	HACH CO. GROUND LEVEL MTBF Purchase Cost	0 0.00
Initiated By Assigned To			Initiated D Service #	4	Due 1 12	01/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem Project Source Last Activity	6990	MOOSE CREEK	Clean	ed " Kill Jul	Out of Service Potential Service Request Last Activity Completed	Afr

Task A1837Q ANALYZER TURBIDITY						
Job Class	Crew Type	Description		Pay Type	Hrs Worked	
1109		OPERATOR/MECH/	ANIC			
Part # Description WATERS SOAPY WATER		otion		Qty Reqd	Qty Used	
		WATER		1.00		
7	Stock A	Area	Stock Loc			
Tool	Description			Qty Reqd	Qty Used	
BOTBRU	SOFT BRUSH			1.00		
PORTAT	PORTABLE TURE	BIDIMETER		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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	ate 07/02/2003 03:18 PM		Submitted By	Page 2
Safety Pro	cedures // Description			
Message	Description	Activity	Comments	
			are to be recorded on the Hansen Feedback Sheet.	
			RUNNING CHECKS:	
			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.	
			Remove head assembly from body of turbidimeter.	1
			Clean the lamp, lens and photocell window.	
			4) Perform calibration of unit following MFG guidelines, using a formazin solution or	the HACH ICE PICK sys
			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 tu	which of the dilution wat
3MONTH	QUARTERLY PREVENTATIVE MTCE	A1837Q	5) Inspect o-rings and lamp assembly for any defects.	abidity of the dildion was
			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.	
1			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	E 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	
			CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE ON	
MDDOT	WORK PROTECTION		HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE I	
WPROT	WORK PROTECTION		PROCEDURE.	LOCK-OUT

Labour		Choose Cre	w Type, Crew ID or .	lob Class			
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
17/03/01	2800				00130	A	\$ /

Material			
Charge Date Time Stock	k Area	Part Number	Quantity

Vehicle	Cho	ose Crew, Vehicle Type	or ID		
Charge Date Time	Crew	Vehicle Type	Vehicle ID	Total Usage Usage	

		844.7		
	m	2000		2000
1 884 S	100	3811	2313	4800

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Report Date	07/02/2003 03:	18 PM Submit	ted By			Page
Work Order#	502176	Activity	A1837M	ANALYZER TURE	BIDITY	
Equipment ID	0000101837		Description	ANALYZER T	URBIDITY MOOSE	CR
Site	FAC	6990	Description	MOOSE CREEK	WWLCS	
Subunit Of Area	2	EASTERN REGION	Sub-area	CHES	CUECTED #4.E	I II I D
Area District	2 NDUN	TOWNSHIP OF NORTH DUNDAS	Sub-area Loc	WWE	CHESTERVILLE WATER WELL	HOR
Loc Qualifier		(WATER TREATMENT SYSTEM:	roc	VVVVE	WATERWELL	
Loc Qualifier	WOOSE CREEN	WATER TREATMENT STSTEM.				
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 Expi	res	MTBF	0
Serial #	000800011458		Purchase Date	10/01/2000	Purchase Cost	0.00
Budget #						
Initiated By			Initiat	ed Date 07/02/2003	Scheduled	01/01/2003 08:00
Assigned To			Servi	ce #	Due	
Authorization						
Budget #						
Crew						
Maint Type						
Priority						
Problem						
Project	6990	MOOSE CREEK	(WWLCS		Out of Service	
Source					Potential Service Re	
Last Activity					Last Activity Comple	ted

Task	A1837M	ANALYZER TURBIDIT	Y	and all of the second second	
Job Class	Crew Typ	pe Description		Pay Type	Hrs Worked
OP		OPERATOR			
Part #		Qty Reqd	Qty Used		
WATERS SOAPY WATER				1.00	1
		Stock Area	Stock Loc		
Tool	Descripti	on		Qty Reqd	Qty Used
BOTBRU	SOFT BR	RUSH		1.00)
PORTAT	PORTAB	LE TURBIDIMETER		1.00)

Safety Pr Message	ocedures 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 DUBBLICAL ON COMPLETION OF DUTIES NOTIFICATION TO BE ON THE LATE OF THE
JSP	JOB SAFETY PLANNING		DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN VACATED AND SECURED. TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. INTRODUCTION: This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 07/02/2003 03:18 PM

Submitted By

Page 2

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QUI	ety F	8 S.J.	75 U	B (0.5)	
* 6 ***		*****			
MOS	16.00	2000	Mars.	ann	tion.
	editable in a				

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
- 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.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

24/01/03	2800				2013	0	R	4/
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID		Pay Type	Hours Worked
Labour		Choose Crev	v Type, Crew ID or J	ob Class				

Material	And the second of the second o		
Charge Date Time	Stock Area	Part Number	Quantity

Vehicle	Choose Crew, Vehicle Type	e or ID	
Charge Date Time	Crew Vehicle Type	Vehicle ID	Total Usage Usage

Comments	my4	103	_	Dubble	trais	int.	igher
V	nto.			20176			

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Report Date	07/02/2003	3 03:17 PM	Submitt	ed By				Page
Work Order#	502157		Activity	A1036M	ANALY	ZER CHLO	RINE	
Equipment ID	00001010	036		Description	on AM	NALYZER C	HLORINE TRT H20)
Site Subunit Of	FAC	6608		Description	ı MC	OOSE CREEK	WWEDS	
vea	2	EASTERN F	REGION	Sub-area	CH	IES	CHESTERVILLE I	⊣UB
District	NSTO		OF NORTH STORMONT	Loc	LA	ВО	LABORATORY	
oc Qualifier			VATER CL2 ANALYZER					
quipment Type	INSTRU	INSTRUME	NTATION	Manufactur	er W	ALL	WALLANCE & TIE	ERNAN
Building	PS	PUMPING S	STATION BUILDING	Building Le	vel G		GROUND LEVEL	
ervice Status	IN	IN SERVICE	(INCL. STANDBY)	Expected L	ife 25			
vg Monthly Usage	720.00			Total Usage	9.0	00	-	
flodel #	W 95 213			Warranty E	xpires		MTBF	0
ierial #	A2 91581			Purchase D	ate		Purchase Cost	0.00
Budget #								
nitiated By				Ini	iated Date	07/02/2003	Scheduled	03/02/2003 08:00
Assigned To	80252	BLAIR	HENDERSON	Se	rvice #		Due	
Authorization								
Budget #								
rew	CHESTE		CHESTERVILLE	HUB STAFF				
/laint Type								
Priority								
Problem				MANUEDO.				
Project	6608		MOOSE CREEK	WWEDS			Out of Service	. 0
Source			ANIAL NOTES OF "	ODING			Potential Service Rec	
ast Activity	A1036M		ANALYZER CHL	ORINE			Last Activity Comple	ted 08/10/2002
ActDefn Comments		X 3 CL2 ANALYZE						

Job Class	Crew T	ype	Description		Pay Type	Hrs Worke
OP			OPERATOR			
Part # Description			Qty Reqd	Qty Used		
MURACID		MURATIC	ACID		1.0	О
		Stock Area	1	Stock Loc		
Safety Message	Descrip	otion				
CHEMHA	CHEMI	CAL 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	Page 2
/			

Work Order #	502157	Activity	A1036M	ANALYZER CHLORINE

Crew Definition			
Employee ID	Last	First	MI
80636	VEILLEUX	JEAN	
Equipment ID	Description		
There is no equipm	ent for this crew		
Vehicle ID	Description		
There are no vehicl	es for this crew		

Safety Pr Message		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.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Labour		Choose Grev	Type, Crew ID or	Job Class			
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
13/02/03	0800				00130	E	/

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Work Order #	502157		Activity	A1036M	ANALYZER	CHLORINE		
Material				11				
Charge Date	Time	Stock Area			Part Number		Qua	ntity
Vehicle			Choose Crew, Vehicle	Type or ID				
Charge Date	Time	Crew	Vehicle Type	Vehicle II	yukar	Total Usa	ge	Usage
Comments /	=11 13	127	0000	<i>(</i>)				

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Report Date	07/02/2003 03:	18 PM Submit	ted By			Page 1
Work Order#	502177	Activity	A1837M AN	VALYZER TURBI	DITY	
Equipment ID	0000101837		Description	ANALYZER TU	JRBIDITY MOOSE	CR
Site Subunit Of	FAC	6990	Description	MOOSE CREEK	WWLCS	
Area District Loc Qualifier	2 NDUN MOOSE CREEK	EASTERN REGION TOWNSHIP OF NORTH DUNDAS (WATER TREATMENT SYSTEM:	Sub-area Loc	CHES WWE	CHESTERVILLE WATER WELL	нив
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 1720D 000800011458	INSTRUMENTATION PUMPING STATION BUILDING IN SERVICE (INCL. STANDBY)	Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	HACH G 25 0.00 10/01/2000	HACH CO. GROUND LEVEL MTBF Purchase Cost	0 0.00
Initiated By Assigned To			Initiated D Service #		Scheduled Due	03/02/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem Project Source Last Activity	6990	MOOSE CREEK	ww.cs		Out of Service Potential Service Red Last Activity Comple	

Task	A1837M A	NALYZER TURBIDITY	Company of the Compan		
Job Class	Crew Type	Description		Pay Type	Hrs Worked
OP		OPERATOR			
Part #	Description	n		Qty Reqd	Qty Used
WATERS SOAP		ATER		1.00	
	Stock Are	a	Stock Loc		
Tool	Description			Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH		1.00		
PORTAT	PORTABLE TURBID	IMETER		1.00)

Safety Pri Message		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
JSP	JOB SAFETY PLANNING		VACATED AND SECURED. TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. 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

Page 2

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	2002000		300000	8046000	2000	
Safe	31 x 28	TO C	4.0	SIZOL	20000	
Bushasia	uid Alb	***************************************	تعطيف	ini (Dirip		
Mes			5	200	200	
THE S	NO U	- 30000	J-0.0	15111	JEK C	: 8 33

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.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Labour		Choose Cre	w Type, Crew ID or .	lob Class			100
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
10/02/03	800				00/30	R	1

Material	44 Typ	and the second s			
Charge Date	Time	Stock Area	Par	rt Number	Quantity

Vehicle		Cho	ose Crew, Vehicle Type	or ID		
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

Comments	Fes	10/03	00130	1/4
				,

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Facility Work Order

Report Date	03/03/2003 09	:22 AM	Submitted By	Jean Veille	eux			Page 1
Work Order #	515709	Acti	<u>ivity</u> OG1	1Q	QUART	ERLY SAMPLING	6/TESTING	
Facility ID	6608		<u>D</u>	<u>escription</u>	MOOS	SE CREEK WWE	DS	
Qualifier Area Sub-area Map #	2 CHES	EASTERN REGION CHESTERVILLE HUB		<u>District</u> <u>Location</u>	NSTO	TOWNSHIP OF N	NORTH STOP	RMONT
Facility Type Complex Parcel	MUN MUN	NICIPAL	D:	ervice Status ate Built s Built	IN	IN SERVI X Coord Y Coord Z Coord	CE (INCL. ST	ANDBY)
Initiated By Assigned To				Initiate Service	ed Date ce#	03/03/2003	Scheduled Due	01/01/2003 08:00
Authorization Budget # Crew								
Maint Type Priority Problem	PROC 5		NT PROCESS MAIN RING SAMPLING RO					
Project Source	6608	мос	OSE CREEK WWED	os		Out of S	ervice I Service Req	uest 🗍
Last Activity	OG17	HYD	RANT MAINTENAN	CE			ivity Complete	
	nents er - Quarterly Sampli les B,D,Nitrates and							
Distribution - THM	collected at sewage	pumping station.			T.			
	stems following acce	eptable industry standards. hat are required.Eg:Cl2,D.0		d complete pa	aperwork a	s required.Record leve	els and condit	ions that
Safety Procedures Message Descript		Activity				Talon summer	7 (1947) 1967 1978	
EEN ENTRY	AND EXIT NOTIFIC	ATION	THE SITE. THE	FOLLOWING COMPLETIC	INFORM	ATION SHOULD PRO	VIDE APPRO	OTIFIED OF ENTRY INTO DXIMATE TIME AND N THAT SITE HAS BEEN
JSP JOB SA	FETY PLANNING		TAKE TIME TO CONTROLLED.	IDENTIFY HA WORK PRA	CTICES M		ANCE WITH	VILL BE ELIMINATED OR THE OCCUPATIONAL SAFETY MANUAL.
WPROT WORK	PROTECTION		ISOLATE AND I PROCEDURE.	DE-ENERGIZI	E THE EC	UIPMENT IN ACCOF	RDANCE WIT	'H THE LOCK-OUT
Labour Charge Date	Time Cre	Choose Crew Type: Crew ID	rew ID or Job Class	s Er	nployêe ID		Pay Type	
20/01/03	3 0800				0013	0	<u> </u>	2

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(416)314-5600 Fax (416)314-8300

Facility Work Order

Jean Veilleux Report Date 03/03/2003 09:22 AM Submitted By Page 2 Work Order # 515709 Activity OG11Q QUARTERLY SAMPLING/TESTING Choose Crew, Vehicle Type or ID Vehicle Type Charge Date Colorted table B. D. netrites , netrates & Completed Date 60130 Quantity Unit of Meas Condition Result Data Group Sign-off

Ontario Clean Water Agency 1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5

(416)314-5600 Fax (416)314-8300

Equipment Work Order

03/03/2003 09:22 AM Report Date Submitted By Jean Veilleux Page 1 Work Order# 515698 **Activity** A1036M ANALYZER CHLORINE 0000101036 Equipment ID Description ANALYZER CHLORINE TRT H2O <u>Site</u> FAC 6608 Description MOOSE CREEK WWEDS Subunit Of Area 2 **EASTERN REGION** CHES Sub-area CHESTERVILLE HUB District NSTO TOWNSHIP OF NORTH STORMONT Loc LABO LABORATORY Loc Qualifier MOOSE CREEK WTP: TRT WATER CL2 ANALYZER INSTRU Equipment Type 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 **DEPLOX 3 U-95213** Model# Warranty Expires **MTBF** ٥ Serial # A2 91581 Purchase Date 0.00 Purchase Cost Budget# **Initiated Date** 03/03/2003 Initiated By Scheduled 03/03/2003 08:00 Assigned To 80252 **BLAIR HENDERSON** Service # <u>Due</u> checked & ok mar 14/03C **Authorization** Budget # Crew Maint Type Priority Problem MOOSE CREEK WWEDS **Project** 6608 Source Potential Service Request Last Activity A1036M ANALYZER CHLORINE Last Activity Completed 08/10/2002 ActDefn Comments WALLANCE & TIERNAN DEPOLOX 3 CL2 ANALYZER A1036M ANALYZER CHLORINE Crew Type Description Job Class Pay Type Hrs Worked **OPERATOR** OP Description Qty Read Part # **Qty Used** MURACID MURATIC ACID 1.00 Stock Loc Stock Area Description Safety Message **CHEMHA** CHEMICAL HAZARD Safety Procedures Message Description Activity Comments ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO **EEN** ENTRY AND EXIT NOTIFICATION 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 TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR JOB SAFETY PLANNING 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:

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

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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.
- ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

	Charge Date	Time	Crew Type	w Type, Crew ID or .	ion Class ←	Employee ID	Pay Type *	Hours Work
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<u>Vehicle</u>	_ Cho	oose Crew. Vehicle Type	or ID	100	E Company
Charge Date Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

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Date :	Time	By	Date	<u>Time</u>	Hours
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Result	Condition	Quantity	Unit of Meas

Total Usage		 	
Data Group	Sign-off		

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	03/03/2003 09:22 AM	Submitted	By Jean Veilleux			Page 1
Work Order #	515699	<u>Activity</u>	A1837M AN	NALYZER TURBI	DITY	
Equipment ID	0000101837		Description	ANALYZER TU	JRBIDITY MOOSE CF	₹
<u>Site</u> Subunit Of	FAC 6608		Description	MOOSE CREEK	WWEDS	
Area District Loc Qualifier	2 EASTERN NDUN TOWNSHI MOOSE CREEK WATER TI	OF NORTH DUNDAS	Sub-area Loç	CHES WWE	CHESTERVILLE HUB WATER WELL	
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	IN IN SERVIC	ENTATION STATION BUILDING E (INCL. STANDBY)	Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	HACH G 25 0.00	HACH CO. GROUND LEVEL MTBF Purchase Cost	0 0.00
Initiated By Assigned To Authorization Budget # Crew Maint Type Priority Problem Project Source Last Activity	6608	MOOSE CREEK W	Initiated Da Service # Initiated Da Service #	dé (Due	3.

<u>Task</u>	A1837M A	NALYZER TURBIDITY	The latter of th	Andrew Andrews	
Job Class	Crew Type	Description	escription		Hrs Worked
ОР		OPERATOR			
Part#	Description	n	Qty Read	Qty Used	
WATERS SOAPY W		/ATER		1.00	
	Stock Are	**************************************	Stock Loc		
<u>Tool</u>	<u>Description</u>		The second secon	Qty Reqd	Qty Used
BOTBRU	SOFT BRUSH	SOFT BRUSH			
PORTAT	PORTABLE TURBIDIMETER			1.00	

Safety Pro Message	ocedures 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
JSP	JOB SAFETY PLANNING		VACATED AND SECURED. TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL
MONTH	MONTHLY PREVENTATIVE MTCE	A1837M	HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. 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

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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.		UIIOOSE L	rew Lype, Crew ID	OI JUU Class	# 20 C		98 500	
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Acres de	Pay Type	Hours Worked
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Total Usage								
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Data Group			Sign-off					

Report Date	27/03/2003 08	8:40 AM <u>Submitted</u>	By Jean Veilleux			Page 1
Work Order #	528407	<u>Activity</u>	A1036M AN	NALYZER CHLOF	RINE	
Equipment ID	0000101036	3	Description	ANALYZER CH	ILORINE TRT H2O	
Site Subunit Of	FAC	6608	Description	MOOSE CREEK V	WWEDS	
Area District Loc Qualifier	2 NSTO MOOSE CREE	EASTERN REGION TOWNSHIP OF NORTH STORMONT EK WTP: TRT WATER CL2 ANALYZER	Sub-area Loc	CHES LABO	CHESTERVILLE HUI	В
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 DEPLOX 3 U-9 A2 91581	INSTRUMENTATION PUMPING STATION BUILDING IN SERVICE (INCL. STANDBY) 95213	Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	WALL G 25 0.00	WALLANCE & TIERN GROUND LEVEL MTBF Purchase Cost	0 0.00
Initiated By Assigned To	80252 BL/	AIR HENDERSON	Initiated Di Service #		Scheduled 01 Due	/04/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem		G	ng liter	22/03	2 -	
Problem Project Source Last Activity	6608 WEEKPM	MOOSE CREEK W PERFORM WEEKI		P	Out of Service Potential Service Reques ast Activity Completed	t

	T	ANALYZER CHLORINE		р. т	1
Job Class	Crew Type	<u>Description</u>	1975 - 19	Pay Type	Hrs Worker
OP		OPERATOR			
Part#	Desc	ription		Qty Reqd	Qty Used
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СНЕМНА	CHEMICAL HA	ZARD			

	Safety Pro Message		"Comments
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	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
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Safety Procedures Message Description

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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.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

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Charge Date Time Grew Type	Grew ID Job Class Employee ID	Pay Type	Haurs Worked
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<u>Vehicle</u>	Cha	ose Craw Vehicle Typ	eorDysold Table (Explication	San Tarang Lang San	
Charge Date Time	Crew	Vehicle Type	Yehicle D	Total Usac	Usage

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Equipment Work Order

Report Date	27/03/2003 08	40 AM	Submitted By	Jean Veilleux			Page 1
Work Order #	528415	Activit	y A18	37A AN	IALYZER TURE	BIDITY	
Equipment ID	0000101837			Description	ANALYZER T	URBIDITY MOOSE	CR
<u>Site</u> Subunit Of	FAC	6608		Description	MOOSE CREEK	WWEDS	
Area District Loc Qualifier	2 NDUN MOOSE CREEK	EASTERN REGION TOWNSHIP OF NORTH DU WATER TREATMENT SYS	JNDAS	Sub-area Loc	CHES WWE	CHESTERVILLE HI WATER WELL	JB
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 1720D 000800011458	INSTRUMENTATION PUMPING STATION BUILD IN SERVICE (INCL. STAND	DING (BY)	Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	HACH G 25 0.00 10/01/2000	HACH CO. GROUND LEVEL MTBF Purchase Cost	0 0.00
Initiated By Assigned To				Initiated Da	ate 27/03/2003	Scheduled C	1/04/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem Project Source Last Activity	6608 WEEKPM		E CREEK WWEI		icked :	Out of Service Potential Service Reque	/m th o k uffi 28/02/2003

Task	A1827A	ANALYZER TURBIDITY			2.09(2.42)
Job Class	Crew Type	Description		Pay Type	Hrs Worked
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Part#	Descript	on	Qty Read	Qty Used	
WATERS SOA		WATER		1.00	
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Tool	Description	<u> </u>	And the second s	Qty Regd	Qty Used
BOTBRU	SOFT BRUSH	SOFT BRUSH			
PORTAT	PORTABLE TURE	PORTABLE TURBIDIMETER			

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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

Equipment Work Order

Report Date

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Safety Pro Message	cedures 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.	
		73) 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) Ølean and inspect gaskets. Replace as required.	
		9) Dean the lamp, lens and photocell window.	
		10) Perform calibration of unit following MFG guidelines/ using a formazin solutio	n or the HACH ICE
		PICK system.	7 07 1110 7 11 7 10 7 11 7 1
ANNUAL	ANNUAL MAINTENANCE	A1837A Measure 1 litre of low turbidity water into calibration cylinder.	
		Insert head assembly into calibration cylinder.	1
		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.	. 4 45: - 41:
		Press 20.0 STD the display will show the value of the 20.0 NTU standard and the	turbiaity of the allution
		12) Replace head assembly into turbidimeter body.	_
		13) Open sample line valve, ensure proper sample flow rate	<i>Σ</i> 60 €
		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 NOTIF	FIED OF ENTRY INTO
		THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIM	1ATE TIME AND
		DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN TH	AT SITE HAS BEEN
		VACATED AND SECURED.	
JSP	JOB SAFETY PLANNING	TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL	
		CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE	
WEDOT	WORK PROTECTION	HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAF ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH TI	
WFROI	WORK PROTECTION	PROCEDURE.	TE LOCK-OUT
		TROOLDONE.	
Labour	Choose	se Crew Type: Crew ID of Job Class	1000
Charge D	ate Time Crew Type	Crew ID Job Class Employee ID Pay Type	Hours Worked
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Charge D	rate Time Crew	Yehicle Type Yehicle ID Total Usage C	sage
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	0., 1	0.1	

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Report Date	16/04/2003 07:51 AM	Submitted By Jean Ve	eilleux Pa	age 1
Work Order #	538026 <u>Act</u>	tivity A1036A	ANALYZER CHLORINE	
Equipment ID	0000101036	<u>Description</u>	n ANALYZER CHLORINE TRT H2O	
Site Subunit Of	FAC 6608	Description	MOOSE CREEK WWEDS	
Area District Loc Qualifier	2 EASTERN REGION NSTO TOWNSHIP OF NORTH MOOSE CREEK WTP: TRT WATER CL2		CHES CHESTERVILLE HUB LABO LABORATORY	
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU INSTRUMENTATION PS PUMPING STATION BU IN IN SERVICE (INCL. STA 720.00 DEPLOX 3 U-95213 A2 91581		rel G GROUND LEVEL fe 25 0.00 Apriles ATBF 0	
Initiated By Assigned To	, fid	white his	ated Geric 16/04/2003 Scheduled 01/05/2003 08:0 bice # Due	00
Authorization Budget # Crew Maint Type Priority Problem Project Source Last Activity Task Job Class OP Safety Message CHEMHA SHOCK	A1036A ANALYZER CHLORIN Crew Type Description OPERATOR	OSPEREEK WWEDS REFORM WEEKLY CHECKLIST NE 1 3 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Out of Service Potential Service Request Last Activity Completed 31/03/200 Pay Type Hrs Wo	rked
Safety Procedures Message Descript	ion <u>Activit</u>	y <u>Comments</u>		
ANNUAL ANNUA	L MAINTENANCE A1036	BA INTRODUCTION:		
		maintenance of the specified correct defects which are no	ace Procedure has been developed to aid field personnel in the car d equipment. However, maintenance personnel are expected to loo to tanticipated in this procedure. This document will not provide all t ay be required, and it may be necessary to refer to the manufacture	ok for and
		The "As Found" and "As Lef are to be recorded on the Ha	ft" readings, as well as any abnormalities found and any repairs car ansen Feedback Sheet.	rried out,
		RUNNING CHECKS		
		1) Test alarm set points.		

Ontario Clean Water Agency 1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5

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(416)314-5600 Fax (416)314-8300 16/04/2003 07:51 AM Submitted By Jean Veilleux Report Date 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%) Clean and inspect the two electrodes. Ensure that the copper ring electrode is not worn thin from the water flow and the abrasive grit. Inspect and replace any o-rings as required. 6) Reassemble the electrodes and the sample cell. Adjust the flow control valve to the desired flow. ு) Add a pinch of abrasive grit to the sample cell. This helps reduce the scale build up on the electrodes. Calibrate the unit, and return to service. ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO EEN **ENTRY AND EXIT NOTIFICATION** 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. TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR JOB SAFETY PLANNING JSP 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 WPROT WORK PROTECTION PROCEDURE.

Labour		Choose Cre	w Type, Crew ID or J	ob Class			
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked
20/05/03	0800				00130	 R	/

Vehicle	Choose Crew, Vehicle	Type or ID	
Charge Date Time	Crew Vehicle Type	Vehicle ID	Total Usage Usage

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1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	22/05/2003 09:	43 AM	Submitted By	Jean Veilleux			Page 1
Work Order#	550249	A	ctivity A1	837M AN	ALYZER TURBIDI	ITY	
Equipment ID	0000101837			Description		RBIDITY MOOSE CR	
Site	FAC	6608	7	<u>Description</u>	MOOSE CREEK W		
Subunit Of Area District	2 NDUN	EASTERN REGION TOWNSHIP OF NORT		Sub-area Loc	CHES WWE	CHESTERVILLE HUB WATER WELL	
Loc Qualifier		WATER TREATMENT	SYSTEM:				
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 1720D 000800011458	INSTRUMENTATION PUMPING STATION B IN SERVICE (INCL. ST		Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	G 25 0.00		0 0.00
Initiated By Assigned To				Initiated Da Service #	ate 22/05/2003	Scheduled 02/06	6/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem Project Source		Tay 28/ Calibra	13. Tel 1000 SELAPEK WWE	with STU A	Suce p	Rik repare tof Service	J
Last Activity	WEEKPM	As w	ERFORM WEEKLY O		te Pie	ential Service Request	30/04/2003
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		so lu	ERFORM WEEKLY C		Std Hrs		
Task	<u>A1837M</u>	so lu	ERFORM WEEKLY O	ON T	te Pre	Pay Type	30/04/2003
Task Job Class	<u>A1837M</u>	ANALYZER TURBO DO STORONO OPERATOR	ERFORM WEEKLY O		Std Hrs	Pay Type	30/04/2003 Hrs Worked
Task Job Class OP	A1837M Crew Type Descr	ANALYZER TURKO PARATOR OPERATOR IDION OPERATOR OPERATOR OPERATOR	ERFORM WEEKLY O	owy	Std Hrs	Pay Type 50	Hrs Worked Qty Used
Task Job Class OP Part # WATERS	Crew Type Descr SOAF Stock	ANALYZER TURKO PARATOR OPERATOR IDION OPERATOR OPERATOR OPERATOR	ERFORM WEEKLY O	ON T	Std Hrs	Pay Type 50 City Reqd 1.00	Hrs Worked A Qty Used
Task Job Class OP Part # WATERS Tool	Crew Type Description Description	ANALYZER TURKO PARATOR OPERATOR IDION OPERATOR OPERATOR OPERATOR	ERFORM WEEKLY O	owy	Std Hrs	Pay Type 50 Qity Reqd 1.00	Hrs Worked Qty Used Qty Used
Task Job Class OP Part # WATERS Tool BOTBRU	Crew Type Description SOFT BRUSH	ANALYZER TURBO OPERATOR iption PY WATER Area	ERFORM WEEKLY O	owy	Std Hrs	Pay Type 50 City Reqd 1.00 Qty Reqd 1.00	Hrs Worked A Qty Used Qty Used
Task Job Class OP Part # WATERS	Crew Type Description Description	ANALYZER TURBO OPERATOR iption PY WATER Area	ERFORM WEEKLY O	owy	Std Hrs	Pay Type 50 Qity Reqd 1.00	Hrs Worked A Qty Used Qty Used
Task Job Class OP Part # WATERS Tool BOTBRU	Crew Type Description SOFT BRUSH PORTABLE TU	ANALYZER TURBO OPERATOR iption PY WATER Area	ORY TO	owy	Std Hrs	Pay Type 50 City Reqd 1.00 Qty Reqd 1.00	Hrs Worked A Qty Used Qty Used
Task Job Class OP Part # WATERS Tool BOTBRU PORTAT Safety Procedures Message Description EEN ENTRY A JSP JOB SAFE	Crew Type Description SOFT BRUSH PORTABLE TU	ANALYZER TURBO ANALYZER TURBO OPERATOR OPERATOR IDION OPERATOR Area Activ Activ	ERFORM WEEKLY OF THE SITE. THE DURATION OF VACATED AND TAKE TIME TO CONTROLLED HEALTH & SA INTRODUCTION	Stock Loc Stock Loc ECT SUPERVISOR OF FOLLOWING INFO N COMPLETION OF D SECURED. DIDENTIFY HAZARI D. WORK PRACTIC FETY ACT AND THE DN:	Std Hrs Std Hrs OR THEIR DESIGNATION SHOULD BE DUTIES NOTIFICATION SHOULD BE SMUST BE IN ACCOUNT BE MUST BE MUST	Pay Type 50 City Reqd 1.00 Qty Reqd 1.00	D OF ENTRY INT TE TIME AND T SITE HAS BEEN E ELIMINATED OF DCCUPATIONAL TY MANUAL.

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date

22/05/2003 09:43 AM

Submitted By

Jean Veilleux

Page 2

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
- 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.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

Labour	abour		rew 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	T		By		Date Time	T	Hours	

Result	Condition	Quantity	Unit of Meas
(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Total Usage

Data Group Sign-off

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5

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Equipment Work Order

	22,00,2000 00.4	13 AM	Submitted By	Jean Veilleux			Page
Work Order #	550247	Act	tivity A10)36M AN	IALYZER CHLORI	NE	
Equipment ID	0000101036			Description	ANALYZER CHL	ORINE TRT H2O	
Site Subunit Of	FAC	6608		Description	MOOSE CREEK WY	WEDS	
Area District Loc Qualifier	NSTO	EASTERN REGION TOWNSHIP OF NORTH WTP: TRT WATER CL2		Sub-area Loc		CHESTERVILLE HUI LABORATORY	3
Equipment Type Building	INSTRU I	INSTRUMENTATION PUMPING STATION BU		Manufacturer Building Level	_	WALLANCE & TIERN	IAN
Service Status Avg Monthly Usage Model #		IN SERVICE (INCL. STA		Expected Life Total Usage	25 0.00	GROUND LEVEL	
Serial # Budget #	A2 91581	10		Warranty Expires Purchase Date		MTBF Purchase Cost	0 0.00
nitiated By ssigned To	80252 BLAIF	R HENDE	ERSON 0	Initiated Da	ate 22/05/2003	Scheduled 02 Due	/06/2003 08:00
uthorization		~ /	hud	ner	e 2/t	3	
udget# rew	1.51	world W	e e	Join.		nes	edua
aint Type	1.51	0	. (7	Det u		1
<u>riority</u> roblem	•	7.	ried	. / /	- 1/	. b ha	nd
roject	6608	∠ MOC	OSE CREEK WWEI	ne	dial		,
		•			10 / A oru	of Service	_
	WEEKPM	are	FANT WEEKLY CI	HECKUIST	frates	of Service ential Service Request Activity Campleted	y 3004/2003
ast Activity	WEEKPM	ANALYZER CHLORIN	ENTREST CI	HECKUIST Cale	trated Las	of Service ential Service Request Activity Completed	y30/4/2003
ast Activity		ANALYZER CHLORIN Description	ESHIVEEKLY CI	HECKUIST Call	Last Last Std Hirs H	of Service ential Service Request Activity Completed Pay Type	Hrs Worked
ast Activity Fask	A1036M		ENDIVERLY CI	HECKUIST Cale	Last Last Last Last Last Last Last Last	Activity Campleled Pay Type	Hrs Worked
ast Activity ask lob Class	A1036M	Description OPERATOR	ESHIVEEKLY CI	HECKUIST Call	trales	Activity Campleled Pay Type	Hrs Worked Qty Used
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ast Activity Fask lob Class DP Part #	Crew Type Descrip	Description OPERATOR Otion TIC ACID		HECKUIST Call	trales	Activity Campleled Pay Type OO Qty Regd	Qty Used
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Task Job Class OP Part #	Crew Type Descript MURA Stock A	Description OPERATOR Otion TIC ACID Area		HECKUIST Call	trales	Activity Campleled Pay Type OO Qty Regd	Qty Used
ast Activity Fask Job Class DP Part # MURACID Safety Message	A1036M Crew Type Description CHEMICAL HAZA	Description OPERATOR Otion TIC ACID Area		HECKUIST Calu Stock Loc	trales	Activity Campleled Pay Type OO Qty Regd	Qty Used
ast Activity Fask Job Class DP Part # MURACID Safety Message CHEMHA afety Procedures lessage Descriptio	A1036M Crew Type Description CHEMICAL HAZA	Description OPERATOR Otion TIC ACID Area ARD	Comments ENSURE DIRECTHE SITE. THE DURATION. ON	CT SUPERVISOR (FOLLOWING INFO	trales	Pay Type Outhor Region 1. E HAVE BEEN NOTIFE PROVIDE APPROXIM	Qty Used 00 IED OF ENTRY ATE TIME AND
ast Activity ask lob Class DP Part # MURACID Safety Message CHEMHA afety Procedures lessage Descriptio EN ENTRY Al	Description CHEMICAL HAZZ DESTRIPTION CHEMICAL HAZZ CHEMICAL HAZZ CHEMICAL HAZZ CHEMICAL HAZZ CHEMICAL HAZZ CHEMICAL HAZZ CHEMICAL HAZZ CHEMICAL HAZZ CHEMICAL HAZZ	Description OPERATOR OTION Area Activity	Comments ENSURE DIRECT THE SITE. THE DURATION. ON VACATED AND TAKE TIME TO CONTROLLED. HEALTH & SAF	CT SUPERVISOR OF FOLLOWING INFO COMPLETION OF SECURED. IDENTIFY HAZARE WORK PRACTICE TY ACT AND THE	Stignirs of 2.0 OR THEIR DESIGNATION SHOULD F	Pay Type O O Oty Reqd 1. E HAVE BEEN NOTIF PROVIDE APPROXIM ON TO BE GIVEN TH. ACH HAZARD WILL DRDANCE WITH THE	Qty Used OO IED OF ENTRY ATE TIME AND AT SITE HAS BE BE ELIMINATED OCCUPATIONAL
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maintenance of the specified equipment. However, maintenance personnel are expected to look for and

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	20/08/2002 08:	:24 AM	Submitted	i By				Page 1
Work Order#	286898		Activity	A1007A	ME	TER FLOW		
Equipment ID	0000101007			Descri	ption	METER FLOW	02 WELL FS-2	
Site	FAC	6608		Descrip	tion	MOOSE CREEK	WWEDS	
Subunit Of	0000101003							
Area	2	EASTERN/NORTH	HERN AREA	Sub-are	a	CHES	CHESTERVILLE H	IUB
District	NSTO	TOWNSHIP OF N	ORTH STORMONT	Loc		WWE	WATER WELL	
Loc Qualifier		WTP: METER FLO				*****	***************************************	
Loo domino.								
Equipment Type	INSTRU	INSTRUMENTATI	ON	Manufa	cturer	ENDRES	ENDRESS & HAUS	SER CANADA LTD
Building	PS	PUMPING STATIC	ON BUILDING	Building	Level	G	GROUND LEVEL	
Service Status	iN	IN SERVICE (INCL	STANDBY)	Expecte	ed Life	25		
Avg Monthly Usage	720.00			Total Us	sage	0.00		
Model #	33FT50-MB1AD	11A21A		Warrani	ty Expires		MTBF	0
Serial #	TJ265012			Purchas	se Date		Purchase Cost	0.00
Budget #								
Asset Comments								
PRIMARY								
MAKE: Endress & Ha	user			•				
TYPE:								
MODEL: Promag 30F	/33F							
SERIAL: TJ265012 II								
INT. DIA: 2" (50 mm)								
K FACT: 0.8533/1								
CONVERTER								
MAKE: Endress & Ha	user							
TYPE: Remote								
MODEL: 33FT50-MB	1AD11A21A SE	RIAL: TJ265012 IP6	7					
VEL. SET.								
RANGE: 0-5 L/sec. (4	432 m3/d)							
OUTPUT: 4-20 mAdo								
VELOCITY SETTING	0 10 25 50 75 100) %F.S.						
RANGE 0 43.2 108								
FLOW THEO 0 0.5 1		/sec.						
OUPUT THEO 4 5.6								
				-				
Initiated By	80252 BL	AIR	HENDERSON		Initiated Da Service #	ate 20/08/2001	Scheduled Due	01/08/2001 08:00
Assigned To	00232 50	nui v	HENDERSON		O01 1100 #			
Authorization								
Budget #								
Crew	CHESTE		CHESTERVILLE H	UB STAFF				
Maint Type								
Priority								
Problem								_
Project	6608		MOOSE CREEK W	WEDS			Out of Service	
Source							Potential Service Rec	
Last Activity	A1007A		METER FLOW				Last Activity Complet	ted 29/08/2001
Work Order Comme	nts							
Annual inspection/cal		npleted.						
		·						
ActDefn Comments METER O&M MANU	AL							

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date 20/08/2002 08:24 AM Submitted By Page 2 Work Order # 286898 **Activity** A1007A METER FLOW A1007A METER FLOW Task Description Safety Message **ELECTRICAL SHOCK** SHOCK Safety Procedures Message Description 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. TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR JSP JOB SAFETY PLANNING 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 WPROT WORK PROTECTION PROCEDURE. Completed Started Hours 29/08/2001 Time 00:00 Ву 80300 29/08/2001 Time 00:00 1.50 Date Unit of Meas Condition Result Total Usage Sign-off Data Group

JOB SAFETY PLANNING

MONTH MONTHLY PREVENTATIVE MTCE

Equipment Work Order

Report Date	03/10/2003 11	1:11 AM	Submitted By	Jean Veilleux			Page 1
Work Order #	580547	<u>Ac</u>	tivity A10	D36M A	NALYZER CHLC	PRINE	
Equipment ID	0000101036	}		Description	ANALYZER C	HLORINE TRT H	20
Site Subunit Of	FAC	6608		<u>Description</u>	MOOSE CREEK	WWEDS	
Area District Loc Qualifier	2 NSTO MOOSE CREE	EASTERN REGION TOWNSHIP OF NORTH EK WTP: TRT WATER CL		Sub-area Loc	CHES LABO	CHESTERVILLE LABORATORY	HUB
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN	INSTRUMENTATION PUMPING STATION BU IN SERVICE (INCL. STA	UILDING	Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	WALL G 25 0.00	WALLANCE & TI GROUND LEVEL MTBF Purchase Cost	
Initiated By Assigned To	80252 BL	AIR HEND	ERSON	Initiated E Service #		Scheduled Due	01/07/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem	6609	MG	DOSE CREEK WWE	Ene		Out of Service	
Project Source Last Activity	6608 WEEKPM		RFORM WEEKLY			Potential Service Reg Last Activity Complete	<u>ues</u> t 🗌
Work Order Comm Checked, Zeroed a		lach pocket colorimeter.					
ActDefn Comments WALLANCE & TIE		3 CL2 ANALYZER					
Task Safety Message CHEMHA	A1036M Description CHEMICAL H	ANALYZER CHLORI	NE THE STATE OF TH				
Performance Indica	ator <u>Descripti</u>	ion			Low Value	High Value	Measured Value
OLRB		METER READING BEGI					2-25 m/s
TMFR		ETER FIELD READING					2.25
Safety Procedures Message Descript	ion	Activ	ity Comments		The second of th		
EEN ENTRY	AND EXIT NOTIF	CATION				NATE HAVE BEEN N JLD PROVIDE APPRO	OTIFIED OF ENTRY INTO

VACATED AND SECURED.

A1036M INTRODUCTION:

DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN

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.

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5

Equipment Work Order

(416)314-5600 Fax (416)314-8300 03/10/2003 11:11 AM Submitted By Jean Veilleux Report Date Page 2 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 17/07/2003 00130 **Time** Ву Time 08:00 **Hours** <u>Date</u> 1.00 COMPLET Condition Unit of Meas Result Quantity Total Usage Jean Veilleuf Data Group Sign-off

MONTH MONTHLY PREVENTATIVE MTCE

Equipment Work Order

Report Date	03/10/2003 11:	15 AM	Submitted By	Jean Veilleux	x				Page 1
Work Order #	602144	<u>Activity</u>	<u>/</u> A18	337M A	NALYZER TURI	BIDITY			
Equipment ID	0000101837			Description	ANALYZER 1	URBID	ITY MOOS	E CR	
Site Subunit Of	FAC	6608		Description	MOOSE CREE	(WWE	os		
Area District Loc Qualifier	2 NDUN MOOSE CREEK	EASTERN REGION TOWNSHIP OF NORTH DU WATER TREATMENT SYS		Sub-area Loc	CHES WWE		ESTERVILLE TER WELL	HUB	
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 1720D 000800011458	INSTRUMENTATION PUMPING STATION BUILDI IN SERVICE (INCL. STANDI		Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	HACH G 25 0.00 S 10/01/2000	GR0 MTE	CH CO. DUND LEVEL BF chase Cost	0	00
Initiated By Assigned To				Initiated Service i	_	3	Scheduled Due	01/08/2	2003 08:00
Authorization Budget # Crew Maint Type Priority Problem Project Source Last Activity	6608 WEEKPM		E CREEK WWE RM WEEKLY C				Service al Service Req tivity Complete	<u>ues</u> t	□ □ 30/09/2003
Work Order Comme Verified with ICE Pic		ibration neccessary.							
Task	A1837M	ANALYZER TURBIDITY		erene eke				S. T.	161. 2800 (2). 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
<u>Tool</u>	Description						Qty Read		Qty Used
BOTBRU	SOFT BRUSH							1.00	
PORTAT	PORTABLE TU	JRBIDIMETER						1.00	
Performance Indicat	or <u>Descriptio</u>				Low Value	High V	alue	Measure	d Value
OLRB	ON LINE I	METER READING BEGIN						576	NTU
OLRF	ON LINE I	METER READING FINISH						576	NTU
OM%D	ON LINE I	METER PERCENT OF DRIFT	<u> </u>					0	
Safety Procedures Message Description	n company	Activity	Comments		A CONTRACTOR OF THE STATE OF TH		Pure Reg. Pure Pure Reg. P		
	ND EXIT NOTIFIC		THE SITE. THE DURATION. O VACATED AN	E FOLLOWING IN N COMPLETION (D SECURED.	R OR THEIR DESIG IFORMATION SHOI OF DUTIES NOTIFI IRDS AND PLAN HO	JLD PRO CATION	OVIDE APPRO TO BE GIVEN	TAHT :	E TIME AND SITE HAS BEEN

A1837M INTRODUCTION:

CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

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Ontario Clean Water Agency 1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Equipment Work Order

03/10/2003 11:15 AM Report Date Submitted By Jean Veilleux Page 2 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 Ву 80636 Date 26/09/2003 08:00 Hours 1.00 Result COMPLET Condition Quantity Unit of Meas Total Usage Jean Valley Data Group Sign-off

02/40/2002 44:42 884

Donart Data

Equipment Work Order

Report Date	03/10/2003 11	. 12 AW	Subjinited	TDY Jean Veille	u A			- rage i
Work Order #	602141		Activity	A1036M	ANA	ALYZER CHLO	RINE	
Equipment ID	0000101036			Description		ANALYZER C	HLORINE TRT H	20
Site	FAC	6608		Description		MOOSE CREEK	WWEDS	
Subunit Of Area District	2 NSTO		NORTH STORMONT	Sub-area Loc		CHES LABO	CHESTERVILLE LABORATORY	HUB
Loc Qualifier	MOOSE CREE	K W IP: IRI WAI	ER CL2 ANALYZER					
Equipment Type Building	INSTRU PS	INSTRUMENTA PUMPING STAT	TON BUILDING	Manufacturer Building Level		WALL G	WALLANCE & TI GROUND LEVEL	
Service Status Avg Monthly Usage Model # Serial # Budget #	IN 720.00 DEPLOX 3 U-99 A2 91581	IN SERVICE (IN 5213	CL. STANDBY)	Expected Life Total Usage Warranty Expir Purchase Date	es	25 0.00	MTBF Purchase Cost	0 0.00
Initiated By Assigned To	80252 BLA	NR	HENDERSON	<u>Initiate</u> <u>Service</u>		e 22/07/2003	Scheduled Due	01/08/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem Project Source Last Activity	6608 WEEKPM		MOOSE CREEK V PERFORM WEEK				Out of Service Potential Service Req Last Activity Complete	
Work Order Comme Compared with Hac		er. Deplox 3 - 1.61	mg/l, Hach handheld -	1.56 mg/l. No calibrat	tion re	quired.		
ActDefn Comments WALLANCE & TIEF	RNAN DEPOLOX 3	CL2 ANALYZER						
Task Safety Message CHEMHA	A1036M Description CHEMICAL HA	ANALYZER C	HLORINE		35-5-60 Feb.			
Performance Indica	tor Description	o			Lo	w Value	High Value	Measured Value
OLRB		METER READING	BEGIN					1.61 412
OLRF		METER READING		-		7111		1-61
TMFR		TER FIELD REAL						1.56
Safety Procedures Message Descriptk	<u>20</u>	State of the state	Activity Comment					
	*****							WAR THE TAX TO SEE TH

Cubmitted By

Joan Vaillauv

MONTH MONTHLY PREVENTATIVE MTCE

JOB SAFETY PLANNING

ENTRY AND EXIT NOTIFICATION

EEN

JSP

HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. A1036M $\,$ INTRODUCTION:

VACATED AND SECURED.

ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR

CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL

THE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIMATE TIME AND DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN

Equipment Work Order

Report Date

03/10/2003 11:12 AM

Submitted By

Jean Veilleux

Page 2

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.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

WPROT WORK PROTECTION

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tarted		Completed			The second secon
ate	Time	By 80252	Date 05/08/200	08:00 Time	1.0 Hours
esult COMPLET		Condition	Qua	atity	Unit of Meas
otal Usage					

Report Date	03/10/2003 1	1:16 AM	Submitted	Ву	Jean Veille	ux				Page 1
Work Order #	602132		Activity	A10	06A	ME	TER FLOW			
Equipment ID	0000101006	3			Description		METER FLOW	V 01 WELL FS-1		
Site	FAC	6608			Description		MOOSE CREEK	WWEDS		
Subunit Of	0000101002									
<u>Area</u>	2	EASTERN REG	SION		Sub-area		CHES	CHESTERVILLE	HUB	
<u>District</u>	NSTO		NORTH STORMONT		Loc		WWE	WATER WELL		
Loc Qualifier	MOOSE CREE	K WTP: METER I	FLOW 01 MOOSE CRE	EK F	<u> </u>					
Equipment Type	INSTRU	INSTRUMENTA	ATION		Manufacturer		ENDRES	ENDRESS & HAI	JSER	CANADA LTD
Building	PS		TION BUILDING		Building Level		G	GROUND LEVEL		0, ,,
Service Status	IN		NCL. STANDBY)		Expected Life		25	CINCOIND ELVER	-	
Avg Monthly Usage	720.00	IN SERVICE (III	IOL. GTAIIDDT)		Total Usage		0.00			
Model #	33FT50-MB1A	D11Δ21Δ			Warranty Expir	es	0.00	MTBF		0
Serial #	TJ265013-1P6				Purchase Date			Purchase Cost		0.00
	13205015-170) <i>(</i>			1 dichase Date			i dichage cos		0.00
Budget #										
Initiated By Assigned To	80252 BL	AIR	HENDERSON		Initiate Service		<u>e</u> 25/06/2003	Scheduled Due	01/0	3/2003 08:00
Authorization Budget # Crew Maint Type Priority										
<u>Problem</u>	6600		MOOSE CREEK	.A/\A/E	:ns			Out of Service		
<u>Project</u>	6608		MOOSE CREEK	** ** _	.00			Potential Service Rec	li loet	
Source Last Activity	A1006A		METER FLOW					Last Activity Complet		02/10/2003
Work Order Comme Annual inspection of ActDefn Comments METER O&M MAN	ompleted. This me	eter is fully operatio	nal however Well # 01	is not	in service and t	herefo	ore this meter is no	ot in being utilized.		
Task	A1006A	METERIFIE	w E	llist.						

Safety Message	Description		
sноск	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)			
N4F	INPUT (4)			
01	OUTPUT THEORETICAL (1)			
O1M	OUTPUT MEASURED (1)			
O2	OUTPUT THEORETICAL (2)			

Ontario Clean Water Agency
1 Yonge Street, Suite 1700

Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date

03/10/2003 11:16 AM

Submitted By

Jean Veilleux

Page 2

Work Order#

602132

Activity

A1006A

METER FLOW

Performance Indicator	Description	Low Value	High Value	Measured Value
O2M	OUTPUT MEASURED (2)			
О3	OUTPUT THEORETICAL (3)			
ОЗМ	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 MA

- 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.

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.

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. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT PROCEDURE.

Comments

WPROT WORK PROTECTION

FFN

JSP

Report Date	03/1	0/2003 11:1	16 AM		Subr	nitted By Jea	n Veilleux					Page 3
Work Order # 602132			<u>Activity</u>	A1006A	METER FLOW							
Started			1111 1111 1111 1111 1111 1111 1111 1111 1111	Comp	leted							
<u>Date</u> 25/06/20	003	Time	08:00	By	80300		Date	02/10/2003	Time	10:33	Hours	0.50
Result COMF	PLET		Ç	ondition	Α			Quantity		Ur	nit of Meas	
Total Usage												
Data Group					Sign-off	Lean	((Duthe			·	
					The state of the s							

1 Yonge Street, Suite 1700

Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	03/10/2003 11	:18 AM	Submitted By	Jean Veilleux			Page 1
Work Order #	602133		Activity A1	007A ME	TER FLOW		
Equipment ID	0000101007			Description	METER FLO	W 02 WELL FS-2	
Site	FAC	6608		Description	MOOSE CREEK	K WWEDS	
Subunit Of	0000101003 2	EASTERN REGIO	A.I	Sub-area	CHES	CHESTERVILLE HUB	
Area District	NSTO		ORTH STORMONT	Loc	WWE	WATER WELL	
Loc Qualifier		K WTP: METER FLO		<u> </u>	*****	***************************************	
LOC QUAINE	WOODE CIVEL	IC VV II . IVIE I EICT EC	744 02 44222 1 02				·
Equipment Type	INSTRU	INSTRUMENTATION	ON	Manufacturer	ENDRES	ENDRESS & HAUSER	CANADA LTD
Building	PS	PUMPING STATIO	N 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-MB1A	D11A21A		Warranty Expires		MTBF	0
Serial#	TJ265012			Purchase Date		Purchase Cost	0.00
Budget #							
Initiated By Assigned To	80252 BL/	ND U	ENDERSON	Initiated Da Service #	ate 25/06/2003	3 <u>Scheduled</u> 01/0	8/2003 08:00
Assigned 10	00232 BL/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LIDLIGOI	9011100 11		550	
Authorization							
Budget #							
Crew							
Maint Type							
Priority							
Problem							
<u>Project</u>	6608		MOOSE CREEK WW	EDS		Out of Service	Ō
Source						Potential Service Request	
Last Activity	A1007A		METER FLOW			Last Activity Completed	02/10/2003
Work Order Commo		ngoing well testing fk	ow check not executed a	t the time of inspectio	n.		
ActDefn Comments METER O&M MAN							
		· · · · · · · · · · · · · · · · · · ·					
Task	A1007A	METER FLOW			Patronia (2004)		
Safety Message	Description						
SHOCK	FLECTRICAL	HA7ADD			-		

Safety Message	Description	
SHOCK	ELECTRICAL HAZARD	
Tool	Description	Qty Read 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
N2F	INPUT (2)			
N3F	INPUT (3)			
N4F	INPUT (4)			
01	OUTPUT THEORETICAL (1)			4.00
O1M	OUTPUT MEASURED (1)			4.00
O2	OUTPUT THEORETICAL (2)			

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Equipment Work Order

Report Date

03/10/2003 11:18 AM

Submitted By

Jean Veilleux

Page 2

Work Order #

602133

Activity

A1007A

METER FLOW

Performance Indicator	Description	Low Value	High Value	Measured Value
O2M	OUTPUT MEASURED (2)			
О3	OUTPUT THEORETICAL (3)			
ОЗМ	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.

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.

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.

WPROT WORK PROTECTION

ENTRY AND EXIT NOTIFICATION

JOB SAFETY PLANNING

Comments

EEN

JSP

Equipment Work Order

Report Date 03/10/2003 11:18 AM Submitted By Jean Veilleux Page 3 Work Order # 602133 <u>Activity</u> A1007A METER FLOW Started Completed Date 25/06/2003 Time 08:00 80300 Date 02/10/2003 <u>Time</u> 11:46 Hours 2.00 Condition Result COMPLET Α Quantity Unit of Meas Total Usage Jean Veillens Sign-off Data Group

DIGITAL MULTIMETER

PROCESS SIMULATOR

DIGMUL

SIMULA

Equipment Work Order

1.00

1.00

Report Date	03/10/2003 11:	19 AM	Submitted	d By	Jean Veilleux					Page 1
Work Order # 6	02134		Activity	A10	08A ME	ETER FLOW				
Equipment ID	0000101008				Description	METER FLOV	V 03 W	/ELL FS-3		
3113	FAC 0000101004	6608			<u>Description</u>	MOOSE CREEK	WWED	os		
Area District	2 NSTO MOOSE CREEK		ON NORTH STORMONT OW 03 WELL FS3		Sub-area Loc	CHES WWE		ESTERVILLE I	HUB	
Equipment Type Building Service Status Avg Monthly Usage	INSTRU PS IN 720.00	INSTRUMENTAT PUMPING STATI IN SERVICE (INC	ON BUILDING		Manufacturer Building Level Expected Life Total Usage	ENDRES G 25 0.00		DRESS & HAU OUND LEVEL	JSER C	ANADA LTD
Model # Serial # Budget #	33FT50-MB1AD TJ265011	11A21A			Warranty Expires Purchase Date		MTI Pur	<u>BF</u> chase Cost	0	.00
Initiated By Assigned To 8	0252 BLA	JIR	HENDERSON		Initiated Da Service #	ate 25/06/2003		Scheduled Due	01/08/	2003 08:00
Authorization Budget # Crew Maint Type Priority Problem										
Project 6 Source	6608		MOOSE CREEK	WWE	DS			al Service Req	<u>ues</u> t	
Last Activity A	\1008A		METER FLOW				Last Ac	tivity Complete	<u>ed</u>	02/10/2003
Work Order Comment Annual inspection com										
ActDefn Comments METER O&M MANUA	AL									
Task A	1008A	METER FLOW		June 1		A Daniel Programme de la Companya de		Townson Co.		
Safety Message	Description									
SHOCK	ELECTRICAL	HAZARD						·		
Tool	Description							Qty Reqd		Qty Used

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)			

Comments

Equipment Work Order

03/10/2003 11:19 AM Submitted By Jean Veilleux Report Date Page 2 Work Order # 602134 A1008A METER FLOW **Activity** High Value Performance Indicator Description Low Value Measured Value **OUTPUT MEASURED (2)** O2M О3 **OUTPUT THEORETICAL (3)** ОЗМ OUTPUT MEASURED (3) **OUTPUT THEORETICAL (4)** 04 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 MAINTENANCE PROCEDURE: A1008A 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. ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO ENTRY AND EXIT NOTIFICATION EEN 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. JOB SAFETY PLANNING TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR **JSP** 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.

Work Order #	602134			Activity	A1008A	METER FLOW				
Started		innels a	Comp	ated						ll today
25/06/2	003 Time	08:00	Ву	80300	<u> </u>	Date 02/10/2003	Time	11:26	Hours	2.00
Result COMP	PLET		Condition	Α		Quantity		Un	it of Meas	

Report Date	03/10/2003 1	0:14 AM	Submitted By	y Jean Veilleux			Page 1
Work Order #	602139		Activity A1	1030A ME	TER FLOW		
Equipment ID	0000101030)		<u>Description</u>	METER FLOW	/ TRT WATER	
Site Subunit Of	FAC	6608		Description	MOOSE CREEK	WWEDS	
Area District Loc Qualifier	2 NSTO MOOSE CREE		GION F NORTH STORMONT	Sub-area Loc	CHES FLOW	CHESTERVILLE HU FLOWMETER(FLOV	JB W MEASURING & REG
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 33FT80-MB1A TK265014	IN SERVICE (I	ATION ATION BUILDING NCL. STANDBY)	Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	ENDRES G 25 0.00	ENDRESS & HAUSI GROUND LEVEL MTBF Purchase Cost	ER CANADA LTD 0 0.00
Initiated By Assigned To	80252 BL	AIR	HENDERSON	Initiated Da Service #	ate 25/06/2002	Scheduled 0 Due	1/08/2003 08:00
Authorization Budget # Crew Maint Type Priority							
Project Source	6608		MOOSE CREEK WW	EDS	-	Out of Service Potential Service Reques	st
Last Activity	A1030A		METER FLOW			Last Activity Completed	02/10/2003
ActDefn Comments METER O&M MAN							
Task	A1030A	METER FLO	W				
Job Class	Crew Type	Description	<u>on</u>			Pay Type	Hrs Worked

Task	A1030A	METER FLOW		
Job Class	Crew Type	Description	Pay Type	Hrs Worked
1042		ELECT & INST.MTCE.TECHNICIAN		
Safety Message	Description			
SHOCK	ELECTRICAL H	IAZARD		
Tool	Description		Qty Reqd	Qty Used
DIGMUL	DIGITAL MULT	METER	1.00	
SIMULA	PROCESS SIM	ULATOR	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)			
N4F	INPUT (4)			0
01	OUTPUT THEORETICAL (1)			7.45
O1M	OUTPUT MEASURED (1)			7.58
O2	OUTPUT THEORETICAL (2)			

WPROT WORK PROTECTION

Comments

Equipment Work Order

Jean Veilleux Page 2 Report Date 03/10/2003 10:14 AM Submitted By Work Order # 602139 **Activity** A1030A METER FLOW Low Value High Value Measured Value Performance Indicator **Description** O2M **OUTPUT MEASURED (2)** О3 **OUTPUT THEORETICAL (3)** ОЗМ **OUTPUT MEASURED (3)** 04 **OUTPUT THEORETICAL (4)** O4M **OUTPUT MEASURED (4)** Safety Procedures Message Description **Activity** Comments INTRODUCTION: ANNUAL ANNUAL MAINTENANCE A1030A 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. ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTIFIED OF ENTRY INTO **ENTRY AND EXIT NOTIFICATION EEN** 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 TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR JOB SAFETY PLANNING CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

PROCEDURE.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT

Ontario Clean Water Agency
1 Yonge Street, Suite 1700

Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Equipment Work Order

03/10/2003 10:14 AM Submitted By Jean Veilleux Page 3 Report Date Work Order # 602139 Activity A1030A METER FLOW Completed Started 08:00 80300 Date 02/10/2003 Time 11:10 Hours 2.00 Time Date 25/06/2003 Quantity COMPLET Condition Α Unit of Meas Result Total Usage Jean Veilling Data Group Sign-off

Equipment Work Order

Report Date	03/10/2003 11	:13 AM <u>Submitte</u>	d By Jean Veilleux	(Page 1
Work Order #	629026	Activity	A1837M A	NALYZER TURBIDIT	Υ	
Equipment ID	0000101837		Description	ANALYZER TURE	BIDITY MOOSE	CR
Site Subunit Of	FAC	6608	Description	MOOSE CREEK WW	'EDS	
Area District Loc Qualifier	2 NDUN MOOSE CREEK	EASTERN REGION TOWNSHIP OF NORTH DUNDAS (WATER TREATMENT SYSTEM:	Sub-area Loc		CHESTERVILLE HU VATER WELL	В
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 1720D 000800011458	INSTRUMENTATION PUMPING STATION BUILDING IN SERVICE (INCL. STANDBY)	Manufacturer Building Level Expected Life Total Usage Warranty Expires Purchase Date	G 25 0.00	AACH CO. GROUND LEVEL ATBF Purchase Cost	0 0.00
Initiated By Assigned To			Initiated [Service #		Scheduled 0	1/09/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem Project Source Last Activity Work Order Comme	6608 WEEKPM	MOOSE CREEK PERFORM WEE		Pote	of Service ntial Service Reques Activity Completed	gt
Verified with ICE Pic		alibration required.				
<u>Task</u>	A1837M	ANALYZER TURBIDITY	could be a second of the secon			
Tool BOTBRU	Description SOFT BRUSH					Qty Used
PORTAT	PORTABLE II	JRBIDIMETER	22.46(0)00.004.41			1.00
OLRB OLRF OM%D	ON LINE ON LINE	METER READING BEGIN METER READING FINISH METER PERCENT OF DRIFT		Low Value High		asured Value 576 NTU 576
Safety Procedures Message Description		Activity Commen	ds.			
EEN ENTRY A	AND EXIT NOTIFIC			R OR THEIR DESIGNATE		

MONTH MONTHLY PREVENTATIVE MTCE

JOB SAFETY PLANNING

JSP

A1837M INTRODUCTION:

VACATED AND SECURED.

This Preventative Maintenance Procedure has been developed to aid field personnel in the care and

DURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN THAT SITE HAS BEEN

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.

Report Da	te 03/10/2003 11:13 Al	м <u>s</u>	ubmitted By	Jean Veilleux					Page 2
Safety Proc Message I	edures Description	Activity (Comments	(本) (12.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57) (2.57)					
		c t	correct defects w	hich are not antic ion that may be r	oment. However, r ipated in this proce equired, and it ma	edure. This	document	will not provide	all the
					lings, as well as an Feedback Sheet.	iy abnorma	ities found a	and any repair	s carried ou
		1	,	s from the sample	piping and drain l				
WPROT \	WORK PROTECTION	1 2 5 3	2) Check sample sample results. 3) Ensure all rem Eg: Chart reco	sample at the tu with portable or la ote display or recorders, Outpost5,	rbidimeter aboratory turbidime ording devices are SCADA systems. HE EQUIPMENT I	within acce	ptable limits	3 .	
Comments									
Started One	Time	Completed By 80636	Professional Control of the Control	Date	26/09/2003	Time	08:00	Hours	1.00
Result	COMPLET	Condition			Quantity		<u>Un</u>	it of Meas	
Total Usag	6								
Data Group	0	Sign-off		Jean	Veille	in (

Equipment Work Order

Report Date	03/10/2003	11:10 AM	Submitted	l By	Jean Veille	ux				Page 1
Work Order #	629024		Activity	A10	36M	AN/	ALYZER CHLO	RINE		
Equipment ID	000010103	16			<u>Description</u>		ANALYZER C	HLORINE TRT H	20	
Site	FAC	6608			Description		MOOSE CREEK	WWEDS		
<u>Subunit Of</u> <u>Area</u>	2	EASTERN REGI	ION		Sub-area		CHES	CHESTERVILLE	HUB	
District	NSTO		NORTH STORMONT		Loc		LABO	LABORATORY		
Loc Qualifier	MOOSE CRE	EKWIP: IKI WAI	ER CL2 ANALYZER							
Equipment Type	INSTRU	INSTRUMENTAT			Manufacturer		WALL	WALLANCE & TI		
Building Service Status	PS IN	PUMPING STAT IN SERVICE (IN			Building Level Expected Life		G 25	GROUND LEVEL		
Avg Monthly Usage	720.00		JE. 01.11.D ,		Total Usage		0.00			
Model #	DEPLOX 3 U-	-95213			Warranty Expire	<u>}s</u>		MTBF	0	
Serial # Budget #	A2 91581				Purchase Date			Purchase Cost	0.00	
Dauget #										
Initiated By		<u> </u>			Initiated		te 22/09/2003	Scheduled	01/09/2003	08:00
Assigned To	80252 BI	LAIR	HENDERSON		Service	<u>#</u>		Due		
Authorization										
Budget#										
<u>Crew</u> Maint Type										
Priority										
Problem										
Project	6608		MOOSE CREEK W	/WE	os		_	Out of Service		
Source Last Activity	WEEKPM		PERFORM WEEK	1 Y CI	HECKLIST			Potential Service Req Last Activity Complete		9/2003
2001710017			1 210 0.00 7722.					-ast Activity Configurati	<u>id</u> 50/0.	3/2003
Work Order Comme	<u>ent</u> s									
Zeroed analyzer, con	npared with Hacl	h pocket colorimeter.	. Deplox 3 1.48 mg/l. Ha	ach p	ocket 1.48 mg/l.	No c	calibration required			
ActDefn Comments WALLANCE & TIER	NAN DEPOLOX	(3 CL2 ANALYZER								
Task	A1036M	ANALYZER C	HLORINE	1343,7727	Section 2 Constitution	129	production of the second of th	Total	Paris Nation Paris Principal Carlotter Phones	
Safety Message	Description								: · · · · · · · · · · · · · · · · · · ·	
СНЕМНА	CHEMICAL I	HAZARD							 	
Performance Indicate	or Descript	tion			10000 10000 10000 10000	Lo	ow Value	High Value	Measured Val	ue.
OLRB		E METER READING	BEGIN						1.48	my/s
OLRF	ON LINI	E METER READING	FINISH						1.48	
TMFR	TEST M	METER FIELD READ	ING						1.48	
Safety Procedures Message Descriptio		Mily Market Mily Control	Activity Comments	er Sear	THE TOTAL STREET					
INDOORS MAANIFES			ACUMIN COMMISSION	No.	The Court of the C		The state of the state of	The state of the s	4501 4501 4501 4501 4501 4501 4501 4501	54 28 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

MONTH MONTHLY PREVENTATIVE MTCE

JOB SAFETY PLANNING

ENTRY AND EXIT NOTIFICATION

EEN

JSP

HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL. A1036M INTRODUCTION:

VACATED AND SECURED.

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

TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR

CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL

Equipment Work Order

Report Date 03/10/2003 11:10 AM Submitted By Jean Veilleux Page 2 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. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT WPROT WORK PROTECTION PROCEDURE. Comments Completed Started 1.00 Date 26/09/2003 08:00 80636 Time Hours Date Ву Unit of Meas COMPLET Condition Quantity Result Total Usage Jean Villen Data Group Sign-off

Report Date	13/11/2003 (2:23 PM	Submitted	d By	Jean Veilleu	TX X					Page 1
Work Order #	580550		Activity	A18	337Q	ANAL	YZER TURE	BIDITY			
Equipment ID	000010183	7			Description	Α	NALYZER T	URBIC	OITY MOOSE	E CR	
Site Subunit Of	FAC	6608			Description	М	OOSE CREEK	WWE	os		
Area District Loc Qualifier	2 NDUN MOOSE CRE	TOWNS	N REGION HIP OF NORTH DUNDAS TREATMENT SYSTEM:		Sub-area Loc		HES WE		ESTERVILLE F	HUB	
Equipment Type Building Service Status Avg Monthly Usage Model #	INSTRU PS IN 720.00 1720D	PUMPIN	MENTATION G STATION BUILDING ICE (INCL. STANDBY)		Manufacturer Building Level Expected Life Total Usage Warranty Expire	G 25 0.			CH CO. OUND LEVEL	0	
Serial # Budget #	00080001145	8			Purchase Date		0/01/2000		chase Cost		.00
Initiated By Assigned To					Initiated Service		04/07/2003		Scheduled Due	01/07/	2003 08:00
Authorization Budget # Crew Maint Type Priority Problem											
Source	6608 WEEKPM		MOOSE CREEK V						Service al Service Requ tivity Completed	<u>ies</u> t	31/10/2003
Work Order Commer Cleaned, flow at 500		with 20 NTU	l user prepared formazine solu	ition		-					
Task	A1837Q	ANAL	YZER TURBIDITY	2 1						e light files	
Job Class	Crew Type	<u>De</u> :	scription						Pay Type		Hrs Worked
1109		ОР	ERATOR/MECHANIC								
Part #	De	scription							Qty Reqd		Qty Used
WATERS		OAPY WATE	R		Stock Loc					1.00	
Tool	Description								Qty Reqd		Qty Used
BOTBRU	SOFT BRUS	H								1.00	
PORTAT	PORTABLE	TURBIDIME	TER		** * *					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

WPROT WORK PROTECTION

Equipment Work Order

(416)314-5600 Fax (416)314-8300 13/11/2003 02:23 PM Jean Veilleux Report Date Submitted By Page 2 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 A1837Q 5) Inspect o-rings and lamp assembly for any defects. 3MONTH QUARTERLY MAINTENANCE 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. TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL BE ELIMINATED OR **JSP** JOB SAFETY PLANNING CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAFETY MANUAL.

Labour		Choose Cre	w Type, Crew ID or .	Job Class		· · · · · · · · · · · · · · · · · · ·		
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	The street of	Pay Type	Hours Worked

PROCEDURE.

ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH THE LOCK-OUT

Material	
Charge Date Time Stock Area Part Num	nber Quantity

Report Date	13/11/2003 0	2:23 PM		Submitted By	Jean Veilleux					Page
Work Order #	580550			Activity A1	837Q A	NALYZER TUF	RBIDITY	· · · · · · · · · · · · · · · · · · ·		
Vehicle			Cho	ose Crew. Vehicle Type (o <u>r I</u> D			A SHIP DOES A		
Charge Date	Time	Crew		Vehicle Type	Vehicle ID		Tota	l Usage	Usage	
Comments		1	1							
zoniments										
itarted ***		10.500	Comp	leted		DENTAL PROPERTY OF THE PROPERT		1. 700 (1. 1019) 7.00 (1.00)		in at
<u>Date</u>	Time		Ву	80636	Date	17/07/2003	Time	08:00	Hours	1.00
Result COMP	LET	Cor	ndition			Quantity		Ur	nit of Meas	
otal Usage										
Data Group				Sign-off						

Tool

BOTBRU

PORTAT

SOFT BRUSH

PORTABLE TURBIDIMETER

Equipment Work Order

1.00

1.00

Report Date	13/11/2003 0	2:01 PM	Submit	ted By	Jean Veilleu	x			Page 1
Work Order #	631005		<u>Activity</u>	A18	37Q A	NALYZER TURB	BIDITY		
Equipment ID	000010183	7			<u>Description</u>	ANALYZER T	URBIDI	TY MOOSE CR	
Site Subunit Of	FAC	6608			<u>Description</u>	MOOSE CREEK	(WWED:	s	
Area	2	EASTER	N REGION		Sub-area	CHES	CHE	STERVILLE HUB	
District	NDUN		HIP OF NORTH DUNDAS		Loc	WWE	WAT	ER WELL	
Loc Qualifier			TREATMENT SYSTEM:		_				
Equipment Type	INSTRU	INSTRU	MENTATION		Manufacturer	HACH	HAC	н со.	
Building	PS	PUMPIN	G STATION BUILDING		Building Level	G	GRO	UND LEVEL	
Service Status	IN	IN SERV	ICE (INCL. STANDBY)		Expected Life	25			
Avg Monthly Usage	720.00		,		Total Usage	0.00			
Model #	1720D				Warranty Expires		мтв	F 0	
Serial #	00080001145	8			Purchase Date	10/01/2000			.00
Budget #	00000001140	•					,		
<u>Duaget #</u>									
Initiated By					<u>Initiated</u>	Date 23/09/2003		Scheduled 01/10/2	2003 08:00
Assigned To					Service	#		Due	
Authorization Budget #			}						
Crew									
Maint Type									
Priority									
Problem									
	6608		MOOSE CREE	KWWE	DS		Out of S	ervice	
Source									Ŏ
	A1837M		ANALYZER TU	JRBIDIT	Y			ivity Completed	24/10/2003
<u>Last risting</u>					<u>-</u>				
Work Order Commer Cleaned, checked flo		librated with	20 NTU user prepared form	nazine so	plution				
				***	MTIV .				
<u>Task</u>	A1837Q	ANAL	YZER TURBIDITY	100	Constitution of the Consti				
Job Class	Crew Type		scription		THE PARTY OF THE P	NAME OF TAXABLE PARTY.		Pay Type	Hrs Worked
1109			ERATOR/MECHANIC						
Part #	De	escription	-					Qty Reqd	Qty Used
WATERS		DAPY WATE	R		- 70			1.00	
	Sto	ock Area			Stock Loc				
Tool	Description	<u> </u>						Qty Reqd	Qty Used

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

Report D	Date 13/11/2003 02:01 PM		Submitted By	Jean Veilleux	Page 2
Safety Pro Message	ocedures Description	Activity	Comments		
змонтн	QUARTERLY MAINTENANCE	A1837Q	INTRODUCTION	:	
			maintenance of the correct defects w	Maintenance Procedure has been developed to ne specified equipment. However, maintenance hich are not anticipated in this procedure. This d tion that may be required, and it may be necessa r details.	personnel are expected to look for an ocument will not provide all the
				and "As Left" readings, as well as any abnormaliti d on the Hansen Feedback Sheet.	es found and any repairs carried out
			•	CKS: s from the sample piping and drain lines. for alarm conditions or fault messages.	
			MAINTENANCE	PROCEDURE:	
			3) Clean the lamp 4) Perform calibra Measure 1 litre of Insert head asser Swirl cylinder to re	line. assembly from body of turbidimeter. b, lens and photocell window. ation of unit following MFG guidelines, using a for low turbidity water into calibration cylinder. hbly into calibration cylinder. emove air bubbles. ET and 6 SIG AVG allow to stand until reading sta	
змонтн	I QUARTERLY MAINTENANCE	A1837Q	Mix formazin solu Replace head as Press 20.0 STD 1 5) Inspect o-rings 6) Replace head 7) Open sample I	tion and add to calibration cylinder. sembly allow to stand until reading stabilizes. he display will show the value of the 20.0 NTU stand lamp assembly for any defects. assembly into turbidimeter body. ine valve, ensure proper sample flow rate ote display or recording devices are within accep	·
EEN	ENTRY AND EXIT NOTIFICATION		Eg: Chart recorde ENSURE DIREC THE SITE, THE I	ors, Outpost5, SCADA systems. T SUPERVISOR OR THEIR DESIGNATE HAVI FOLLOWING INFORMATION SHOULD PROVII COMPLETION OF DUTIES NOTIFICATION TO	E BEEN NOTIFIED OF ENTRY INTO DE APPROXIMATE TIME AND
JSP	JOB SAFETY PLANNING		CONTROLLED.	SECURED. DENTIFY HAZARDS AND PLAN HOW EACH H WORK PRACTICES MUST BE IN ACCORDAN ETY ACT AND THE ONTARIO CLEAN WATER	ICE WITH THE OCCUPATIONAL
WPROT	WORK PROTECTION			E-ENERGIZE THE EQUIPMENT IN ACCORDA	l

Labour		Choose Cre	w Type, Crew ID or	Job Class		Parameter (1994)	PLOCATION OF THE PROPERTY OF T
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Material		et i salah da ketah persampan da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah Persampan da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah d Ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ketah da ke		
Charge Date	<u>Time</u>	Stock Area	Part Number	Quantity

Report Date	13/11/2003 0	2:01 PM	Submitt	<u>ed By</u> Jean Veilleux				Page 3
Work Order #	631005		Activity	A1837Q A	NALYZER TUF	RBIDITY		
<u>Vehicle</u>	Talangsara	77	oose Crew. Vehicle	Type or ID			1418754 121174 1	
Charge Date	Time	Crew	Vehicle Type	Vehicle ID		Total Usage	Usage	
Comments								
Comments								
Started		Con	npleted		ersil (1,1,20 p) We show that the state of	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co		
Date	Time	Ву	80636	Date	24/10/2003	<u>Time</u> 08:00	Hours	1.00
Result COMP	PLET	Condition			Quantity		Init of Meas	
Total Usage								
Data Group			Sign-off					
E-MANAGOOUVIII						-		

1 Yonge Street, Suite 1700 Toronto, ON M5E-1E5 (416)314-5600 Fax (416)314-8300

Report Date	13/11/20	03 02:01 PM	Submitte	<u>d By</u> Jean Veille	ux		Page 1
Work Order #	631002		Activity	A1036M	ANALYZER CHLC	RINE	
Equipment ID	000010	1036		Description	ANALYZER C	HLORINE TRT H	20
<u>Site</u> Subunit Of	FAC	6608		Description	MOOSE CREEK	WWEDS	
Area District Loc Qualifier	2 NSTO MOOSE	TOWN	RN REGION SHIP OF NORTH STORMONT RT WATER CL2 ANALYZER	Sub-area Loc	CHES LABO	CHESTERVILLE	HUB
Equipment Type Building Service Status Avg Monthly Usage Model # Serial # Budget #	INSTRU PS IN 720.00 DEPLOX A2 91581	PUMPII IN SER 3 U-95213	UMENTATION NG STATION BUILDING VICE (INCL. STANDBY)	Manufacturer Building Level Expected Life Total Usage Warranty Expire Purchase Date	WALL G 25 0.00	WALLANCE & T GROUND LEVE MTBF Purchase Cost	
Initiated By Assigned To	80252	BLAIR	HENDERSON	<u>Initiated</u> Service		Scheduled Due	01/10/2003 08:00
Authorization Budget # Crew Maint Type Priority Problem Project Source	6608		MOOSE CREEK			Out of Service Potential Service Rec	
Last Activity Contractor Commen Verified with Hach po	_	alyzer	ANALYZER CHL	JKINE		Last Activity Complet	<u>ed</u> 24/10/2003
ActDefn Comments WALLANCE & TIER	NAN DEPO	LOX 3 CL2 AN	ALYZER				
Task	A1036M	ANA	YZER CHLORINE				
Job Class	Crew Ty	pe <u>D</u>	escription			Pay Type	Hrs Worked
ОР		0	PERATOR				
Part#		Description				Qty Reqd	Qty Used
MURACID		MURATIC AC	iD	Stock Loc			1.00
Safety Message	Descript	l					
СНЕМНА		AL HAZARD	MARKAGA LA				
Performance Indicat	or De:	scription			Low Value	High Value	Measured Value
OLRB	ON	LINE METER I	READING BEGIN				2.03
OLRF	ON	LINE METER	READING FINISH				2.03
TMFR	TE	ST METER FIE	LD READING				2.13

Report D	Date 13/11/2003 02:01 PM		Submitted By Jean Veilleux	Page 2
Safety Pro Message	ocedures Description	Activity	Comments	Applied to the second s
EEN	ENTRY AND EXIT NOTIFICATION		ENSURE DIRECT SUPERVISOR OR THEIR DESIGNATE HAVE BEEN NOTHE SITE. THE FOLLOWING INFORMATION SHOULD PROVIDE APPROXIDURATION. ON COMPLETION OF DUTIES NOTIFICATION TO BE GIVEN	(IMATE TIME AND
JSP	JOB SAFETY PLANNING		VACATED AND SECURED. TAKE TIME TO IDENTIFY HAZARDS AND PLAN HOW EACH HAZARD WILL CONTROLLED. WORK PRACTICES MUST BE IN ACCORDANCE WITH T	HE OCCUPATIONAL
MONTH	MONTHLY PREVENTATIVE MTCE	A1036M	HEALTH & SAFETY ACT AND THE ONTARIO CLEAN WATER AGENCY SAINTRODUCTION:	AFETY MANUAL.
	·		This Preventative Maintenance Procedure has been developed to aid field pers maintenance of the specified equipment. However, maintenance personnel are correct defects which are not anticipated in this procedure. This document will technical information that may be required, and it may be necessary to refer to manual for further details.	e expected to look for an I not provide all the
			The "As Found" and "As Left" readings, as well as any abnormalities found and are to be recorded on the Hansen Feedback Sheet.	1 any repairs carried out
			RUNNING CHECKS	
			Test alarm set points. MAINTENANCE PROCEDURES	
) .			 Isolate the analyser and turn the power off. Clean and flush all water lines, strainers and tubing. 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 water flow and the abrasive grit. Inspect and replace any o-rings as required. Reassemble the electrodes and the sample cell. 	·
WPROT	WORK PROTECTION		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 be 9) Calibrate the unit, and return to service. ISOLATE AND DE-ENERGIZE THE EQUIPMENT IN ACCORDANCE WITH PROCEDURE.	
Labour	Choose Crew	Type, Crev	v ID or Job Class	# 12 12 12 12 12 12 12 12 12 12 12 12 12

Labour	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Choose Cre	w Type, Crew ID o	or Job Class	10 May 10	THE RESERVE	
Charge Date	Time	Crew Type	Crew ID	Job Class	Employee ID	Pay Type	Hours Worked

Material							
100	<u>Time</u>	Stock Area	III. Ilea Literatura de la compositorio		Part Number	Quantity	Land
				-			

<u>Vehicle</u>	2000 TO 1	<u>Che</u>	pose Crew, Vehicle Typ	e or ID		
Charge Date	Time	Crew	Vehicle Type	Vehicle ID	Total Usage	Usage

	me	

Report Date	13/11/2003 02:01 PM	<u> </u>	Submitted By Jean Veilleux						Page 3
Work Order #	631002	Activity	A10	36M A	NALYZER CH	LORINE			
Started		Completed		de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co					
Date	Time	By 80636		Date	24/10/2003	Time	08:00	Hours	1.00
Result COMF	PLET	Condition			Quantity		Un	it of Meas	
Total Usage									
Data Group		Sign-off							